

# Australian Society of Anaesthetists

Submission

Draft revised Registration standard: specialist registration

3 July 2024

*The Australian Society of Anaesthetists makes the following submission to the Medical Board of Australia in relation to the draft revised Registration standard: specialist registration.*

## Stakeholder details

### Initial questions

*To help us better understand your situation and the context of your feedback please provide us with some details about you. These details will not be published in any summary of the collated feedback from this consultation.*

#### Question A

Are you completing this submission on behalf of an organisation or as an individual?

**Your answer:**

Organisation

Name of organisation: **Australian Society of Anaesthetists**

Contact email: **policy@asa.org.au**

Myself

Name:

Contact email:

#### Question B

If you are completing this submission as an individual, are you:

A registered health practitioner?

Profession:

A member of the public?

Other:

#### Question C

Would you like your submission to be published?

Yes, publish my submission **with** my name/organisation name

Yes, publish my submission **without** my name/ organisation name

No – **do not** publish my submission

## About the ASA and introductory comments

The Australian Society of Anaesthetists (ASA) is a peak Australian body supporting, representing and educating anaesthetists to ensure the safest possible anaesthesia for the community.

The ASA affirms its support for the Australian and New Zealand College of Anaesthetists (ANZCA) role and guidance with regards to specialist international medical graduate (SIMG) registration and their very sound work on SIMG assessment to date. We support its function and insights as to how to move into the future.

Australia currently has a specialist healthcare workforce comprising both locally trained and overseas trained specialists.

Our overseas trained specialist workforce is highly valued for the work they perform, and for the skills and experience they bring to providing healthcare for all Australians.

The contemporary process by which a specialist anaesthetist's comparability is assessed and regulated using standards overseen by ANZCA gives confidence to the overseas trained specialist (OTS), employers, and the Australian public that the care provided is at a standard comparable to that required of a fellow of ANZCA.<sup>1</sup>

Australia already has one of the highest ratios of anaesthetists per population globally which requires careful ethical consideration as to how we participate in the international medical workforce market, and how this reflects Australia on a world stage.<sup>2</sup>

Concern arises that the proposed draft revision, which opens an expedited registration pathway using section 58(b) that bypasses assessment by the relevant medical college, has the potential to expose both the OTS and the communities they serve to unnecessary harm and risk.

It is also difficult to see how the significant issue of geographical maldistribution of our anaesthetic workforce is likely to be remedied by this proposed change to OTS registration process in a safe and sustainable way.

It would be prudent to avoid introducing solutions which may provide short term fixes in preference to longer term capacity building, to the detriment of safety and quality outcomes.

The ASA Anaesthetist Workforce Modelling Final Report 2024 shows the latter could be achieved through modest increases in domestic anaesthesia training which includes GP anaesthetist (GPA) training coupled with measures to enhance workforce retention and productivity, while maintaining current SIMG accreditation processes.<sup>3</sup>

This also improves capacity to address issues of rural and regional workforce without compromising standards.

Australia enjoys the enviable record of being one of the safest places in the world to undergo anaesthetic care which deserves to be defended in the interests of continuing to provide high-quality, safe, equitable and cost-effective health care.

**1. Is the content and structure of the draft revised specialist registration standard helpful, clear, relevant and workable?**

The revised wording into clear, helpful and easy to read English has been achieved.

Avoidance of duplication of administrative processes and streamlining collection of supporting documentation is supported.

Concern exists regarding the structure and workability of the draft registration standard as described by points made in response to question 2 which addresses changes to content, and questions 3 and 4 which address impact.

**2. Is there any content that needs to be changed, added or deleted in the draft revised specialist registration standard?**

Determining what constitutes an approved qualification and assessment of comparability, separate to the existing ANZCA assessment process, opens questions of how the Medical Board of Australia (MBA) intends to undertake and regulate this process which is not clearly defined.

There is insufficient information to ascertain the extent of impact of this proposed major change from oversight by ANZCA who are intimately aware of the standard required to practice in a way that is comparable to an ANZCA equivalent anaesthetist.

It is therefore hard to understand how removal of this assessment process from a specialist college to one that is performed by a general medical board with responsibility for overseeing all specialist colleges can result in the same level of certainty that comparable standards are being met with respect to provision of anaesthesia.

This is of concern for ensuring the resulting quality of Australian health care both now and in the future as potential non college assessed anaesthetists may increasingly contribute to delivering the education of future anaesthetists.

The proposed expedited pathway relies on a 6-month period of supervision but does not provide detail of how this is to be provided. Further information is needed on who is responsible for providing supervision, level of supervision and proposed mechanisms for detecting and managing underperformance.

Increasing the need for supervision may divert resources away from the training of local anaesthesia professionals which would be detrimental to the anaesthetic workforce.

ANZCA has a well-established process of administering specialist international medical graduate (SIMG) assessment alongside the local training pathway.<sup>4</sup>

Medical Board of Australia reports show that ANZCA consistently has achieved benchmarks imposed for the timely assessment of SIMG applications through to granting of specialist registration.

The MBA reports highlight factors influencing total time on the pathway are multifactorial in origin – college processes are one but also factors relating to the SIMG applicant including interview postponement, inability to secure a position, and performance issues including failing exams.

Introducing an alternative assessment pathway bypassing the college fails to address all aspects of total pathway time, and of concern for negative impact would be if assessment standards were lowered to account for the medical board report described SIMG performance issues.

Each year of reporting for the last 4 years contains a number of SIMG anaesthesia applicants (up to 23 per year) assessed as being not recommended for specialist registration. Of concern is that those not recommended represent applicants from a diverse group of countries which include those with specialist degrees proposed to be automatically considered as 'substantially comparable' under the draft regulation.

The impact of providing increased access to anaesthetic services would be positive for patients and consumers but has the potential to be detrimental if the provided workforce is adhering to less rigorously imposed standards of assessment via new pathways for specialist registration, or by reducing the standards by which they are assessed in the haste to increase workforce numbers.

Examples where devastating personal and economic costs arising from OTS practising in situations where they have been set up for failure and/or inadequately supported and monitored support a cautious approach to changing registration pathways for OTS.

Progress to specialist registration relies on securing of employment, this is reliant on funding of suitable positions determined by state and federal government budget constraints rather than college prescribed numbers. Creation of alternative specialist pathways may therefore have no impact on increasing access to specialist services.

There may be potential for displacement of local specialists from the medical workforce which is wasted productivity.

No detail or risk assessment is given regarding the introduction of reciprocal arrangements, which would reasonably be expected to be instituted, setting up a pathway for the loss of Australian trained specialists to the international market.

Details of anticipated costs are not transparent, there is an assessment of 'likely reduction' but lack of clarity around how this is to be achieved.

Time frames are not guaranteed to reduce. MBA resources are finite, and a body of work is currently being undertaken to improve identified existing deficiencies in communication, timelines, clarity of pathways, and the time taken to process complaint resolution.<sup>5</sup>

There is lack of information regarding what additional resourcing and funding arrangements the MBA will require to undertake increased regulatory activity, and why this approach is preferred to investing resources into domestic training pipelines, and existing assessment pathways.

Risk of diversion of resources away from existing regulatory activities and necessary quality improvement programmes is possible.

### **3. Are there any impacts for patients and consumers, particularly vulnerable members of the community that have not been considered in the draft revised specialist registration standard?**

Potential negative impact does exist for patients and consumers, with vulnerable community members at risk of bearing the greatest impact of these proposed changes.

Those living in remote and rural areas where workforce shortages are most pronounced are also likely to be disproportionately exposed to potential negative consequences as availability of employment results in a higher proportion of OTS working in rural and remote regions.

Avenues for exploitation of an OTS workforce reliant on supervision and working in positions unable to be filled by local graduates may be heightened, leading to unsafe working conditions in a demanding professional role.

Less well-established supervisory and support networks in these areas expose both the SIMG and local communities to potentially higher levels of risk and harm.

There is potential for an expedited specialist recognition pathway to create a divisive perceived or possibly real 'two-tiered' specialist workforce in Australia.

It would become possible to practice as a specialist anaesthetist with no connection to the anaesthetic community via a specialist college, professional association or anaesthesia affiliated continuing professional development (CPD) home. The ramifications of this professionally isolated workforce could be significant both for applicants and patients.

Opening an expedited specialist recognition pathway for those trained offshore may incentivise local medical school graduates to complete specialist training internationally with an 'easier pathway' option available to return.

This may lead to inequitable healthcare delivery.

How applicants registered without oversight by the specialist medical colleges intersect with Australia's medical defence organisations remains unclear.

#### **4. Are there any impacts for Aboriginal and Torres Strait Islander Peoples that have not been considered in the draft revised specialist registration standard?**

SIMG have been trained in culturally, geographically, politically and socially diverse environments to Australia therefore additional resources and skills training would be essential to ensure that the health care needs of our Aboriginal and Torres Strait Islander Peoples are not adversely impacted. The draft document does not address this in sufficient detail to quantify the extent of this impact, and therefore, the additional requirements needed to ensure the needs of our most vulnerable population groups are adequately met.

There is insufficient detail on how health system orientation & cultural training is to be provided, and funding arrangements for this.

**5. Are there any other regulatory impacts or costs that have not been identified that the Board needs to consider?**

The costs and impact on resources for implementation of proposed MBA supervision of clinical care standards of anaesthesia provision have not been fully described.

There is potential for this pathway to place additional time burdens on accreditation pathways for the SIMG group.

Costs to employers are not clearly identified and what are comparative differences to costs of employing a domestically trained specialist.

**6. Do you have any other comments on the draft revised specialist registration standard?**

Given that training places are determined by State and Territory Health departments and there are disparate approaches to engage and support anaesthetists working in the public sector (awards and conditions, morbidity & mortality review processes, workplace health & safety considerations), the ASA suggests that there needs to be greater consideration of what the structure, roles and sustainability of the public/private workforce is to ensure high standards of care are maintained. The public sector workforce contributes not only direct services but research and training capability that maintains the quality care and innovations expected. This “core” business is supported by joint appointments (VMOs) and relies on the professional goodwill and ethos of our highly trained specialists.

If standards are changed to expedite a “volume of practitioners” this needs to be done so with deep consideration of cultural integration and understanding of the Australian healthcare system and expectation of the Australian public to ensure equity in timely and high-standard care.

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**References**

<sup>1</sup> SIMG assessment process (2024) ANZCA. Available at: <https://www.anzca.edu.au/education-training/certification-of-overseas-qualifications/simg-assessment-process> (Accessed: 3 July 2024).

<sup>2</sup> Law TJ, Lipnick MS, Morriss W, et al. The Global Anesthesia Workforce Survey: Updates and Trends in the Anesthesia Workforce. *Anesth Analg*. 2024;139(1):15-24. doi:10.1213/ANE.0000000000006836.

<sup>3</sup> HealthConsult. (2024). *Australian Society of Anaesthetists, Anaesthetist Workforce Modelling Final Report*.

<sup>4</sup> AHPRA Med board reports: 2021, 2022, 2023

<sup>5</sup> Biggar S, van der Gaag A, Maher P, et al. 'Virtually daily grief'-understanding distress in health practitioners involved in a regulatory complaints process: a qualitative study in Australia. *Int J Qual Health Care*. 2023;35(4):mzad076. doi:10.1093/intqhc/mzad076.