Streamlining the Specialist pathway public consultation response template

June 2026 – July 2026

Streamlining the Specialist pathway: Consulting on draft *Specialist pathway requirements*

The Medical Board of Australia (the Board) is undertaking reforms to streamline the Specialist pathway. The proposed changes update the design and operation of the pathway to specialist registration in Australia for most specialist international medical graduates (SIMGs).

The Board is seeking feedback on the proposed redesign of the pathway, set out in draft *Specialist pathway requirements*. It is intended that these replace the current *Standards: Specialist medical college assessment of specialist international medical graduates* (the Standards).

Providing feedback

This submission form is for anyone who wishes to make a submission including organisations, registered health practitioners, patients and consumers.

The Board invites you to provide feedback on the proposed changes and the draft *Specialist pathway requirements*. The consultation paper is available on the Board's website.

There are specific questions and an option to make general comment. You do not need to answer all the questions included in the consultation paper.

Please provide written submissions by email, marked: 'Public consultation on Specialist pathway' to medboardconsultation@ahpra.gov.au.

The public consultation is open **until COB Monday 27 July 2026**.

How your feedback will be treated

The Board publishes submissions at its discretion. We generally publish submissions on our website in the interests of transparency and to support informed discussion. We will not place on our website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the subject of the consultation. Before publication, we may remove personally identifying information from submissions, including contact details.

We accept submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. Any request for access to a confidential submission will be determined in accordance with the Freedom of Information Act 1982 (Cth), which has provisions designed to protect personal information and information given in confidence.

Please let us know if you do not want us to publish your submission or would like us to treat all or part of it as confidential.

Published submissions will include the names of the individuals and/or the organisations that made the submission unless confidentiality is requested

Next steps

When the public consultation closes, the Board will review the submissions and consider all feedback before deciding on next steps.

Stakeholder details

If you would like to include background information about your organisation, please do this in a separate document.

Your details
Contact information (Please include the contact person's name, position and email address)**:** Dr Leona Wilson Director of Professional Affairs, SIMG lwilson@anzca.org.nz
Organisation (if applicable)**:** Australian and New Zealand College of Anaesthetists (ANZCA)
Are you making a submission as? ☒ An organisation ☐ An individual medical practitioner ☐ Other registered health practitioner, please specify: ☐ Consumer/patient ☐ Other, please specify: ☐ Prefer not to say
Do you give permission to publish your submission? ☒ Yes, with my name ☐ Yes, without my name ☐ No, do not publish my submission

Response to public consultation questions

Public consultation questions for consideration

Please provide your responses to any or all questions in the blank boxes below, including references to the document paragraph and/or page number (if applicable).

The Board is inviting feedback on the draft *Specialist pathway requirements* (Appendix 1) and seeks responses to the following questions:

1. Is the content and structure helpful, clear, relevant and workable?

The structure is clear and the content reflects the MBA's stated policy. However, ANZCA has some concerns about components of the content, covered in the below sections.

2. Is there any content that needs to be changed, added or deleted – please explain what and why?

In the **application stage (7.1.3),** ANZCA would support the Board consulting with the colleges about the format of the CV and associated documentation that is required, ensuring sufficient detail is included (ANZCA has a specific CV format that answers specific anaesthesia and pain medicine requirements).

In the **assessment of post qualification training and specialist experience (4.2),** ANZCA would recommend that:

- CPD practice evaluation activities be specifically assessed as part of post qualification training and specialist experience as these are essential components of Australian medical practice and support a culture of accountability to others for their clinical performance. There is no mention of CPD as part of the requirements in the Specialist pathway, which is inconsistent with CPD requirements for ongoing registration for locally trained specialists.
- CPD knowledge, skills and emergency response activities be specifically assessed as part of post qualification training and specialist experience as these are essential components for keeping up to date, especially if the doctor has qualified some time ago and/or practising in a more isolated setting, such as solo private practice (for anaesthesia).
- Any deficiencies occurring after post qualification training and specialist experience be assessed as these can occur despite excellent initial qualifications. The current policy only asks for mitigation of initial deficiencies, not those occurring after qualification. While most will be covered by recency gaps, some will be due to changed nature of practice after qualification.

In **SIMG request for reconsideration of a Board assessment outcome (7.3.5),** ANZCA would recommend a change to 'the Board MUST request advice from the relevant medical college if it intends to overturn the original Board decision'.

In **assessing a position that is suitable for supervised practice, (7.4.3)** ANZCA would recommend that the Board MUST request advice from the relevant medical college, as they will be best placed to understand the needs of the SIMG and the characteristics of the proposed work site.

In the **workplace-based assessments for assessment for specialist registration for streams 1 and 2 (paragraph 10, definitions),** ANZCA would recommend that at least one assessor be external to the SIMG's worksite. ANZCA's experience in undertaking final workplace-based assessments of SIMGs is that at times the external assessors uncover significant deficiencies not detected/acknowledged by the on-site colleagues undertaking supervision of those SIMGs.

The consultation notes that interrupted time such as maternity leave or leave greater than annual leave allowance is outside the **maximum timeframe (7.5.8)** - what would be acceptable timeframes around extended leave? Will the Board provide guidelines on managing extended leave against recency of practice requirements?

The college strongly supports maintaining a clear **distinction between specialist registration and fellowship** – these are completely separate and have different requirements and decision makers. This requires emphasis in the documentation. There are concerns that applicants and employers may incorrectly assume registration automatically confers fellowship.

We believe **workplace-based assessments may involve conflicts of interest** where supervisors are also employers (especially in rural areas or in private settings), highlighting the need for stronger safeguards around assessor independence and dispute resolution.

3. Is the role of specialist medical colleges in the oversight, wellbeing and support of SIMGs on the Specialist pathway adequately described? Please identify any gaps.

The **draft requirements are considered too narrow** in their description of college oversight during supervised practice and do not adequately recognise educational support, mentoring, wellbeing support, workplace-based assessments and management of underperformance.

Monitoring and progress (7.5.4): ANZCA will seek three-monthly reports on SIMG performance to ensure progress is monitored in a timely manner. ANZCA would seek further information from the Board about when colleges should report underperformance or failure to progress. All colleges understand the need to report threats to patient safety, but at what threshold point would the Board require notification of failure to progress that doesn't meet the 'patient safety' threshold.

Attachment A roles and responsibilities indicates that **specialist pathway supervisors must be appointed by the Board** - would the relevant specialist medical college have input into the nomination of supervisors? Supervisors should always be from the same speciality to avoid conflict of interests, e.g. coercion to anaesthetise a patient if the supervisor is a surgeon.

Attachment A also outlines that SIMGs are required to **secure suitable employment and supervisor arrangement**. It would be beneficial if this extends to state that finding a position is the role of the SIMG not the college or similar stakeholder. Given our interactions with SIMGs in the past, some SIMGs may otherwise expect the college to assist with finding employment.

4. Are there any impacts for patients and consumers, particularly vulnerable members of the community, that have not been considered?

ANZCA would recommend that **unconscious bias training be an essential part of cultural safety education (paragraph 6).** While cultural safety education is essential, ANZCA would posit that the underlying concept is removal of unconscious (or conscious) bias, and if this is included then it would assist with provision of excellent patient-centred care to other vulnerable members of the community as well. It should be noted that ANZCA has recently launched the *Understanding and Addressing Unconscious Bias* eModule, building on the Gender Equity Subcommittee's 2023 toolkit. The module explores how unconscious bias can influence patient care, workplace culture and professional experiences, and provides practical strategies to recognise and address its impact in clinical settings.

5. Are there any impacts for Aboriginal and Torres Strait Islander Peoples that have not been considered?

As above, ANZCA would recommend that unconscious bias training be an essential part of cultural safety education.

6. Are there any other regulatory impacts or costs, or other issues that have not been identified that the Board should consider?

Uncertainty remains regarding how **assessment, registration and fellowship fees** would be collected and distributed under the new model, particularly where both colleges and the Medical Board impose fees. Each body needs to be able to claim fees for what it does. For example, ANZCA has a fees schedule with MCNZ for the tasks we conduct e.g. paper assessments, interviews, PD approvals etc.

We are concerned that the proposed Streamlining the Specialist Pathway **may increase costs for SIMGs,** as assessment and administrative functions currently undertaken on a largely pro bono basis by the specialist medical colleges may be transferred to the Medical Board and associated regulatory processes. This is likely to introduce additional cost-recovery requirements, increasing the financial

burden on SIMGs seeking specialist recognition. The loss of substantial in-kind contributions currently provided by the anaesthesia and pain medicine professions may also result in higher system costs overall, with flow-on implications for governments, employers and ultimately the Australian community.

It would also be useful for MBA to provide improved education and support that assists the SIMG to acclimatise to their new professional and personal lives in a different country. The expectation is up to the employer (and from experience this doesn't always happen).

7. Do you have any other comments on the draft *Specialist pathway requirements*?

ANZCA is **not confident that this change will improve timelines for anaesthesia and pain medicine SIMG assessment**. ANZCA finds that the main impediments to timely processes are the failure of SIMGs to submit all required documentation in a timely manner and/or delays in issuing visas.

ANZCA currently has a strong track record of timely SIMG assessment processes. Despite the introduction of the expedited pathway for applicants from the United Kingdom and Ireland, many applicants continue to apply through the college pathway due to its efficient assessment timeframes, resulting in duplicate applications across both pathways. ANZCA is concerned that the proposed streamlined process removes the option for applicants to apply directly to the college, and that may delay their application process. ANZCA seeks clarification on how Ahpra will ensure that **initial document verification and completeness checks are undertaken within timeframes that meet or exceed current ANZCA performance**, and how complete applications will be referred to the college without delay. Without clear service standards and performance measures, ANZCA is concerned that this may increase processing times and disadvantage SIMGs.

The college strongly encourages the use of a **memorandum of understanding between the Medical Board and the college** to ensure there is better delineation of respective roles, indemnity, responsibility for appeals, complaints, disputes and legal costs, and separate appeal pathways for Medical Board and fellowship decisions. The absence of a process for resolving disagreements between colleges and the Medical Board is a significant gap. For example, what happens if the Board questions / rejects the Specialist pathway assessment by the college? How will this be managed? We strongly believe that the college should be advised first as well as their advice sought on the proposed decision, and if the SIMG appeals the MBA's decision then MBA should seek college advice before making its determination.

We support **retaining interviews** to clarify or verify information but recommended objective criteria or a decision matrix to determine when interviews should be used. Interviews play an important role in validating applicants' self-reported experience and exploring clinical reasoning, and this should be recognised separately from formal assessment of clinical competence. ANZCA interviews all applicants except the most obvious via a rigorous process, typically consisting of three college/faculty fellows and a community representative, to ensure that all practicing specialists in Australia meet the same high standards, regardless of where they received their initial training. For example, in our experience English language proficiency from test results does not necessarily correlate with proficiency at interview or communication with patients and support people. Reasons for interview include:

- More information needed for stream assessment, especially those that may be assessed as not comparable
- More information needed for advising on requirements for the SIMG process e.g. specific areas for upskilling
- The applicant is from an unusual country that ANZCA has very/no knowledge of their training and qualifications
- The applicant is from a country known to have a very different health service
- The need to validate information provided by the SIMG that seems questionable in any way. This is critical with the increasing use of artificial intelligence tools and the growing risk of document fraud or misrepresentation.