THE ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS
College House
1 Palmerston Crescent
South Melbourne, Victoria 3205
Tel 03 8699 0414
Fax 03 8699 0400
www.racgp.org.au
ACN 000 223 807 ABN 34 000 223 807

30 April 2009

Committee Secretary
Senate Standing Committee on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600
Australia

Phone: +61 2 6277 3515
Fax: +61 2 6277 5829
Email: community.affairs.sen@aph.gov.au

Dear Senators

Re: Inquiry into National Registration and Accreditation Scheme for Doctors and Other Health Workers

Thank you for providing the Royal Australian College of General Practitioners with the opportunity to provide input to the Senate Community Affairs Committee inquiry into the proposed National Registration and Accreditation Scheme.

The College respectfully encloses its submission regarding this important inquiry, and hopes that the recommendations made in this submission will assist the Committee in its deliberations regarding the implementation of the National Registration and Accreditation Scheme. The College considers its submission to be in the public domain at the Senate's pleasure.

The College requests permission to give evidence at the Committee's public hearings.

If you have any questions or comments regarding this submission, please contact me at the College or Dr Greg Wilson on (03) 8699 0571 or at greg.wilson@racgp.org.au

Regards

Dr Zena Burgess, Ph.D.
Chief Executive Officer

Encl. Submission to Senate Community Affairs Committee
RACGP response to CoAG/NHWT consultation documents, as appendices

The Royal Australian College of General Practitioners

Submission to the Senate Community Affairs Committee:

Inquiry into National Registration and Accreditation Scheme for Doctors and Other Health Workers

30 April 2009

THE ROYAL AUSTRALIAN
COLLEGE OF
GENERAL PRACTITIONERS

1. Introduction

The Royal Australian College of General Practitioners (RACGP) thanks the Senate Community Affairs Committee for the opportunity to continue to contribute to the two separate discussions regarding proposals for the medical and allied health professions to adopt:

- a national registration scheme
- a national accreditation scheme.

The RACGP is the specialty medical college for general practice in Australia, responsible for defining the nature of the discipline, setting the standards and curriculum for education and training, maintaining the standards for quality clinical practice, and supporting general practitioners in their pursuit of excellence in patient care and community service.

This submission is made in response to the terms of reference for the "Inquiry into the National Registration and Accreditation Scheme for Doctors and Other Health Workers" of the Senate Community Affairs Committee, details of which can be found at:

http://www.aph.gov.au/senate/committee/clac_ctte/registration_accreditation_scheme/tor.htm

2. Overview of concerns

This section provides an overview of the RACGP's concerns already provided to the Council of Australian Governments (CoAG) and the National Health Workforce Taskforce (NHWT).

2.1 Position of the RACGP

Whilst the RACGP is supportive in principle of national registration, the RACGP cannot support the proposed CoAG model, primarily because:

- accreditation has been unnecessarily interwoven with national registration proposals
- CoAG and the NHWT continue to provide scant detail on how the proposed national registration scheme will operate.

The RACGP is not supportive of changes to existing accreditation arrangements as outlined in the proposed national accreditation scheme.

The numerous unclear proposals, and the lack of definition of standards setting processes and responsibilities, and a lack of consultation and engagement are of concern to the College, as they put at significant risk the long history of high standards of provision of medical services to the Australian community.

2.2 Failure to distinguish between registration and accreditation

Despite the continued assertions of CoAG and the NHWT to the contrary, **registration** and **accreditation** are two distinctly different concepts and processes.

What is registration?

Registration addresses whether *individual practitioners* have reached the required and accepted standard to provide safe and competent service to the community. Medical registration works well when medical college qualifications are used by registration authorities as the gold standard to practise. However, the registration process can also fail when the registering jurisdictions go outside the medical college system and register practitioners by measuring them against non-college standards, as evidenced by several recent, unfortunate, high profile cases.

What is accreditation?

Accreditation, as a distinctly separate function, addresses the standards of *educators and trainers* to provide training to medical and allied health practitioners. Accreditation sets the standards for those providing training. Medical colleges and university medical schools are accredited to provide training to the medical profession and to medical students.

The Australian Medical Council *independently* accredits medical colleges and universities to *set the standards* for such training and accredits them to provide elements of the training.

The medical colleges in turn can accredit third-party education and training providers, including general practices and hospitals, training supervisors, examiners, and private for-profit education providers, to *deliver the training*.

In previous RACGP submissions, and as co-signatory to submissions from other organisations, we have expressed concern that there would be changes to existing arrangements whereby registration and accreditation functions for the health professions have separate governance arrangements. The Productivity Commission supports the view that these functions should be governed separately. Our concerns have thus far been ignored.

CoAG/NHWT has yet to explain in any detail how the process of accreditation of college, university and other education providers relates to the registration by registration boards of qualified health practitioners.

2.3 Lack of recognition of involvement in the NHWT consultation process

The RACGP continues to be concerned that there has been a lack of feedback to any of its NHWT submissions thus far, or to submissions from other profession-based organisations.

The RACGP has provided much detailed input regarding the proposed national accreditation scheme, and the separate national registration scheme, as follows:[1]

Appendix 1
3 April 2009
Response to NHWT's "Health education and training: clinical training – governance and organisation" discussion paper

Appendix 2
13 February 2009
Response to CoAG's "Proposed arrangements for specialists within the National Registration and Accreditation Scheme for the Health Professions" consultation paper

Appendix 3
23 December 2008
Response to CoAG's "Other matters for inclusion in Bill B" consultation paper

Appendix 4
19 December 2008
Response to CoAG's "National Registration and Accreditation Scheme: proposed arrangements for accreditation"

Appendix 5
19 December 2008
Response to CoAG's "National Registration and Accreditation Scheme: proposed arrangements for information sharing and privacy"

Appendix 6
21 November 2008
Response to CoAG consultation paper regarding the proposed complaint arrangements

[1] Royal Australian College of General Practitioners. *Reports, submissions and outcomes.* http://www.racgp.org.au/reports [Web page, accessed April 2009]

Appendix 7
29 October 2008
Response to consultation paper regarding proposed registration arrangements

Appendix 8
19 September 2008
Brief submission, not published, entitled:
RACGP second response to consultation paper on issues supplementary to the Intergovernmental Agreement on a national registration and accreditation scheme for health professions to be included in the first bill

Appendix 9
5 September 2008
The RACGP response to CoAG national registration and accreditation proposals

Appendix 10
10 March 2008
Response to the Joint Committee on Higher Education inquiry into the desirability of a national higher education accreditation body

Appendix 11
7 February 2007
Response to the Second Consultation Paper: Proposal for a National Registration Scheme for Health Professionals and a National Accreditation Scheme for Health Education and Training

Consultation with the profession must be meaningful, where submissions and views expressed are not only acknowledged and discussed, but also addressed. The RACGP, like many stakeholders, has made multiple submissions, covering complex and multifaceted issues, which have yet to be acknowledged, let alone addressed.

The RACGP continues to advocate for *meaningful* stakeholder consultation and engagement regarding this high impacting and high risk initiative.

2.4 Lack of detail

In consultation documents regarding national registration and accreditation there has been a concerning lack of detail in what is being proposed. For example, the proposed arrangements for accreditation paper refers to “standards and criteria set by the national agency”, “processes for assessing individual qualifications and courses”, and “approved accreditation standards”, without any detail of what these standards, criteria and processes will be, who will be responsible for setting them, and how they will be developed.

Given the fundamental importance of these issues, the RACGP believes that it is vital that CoAG engage the medical profession in a meaningful way to obtain advice and input on the standards, criteria and processes relating to accreditation.

2.5 The importance of independence

CoAG and the NHWT have maintained that the process of assessment and accreditation of courses and qualifications will be undertaken independently from government, health professional educators, and the profession.

The College has questioned, in numerous submissions, how the proposed accreditation functions can be independent of the government when it is proposed that the overarching Ministerial Council:

- has final authority in which accreditation body(s) to use
- sets the policy direction
- appoints any person or body to undertake accreditation functions
- approves standards for accreditation

- reviews any approved standard
- approves amendments to standards
- has final authority on the recognition of initial specialties, recognition of new specialties, and approval of new courses.

The RACGP also questions how accreditation of overseas medical qualifications can be undertaken independently of the medical profession, when it is the medical profession that has the core knowledge and experience of medical practice and medical professional standards for Australia.

The RACGP reiterates the point that accreditation must be *independent* of the professions *and* of the government. Government policy changes often, frequently in response to short term goals. Basing accreditation processes on ministerial policy and directions will result in a diluted and confused system, which in the long term will almost certainly harm the current high standard of medical services, and consequently health services, delivered to the community.

Accreditation systems and strategies require long term solutions, rather than short term fixes that are neither evidence-based nor well planned.

3. RACGP response to the Senate Inquiry

This section specifically addresses those of the Senate Inquiry's terms of reference that are relevant to this College, including:

- the impact of the scheme on patient care and safety
- the effect of the scheme on standards of training and qualification of relevant health professionals
- how the scheme will affect complaints management and disciplinary processes within particular professional streams
- the appropriate role, if any, in the scheme for state and territory registration boards
- alternative models for implementation of the scheme.

3.1 Impact of the scheme on patient care and safety

3.1.1 Impact of proposed **registration** arrangements on patient care and safety

Registration of under-qualified health practitioners

The RACGP is concerned that the medical board will be able to register a person who may not meet currently accepted requirements for registration, with the result that there will be an increase in the numbers of under-qualified individuals practising medicine. There is a lack of detail provided in the discussion documents, and a lack of acknowledgment of the role of the medical profession in setting standards. This does not generate confidence that standards will be paramount in considerations of setting registration standards and deciding whether to register individual doctors.

Increasing health practitioner access to prescribing without training or support

There is the potential for increased scope of practice for a number of health professions without requirements for adequate training or ongoing consultation with specialists.

For example, proposal 10.2.1 of the consultation paper titled 'Proposed arrangements for registration' will enshrine in national legislation undefined powers to prescribe pharmaceuticals to allied health professionals and nurse practitioners. Whilst there may be a number of medicines these groups can safely prescribe, and probably further medicines they could prescribe with supervision and support, it is concerning that there are no safeguards described to prevent the lowering of prescribing standards, which if realised will lead to reduced patient safety, and probably patient harm.

Any proposals to extend prescribing rights or to otherwise extend the scopes of practice to non-medical practitioners must have appropriate safeguards for training, ongoing input and guidance from the relevant medical specialty.

The College reiterates its previous positions regarding independent prescribing by non-medical practitioners. Any system to extend prescribing rights to nurses and other allied health professionals must be underpinned by the following principles:[2]

- Patient safety is paramount
- Prescribers must have a clear understanding of drug-disease, drug-patient, and drug-drug relationships
- Prescribers need adequate and appropriate training, supervision and support on a long term basis
- Medicolegal understanding and adequate indemnity cover are essential
- Therapeutic training and regulation of the use of clinical pathways, therapeutic guidelines, and protocols which direct practise
- Monitoring and regulatory systems are required, both for prevention of misuse, and to detect any patterns of misuse.

Whilst flexibility and new options for health practice are encouraged, and should be explored, it is extremely concerning that these can be imposed by the Ministerial Council. To uphold Australia's high quality medical standards, it is vital that any new areas of practice or expansion of scopes of practice be implemented with considered input and guidance from the relevant health professions. This is the only way to ensure ongoing patient safety for the Australian community.

Proposed governance arrangements and delegation powers of the health registration boards

The RACGP does not support the concept of delegating registration decisions to individuals, particularly those decisions that relate to registration conditions and revocation of registration, and believes that any important registration decisions should only be delegated to appropriately structured committees, with sufficient expertise and input from both the profession and patients.

Proposal 10.3.1 of the "Proposed arrangements for registration consultation" paper will effectively delegate approval of new areas of health practice upwards to the Ministerial Council, without consideration for quality and standards, patients' safety, or medical expertise.

Broad delegation powers for the health registration boards have also been proposed within the CoAG/NHWT consultation documents. These proposals will effectively allow the boards to delegate powers to individuals who may not have the capacity to make informed decisions and choices regarding the registration of health practitioners. Proposal 6.2.2 of the 'proposed arrangements for registration' and proposal 4.7.1 of the 'proposed complaint arrangements' consultation papers propose that health registration boards have the power to delegate important registration decisions, including approval of registration and suspension of registration, to undefined individuals and committees.

Proposal 6.2.2 would effectively enable delegation of decision making power to a single individual who, for various reasons, may not have the capacity to make informed decisions regarding registration-related issues. There are many risks associated with delegation to individuals, including but no limited to:

- Registration of an unsuitably qualified medical practitioner, putting patients and the Australian community at risk
- Refusal of registration to a suitably qualified health practitioner, depriving the Australian community of a competent and safe health practitioner
- Suspension of a competent and safe health practitioner, depriving the Australian community of a valuable health practitioner
- The potential for inappropriate conditions placed on a health practitioner's registration, which would limit their scope of practice, harm their reputation, and thereby reduce their ability to deliver quality healthcare to the Australian community.

The continuing themes of concentrating decision making powers higher and higher confirm our belief that there is a real risk that the new scheme will erode the confidence of the public in the health care system.

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[2] Royal Australian College of General Practitioners (2008). *The improvement of general practice primary care services: submission to the National Health and Hospital Reform Commission, 25 August 2008*. http://www.racgp.org.au/reports/200808NHHRCSubmission.pdf pp. 23-25. [Accessed April 2009]

3.1.2 Impact of proposed **accreditation** arrangements on patient care and safety

In its CoAG/NHWT consultation submissions, the RACGP's concerns have been that:

(i) There is a lack of acknowledgment for the continued role of proven and effective accreditation systems, including the accredited medical colleges, in setting and maintaining standards for quality medical care of patients and the community
(ii) A well established system of accreditation in the highest risk health profession – the medical profession– will be unnecessarily changed in order to implement a single system that will be a "lowest common denominator" system designed to determine accreditation requirements for a number of smaller, lower risk professions
(iii) The proposed system appears to ignore the quality assurance and continuing professional development programs established by the accredited medical colleges, and seeks to introduce new and onerous continuing professional development requirements for the medical profession without discussion or consultation
(iv) The Australian Medical Council should be assured of its future, and systems similar to the Australian Medical Council system should be implemented for all health professions.

While this section addresses "proposed accreditation arrangements", it must be noted that hardly and information has been provided about what the arrangements would be, other than that powers will be given to the Ministerial Council to determine accreditation standards.

Continued role of proven and effective systems

Whilst it is recognised that many health professions (the medical profession not included) require formalised systems and processes for accreditation of their clinical and training standards, there has been no recognition or acknowledgement of the *proven and effective systems* within medicine over many decades, including the role of the medical colleges in setting the standards for medical practice and in setting and implementing the standards for specialist training. Nor has there been adequate recognition of the role of the Australian Medical Council (AMC) in accrediting the colleges, universities and other education providers to set training standards.

The RACGP, like many other specialist medical colleges, sets the high standards for the quality of education, training and clinical practice that the Australian community deserves, ensuring robust systems and mechanisms for training and quality control of general practice in Australia.

The RACGP questions how CoAG/NHWT intends to ensure the high quality, patient-centred, safe, evidence-based delivery of clinical services and specialist medical training on behalf of the Australian community. Acknowledgement of the ongoing expertise, knowledge, and commitment of the medical colleges is dangerously lacking, as is recognition that these fundamental and crucial services to the Australian community are provided at minimal cost, in a collegial atmosphere.

Further details regarding the impact on general practice training and recognition are discussed in the section "Effect of the scheme on standards of training and qualification of relevant health professionals".

Potential for increased scope of practice without adequate input and consultation

Similar to proposal 10.1.1 of the "Proposed arrangements for registration" consultation paper, proposal 3.4.3 of the "Proposed arrangements for accreditation" consultation paper recommends that the Ministerial Council be given further powers in relation to specialist accreditation, including specialist approval, specialist endorsement, and determining the scope of practice for professionals.

These overarching powers in relation to specialist accreditation will effectively provide the Ministerial Council (or the governments) all final decision making powers regarding specialists, including their recognition and credentialing, and their scopes of practice.

CoAG/NHWT's proposals, regarding the broad powers that the Ministerial Council will ultimately have in relation to specialist accreditation, are a continuing and serious concern, because no guarantee is provided that the existing high standards of medical practice within Australia will be maintained. The risk is that decisions will be made without input or guidance from health professionals.

The real danger is that accreditation decisions will be made in response to short-term political prerogatives, rather than with the long-term requirements of the community in mind that high and safe standards for clinical practice and training will be set and maintained.

3.2 Effect of the scheme on standards of training and qualification of relevant health professionals

3.2.1 Role of the medical colleges

There has been no recognition of the role of the specialist medical colleges in the proposed national registration and accreditation model. The College in its submissions has made a number of recommendations regarding the role of the specialist medical colleges. The lack of a response can only create uncertainty about these high-risk proposals.

Currently, the RACGP (like other medical colleges) develops, maintains and monitors crucial training functions, including:[3]

- Curriculum for general practice specialist training
- Standards for General Practice Education and Training: trainers and training posts
- Standards for General Practice Education and Training: program and providers
- Fellowship requirements for the vocational training route
- Fellowship requirements for the practice eligible route
- Fellowship requirements for overseas specialist equivalency
- Requirements for Rural Fellowship
- Quality Assurance and Continuing Professional Development standards for members
- Standards for education providers to the Quality Assurance and Continuing Professional Development program
- Standards for general practices
- Standards for the supervision of prevocational doctors in general practice.

The CoAG/NHWT proposals open the way to remove these and other functions from the colleges, with no vision about who would then be responsible or competent to provide these services to the community.

Such actions would certainly erode the standards for training, and therefore ultimately the standards for patient care. If decisions regarding requirements for training and clinical standards could be made by governments without regard to the safeguards that currently ensure input and guidance form the relevant health professions and their specialties, who will be providing that input?

It is also highly doubtful that governments will have the capacity to set and maintain standards for all the health professions, specialties and sub-specialties, and it is difficult to see how governments could provide these services and standards at the low cost achieved in the “collegial” environment created by the medical colleges.

Specifically, the RACGP has sought written confirmation of the intended roles of the specialist medical colleges in the proposed model, especially in relation to:

- Quality Assurance and Continuing Professional Development
- Setting standards for prevocational and vocational training
- Assessing candidates for admission into specialist practice
- Assessing specialist qualifications and experience for overseas medical graduates.

To date, the RACGP has not received any written response or clarification regarding any issues it has raised.

3.2.2 Quality assurance and continuing professional development

Currently, to maintain vocational recognition, general practitioners must complete the requirements for the college Quality Assurance and Continuing Professional Development (QA&CPD) Program. The QA&CPD Program is a proven quality system aimed at ensuring that all general practitioners can record

[3] Australian College of Rural and Remote Medicine, General Practice Education and Training Ltd, General Practice Registrars Australia Ltd, and The Royal Australian College of General Practitioners (2009). *The future general practice education and training system: discussion paper*. http://www.racgp.org.au/reports/Future_GP_Education_and_Training_System.pdf [Accessed April 2009].

their participation in high quality educational activities. The activities emphasise patient safety and are competency-based.

The future role of Quality Assurance and Continuing Professional Development for medical practitioners has yet to be addressed in the CoAG/NHWT consultation documents. Instead, there have been a number of references to 'continuing competence' without any reference to the standards or mechanisms for participation.

Continuing competence for general practitioners is, and should continue to be, demonstrated through the satisfactory completion of the RACGP's QA&CPD Program.

To date, the silence in the consultation documents on details of the role of continuing professional development programs has meant that accreditation of the current college systems used nationwide by tens of thousands of registered medical practitioners to maintain their clinical and professional skills has not been addressed. Issues including who is responsible for program delivery, for setting professional standards, and for accreditation of education providers and the QA&CPD Program itself, must be addressed. Collaboration with the medical colleges is the only viable alternative. The colleges are the bodies that set the standards, set the participation and compliance criteria, and develop the processes for the delivery of continuing professional development programs, and are the bodies that manage and monitor the participation and compliance of their members in the programs.

Ignoring the current, proven, and effective QA&CPD programs has the potential to lower educational standards, and increase the risks to patients.

3.2.3 Dismantling the existing accreditation model for medical education and training

The RACGP continues to be concerned about the lack of detail in relation to any planned accreditation model for medical training, and the lack of regard for the potential consequences of dismantling the existing, successful system. The effects on the standards can only be harmful, and the effects on the cost can only be to cause cost blow-outs.

The RACGP believes that consideration must be given to preserving the most effective policies and procedures within existing accreditation processes when reviewing options available for improving the consistency and rigour of national accreditation.

The AMC, as the profession-based organisation that accredits education and training programs independently of the colleges and governments, has performed its accreditation role in an exemplary fashion. The AMC has an excellent, proven track record in assessing medical courses and medical specialty training programs, determining the substantial comparability of international medical graduates who wish to practise in Australia, and advising governments on registration and vocational recognition matters.

The system has worked well for many years, and the risks of changing it are significant.

Specifically, the AMC should continue to:

- Assess medical courses and training programs, for both medical school courses and training for medical specialties, and accredit programs which meet the AMC accreditation standards
- Assess overseas training doctors, or international medical graduates, who wish to practice medicine in Australia
- Advise the Health Ministers on uniform approaches to the registration of medical practitioners and the maintenance of professional standards in the medical profession
- Advise the Commonwealth and the states on the recognition of medical specialties.

Although CoAG has stated that the AMC will continue in its accreditation role for the next three years, the RACGP firmly believes that CoAG should commit to the continued role of the AMC model in the accreditation of medical specialities, and its continued independence of both other medical professional organisations and governments, including any proposed 'Ministerial Council'.

The RACGP will not support any proposed national accreditation model which does not build on existing and proven AMC processes, and any model which will see any reduced role, independence, effectiveness and/or autonomy of the AMC in maintaining the high standards of medical care received by the Australian community.

Accreditation for the non-medical health care professions

As stated in previous submissions, the AMC model should be adopted for accreditation of education and training for the allied health professions that are considered within the CoAG/NHWT proposals, in cases where those professions may not currently have robust accreditation standards and/or processes.

3.3 Affect on complaints management and disciplinary processes within particular professional streams

The RACGP's concerns in relation to the complaints management and disciplinary processes centre on the proposed tribunal arrangements and the proposed definitions for unsatisfactory conduct or misconduct.

3.3.1 Proposed tribunal arrangements

In the consultation paper titled "Proposed arrangements for handling complaints, and dealing with performance, health and conduct matters", it was proposed that:

> "where a health practitioner has engaged in professional misconduct, that is misconduct that is considered to be substantially below reasonable standards and/or accepted conduct, the matter should be referred to the appropriate tribunal."

In a nationally based health registration system, tribunal arrangements must be consistent throughout Australia to ensure that health practitioners receive fair and consistent treatment regardless of their geographical location.

The RACGP notes with concern that while the current tribunal arrangements vary from one state and territory to the next, due to differing legislation, there has been nothing presented to assure the community or the professions that the various jurisdictions will be able to meet the requirement that registration, remediation and tribunal standards and arrangements will be the same across all states and territories. This is surely a fundamental requirement of a national registration scheme. CoAG/NHWT has so far failed to communicate its intentions on how to standardise these arrangements. By the time draft Bill B comes out, it will be too late to engage in any debate or hold the governments accountable.

The RACGP re-iterates its position on tribunal arrangements, and advocates for a consistent tribunal process throughout Australia, with each jurisdiction agreeing to appropriate standards that cover:

- details of tribunal membership
- equity of access to process for both complainants and respondents
- processes for tribunal hearings
- legal representation for respondents
- appeals
- privacy matters
- reporting requirements.

3.3.2 Unsatisfactory conduct and misconduct

The consultation paper "Proposed arrangements for handling complaints, and dealing with performance, health and conduct matters" includes several definitions for unsatisfactory professional conduct. While the RACGP notes that the intention of the draft definitions is to define inappropriate professional conduct, unsatisfactory performance, and misconduct, the proposed definitions are too general to be effective in promoting high standards of clinical practice.

For example, one of the definitions for unsatisfactory professional conduct is:

- 'referring a person to, or recommending that, a person use or consult another health service provider, health service or health product when the practitioner has a pecuniary interest in giving that referral or recommendation, unless the practitioner discloses the nature of that interest to the person before or at the time of giving the referral or recommendation'.

With the complex nature of medicine, including patient management, referrals and business arrangements, these definitions are extremely subjective, and may cause conflict and confusion both for the profession and the registration boards.

The RACGP has also noted the intention of the government to develop "super clinics" and questions whether the financial relationships in super clinics would stand up to such a definition. The intention of the government, not often realised, to reduce the red tape requirements placed upon general practitioners, raises questions whether this definition would place unnecessary administrative burdens on general practitioners making appropriate referrals within the complex primary health care system.[2]

3.4 The appropriate role in the scheme for state and territory registration boards

The RACGP is supportive of a registration system that allows for a strong local presence in each state and territory. There are several advantages to maintaining local registration committees, including:

- a local understanding of issues faced by practitioners in each state and territory
- the ability to liaise with the local profession to establish networks and links
- the capacity to deal with some issues at a local level, including remediation, education, and disciplinary action for individual practitioners.

Despite the importance and seriousness of a complaints system for the regulated health practitioners, there is a concerning lack of detail in the CoAG/NHWT documentation regarding how complaints will be managed. Processes starting with the receipt of the complaint through to the panel and tribunal hearings are sketchily provided. These processes have been well developed by the existing boards, and there seems no reason why more details about the specific proposals have still not been provided. Furthermore, there appears to be a disregard for the extensive work done by the states and territories, registration boards, professional associations, colleges and other organisations on the current frameworks and processes that exist throughout Australia.

3.5 Alternative models for implementation of the scheme

The RACGP continues to support the concept of a national registration system that will allow for greater workforce mobility and flexibility throughout Australia.

However, as previously noted, the proposed CoAG model for national registration remains unnecessarily complex. Furthermore, the proposals seem to have tacked on to them a number of components, including accreditation, unrelated to the implementation of a national registration scheme.

3.5.1 Alternative model for national registration

A national registration scheme could be introduced where each state medical registration board accepts the other states' registration standards. Such a model would allow greater workforce flexibility, and build on existing systems and infrastructure. This model would however require a coordinating national body, which would also set nationally agreed consistent standards, building on the existing strengths of the current state and territory medical boards, including standards for both registrations and investigations.

It should be further noted that considerations of how to improve performance of those health care professionals who may be identified as failing, for one of many reasons, should be given much more consideration in the proposals, rather than the current emphasis on disciplinary action. A tribunal system that is not properly linked to a remediation process has the potential to waste good health care professionals and create mistrust.

3.5.2 Alternative model for national accreditation

As stated throughout this submission, it is important to build on *existing and proven systems*, because they work. As the AMC is an effective and proven model for accreditation, it is recommended that the AMC be retained, and an AMC-like model be incrementally developed for those other health professions that need a more robust system, beginning with the highest risk professions.

When implementing an accreditation model, it is important to recognise that *one size does not fit all*, and that there are unique characteristics between each health profession, and their sub-specialties. Therefore, when developing AMC-like accreditation bodies, it is important to ensure that *existing and proven systems* for each health profession are retained, and incorporated into the AMC accreditation model.

The Royal Australian College of General Practitioners

Response to NHWT's "Health education and training: clinical training – governance and organisation" discussion paper

3 April 2009

The Royal Australian College of General Practitioners

EXECUTIVE SUMMARY

All decisions regarding investment into governance and infrastructure should take into consideration the *key issues* of:

- quality and standards
- equitable access
- competency for scope of practice
- the *key requirements* of teams, training, and technology
- the *key methodologies* of collaboration, coordination and community input.

Underpinning these key areas is the importance of balancing quality of health care, with equity of access.

With the RACGP's extensive experience in clinical training, education and placements, it is well positioned to provide considered and meaningful advice regarding governance structures, coordination, and collaboration.

Out of the four governance models proposed, the College believes that the facilitative model is the most promising, as it will allow the national agency to build on existing structures, systems, networks, standards and infrastructure to improve clinical training and capacity. As stated in the consultation documents, the effects of the proposals on education providers is an important consideration.

However, further information is needed regarding the specifics of the proposed models prior to the implementation and progression of a model. It is also vitally important that any national agency remains independent of both the government and the professions. It is also important to note that if standard setting is removed from the medical colleges, and similar standard setting organisations, responsibility for maintaining standards falls squarely with the health minister(s).

A concerning aspect of the discussion document is the lack of acknowledgement and consideration of the specialist medical colleges, who have extensive experience in the coordination of clinical training, governance and organisation on a national level.

The RACGP is supportive of the initiative to increase the capacity and utilisation of community based training, providing that there is sufficient investment into both infrastructure and information systems.

In relation to competency based training and simulation of training, the College notes that these concepts *must be carefully considered and reviewed prior to implementation*, to ensure that the true costs and benefits are fully understood prior to implementation. This will require ongoing consultation with stakeholders involved in training, to develop appropriate models for implementation.

1. INTRODUCTION

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to contribute to discussion regarding proposals for a national body responsible for clinical placement and training.

The RACGP is the specialty medical college for general practice in Australia, responsible for defining the nature of the discipline, setting the standards and curriculum for education and training, maintaining the standards for quality clinical practice, and supporting general practitioners in their pursuit of excellence in patient care and community service.

This submission is made in response to the information contained in the National Health Workforce Taskforce (NHWT) Discussion Paper entitled 'Health Education and Training: Clinical training – governance and organisation'.[1], available at www.nhwt.gov.au/dataproject-gov.asp

2. Governance and organisation of clinical education and training

The RACGP is responding to the following key issues that were identified within the NHWT consultation paper:

- Principles for investment in clinical governance and infrastructure
- Experience in clinical training, planning, organisation and management
- Strengths and weaknesses of governance models proposed
- Management of clinical placements
- Clinical training, including the relative merits and drawbacks of competency based training and simulation training.

2.1 Principles for investment into clinical governance and infrastructure

In making decisions about governance and infrastructure spending on health education and training, the following factors are critically important:

Key issues

- Quality and standards
- Equitable access
- Competence for scope of practice

Key requirements

- Teams
- Training
- Technology

Key methodologies

- Collaboration
- Coordination
- Community input.

The key requirements of teams, training, and technology must be addressed in the context of all the issues of quality and standards, equitable access, and competence for scope of practice. Building teams, training systems, and technology to improve access, must not be undertaken at the expense of competence, quality, or standards.

When addressing the key requirements, whilst taking into consideration the key issues, it is vitally important that feedback and input continues to be sought from the community, and stakeholders. Strategies and solutions must be developed in consultation and collaboration with the professions, and

[1] National Health Workforce Taskforce (2009). *Health Education and Training: Clinical training – governance and organisation*. Available at www.nhwt.gov.au/dataproject-gov.asp [Accessed March 2009].

particularly, individuals and organisations actually involved in clinical training, governance and organisation.

While the themes of the discussion paper purport to be about maintaining quality of health care, the solutions offered seem only to address equity of access, and ignore issues surrounding the likely harm that will come from addressing workforce numbers at the expense of the quality of education and training, and ultimately service delivery to the community.

Furthermore, whilst there has clearly been collaboration with a number of key stakeholders, there must be further and continued collaboration with a broader range of stakeholders, including the specialist medical colleges and the Australian Medical Council, to ensure that there is wide consultation with all organisations involved in the delivery of clinical training, governance and organisation.

2.2 RACGP experience in clinical training, planning, organisation and management

The RACGP is responsible for maintaining standards for quality clinical practice, education and training, and research in Australian general practice. The RACGP has the largest GP membership of any medical organisation in Australia, with the majority of Australia's GPs belonging to this professional college. It also has the largest membership base of any medical college in Australia or New Zealand. As such the college is well place to provide commentary and ideas about future directions clinical training, governance and organisation.

The RACGP has been the driving force in Australia in the promotion of quality primary care delivery since its inception in 1958. Markers of success include: the establishment of the fellowship as the entry point for unsupervised general practice, ensuring that general practice is a specialty in its own right, with world class training and assessment; the requirement for all GPs to undertake continuing professional development; and the implementation of a process of practice accreditation adopted by 75% of practices and covering 90% of annual patient contacts. The quality framework provides the basis for comprehensive assessment and analysis of initiatives.[2]

The college continues to be at the forefront of quality improvement in Australian general practice through an innovative evidence based quality assurance program, the ongoing development of standards for practice quality, the continuing development of clinical standards in key areas of general practice (eg. the RACGP 'red book', the RACGP 'green book', and RACGP endorsement of quality assurance products), the revision of the curriculum upon which general practice training is based and the ongoing development of new pathways to assessment.

The RACGP fosters a culture of reflective improvement and innovation, creating a dynamic environment where:

- reforms are continuous
- innovation, research and sharing of information are fostered
- basic and applied research are embedded in practice through evidence based approaches.

In 2007–2008, college membership grew to a record 19109 members (includes 3163 affiliate members such as medical students, practice managers and practice nurses), representing growth of 11.35%. The RACGP is the largest specialist GP organisation in Australia with:

- 14093 Australian GP members, representing growth of 1134 GP members in 2007–2008
- 6751 full time members
- 1713 general practice registrar members.

The RACGP also has the largest Australian general practice rural membership and Fellowship with:

- 5076 GP members
- 3456 GP Fellows.

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[2] The Royal Australian College of General Practitioners (2006). *Quality framework for general practice*. Available at www.racgp.org.au/qualityframework [Accessed March 2009].

In general practice training, as at February 2009, there were:

- 21 RACGP accredited regional training providers
- 2685 RACGP accredited general practitioner supervisors and trainers
- 1776 accredited general practice training posts.

Furthermore, in 2008, there were 24,543 participants nationally in the RACGP Quality Assurance and Continuing Professional Development Program.

Important role of the Australian Medical Council

When looking at the existing arrangements for accreditation and standard setting in medical training, it is vital to acknowledge the central role of the Australian Medical Council (AMC).

Since 1963, the AMC has ensured that the standards of education, training and assessment of the medical profession have remained at extremely high standards for the Australian community. As success piled on success, the AMC has taken on increasingly important roles in setting the standards for undergraduate, pre-vocational and vocational training for medical practitioners.

The AMC is a profession-based organisation that is independent of universities, the medical colleges, and governments. The AMC has performed its accreditation role in an exemplary fashion, with an excellent, proven track record in setting accreditation standards for:

- university medical courses and training programs
- vocational training for medical specialties
- overseas trained doctors (international medical graduates) who wish to practice medicine in Australia

The AMC also has a significant and credible history of advising Health Ministers on:

- uniform approaches to the registration of medical practitioners
- maintenance of professional standards in the medical profession
- recognition of medical specialties and sub-specialties.

The AMC accreditation process includes accreditation and peer review that promotes high standards of medical education, stimulates self-analysis, assists training organisations under review to achieve their objectives, and encourages and guides innovation in education and training. AMC standards define the knowledge, skills and professional attributes expected at the end of basic medical training and specialist medical training, and good practice in the delivery of medical education and training. Training organisations that meet AMC standards are proud to be granted accreditation.

The RACGP advocates that the AMC's proven and effective model should be retained for the medical professions, and further advocates that the AMC model should be expanded to encompass standard setting and accreditation for the other health care professions.

2.3 Advantages and disadvantages of the proposed governance models

The discussion paper proposes that a national agency be created to coordinate clinical placements, training, achieve efficiencies, ensure adequate numbers of doctors in training, coordinate supervision of training, and facilitate multidisciplinary learning. Such a strategy, if correctly planned with input from relevant stakeholders, including standard-setters and training services providers, could have the potential to streamline clinical placements, and ultimately improve access to health care for Australians.

It is not clear however whether the proposed national agency be directly involved in the coordination of clinical placements, or whether it will work with existing and proven systems and organisations.

Whilst the discussion paper states that the purpose of the proposed models is to generate discussion around the concept of a national training agency, the RACGP points out that (as with a number of other CoAG discussion papers) there is insufficient detail, including details of the governance and funding considerations, to be able to provide properly considered feedback and input regarding the four models.

However, the following general comments can be made.

2.3.1 Proposed top-down models

There are three 'top-down' governance models proposed within the discussion document, namely:

- A brokerage model
- A tendering model
- A central allocation model.

These three "top down" models would effectively give all control and power over governance and funding to a central agency. For example, such models would involve allocating registrars to clinical placements solely under the coordination of the central authority.

The major disadvantages of this approach are:

- Lack of flexibility to take local conditions into account, including rural areas, remote areas, and disadvantaged metropolitan and urban areas, which will ultimately impact negatively on the delivery of health care to the Australian community
- Poor mechanisms for stakeholder engagement and input
- Poor capacity to implement and evaluate innovation in clinical education and training at the practice level.

2.3.2 Facilitative model

Rather than a purely "top down" approach for streamlining and improving clinical placement and training, combined "bottom up" and "top down" approaches should be applied to reforms of clinical education and training. The RACGP has consistently advocated for such approaches, that take into consideration the needs of local communities, in its submissions to the recent reviews and reforms of the wider health system. Individuals and organisations who are actually involved in clinical placement training need to be actively engaged to provide solutions and advice to training challenges, and they need to be better supported at the "coalface" to deliver effective clinical training.

The College believes that there are aspects of the facilitative model which address these needs and therefore warrant further exploration. A national agency which provides a mechanism for developing and seeking to negotiate relationships between health services and education providers, disseminating innovation and best practice approaches, that work as collaborations between stakeholders and build on existing relationships and networks, is a model that should be further investigated. Such approaches could and should:

- build on the existing infrastructure and systems
- focus on improving communication and collaboration
- encourage and facilitate effective use of existing and new resources.

Similarly to the RACGP's advice regarding proposals for a national registration agency and for separate and more concerning proposals for reforms to accreditation arrangements, such an agency *must* be independent of the government to ensure that clinical training and registrar placement continue to be delivered in a safe, high quality environment, taking into consideration the need for long-term strategies and solutions for the Australian health system, rather than addressing only short term political imperatives and strategies.

However, as previously stated, mechanisms to seek robust stakeholder input in the light of more detailed information is necessary before more informed responses can be submitted, or before any decisions about which model to adopt can be made.

2.4 Support for the management of clinical training placements

2.4.1 Role of the medical colleges

The RACGP, like the other specialist medical colleges, has ensured the delivery of safe, high quality, and robust specialist vocational training for decades. Due to the collegiate nature in which the medical colleges operate in Australia (and New Zealand), a significant proportion of the training services, including supervision and accreditation, as provided by the colleges are delivered at a fraction of the actual cost.

The RACGP provides accreditation to:

- general practice Regional Training Providers
- general practice training posts
- community health training posts
- hospital training posts
- individual supervisors and trainers.

None of the four proposed models directly considers involvement of the medical colleges, who have successfully provided specialist medical training and have been responsible for setting the highest standards for accreditation and training in Australia.

Nor is the vital role of the Australian Medical Council recognised in sufficient detail in the discussion paper.

Another concerning factor is that the appendices of the discussion paper, which summarise feedback received from stakeholders to date (presumably specifically elicited), contains no mention of the medical colleges, in spite of the fact that they provide significant services in relation to clinical training placements, including post accreditation, and in many cases allocation of trainees and registrars to posts.

The RACGP would be interested to know how the selective stakeholder consultation process was conducted and whether a wider, representative process will ensue before decisions are imposed.

2.4.2 Support for planning, coordination and supervision at regional level

Currently, general practice vocational training is delivered regionally by Regional Training Providers accredited by the RACGP and by the Australian College of Rural and Remote Medicine.

Regional Training Providers throughout Australia coordinate the clinical placement, training, and supervision for general practice registrars at the regional level, and work collaboratively with the RACGP and ACRRM to accredit training posts and supervisors, and to make registrar placements. There is national consistency throughout Australia, because the standards and curriculum for the delivery of vocational training as set by the RACGP and ACRRM are accredited by the AMC. The delivery of training currently comes under the governance of the national governance and selection organisation, General Practice Education and Training Ltd (GPET).

To identify and build on existing and proven systems, it is recommended that the government undertake an audit of existing capital, systems, and infrastructure. Reform initiatives built on *existing and proven* systems and infrastructure for general practice vocational training should be integral to strategies for planning, coordination and supervision at regional levels. It should be remembered that most general practice training is delivered in the privately owned small business sector, or the community health sector.

Therefore, reforms that improve provision of resources to training delivered at the regional and local level - which is essentially a service to governments and the community - must be considered.

2.4.3 Local-level, community-based training

The commitment of the government to provide significant investment into community based training is a welcome initiative.

The imminent increases in the medical graduate numbers (following expansion of medical school places in response to the medical workforce crisis), combined with increasing postgraduate vocational training numbers, have created a need to explore expansion of settings for general practice clinical training placements. The RACGP agrees that mechanisms are needed to systematically identify additional system capacity for clinical training placements in general practices, specialist rooms, allied health practices, and community health services.

However, although the need for additional administrative resources is identified in the discussion paper, clinical placements for community based training will also require investment into both infrastructure and information systems.

With decades of experience in community based training, the RACGP has significant expertise to offer the government, and is keen to provide both advice and guidance, and will work with the government to develop local-level and community-based training capacity for general practice.

2.5 Clinical training

The RACGP is well placed to govern the standards for training for general practice in Australia. The RACGP domains of general practice provide the framework upon which training and curriculum in general practice is developed, delivered and assessed in Australia. [3] The five domains of general practice represent the critical areas of knowledge, skills and attitudes necessary for competent unsupervised general practice. They are relevant to every general practice patient consultation. [4]

2.5.1 Competency-based training

Competency-based training and assessment should be central to all planning for undergraduate, pre-vocational and vocational training for medical practice in Australia.

Competency-based education provides the individual in training with a series of competency barriers at which they must demonstrate attainment of mastery of that area of learning. This form of training is not time limited and allows individuals to progress through training at a rate determined by their mastery of required core competencies.

The health care system is safest when qualifications, credentials and privileges, and registration, for all health care practitioners, are based on the attainment and maintenance of competencies within a defined scope of practice. [5] [6] [7]

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[3] Royal Australian College of General Practitioners. *Curriculum for Australian General Practice*. Available at http://www.racgp.org.au/curriculum [Accessed March 2009].

[4] Royal Australian College of General Practitioners. *The five domains of general practice, 1995*. Available at http://www.racgp.org.au/curriculum# [Accessed March 2009].

[5] Royal College of Physicians and Surgeons of Canada (1996). *The CanMEDS Physician Competency Framework*, Available at http://www.rcpsc.medical.org/canmeds [Accessed March 2009].

[6] Frank, JR. (Ed). 2005. *The CanMEDS 2005 physician competency framework. Better standards. Better physicians. Better care*. Ottawa: The Royal College of Physicians and Surgeons of Canada. Available at http://www.rcpsc.medical.org/canmeds/CanMEDS2005/CanMEDS2005_e.pdf [Accessed March 2009].

[7] Royal Australasian College of Surgeons. *RACS nine competencies and enabling competencies, 2006*. Available at http://www.surgeons.org/Content/NavigationMenu/EducationandTraining/Training/Standardsandprotocols/Competencies1.htm [Accessed March 2009].

Competency based training is training focussed on specific training outcomes. It is based on a full curriculum which takes into account attainment of competencies in all aspects of the training program, including clinical placements. Competency based training cannot be achieved purely using a syllabus.

The concept of competency based training, and its application to medical and general practice training, has increasingly become the subject of discussion between the profession and government over recent years. A driving factor for discussion in relation to competency-based training has been that a health professional's training might be shorter than traditional experience based models. However, outcomes-based training is not time dependent.

If the government is proposing a goal for training other than achievement of outcomes, then the health care professions and the community have a right to know what it is.

It should be noted that current educational arrangements for medicine have a proven track record and have worked well for decades. By attempting to address training deficiencies for some health professions by applying a 'one size fits all model' across all health professions will almost certainly result in a lowering of standards for medicine.

The concept that competency based training will reduce training time, and therefore reduce costs, is significantly flawed. It must be recognised that:

- Some trainees may have difficulty progressing in a competency-based model which will result in both reassessment and slower training progression
- All required competencies for safe, independent practice must be assessed, and shorter training times will actually increase the cost of assessment
- Competency based assessment requires multiple observed assessments, which will burgeon overall training costs
- The imperative of enough time to train to global competencies of a health professional cannot be under-estimated.[8] Some competencies cannot be attained without time spent practicing skills with feedback from a teacher. Non-technical competencies are just as important as the technical competences, and take time and experience to acquire.

The benefit of a competency framework does not lie in a reduction of training time, or in reduced training costs, but instead it lies in the early identification of registrars who may experience difficulty in progressing, and to whom remediation can then be applied. It cannot be under-stated that, regardless of the chosen model, competencies must be assessed, and that trying to shorten training times will increase the costs of both training and assessment.

If a competency-based training model is to be realistically explored, further research and development would be needed to progress the concept prior to implementation. To develop a robust sustainable model, stakeholders must receive significant funding and support from the Commonwealth to research and progress current models, and justification would need to be strong that existing competency-based training and assessment systems needed modification.

2.5.2 Simulation training and face-to-face training

The value of simulated training models is questionable, particularly where hands-on skills and experience in real-life clinical situations is needed. In primary care these would include:

- communication with a range of different patients,
- disease management particularly in paediatrics and geriatrics,
- management and treatment of concurrent disease states (co-morbidity),
- management of pharmacotherapies, and
- ongoing management of primary personalised care.

[8] Ericsson A. (2006). The influence of experience and deliberate practice on the development of superior expert performance, Cambridge, Cambridge University Press.

Simulation is a very expensive model compared to other alternative models that are available (e.g. distance education), and it does not adequately address the key issues surrounding competency development, skills development, and quality of training.

Fiscal issues further compound the effectiveness of simulation training in rural and outer metropolitan areas, where neither large specialist facilities nor the necessary infrastructure are available to deliver effective simulation training.

Workshops providing face-to-face learning are superior for developing skills and for learning, and are also better value for money, particularly if experts are utilised in clinical hubs and regional centres.

Increasing the funding to enhance the numbers and quality of clinical placements would be more beneficial to training than simulation, and increasing funding in this area would be a better use of Government funds, guaranteeing quality health care to all Australians.

Furthermore, because of workforce shortages and increasing student and trainee numbers, there is a need to increase funding for medical educators with the skills for postgraduate supervision and education.

Appendix 2

THE ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS
College House
1 Palmerston Crescent
South Melbourne, Victoria 3205
Tel 03 8699 0414
Fax 03 8699 0400
www.racgp.org.au
ACN 000 223 807 ABN 34 000 223 807

13 February 2009

Bronwyn Nardi
Chair
Practitioner Regulation Subcommittee
of the Health Workforce Principal Committee
Level 12/120 Spencer St
MELBOURNE VIC 3000

Email: NRAIP@dhs.vic.gov.au
Phone: (03) 6233 6777
Facsimile: (03) 9092 2093

Dear Bronwyn

Re: Consultation paper – Proposed arrangements for specialists

The Royal Australian College of General Practitioners ('the college') thanks you for your invitation dated 22 January 2009 providing the opportunity to make recommendations in relation to the National Registration and Accreditation Scheme for Health Professionals.

The college provided input dated 5 September 2008, 18 September 2008, and 29 October 2008, and 21 November 2008, 19 December 2008, and 23 December 2008 regarding this important initiative. The college would now like to make the enclosed additional recommendations in relation to the consultation paper titled "Proposed arrangements for specialists within the National Registration and Accreditation Scheme for the Health Professions".

The college hopes these recommendations, which it would be pleased to see made public, will assist the Health Workforce Principal Committee in its deliberations regarding the proposed National Registration and Accreditation Scheme.

Additionally, as stated in our letter dated 23 December 2008, we are still awaiting feedback regarding our submissions on national registration and accreditation as promised by your Chief Medical Officer, Dr John Horvath.

Please note that we would appreciate this covering letter publicized with our submission.

If you have any questions or comments regarding this submission, please contact me at the College on (03) 8699 0417 or at zena.burgess@racgp.org.au

Regards

Dr Zena Burgess
Chief Executive Officer

Encl: RACGP response to consultation paper – Proposed arrangements for specialists

The Royal Australian College of General Practitioners

Response to CoAG's "Proposed arrangements for specialists within the National Registration and Accreditation Scheme for the Health Professions" consultation paper

13 February 2009

THE ROYAL AUSTRALIAN
COLLEGE OF
GENERAL PRACTITIONERS

1. INTRODUCTION

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to continue to contribute to the two separate discussions regarding proposals for medical and allied health professionals for:

- a national accreditation scheme
- a national registration scheme.

Accreditation

Accreditation addresses the standards of educators and trainers to provide training to medical and allied health practitioners, and sets the standards for those providing the training.

Medical colleges and university medical schools are accredited to provide training to the medical profession and to medical students. The Australian Medical Council accredits medical colleges and universities to set the standards for such training and accredits them to provide elements of the training.

Medical colleges also separately accredit training providers to deliver specific aspects of their specialty's training program.

In previous RACGP submissions, and as co-signatory to submissions from other organisations, we have expressed concern that the view of the Productivity Commission, that the registration and accreditation functions for the health professions should have separate governance arrangements, has been ignored.

Registration

Registration, as a distinctly separate function, addresses whether individual practitioners have reached the standard to provide safe and competent service to the community.

Medical registration works well when medical college qualifications are used by registration authorities as the acceptable standard to practise, but can go very badly when the jurisdictions go outside the college system and register practitioners by measuring them against non-college standards.

Major concerns regarding CoAG accreditation proposals

The major concerns of the RACGP in relation to a national accreditation scheme continue to be that the consultation process has provided:

- no mention at all of the role of the medical and other clinical colleges in the maintenance of accreditation standards for training providers
- no mention at all of the roles the medical colleges and the Australian Medical Council currently play in independently setting and maintaining the highest standards for accreditation of training programs for trainees and experienced consultants

and that

- accreditation has been linked to national registration without providing any hypothesis or any evidence about how they are linked
- registration arrangements have been considered in several consultation processes, while discussion on accreditation issues, which are at least as important, have been limited to a single consultation process.

More time needs to be given to the consideration of accreditation issues. To rush through changes to the existing accreditation system for medical education and training, which is robust and sound, creates the huge potential for unnecessary risk to the community.

Major concerns regarding CoAG national registration proposals

The major concerns of the RACGP in relation to the proposed national registration scheme continue to be that:

- the national registration systems proposed are unnecessarily and overly complex, and potentially expensive for the medical profession
- the discussion documents provide scant detail about how the medical and other professions will provide input
- the consultation document released by CoAG ascribes increasing power to the "Ministerial Council", without providing information about who will advise such a Council on professional matters
- the consultation documents do not provide a mechanism to ensure registration will be based on clinical competence and standards of safe practice for the community
- the consultation documents do not ensure registration is independent of ministerial control
- there is no mechanism to ensure the retention of proven, existing, and effective measures, already in place that maintain clinical competence and safety for the community.

The role of The Royal Australian College of General Practitioners

The RACGP is well qualified to speak on these issues as the specialty medical college for general practice in Australia. The RACGP is responsible for defining the nature of the discipline of general practice, setting the standards and curriculum for education and training, maintaining the standards for quality clinical practice, and supporting general practitioners in their pursuit of excellence in patient care and community service.

The RACGP has been a world leader in improving many elements of the standards of primary health care in Australia over many years, including:

- Curriculum for general practice specialist training
- Standards for GP Education and Training: Trainers and Training Posts
- Standards for GP Education and Training: Program and Providers
- Fellowship requirements for the vocational training route
- Fellowship requirements for practice route
- Fellowship requirements for overseas specialist equivalency
- Requirements for Rural Fellowship
- Quality Assurance and Continuing Professional Development standards for members

- Standards for education providers to the Quality Assurance and Continuing Professional Development program
- Standards for General Practices
- Standards for the Supervision of Prevocational Doctors in General Practice

2. SPECIFIC CONCERNS REGARDING PROPOSED ARRANGEMENTS FOR SPECIALISTS

A national registration system for individual practitioners should not be confused with a national accreditation system, which is concerned with the accreditation and recognition of education providers. Although CoAG has stated that these two functions are 'inseparable', justification for that approach is yet to be provided.

As stated in previous submissions, the RACGP continues to support the concept of national registration which, with the removal of current restrictions created by state and territory boundaries, will allow greater workforce flexibility and mobility.

The RACGP has a number of overarching concerns both in relation to this paper and previous papers in the current stage of consultation.

2.1 Lack of meaningful stakeholder engagement

The RACGP has provided much detailed input regarding the proposed national accreditation scheme and the separate national registration scheme[1], on:

- 7 February 2007
- 10 March 2008
- 5 September 2008
- 19 September 2008
- 29 October 2008
- 21 November 2008
- 19 December 2008 (two submissions)
- 23 December 2008
- and now 13 February 2009.

The College is very concerned that it is yet to receive any written feedback regarding any of its recommendations provided in any of its submissions since submissions commenced.

The College is concerned therefore that the "consultation" process puts public clinical safety at risk, by not properly considering the views of the medical profession on how the profession is organised, structured, accredited and trained.

Page 2 of the consultation paper states that:

> "Following consultation and review of submissions, it appears that there is a need to clarify the arrangements to apply to specialists in the regulated professions under the national scheme."

[1] http://www.racgp.org.au/reports

However, the RACGP is concerned that it can find no information within this consultation document that addresses concerns previously raised by the RACGP regarding the arrangements to apply to specialists.

Consultation with the profession must be meaningful, where submissions and views expressed are not only acknowledged and discussed, but also addressed. The RACGP, like many stakeholders, has submitted multiple reports, covering complex and multifaceted issues, which have yet to be acknowledged, or addressed.

The College continues to advocate for *meaningful* stakeholder consultation and engagement regarding this high impacting initiative.

2.2 Ministerial control

As stated in CoAG's consultation documents, the Ministerial Council, which is comprised of the health ministers, will have broad and overarching powers over the national health boards, the Advisory Council, and the Agency Management Committee.

Notwithstanding this, principle (b) in section 1.6 of the CoAG consultation document, titled "Proposed arrangements for accreditation", states that:

> "the provisions for accreditation functions ensure that the process of assessment of courses and qualifications is undertaken independently from government, health professional educators and the profession"

The RACGP believes that accreditation functions should be independent of both the government and the professional bodies providing qualifications. The proposals regarding the future of the health professions, contained within the consultation documents, do not appear to be based on this important and fundamental principle.

The RACGP believes that the professions must set the clinical standards and the training standards.

The distinction must be made between the profession as a whole, and the bodies within a profession, that:

- set the standards for training
- provide training
- accredit those who set standards and/or provide training.

It is the role of the medical colleges to set the standards for training in the medical specialties.

It is the role of the medical colleges to provide some of the training, and to set the standards for accreditation of those who provide additional training to the medical specialties.

It is the role of the Australian Medical Council to independently accredit the medical colleges to perform these roles.

At some appropriate future time, if necessary, CoAG should acknowledge these safe, cost-effective and robust arrangements, in writing, and apply them within the accreditation arrangements.

In its two submissions dated 19 December 2008, and its submission dated 23 December 2008, the RACGP provided detailed concerns regarding the proposed arrangements for Ministerial control in national registration and accreditation, including that the Ministerial Council:

- has final authority in which accreditation body(s) to use
- sets the policy direction
- appoints any person or body to undertake accreditation functions
- approves standards for accreditation
- reviews any approved standard
- approves amendments to standards
- has final authority on the recognition of initial specialties, recognition of new specialties, and approval of new courses.

The RACGP further notes with concern that this latest consultation paper does not appear to take into account feedback provided to date, and that even more enhanced powers are proposed for the Ministerial Council, including:

- Issuing guidance and criteria for the recognition of specialties
- Final authority regarding specialist accreditation standards
- Final authority regarding specialist endorsement
- Final authority regarding continuing competence, and continuing professional development.

CoAG's proposals regarding the broad and ultimate powers of the Ministerial Council are a continuing and serious concern within the proposed model, **because they provide no guarantee that existing high standards of medical practice within Australia will be maintained**.

The RACGP re-iterates the dangers of Ministerial control over so many aspects of the medical profession, which would create the risk that decisions will be made in response to short-term political prerogatives, rather than the long-term requirements to set and maintain high and safe standards for clinical practice.

The Australian Medical Council and the medical colleges have the long term view.

2.3 Role of the specialist medical colleges

As previously noted, there is still no mention of the role of the specialist medical colleges in the proposed national registration and accreditation model. The College in its submissions has made a number of recommendations regarding the role of the specialist medical colleges, and has sought clarification on this issue in its submissions dated 21 November 2008, and its two submissions dated 19 December 2008. To date, the RACGP has not received written clarification regarding this issue.

Specifically, the RACGP seeks written confirmation of the intended roles of the specialist medical colleges in the proposed model, especially in relation to:

- Quality Assurance and Continuing Professional Development
- Setting standards for prevocational and vocational training
- Assessing candidates for admission into specialist practice
- Assessing overseas specialist qualifications.

The RACGP, like many other specialist medical colleges, sets high standards for the quality of education, training and clinical practice, ensuring robust systems and quality control mechanisms for general practice in Australia. Currently, the College develops, maintains and monitors:

- The curriculum for general practice prevocational training, vocational training, and continuing professional development
- Internationally recognised standards for Fellowship and Assessment
- Safe and quality standards for training posts, supervisors, and training providers at both prevocational and vocational training levels
- High standards and robust requirements for Quality Assurance and Continuing Professional Development in general practice, which is evidence based, focussed on patient safety, and under continual quality improvement
- Standards for general practices, with a focus on improving care, patient safety, quality, and implementing a quality improvement cycle.

Please see Appendix 1 for further details.

The RACGP questions how the Australian Government intends to ensure the high quality, patient centred, safe, efficient, and evidence-based delivery of clinical services to the Australian population, without acknowledging the ongoing expertise, knowledge, and commitment of the medical colleges, who provide these fundamental and crucial services to the Australian population at minimal cost, in a collegial atmosphere.

Furthermore, it is very difficult to see how the government could provide these services and standards at the low cost achieved by the "collegial" nature of the colleges.

2.4 Role of the Australian Medical Council[2]

The RACGP advocates for the continued role of the Australian Medical Council (AMC) to ensure that the standards of education, training and assessment of the medical profession promote and protect the health of the Australian community.

The system has worked well for decades, and the risks of changing it are significant.

As stated in previous submissions, the AMC model should be fully adopted for allied health professions, considered within these proposals, which may not currently have robust accreditation standards or processes.

The view of the RACGP is that the role of the AMC should be confirmed for at least six years, in order to ensure continuity of process and proper follow-up and review of existing accreditations and accreditation arrangements.

Specifically, the AMC should continue to:

- Assess medical courses and training programs, for both medical school courses and training for medical specialties, and accredit programs which meet the AMC accreditation standards
- Assess overseas training doctors, or international medical graduates, who wish to practice medicine in Australia
- Advise the Health Ministers on uniform approaches to the registration of medical practitioners and the maintenance of professional standards in the medical profession
- Advise the Commonwealth and the states on the recognition of medical specialties.

[2] From: http://www.amc.org.au/index.php/about-us-mainmenu-108

In relation to accreditation, the AMC processes entail both accreditation and peer review to promote high standards of medical education, stimulate self-analysis and assist the training organisation under review to achieve its objectives. AMC standards define the knowledge, skills and professional attributes expected at the end of basic medical training and specialist medical training, and good practice in the delivery of medical education and training. Training organisations that meet AMC standards are granted accreditation.

3. RACGP RESPONSE TO CONSULTATION DOCUMENT AND PROPOSALS[3]

The consultation document proposes 10 amendments to proposals contained within previous papers titled "Registration arrangements consultation paper" and "Accreditation arrangements consultation paper".

The specialty of General Practice

The RACGP first emphasises that general practice should retain recognition as a specialist training pathway for vocational registration among medical practitioners. The evidence from Australia and overseas overwhelmingly supports the view that specialist training in general practice is essential for a comprehensive, effective and safe primary health care system.

The RACGP here provides further comment on a number of the specific recommendations from the consultation paper.

Registration arrangements consultation paper – proposal 10.1.1

Proposal 10.1.1, originally contained within the registration arrangements consultation paper, outlines the proposals for specialist endorsement, including the role of the national boards.

The RACGP notes with extreme concern the following proposals:

"The Ministerial Council may issue guidance to boards in relation to criteria for the recognition of specialties"

and

"specialist endorsement will only be available where a profession specific accreditation standards for specialist training in that profession has been approved by the Ministerial Council".

This will essentially provide the Ministerial Council with final authority regarding the endorsement of specialists, while giving no indication that the medical profession, which sets the standards for becoming a specialist, will even be able to advise the minister on the required standards.

[3] This submission is made in response to the information contained in the CoAG Consultation Paper entitled 'Proposed arrangements for specialists within the National Registration and Accreditation Scheme for the Health Professions', at http://www.nhwt.gov.au/natreg.asp#calls

We seek written advice from the CoAG Practitioner Regulation Subcommittee regarding why it is proposing even further powers for the Ministerial Council, when the RACGP and other stakeholders have been advocating for an independent system, with a focus on patient safety and quality.

Accreditation arrangements consultation paper – proposal 3.4.3

Similar to proposal 10.1.1, proposal 3.4.3 recommends that the Ministerial Council be given further powers regarding specialist endorsement, including specialist approval, specialist endorsement, and determining the scope of practice for professionals.

The RACGP re-iterates its concerns above, and queries whether clarification will be given regarding the role of the Australian Medical Council (AMC), which currently accredits and endorses the medical specialties (as well as undergraduate medical training and education).

In CoAG's consultation document regarding the proposed registration arrangements, a commitment was made to continue the AMC's role only for a minimum of 3 years. This is not long enough. The AMC's role should be guaranteed for six years, to ensure continuity of clinical safety.

The RACGP also queries how both the AMC and the Ministerial Council will both be responsible for specialist endorsement and approval, especially, as the AMC is independent of both the profession and the government.

Registration arrangements consultation paper – proposal 9.2.1

As previously stated in relation to CoAG's proposed "continuing competence" standards, the RACGP is concerned about the lack of clarity regarding the proposals for demonstration of 'continuing competence', and is keen to see meaningful detail regarding the specifics of the proposed scheme, including how CoAG intends to implement this system, what it will entail, and what the role of the specialist medical colleges will be.

Currently, to maintain vocational recognition, general practitioners must complete the requirements for the RACGP's Quality Assurance and Continuing Professional Development (QA&CPD) Program. The QA&CPD Program is a proven quality system aimed at ensuring that all general practitioners are provided with the opportunity to participate in high quality educational activities, which are competence based, with an emphasise on patient safety.

Continuing competence for general practitioners is, and should continue to be, demonstrated through the satisfactory completion of the RACGP QA&CPD Program.

Registration arrangements consultation paper – proposal 9.2.2

Whilst it is understood that the proposed amendments to 9.2.2 are intended to make a clear distinction between the standards for accreditation of specialist programs for registration purposes, and the accreditation of particular programs, the college re-iterates its concerns stated in Section 2.2, Section 2.3, and in response to amendments to proposal 9.2.1.

Appendix 1

RACGP Accreditation Responsibilities

A1. RACGP Curriculum

The RACGP Curriculum for Australian General Practice sets the standards for the knowledge, skills and attitudes necessary for a competent, unsupervised general practitioner to care for our patients and support the current and future goals of the Australian health care system.

http://www.racgp.org.au/curriculum

A2. Standards for GP Education and Training: Trainers and Training Posts

The standards for trainers and training posts set the standards required in general practice training posts, and extended skills posts.

The standards apply to the general practitioners who take responsibility for training the registrar within the primary healthcare and general practice setting. The trainers and training posts standards specify the education and experience required of the supervisors, supervision and training, registrar support, registrar experience and workload, and registrar feedback.

Accreditation of supervisors and training posts is essential to ensure that the standard of training is uniformly high throughout Australia with suitable role models, experience, supervision, teaching and access to proper resources and facilities.

http://www.racgp.org.au/vocationaltraining/standards

A3. Standards for GP Education and Training: Program and Providers

The standards for programs and providers set the requirements for the education providers responsible for vocational training.

The programs and providers standards cover the standards for training programs, program education and training, selection and enrolment, support for registrars, support for trainers, and registrar performance and monitoring.

http://www.racgp.org.au/vocationaltraining/standards

A4. Requirements for Fellowship

Fellowship of the RACGP is the recognised standard for practising as an unsupervised general practitioner in Australia. To attain Fellowship, applicants must have undertaken suitable training/experience in general practice, and demonstrated their competence by successfully completing a RACGP assessment process.

Fellowship can be obtained via the vocational training route, the practice route, and through *ad eundum gradum* (overseas specialist equivalency). Regardless of the route, the RACGP has set standards regarding the experience required, including

both breadth and length, education required, with an assessment, which is flexible and tailored on the chosen Fellowship route. Depending on the route, the assessment standards include written examination, simulated patients, written logs, supervisor feedback reports, and observed practice.

Fellowship requirements for the vocational training route

http://www.racgp.org.au/fellowship

Fellowship requirements for practice route

http://www.racgp.org.au/fellowship

Fellowship requirements for ad eundum gradum route: (overseas specialist equivalency)

http://www.racgp.org.au/fellowship

A5. Requirements for Rural Fellowship

Fellowship in Advanced Rural General Practice (FARGP) aims to assist candidates to become competent and confident to work anywhere in unsupervised rural and remote general practice. The flexible program consists of core and optional education activities, which have a strong practice based focus.

Candidates must complete the advanced rural skills post curriculum requirements, a rural general practice module, an emergency skills module, elective educational activities, and a final portfolio.

Advanced rural skills training is available in, Anaesthetics, Obstetrics, Surgery, Aboriginal Health, Mental Health, Paediatrics, Emergency Medicine, Adult Internal Medicine, Small Town General Practice, and other individually designed programs.

http://www.racgp.org.au/rural/fargp

A6. Quality Assurance and Continuing Professional Development (QA&CPD)

QA&CPD guides and standards for providers

The RACGP sets standards for QA&CPD providers, which are based on the following principles:

- Improving the quality of patient care
- High ethical standards
- Patient safety
- Sound educational principles.

There are also a number of standards that relate to administration and reporting, including human resources, feedback, activity reports, and sponsorship.

http://www.racgp.org.au/qacpd/20082010triennium/providerforms

QA&CPD guides and standards for GPs

The QA&CPD program aims to ensure all GPs are provided with opportunities to participate in high quality educational activities that emphasise patient safety. Modifications for the 2008 –2010 program enhance the program's depth, flexibility and standard, thus increasing the educational benefits GPs receive for the valuable time they invest and, ultimately, improving patient outcomes.

GPs are required to accrue a number of points, which are awarded for undertaking education activities, with at least 62% of points from approved formal educational activities, including a cardiopulmonary resuscitation course.

http://www.racgp.org.au/qacpd/20082010triennium/gpforms

A7. Standards for General Practices

The standards for general practices form one of the benchmarks of quality and safety in Australian general practice and provide future directions for quality improvement. The standards are developed by the profession, for the profession, with both experts and in the profession and consumers involved in the development of the standards.

The standards outline the aspects of general practice that support high quality and safe comprehensive care, including attention to the services practices provide, the rights and needs of patients, quality improvement in education processes, practice management, the physical aspects of practice, general practice teams, and general practice systems and processes.

http://www.racgp.org.au/standards

A8. Standards for the Supervision of Prevocational Doctors in General Practice

The standards for programs and providers set the standards for prevocational education, selection, enrolment, support, and performance during training.

The education and training of prevocational training is based on the principles and standards of postgraduate medical education that ensure the practitioner is able to practice competently and with compassion.

http://www.racgp.org.au/prevocational/supervision

Appendix 3

THE ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS
College House
1 Palmerston Crescent
South Melbourne, Victoria 3205
Tel 03 8699 0414
Fax 03 8699 0400
www.racgp.org.au
ACN 000 223 807 ABN 34 000 223 807

23 December 2008

Bronwyn Nardi
Chair
Practitioner Regulation Subcommittee
of the Health Workforce Principal Committee
Level 12/120 Spencer St
MELBOURNE VIC 3000

Email: NRAIP@dhs.vic.gov.au
Phone: (03) 6233 6777
Facsimile: (03) 9092 2093

Dear Bronwyn

Re: Consultation paper – Other matters for inclusion in Bill B

The Royal Australian College of General Practitioners ('the college') again thanks you for your invitations dated 13 November 2008 providing the opportunity to make recommendations in relation to the National Registration and Accreditation Scheme for Health Professionals.

The college provided input dated 5 September 2008, 18 September 2008, and 29 October 2008, and 21 November 2008, and 19 December 2008 regarding this important initiative. The college would now like to make the enclosed additional recommendations in relation to both the consultation paper titled "Other matters for inclusion in Bill B".

We would also like to thank your Chief Medical Officer, Dr John Horvath, and your Project Director, Dr Louise Morauta, for meeting with Dr Chris Mitchell, RACGP President, and Dr Greg Wilson (PhD), RACGP National Policy Advisor, to discuss the national registration and accreditation scheme. The college looks forward to receiving feedback on its submissions in mid January as per Dr Horvath's undertaking.

The college hopes these recommendations, which it would be pleased to see made public, will assist the Health Workforce Principal Committee in its deliberations regarding the proposed National Registration and Accreditation Scheme.

Please note that we would appreciate this covering letter publicized with our submission.

If you have any questions or comments regarding this submission, please contact me at the College on (03) 8699 0417 or at zena.burgess@racgp.org.au

Regards

Dr Zena Burgess
Chief Executive Officer

Encl: RACGP response to consultation paper – Other matters for Bill B

The Royal Australian College of General Practitioners

Response to CoAG's "Other matters for inclusion in Bill B" consultation paper

23 December 2008

THE ROYAL AUSTRALIAN
COLLEGE OF
GENERAL PRACTITIONERS

1. INTRODUCTION

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to continue to contribute to discussion regarding proposals for a national registration and accreditation system for medical and allied health professionals.

The RACGP is the specialty medical college for general practice in Australia, responsible for defining the nature of the discipline, setting the standards and curriculum for education and training, maintaining the standards for quality clinical practice, and supporting general practitioners in their pursuit of excellence in patient care and community service.

Discussion within this submission is made in response to the information contained in the CoAG Consultation Paper entitled 'Other matters for inclusion in Bill B', at http://www.nhwt.gov.au/natreg.asp#calls

2. CONCERNS REGARDING OTHER MATTERS FOR INCLUSION IN BILL B CONSULTATION PAPER

The RACGP continues to support the concept of a national registration system that will allow for greater workforce mobility and flexibility throughout Australia.

However, the proposed CoAG model for national registration remains unnecessarily complex with a number of components, including accreditation, which are not related to the implementation of a national registration scheme.

In relation to the proposals within the "Other matters for inclusion in Bill B" consultation paper, the RACGP has a number of overarching concerns regarding the proposals.

The RACGP cannot provide feedback in the format requested by CoAG regarding the proposed options and proposals until further information is provided regarding a number of fundamental principles related to the proposed scheme.

2.1 Lack of detail regarding the proposals

As stated in its responses on 21 November 2008, 18 December 2008, and 19 December 2008, the RACGP again re-iterates its concerns regarding the lack of detail contained within the CoAG consultation documents.

In relation to the Consultation Paper titled "Other matters for inclusion in Bill B", the RACGP specifically notes that there is no detail regarding:

- the concept of "credentialing"
- Continuing Professional Development in the future
- The role of the colleges in standards setting, education, training, and Quality Assurance and Continuing Professional Development
- Proposed changes to accreditation, including the role of the AMC
- The proposed 'Health profession standards', including what the status, purpose, and scope of these standards will be. Given the significance, and potential impact of these standards, it is disturbing that there is no detail on these standards will be set, governed or implemented

- The second stage legislation, including exactly what 'flexibility' is being proposed, and what type of decisions can be made at the 'discretion' of the national board or agency.

2.2 Ministerial control

Another continuing concern regarding the proposed national registration and accreditation scheme is the proposed ministerial control. Whilst the consultation documents have continued to claim that the national registration and accreditation scheme will be independent of both the profession and the government, the RACGP notes that there is the potential for absolute government control of the scheme via the proposed Ministerial Council.

In addition to the Ministerial powers and authority proposed in previous consultation documents, the "Other matters for inclusion in Bill B" consultation document further states that the Ministerial Council will have a significant role in relation to the selection process and appointment of persons for the committees and panels.

2.3 Delegation powers

The consultation paper states that key decisions, including registration functions, performance functions, complaints handling, and course approval can be delegated by the national board to 'committees'. Whilst it is understood that many functions of the national boards can be effectively delegated, the RACGP re-iterates its previous submissions and notes that important registration and accreditation decisions should only be delegated to appropriately structured committees, with a similar composition to the national board, with at least 50% representation from the profession.

3. RACGP RESPONSE TO CONSULTATION DOCUMENT AND PROPOSALS

Despite serious concerns regarding the currently proposed national registration and accreditation scheme, the RACGP has made a number of specific comments and recommendations regarding the sections and proposals contained within the consultation document.

3.5 More flexible committee arrangements

Proposal 3.5.1

The consultation paper proposes that, in response to feedback received, the second stage legislation will provide a broad power for the health boards to delegate 'various types of decisions'.

As the proposals are vague, it is difficult to identify exactly what is being proposed in relation to delegation. The RACGP has maintained throughout the consultation process (including submissions dated 29 October 2008, 21 November 2008, and 19 December 2008) that important decisions, such as those relating to registration of health practitioners, should only be delegated to appropriately structured committees,

with a similar composition to the overarching board, including more than 50% profession membership.

The college remains concerned that the broad proposals contained within the CoAG consultation documents will effectively allow the delegation of important registration and accreditation decisions to individual staff members and undefined committees.

Proposal 3.5.2

The RACGP proposes that hearing panels will require at least 50 percent membership from the relevant health profession, and at least one community member.

Proposal 3.5.5

As stated in response to Proposal 3.5.1, the college does not support the concept of broad delegation powers to ill-defined committees and individuals. Furthermore, Proposal 3.5.5 states that delegation powers would be subject to "any directions from the Ministerial Council", which again suggests that the national registration and accreditation scheme will not be independent of government.

The significant risk is that decisions may be made based on short-term political prerogatives rather than the long-term requirements to set and maintain standards for practice.

3.6 Further safeguards around delegation

The college believes that some of the proposed safeguards regarding delegation are appropriate, namely:

- the right of review for registrants who have been adversely effected by a registration decision and hearing panel decision
- the outlined provisions for procedural fairness, such as separation of powers between the original decision making and review of decisions.

It is understood that the health profession boards will have a large number of duties under the proposed scheme, and that there will be a large number of issues that will require decisions on a frequent basis. With the sheer number of duties and decisions required, it is understandable that there are proposals for the delegation of decisions and other powers.

However, the RACGP proposes that, rather than delegating powers, the health profession boards employ advisory committees to consider issues in detail, and make recommendations to the health board for ratification. This is especially important for decisions that will affect practitioners' registration status.

In summary, the RACGP proposes that all important medical registration decisions should be ratified by the appropriate national health board with majority medical profession representation before they are applied.

4 Appointment to board (non-statutory) committees or (statutory) panels

Again, in relation to the proposals contained within Section 4, the college continues to be opposed to a system of national registration and accreditation that effectively gives the Ministerial Council absolute control over the entire process.

Irrespective of that, the RACGP is supportive of a transparent, documented, consistent, and balanced process for the selection and appointments of members, boards and statutory hearing panel members.

5 Interaction of national scheme with other legislative schemes

The consultation document states that the proposed scheme will operate in concert with a range of state and territory laws, including those related to the tribunal arrangements and Health Care Complaints Commission arrangements.

Tribunal arrangements

The RACGP re-iterates its position regarding tribunal arrangements in its response dated 21 November 2008, and advocates for a consistent tribunal process throughout Australia, with each jurisdiction agreeing to appropriate standards which cover:

- details of tribunal membership
- legal representation
- appeals
- processes for tribunal hearings
- privacy matters
- reporting requirements.

Legislative arrangements, interface, and proposed approach

As there is no meaningful detail regarding the proposed options for legislative arrangements contained in section 5, including the advantages and disadvantages of each option, the college does not believe that CoAG is in a position to ask for any recommendations at this stage.

As a global principle however, the RACGP strongly advocates and recommends a consistent approach for legislative arrangements in each state and territory, as the proposed scheme is a national scheme.

The college also queries why Queensland legislation is a proposed option in section 5.1 (when no other state/territory legislation is proposed) and why it has been intermingled within the option containing the Commonwealth legislation.

It is recommended that CoAG furnish further details on the proposed legislative arrangements, including information on what the impact of each option is, and how this differs from current arrangements.

6 Trans-Tasman Mutual Recognition and the national scheme

The Australian Medical Council accredits medical colleges to assess overseas medical qualifications, and this arrangement should remain.

Royal Australian College of General Practitioners

Response to CoAG's "National Registration and Accreditation Scheme: proposed arrangements for accreditation"

19 December 2008

THE ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS

1. INTRODUCTION

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to continue to contribute to discussion regarding proposals for a national registration and accreditation system for medical and allied health professionals.

The RACGP is the specialty medical college for general practice in Australia, responsible for defining the nature of the discipline, setting the standards and curriculum for education and training, maintaining the standards for quality clinical practice, and supporting general practitioners in their pursuit of excellence in patient care and community service.

Discussion within this submission is made in response to the information contained in the CoAG Consultation Paper entitled 'Proposed arrangements for accreditation', at http://www.nhwt.gov.au/natreg.asp#calls

2. PROPOSED ARRANGEMENTS FOR ACCREDITATION

The college acknowledges the difficulties associated with the implementation of a national system for accreditation, including issues regarding the variations between health professions nationally.

Whilst is it recognised that many health professions require formalised systems and accreditation processes, in general, there has been no recognition or acknowledgement of the role of the medical colleges over many decades in setting the standards for medical practice, and there has been limited mention of the role of the Australian Medical Council (AMC) in accrediting the colleges and other bodies to set those standards.

The RACGP reiterates its support for the AMC model for accreditation of medical education and training, as the AMC is independent of both the profession and the government, and has a proven track record.

Furthermore, the RACGP proposes that the AMC model of accreditation be expanded to encompass the other health professions included in the agreement.

2.1 Lack of detail regarding the proposals

In the consultation document on proposed arrangements for accreditation, and also in the preceding consultation documents, there has been an overall lack of detail regarding what is being proposed. For example, the proposed arrangements for accreditation paper refers to "standards and criteria set by the national agency", "processes for assessing individual qualifications and courses", and "approved accreditation standards", without any detail of what these standards, criteria and processes will be, who will be responsible for setting them, and how they will be developed.

Given the importance of these issues, the RACGP believes that it is vital that CoAG engage the medical profession in a meaningful way to obtain advice and input on the standards, criteria and processes relating to accreditation.

2.2 Independence and ministerial control

The consultation paper states, in section 1.6, “Principles”, that the process of assessment of courses and qualifications will be undertaken independently from government, health professional educators, and the profession.

The college questions how accreditation functions can be independent of the government when it is proposed that the Ministerial Council:

- has final authority in which accreditation body(s) to use
- sets the policy direction
- appoints any person or body to undertake accreditation functions
- approves standards for accreditation
- reviews any approved standard
- approves amendments to standards
- has final authority on the recognition of initial specialties, recognition of new specialties, and approval of new courses.

The college also questions how accreditation of overseas medical qualifications can be undertaken independently of the medical profession, when it is the medical profession that has the core knowledge and experience of medical practice and medical professional standards for Australia. While the AMC is and should be the body that accredits colleges as having the experience and processes in place to be able to properly assess overseas medical courses and qualifications, the core knowledge of the skills, knowledge and experience required to practice medicine in Australia resides with the medical colleges. The medical colleges should be recognised as the bodies that should accredit overseas medical qualifications, and should assess the skills, knowledge and experience of individual international medical graduates.

2.3 Continuing professional development

The future role of Quality Assurance and Continuing Professional Development for medical practitioners has yet to be addressed in the consultation documents.

To date, the silence in the consultation documents on the specifics relating to continuing professional development programs has meant that accreditation of the current college systems used nationwide by tens of thousands of registered medical practitioners to maintain their clinical and professional skills has not been addressed. Issues including responsibilities for program delivery, setting professional standards, and accreditation must be addressed in collaboration with the medical colleges, which are the bodies that set the standards, criteria and processes relating to the delivery of continuing professional development programs, and are the bodies that manage and monitor the participation and compliance of their members in the programs.

The RACGP calls on the government to provide clear and specific information on its proposals regarding Quality Assurance and Continuing Professional Development.

2.4 Dismantling the existing accreditation model

The RACGP continues to be concerned regarding the lack of detail in relation to any planned accreditation model for medical training, and a lack of consideration of the consequences of dismantling the existing, successful system.

As stated in previous submissions, the college believes that consideration must be given to preserving the most effective policies and procedures within existing accreditation processes when reviewing options available for improving the consistency and rigour of national accreditation.

The AMC is a profession-based organisation that is independent of the colleges and governments, and has performed its accreditation role in an exemplary fashion. The AMC has an excellent, proven track record in assessing medical courses and medical specialty training programs, determining the substantial comparability of international medical graduates who wish to practise in Australia, and advising governments on registration and vocational recognition matters.

Although CoAG has stated that the AMC will continue in its accreditation role for the next three years, the RACGP firmly believes that CoAG should commit to the continued role of the AMC model in the accreditation of medical specialities, and its continued independence of both other medical professional organisations and governments, including any proposed 'Ministerial Council'.

The college will continue to reject any proposed national accreditation model which does not build on existing and proven AMC processes, and any model which will see any reduced role, independence, effectiveness and/or autonomy of the AMC in maintaining the high standards of medical care received by the Australian community.

2.5 Specific responses

Whilst the RACGP is supportive of the concept of national registration, the RACGP cannot support the proposed CoAG model at this stage, primarily because national accreditation has been unnecessarily interwoven with the national registration. The numerous unclear proposals, and the lack of definition of standards setting processes and responsibilities, are of concern to the college, as they put at significant risk the long history of high standards of provision of medical services to the Australian community.

The RACGP continues to be concerned that there has been a lack of feedback to any of its submissions thus far, or to submissions from other profession-based organisations, and cannot respond to the detailed and complex proposals contained within the consultation paper until CoAG engages the professions in a meaningful and transparent manner.

However, the RACGP has made a number of overarching recommendations and comments in relation to some sections of the consultation paper.

3. RACGP RESPONSE TO CONSULTATION DOCUMENT SPECIFIC PROPOSALS

The consultation paper on proposed arrangements for accreditation contains a brief outline of what CoAG proposes in relation to national accreditation, and specifically seeks feedback on 25 proposals. The RACGP will provide comment in relation to some areas of the consultation document, commencing from Section 3.

Section 3.1 – Key features of the proposed system

The consultation paper states that the accreditation function is an integral part of the registration function, yet does not justify why this is the case. The RACGP continues to maintain that an effective and flexible national registration system, that facilitates a highly trained, mobile and flexible medical workforce, can be achieved if the existing state and territory registration authorities were to recognise each others' standards, without implementing a new, poorly defined, and hastily conceived accreditation system. The two distinctly different functions should not be confused with each other.

The Productivity Commission made a similar recommendation.

Section 3.2 – Roles in relation to accreditation

The RACGP specifically queries how the accreditation body will be independent when the role of Ministerial Council is to set policy direction and have other far-reaching powers as specified in Section 2.2 of this submission. This would seem to indicate that CoAG proposes that the Ministerial Council has all final authority regarding national accreditation, which means that the proposed model is not independent of government, despite the underpinning principle listed on page 6 of the consultation document which states that:

> "It is proposed that the provisions for accreditation functions ensure that the process of assessment of courses and qualifications is undertaken independently from government…"

Section 3.4 – Scope of accreditation

<u>Recognition of specialties and accreditation of specialist training</u>

The RACGP is supportive of proposal 3.4.2, which states that the national registration boards take advice from the AMC on the list of specialties and associated specialist qualifications, against which the board could endorse individual registrants and specialists. Proposal 3.4.2 would build on the effective and proven AMC systems currently in place.

In relation to proposals 3.4.3 and 3.4.6, the college re-iterates its concern about the inconsistencies within proposals that the Ministerial Council has the final say for the approval of new specialties and professional standards, while also maintaining that registration and accreditation functions are proposed to be independent of the government.

As proposal 3.4.4 does not provide any detail on what the core accreditation functions will actually be, the RACGP cannot comment at this time other than to say that further detail should be provided before any national accreditation scheme is implemented.

Additional functions

The college is greatly concerned about the overarching and broad 'additional accreditation functions' proposed, which fail to provide any significant detail on exactly what is being proposed, and how it will effect:

- continuing professional development
- the roles of the medical colleges
- the roles of the AMC.

The RACGP calls upon the government to provide the health professions with further details regarding these proposals, including exactly what is proposed in relation to continuing professional development and accreditation.

Section 3.6 – Accreditation committees

Proposal 3.6.4 proposes that the legislation will give general delegation powers to boards allowing them to delegate other functions to agency staff and committees.

As stated in previous submissions, the RACGP does not support the concept of delegating important registration and accreditation decisions to individuals. Proposal 3.6.4 would effectively allow the delegation of decision making power to a single individual who, for various reasons, may not have the capacity to make informed decisions regarding registration and accreditation issues. The college reinforces its previous statements that important accreditation decisions should only be delegated to appropriately structured committees, with greater than 50% representation from the relevant profession.

Section 3.7 – Linkages

The RACGP supports proposal 3.7.1, which would effectively allow organisations disadvantaged by an accreditation decision the right to seek an external review of the decision.

Section 3.8 – Indemnity

The college is pleased to see that the issue of indemnity has been addressed, and that agents involved in the scheme would be indemnified for work performed for the national agency.

Section 3.9 – Funding arrangements

The RACGP notes that, in the case of the medical profession, the AMC currently receives ongoing funding from the commonwealth, which is subsidised by assessment and accreditation fees.

Section 3.9 proposes that, following initial funding provided, accreditation organisations would become completely self funded through fees received via the accreditation body's registration and accreditation functions. The college questions whether or not this is sustainable, and whether or not this will lead to burgeoning accreditation and assessment fees for both health professionals and the health professions.

Section 3.10 – Accreditation processes

The consultation document states that the accreditation standards framework developed by the agency following consultation with the boards will set down requirements for the accreditation process which will ensure that good regulatory practice is followed and ministerial policy directions are met.

The RACGP reiterates the point that accreditation must be **independent** of the professions **and** of the government. Government policy changes often, frequently in response to short term goals. Basing accreditation processes on ministerial policy and directions will result in a diluted and confused system, which in the long term will almost certainly harm the current high standard of medical services delivered to the community.

Accreditation systems and strategies require long term solutions, rather than short term fixes that are not evidence-based and are not well planned.

Section 5 – International linkages

The RACGP cannot support proposal 5.1, which proposes that all education and training standards from a country which has mutual recognition with Australia be accepted. The term "mutual recognition with Australia" is an ill-defined term. In the current system, recognition means that an Australian or Australasian medical college has specifically recognised the training standards and competencies of an overseas college. This does not necessarily mean that the overseas college has "mutually" recognised the qualification from the Australian college. Nor does it mean that either the Australian or the overseas college involved has recognised the standards or competencies of any other specialty in the other country. Indeed, this would never happen. Mutual recognition is therefore not required, and recognition "with Australia" is a meaningless term.

It is important to ensure that the education and training of Australian medical professionals is of international standard, and that the assessment of the overseas qualifications of medical professionals wanting to practise in Australia is based on a clear understanding of the standards, content and accreditation processes in the relevant country.

However, the RACGP notes that medical specialties differ, and that while standards for the medical specialties in Australia are uniformly high, the competencies and experiences required to practise in one speciality are not necessarily consistent with those for another specialty. Hence, it is vital that all medical specialties are given the opportunity to:

- individually determine the standards and relevance of skills, knowledge and experience of international medical graduates of all specialties
- assess international medical graduates' equivalence to Australian expectations.

Royal Australian College of General Practitioners

Response to CoAG's "National Registration and Accreditation Scheme: proposed arrangements for information sharing and privacy"

19 December 2008

THE ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS

1. INTRODUCTION

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to continue to contribute to discussion regarding proposals for a national registration and accreditation system for medical and allied health professionals.

The RACGP is the specialty medical college for general practice in Australia, responsible for defining the nature of the discipline, setting the standards and curriculum for education and training, maintaining the standards for quality clinical practice, and supporting general practitioners in their pursuit of excellence in patient care and community service.

Discussion within this submission is made in response to the information contained in the CoAG Consultation Paper entitled 'Proposed arrangements for information sharing and privacy', at http://www.nhwt.gov.au/natreg.asp#calls

2. CONCERNS WITH PROPOSED INFORMATION SHARING AND PRIVACY ARRANGEMENTS

2.1 Support for national registration

As submitted previously, the RACGP supports a system of national registration, with consistent standards and processes throughout Australia, allowing greater workforce flexibility and mobility.

The RACGP notes that national registration could be implemented swiftly and simply by obtaining agreement between the state health registration boards to accept each others' standards. A national register could then be established through a straightforward agreement on information sharing.

Instead, however, CoAG's proposed national registration system has been tied to several complex and unnecessary changes to the health workforce registration and accreditation system, which bear no relationship to a simple and effective national registration scheme.

2.2 Concerns over significant aspects of the CoAG scheme not related to national registration

The RACGP continues to be significantly concerned by CoAG's proposed system for national registration, which overly complicates a process that should be very simple and straightforward. The CoAG proposals include a number of initiatives and processes that are not related to national registration. Most important among these are proposals to make changes to existing, effective registration and accreditation arrangements for medical practitioners and their training programs.

2.3 Significant omissions of the role of the medical colleges and other healthcare profession standard-setting bodies

The consultation documentation does not recognise the vital and widely accepted role of the medical colleges in setting the standards for the medical profession. The

RACGP view is that if the government wishes to replace the time honoured and tested college system for setting the standards for medical practice in Australia, then the public has a right to be provided with information about any proposed new system, detailing how it might be better, how much more it will cost, and what the risks will be to the current high standards set for medical practitioners in providing medical services to the Australian community.

There is no information about the proposed CoAG model proposed to be used in place of the college system for setting standards, other than to say that a proposed Ministerial Council would have overarching powers in standard-setting, assessment and accreditation processes in Australia.

CoAG is asked to detail how it proposes to set and assess standards for medical practice under any new scheme, and how it proposes to initiate brand new, untested programs Australia-wide for setting the standards of:

- Medical practice for individual medical practitioners
- Courses and training that lead to graduate and specialty medical qualifications.

It is interesting that in the consultation paper now available requesting feedback on "other matters for inclusion in Bill B", CoAG states:

> "When developing the national scheme legislation, Ministers will use as their guiding principles that:
> - the safety of the public is paramount
> - high quality health care must be protected and advanced, and
> - governments should be accountable and processes transparent."

There is insufficient evidence in any of the CoAG consultation papers that any of these guiding principles are being followed or the issues addressed.

2.4 Overarching powers to be given to a 'Ministerial Council'

The RACGP remains concerned by statements such as those made in Proposal 9.2.2 of the "Consultation Paper - proposed registration arrangements" that minimum standards will be approved by the Ministerial Council.

Such statements strongly indicate that the Ministerial Council will be given powers to set standards for the medical profession with no regard for the standards already painstakingly set by the colleges and the Australian Medical Council on behalf of the profession and the community over many, many decades.

On the other hand, if CoAG proposes to recognise the role of the medical colleges and the Australian Medical Council in setting the standards for registration and accreditation for medical practice and training in Australia, it should clearly document those intentions.

The RACGP remains extremely concerned that CoAG either has no structured plans in relation to setting the standards for medical practice, or it has drawn up but not publicised a system that the Australian public will find unsatisfactory, if not dangerous, for maintaining the existing high standards of medical practitioners serving the community.

2.5 Difficult timelines

It is difficult to see how any of the proposed scheme could be implemented by 1 July 2010. To replace a perfectly effective, safe for the public, and efficient profession-based registration and accreditation system would take much longer, and is not necessary. The academic reliability and validity of the existing profession-based systems has been built up over several decades, and would be very difficult to replicate in such an unrealistically short period of time, let alone to improve upon.

As stated above, national registration can be implemented swiftly and simply by obtaining agreement between the state health registration boards to accept each others' standards, with a national register established via an agreement on information sharing.

2.6 Specific responses

The RACGP cannot support the proposed CoAG model at this stage. The RACGP is concerned that there has been a lack of feedback to any of its submissions thus far, and to submissions from other profession-based organisations, and cannot respond to the detailed and complex proposals contained within the consultation paper until CoAG engages the professions in a meaningful and transparent manner.

However, the RACGP has made a number of overarching recommendations and comments in relation to some sections of the consultation paper.

The consultation paper on proposed arrangements for information sharing and privacy contains an outline of 29 proposals covered within nine sections. Responses in more detail to these proposals from the RACGP begin from section 3 of that consultation document, as follows.

Section 3 – Information to be collected

<u>Employer details</u>

In relation to collection of registration information, the RACGP does not believe that health practitioners should be required to provide information regarding their employer. However, if there is a serious issue which may affect the health practitioner's registration status, the relevant health board should have the authority to request details of the health practitioner's employer.

<u>Unique identifier</u>

The consultation paper outlines a proposal for a 'unique identifier' for every health practitioner, which is assigned once and does not change even if the practitioner changes health professions. Prior to comment regarding this proposal, the RACGP would like to see exactly what information and details will be shared with Medicare and the National E-Health Transition Authority (NEHTA).

It is essential that CoAG defines what it means by 'other information sharing in the public interest'.

While the RACGP recognises that the public interest is important, there is already legislation in place in every jurisdiction relating to the privacy of information, including

legislation relating to misuse of information. If CoAG has the intention of distributing information that should, under existing legislation, be kept private in order to protect individual medical practitioners and patients, then CoAG should detail its proposals so that they can be measured against existing laws and public policies in each jurisdiction.

Workforce information and data

In relation to proposals to collect workforce data, the RACGP agrees that is may be beneficial to collect data for workforce planning, and to inform policy decisions on workforce supply and demand. However, the RACGP is against a system where the ministerial council has the power to mandate, from 'time to time', the provision of 'certain data items' during the registration process.

Instead, health practitioners should be encouraged and provided with incentives to provide workforce data.

Section 4 – Publically available information

Public register

The RACGP is supportive of the concept of a publically available on-line database for registered health practitioners.

Registration conditions

Conditions of practice which have been imposed on a health practitioner, or agreed to by a health practitioner, should be available on the public register.

The RACGP does not believe that reasons for the conditions, including 'health reasons', should be stated on the public register. The RACGP supports the health practitioner's registration restrictions being on the public register.

De-registration

Health practitioners who have been de-registered, due to health, conduct or performance reasons, should not appear on the register as 'de-registered'.

The RACGP notes that the register is supposed to be a record of all *registered* health practitioners, instead of non-registered health practitioners.

Furthermore, the college does not believe that reasons for de-registration should appear on the public register. Details of the reasons for de-registration does not serve any purpose, as the health practitioner has already been de-registered, and can no longer practise in healthcare.

Parties and individuals wishing to obtain further details of the de-registration decisions can access the information via the publically available hearing decisions documents following formal/tribunal hearings.

Section 5 – The privacy regime

In relation to Australian privacy laws, CoAG is concerned about "inconsistent regulation, particularly in the health sector, as causing complexity, significant compliance burdens and costs as well as impeding projects in the public interest such as health research".

While the College agrees with these concerns, there is no evidence in the proposals provided that complexity and compliance burdens will be alleviated, nor that important privacy safeguards will be preserved in the use of data for research.

A proposal to undertake a Privacy Impact Assessment in 2009 shows that CoAG agrees that further work is required on these proposals, but no timeline is given and it is difficult to see how any outcome from an assessment in 2009 will have any meaningful impact on proposals requiring, under CoAG's own timelines, implementation by mid-2010. To ensure that all aspects of the scheme have been considered in relation to privacy impacts, the implementation timeline needs to be significantly extended.

Section 7 – Information sharing

The RACGP is concerned regarding the sheer scope of the information sharing arrangements proposed, and is particularly concerned about the lack of clarity and detail in the proposals.

The consultation paper mentions information sharing arrangements related to a large number of agencies and processes, including:

- National E-Health Transition Authority
- Research
- Professional Services Review Scheme
- Medicare
- law enforcement
- universities
- overseas agencies

without providing any detail about:

- how the processes will be implemented
- what information will be shared
- who will decide to share the information
- what the safeguards will be
- how the proposed information sharing arrangements relate to privacy laws in the various Australian states and territories
- the differences between the proposed information sharing arrangements and the current information sharing arrangements of the state registration boards.

Although increased information sharing has the potential to increase synergies and efficiencies between governments and government departments, there is an inherent risk associated with information sharing arrangements of this scale, which require release of meaningful, detailed proposed strategies to help the professions and the public to address any real or potential issues and risks.

The RACGP does not believe that the issues surrounding these risks have been adequately addressed, nor even identified within the consultation paper, and believes that information sharing is a substantial and complex issue which requires further consultation on the specifics with the health professions.

Health records

In relation to health records, the RACGP believes that the national registration boards may be an appropriate 'last resort' repository for patient records under certain defined circumstances. However, it should be noted that health record management and maintenance can be a resource-intensive exercise, which will require dedicated ongoing funding from the relevant State/Territory and/or Commonwealth Governments.

The Royal Australian College of General Practitioners

Response to CoAG consultation paper regarding the proposed complaint arrangements

21 November 2008

THE ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS

1. INTRODUCTION

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to continue to contribute to discussion regarding the implementation of a national registration system for medical and allied health professionals. The RACGP congratulates and supports the government in its ongoing efforts to maintain a highly qualified and skilled health care workforce.

The RACGP is the specialty medical college for general practice, responsible for defining the nature of the discipline, maintaining standards for quality clinical practice, setting the standards and curriculum for education and training, and supporting general practitioners in their pursuit of excellence in patient care.

The proposals referred to in this submission are numbered according to the numbering system provided in the consultation paper Proposed arrangements for handling complaints, and dealing with performance, health and conduct matters, which can be found at www.nhwt.gov.au/natreg.asp.

2. RESPONSE TO PROPOSED ARRANGEMENTS

The consultation paper on proposed arrangements for handling complaints, and dealing with performance, health and conduct matters, details 114 proposals covering 12 sections regarding the specific elements of the arrangements. Of these 114 proposals, feedback is particularly sought on 35 proposals.

The RACGP supports a system of national registration, with consistent standards and processes throughout Australia, allowing greater workforce flexibility and mobility. However, the national registration scheme can be implemented without compromising current independent arrangements for accreditation according to high quality and safe standards.

In previous responses, and as co-signatories with the Australian Medical Association (AMA), on 9 February 2007, 10 March 2008, 5 September 2008, and 3 November 2008, the RACGP has clearly outlined its concerns regarding CoAG's proposed model, including the disenfranchisement of the medical colleges and their roles in medical professional standards, and the ability of CoAG's proposed profession specific boards to expand the scope of health practitioners' practice without reference or input from the other professions.

As these issues have still not been addressed, the RACGP will reiterate its concerns, and the concerns of other professional organisations including the AMA. There are five major areas of concern with the proposed arrangements, namely:

1. Lack of acknowledgment for the continued role of the accredited medical colleges in setting and maintaining standards for quality care and professional education and training

2. Possible increased scope of practice for a number of health profession without adequate consultation

3. The proposed system appears to ignore the quality assurance and continuing professional development programs established by the accredited medical colleges, and seeks to introduce new and onerous continuing professional development programs for the medical profession without discussion or consultation

4. Registration will provide a direct legislative link to Medicare and pharmaceutical benefits for patients of all registered health professions

5. The medical board will be able to register a person who may not meet the requirement for registration in certain circumstances.

The continuing proposals and consultation documents released confirm our belief that there is a real risk that the new scheme will erode the ability of the relevant health board's to protect patient safety.

Despite the importance and seriousness of a complaints system for the regulated health practitioners, there is a concerning lack of detail regarding how complaints will be managed from the receipt of the complaint through to the panel and tribunal hearings. Furthermore, there appears to be a disregard for the extensive work done by the states and territories, registration boards, professional associations, colleges and other organisations to the current frameworks and processes that exist throughout Australia.

The RACGP cannot support the proposed CoAG model at this stage.

However, in relation to the specific questions and recommendations posed in the proposed complaint arrangements, the college has made a number of comments and recommendations.

Section 2 – Proposed terminology

Proposal 2.1.1 – Terminology regarding complaints handling and disciplinary functions

The RACGP is supportive of using the term notification to describe matters referred to a board regarding a health practitioner, because it:

- is a generic term covering a breadth of possible issues related to the health practitioner
- relates to the actions of the person or persons making notification without pre-empting the outcome.

It is understood that if this terminology was adopted, a definition of 'notification' and of 'notifier' will be required within the relevant legislation, and that the official term 'notification' would not preclude the national boards from using everyday language on documentation for the public regarding notification.

Proposal 2.1.3 – Notifications assessment committee

Although the RACGP does not have any comments regarding this terminology, the college believes that at least half of the members of a committee assessing a notification should be from the relevant profession to ensure that there is a balanced viewpoint from both health professionals and consumers during the initial vetting process.

Proposal 2.1.15 – Terminology used to describe a registrant who is not considered suitable to practice because of a character defect

In relation to terminology for registrants not suitable to practice due to a character defect, the RACGP recommends the first option 'not of good character', rather than the alternative options proposed.

Section 3 – Overview of proposed system

Performance management

It is recognised that there should be mechanisms to both identify those health practitioners whose performance may be found to be unsatisfactory, and to assist them, both in response to specific instances and repeated patterns of unsatisfactory performance.

Using the term 'assist' indicates that the college strongly believes that outcomes should not necessarily be punitive in nature. There should be ample opportunity for peers to be involved in the process. This will ensure that there is sufficient expertise to adequately assess the issues and context associated with the investigation and/or hearing, and will ensure that the assistance provided is appropriate, in proportion and in context.

Conduct management

The ability for swift action regarding conduct issues, including the suspension of registration, is sometimes necessary in obvious or extreme circumstances.

As previously stated in the RACGP's submission regarding the proposed registration arrangements (dated 29 October 2008), the RACGP does not support the concept of delegating registration suspension decisions to individuals, as they may not have the capacity to make a balanced and informed decision regarding the issue. To ensure a balanced viewpoint, the RACGP recommends that registration decisions, particularly those in relation to conditions of registration, suspension and revocation of registration, can only be delegated to an appropriately structured committee which includes suitably qualified and experienced peers, as well as lay people.

Tribunals

The consultation document states that where the relevant health board considers that the health practitioner has engaged in professional misconduct, that is misconduct that is considered to be substantially below reasonable standards and/or accepted conduct, the matter should be referred to the appropriate tribunal.

The RACGP notes with concern that the current tribunal arrangements vary from one state and territory to the next, due to the different legislation, which is contrary to the intended purpose of a national system.

In a nationally based health registration system, tribunal arrangements must be consistent throughout Australia to ensure that health practitioners receive fair and consistent treatment regardless of their geographical location.

Section 4 – Notifications

4.4 Mandatory reporting

In relation to the proposed mandatory reporting obligations for registrants, the college cannot recommend a specific option at this point in time due to insufficient engagement with the profession. Mandatory reporting is a complex and multifaceted issue, which requires ongoing and meaningful discussion with the profession to ensure that the rights of the individual practitioner are balanced with the rights of the patient and the public. The RACGP believes that mandatory reporting is a significant issue within itself, and recommends that the government engage the profession to discuss the issue in detail.

Proposal 4.5.1 – Protection for notifiers

The college agrees with proposal 4.5.1 which states that all notifiers, who make a notification in good faith, will not be liable for defamation because of the notification made. It is important that members of the community and the profession can notify the national health boards regarding any genuine concerns they may have.

The natural corollary would be that notification is not made public unless an unfavourable outcome is determined after a proper investigation is conducted and a penalty is handed down.

Proposal 4.7.1 – Immediate suspension powers

As stated in Section 3 and previous submissions, the RACGP believes powers relating to registration decision can only be delegated to an appropriately structured committee which includes at least 50% representation from the relevant health profession.

Additionally, as the proposed suspension powers are particularly punitive in nature, detailed systems and guidelines must be developed to ensure that suspension is only used under defined and specific circumstances, with adequate and timely appeals processes available to the health practitioner.

Proposal 4.7.3 – Voluntary undertakings as an alternative to suspension

National health boards should be empowered to accept an undertaking from a registered health practitioner regarding alternatives to immediate suspension of the practitioner's registration, as this may allow the practitioner to continue to provide health services within a limited scope to ensure continued patient and public safety, while giving the practitioner the opportunity to regain the competencies and standards required.

It should be understood that any agreed conditions or undertakings would be listed on the public register.

Section 5 – Preliminary assessment of notifications

Proposal 5.2.1 – Grounds for refusing to deal with a notification

It is important for a number of reasons that the national health boards can decide not to investigate an issue regarding a health practitioner, including frivolous and vexatious notifications, notifications lacking in substance or relevance, notifications that provide no evidence, and notifications regarding health practitioners who are no longer registered and will not be seeking registration in the future.

5.6 – Notifiers' rights of review of preliminary assessment decisions

In relation to reviews of preliminary assessments and investigations, the RACGP believes that while it is necessary to ensure that there is transparency for notifiers and that perceptions of 'doctors protecting doctors' should be addressed, a review should only be conducted if there is further evidence presented.

Therefore, the RACGP recommends option 1, that there be no right for a review of a preliminary assessment, unless the notifier presents to the relevant national health board evidence that was not previously considered.

Section 6 – Performance matters

Proposal 6.1.1 – Practitioners whose performance is unsatisfactory

It is important that health practitioners whose performance is unsatisfactory but not serious enough to constitute professional misconduct or unsatisfactory conduct, are supported and educated. A cooperative process should be designed on a case-by-case basis to provide guidance and direction using a number of mechanisms which could include:

- targeted continuing professional development
- counselling
- mentoring
- temporary supervision.

The college therefore supports proposal 6.1.1 with the caveat that the process in relation to less serious matters should be educational, rather than punitive.

Proposal 6.5.1 – Decisions available to performance panels following a hearing

The college notes that proposal 6.5.1 effectively provides performance panels the power to place conditions on a health practitioner's registration. While it is recognised that in some cases it may be appropriate to place conditions on a health practitioner's registration, the RACGP strongly believes that there should be sufficient professional expertise on a panel that has the power to impose conditions on a health practitioner's registration, ensuring that an informed decision can be made. Therefore, it is recommended that each panel has an appropriate mix of members, including at least 50% membership from the relevant health profession.

Section 7 – Health management

Proposal 7.1.1 – Dealing with health practitioners who have a health condition

As stated in proposal 4.7.3, the college is supportive of a system that allows flexibility when dealing with health practitioners who may be suffering from a health condition, including drug or alcohol abuse, while ensuring that patient and public safety is maintained.

Proposal 7.1.2 – Health programs for impaired health professionals

It is important that the relevant national health board offers support mechanisms to practitioners suffering from impaired health.

In relation to funding such programs, the RACGP believes that funding options would depend on what types of systems are being proposed, and how much funding will be required. However, in general, the RACGP recommends a blended system, utilising both option 1 and option 2. In other words, a percentage of the health programs would be funded through registration fees, while the rest is charged to the health practitioners involved in the health program in a user pay system.

It may be possible that an insurance system could be set up to fund support mechanisms.

Proposal 7.5.1 – Decisions available to health panel hearings

The college reiterates its previous statements – please see proposal 6.5.1 above for further details.

Section 8 – Conduct matters

Proposal 8.3.4 – Health practitioner notification of an investigation

With any complaints system, it is critical that there is natural justice and procedural fairness for both the notifier and the health practitioner. Failure to provide a fair, just and transparent system for those involved is unacceptable. Therefore, the RACGP recommends that the boards should only be empowered to 'not give notice' to the health practitioner of an investigation in very extreme circumstances, and that these circumstances must be clearly defined to ensure transparency and procedural fairness.

Proposal 8.3.5 – Timelines and investigations

Investigations into the professional conduct of a health practitioner can often be a stressful period for the health practitioner involved. Currently, it is not uncommon for preliminary investigations into the professional conduct of medical practitioners to be unacceptably lengthy, even when there is little substance to the allegations.

It is therefore important that all investigations are completed in a swift and timely manner to reduce stress and uncertainty for those health practitioners involved, and to ensure that the investigation itself, rather than any alleged notified behaviour, does not become a safety concern for the health practitioners and the communities they serve. Although the timelines recommended in proposal 8.3.5 seem reasonable, the RACGP would also recommend that each national health board develop mechanisms to ensure that investigations are conducted as quickly as practical according to strict deadlines.

Proposal 8.6.1 – Decisions available to hearings of conduct panels

The college reiterates its previous statements – please see proposal 6.5.1 for further details.

Section 9 – Ensuring accountability, transparency and procedural fairness

Proposal 9.1.1 – Procedural fairness

The college believes that the appropriate option is dependent on how functional the system is. A well structured system will not need additional provisions beyond the review and appeal mechanisms outlined in the consultation paper, and therefore option 1 would suffice.

However, if the system does not function optimally, option 3 would be more appropriate to ensure that there is independent input, with mechanisms to review serious decisions and to determine whether an issue should be brought to a panel or tribunal.

9.3 – Legal representation for registrants at panel hearings

It is understood that panel hearings are intended to be low key, and informal, and that the intention of these hearings is to allow the panel to clarify a number of issues directly with the health practitioner directly.

However, the RACGP believes that legal representation is vital to procedural fairness for the involved health practitioner, especially when there is the potential for the health practitioner's registration status to be affected. Therefore, the college believes that the health practitioner should have the right to legal representation throughout the entire process, from initial notification of the complaint through to the board panel hearing. Therefore, the college would recommend option 2, that the legislation specify that the health practitioner has the right to be legally represented.

Proposal 9.4.1 – Confidentiality of panel hearings

The college agrees with proposal 9.4.1, and believes that all information regarding panel hearings should remain confidential, including the names of the notifier and the health practitioner involved.

However, a de-identified summary of the allegations, investigation process and findings, and the panel decision, may be beneficial for educational purposes and could be published by the national health board.

Proposal 9.5.1 – Status of notifiers at panel hearings

It is important that notifiers are given the opportunity to present at hearings, with permission from the panel, to ensure that a balanced viewpoint is provided.

The RACGP believes that notifiers should not be given the right under legislation to independently seek a review of a panel's decision. It may be appropriate, however, for notifiers to have opportunities to present new evidence to the panel.

9.8 – Role of commonwealth, state and territory ombudsman

To ensure national consistency when reviewing the administrative processes of a national health board, the RACGP recommends option 1 – applying the commonwealth *Ombudsman Act 1976* to the national registration scheme. The college does not believe that option 2 is viable, as each state and territory has different legislation.

Section 10 – Tribunal hearings

Legal representation at tribunal hearings

As tribunal hearings are likely to be chaired by a legal member (as stated in Section 10.6 of the consultation document), the RACGP recommends that health practitioners should have the right to legal representation at all tribunal hearings, and that this should be explicitly stated when developing the national criteria for state and territory tribunals.

10.2 – Criteria for State and Territory Tribunals

The consultation paper states that the Inter-Governmental Agreement will require that all state and territory tribunals comply with the national criteria agreed by the Australian Health Ministers' Council (AHMC).

The college believes that developing a consistent tribunal process throughout Australia can potentially be a simple process, where each jurisdiction accepts the appropriate standards. Instead, the proposed system is going down a very complex path, incorporating a patchwork of national and state legislation, with no clear indication of what the impact will be on existing tribunal and hearing arrangements.

The RACGP is keen to see further detail regarding the proposed criteria, and recommends that the national criteria should be sufficiently detailed to ensure that all state and territory tribunals are managed consistently across Australia, including details of tribunal membership, legal representation, appeals, the processes for tribunal hearings, privacy matters, and reporting requirements.

Proposal 10.2.1 – National legislation for tribunals

In relation to bodies that must be notified following the decision of a tribunal, the RACGP recommends that the relevant college also be notified of a tribunal decision. If the registration status of the health practitioner was affected, the relevant medical college, depending upon the tribunal's decision, may wish to:

- provide support and remediation
- reconsider Fellowship of the college.

Proposal 10.6.1 – Constitution of tribunal hearing panels

As previously stated, any panel or committee with the power to make fundamental registration decisions should include appropriate representation from the relevant profession. Therefore, a panel with a minimum of three members, including two members of the same profession, is appropriate.

Proposal 10.8.1 – Status of notifiers at tribunal hearings

As the national health board is responsible for protecting the public, and guiding health practitioners, it is not appropriate for the notifier to have the right to directly make an application for a tribunal hearing. However, it is understood that the notifier may be called upon as a witness for the national health board.

Proposal 10.10.1 – Review of tribunal decisions

The RACGP supports the proposal that a party to a proceeding before a tribunal has the right to appeal via the state or territory supreme Court.

Section 11 – Offences and regulated conduct

Proposal 11.6.1 – Dealing with advertising offences

The college recommends option 3 in relation to advertising offences. Advertising offences should be broadly framed in the primary legislation, and should enable boards to deal with both registrants and corporate bodies.

Any legislation should be discussed with the profession in the draft stages to ensure relevance and viability, and must be consistent across all states and territories.

Proposal 11.10.1 – Monitoring registrants

The college believes that the national health boards should have the power, for an appropriately determined period of time, to monitor health practitioners who have had conditions placed on their practice, or who have been recently re-instated to conditional or full registration.

Attachment 1 – Draft definitions of unsatisfactory professional conduct

While the RACGP notes that the intention of the draft definitions is to define inappropriate professional conduct, performance, and misconduct, the proposed definitions are too general to be effective in promoting high standards of clinical practice.

For example, two definitions of unsatisfactory professional conduct are defined as:

- 'influencing or attempting to influence the conduct of another health practitioner in a way that may compromise client care'
- 'referring a person to, or recommending that, a person use or consult another health service provider, health service or health product when the practitioner has a pecuniary interest in giving that referral or recommendation, unless the practitioner discloses the nature of that interest to the person before or at the time of giving the referral or recommendation'.

With the complex nature of medicine, including patient management, referrals and business arrangements, these definitions are extremely subjective, and may cause conflict and confusion both for the profession and the registration boards.

It is recommended that all definitions in Attachment 1 be more clearly refined and articulated via detailed and meaningful consultation with the relevant health professions to ensure that they are consistent with the colleges' codes of conduct.

The Royal Australian College of General Practitioners

Response to consultation paper regarding proposed registration arrangements

29 October 2008

The Royal Australian College of General Practitioners

1. INTRODUCTION

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to continue to contribute to discussion regarding the implementation of a national registration system for medical and allied health professionals. The RACGP congratulates and supports the government in its ongoing efforts to maintain a highly qualified and skilled health care workforce.

The RACGP is the specialty medical college for general practice, responsible for defining the nature of the discipline, maintaining standards for quality clinical practice, setting the standards and curriculum for education and training, and supporting general practitioners in their pursuit of excellence in patient care.

2. RESPONSES TO PROPOSED REGISTRATION ARRANGEMENTS

The consultation paper on proposed national registration arrangements details 46 proposals under 11 overarching themes regarding the specific elements of the arrangements. In response to specific sections and proposals contained within the consultation document, the RACGP would like to make a number of recommendations and comments.

Section 3 – Regulated professions

The consultation paper specifies the following 10 boards as part of the first stage of implementation:

Chiropractors Board

Dental Care Practitioners Board

Medical Practitioners Board

Nurses and Midwives Board

Optometrists Board

Osteopaths Board

Pharmacists Board

Physiotherapists Board

Podiatrists Board

Psychologists Board.

It is noted that these profession specific boards are part of the first stage of implementing a national registration scheme. However, the RACGP reiterates its previous submissions and recommends that other health professions, particularly those with access to Medicare billing, must be included in the scheme as a matter of priority, including but not limited to social workers, occupational therapists, audiologists and speech pathologists.

Section 4 – Initial registration

Proposal 4.3.1 – Criminal history checks for registration

Criminal history checks, as part of the initial registration process, are an important part of maintaining patient and overall public safety. The RACGP advocates that there needs to be a balance between public safety and resources required to implement safety measures. However, the RACGP is supportive of Option 3 as outlined in the consultation paper, as Option 3:

- ensures that all new applicants for registration are required to undergo a criminal history check
- allows the registering board to require criminal history checks subsequently on a needs basis.

Section 6 – Registration decisions

Proposal 6.2.1 – delegation of registration decisions to committees based in states/territories

As stated in previous submissions regarding national registration, the RACGP is supportive of a registration system that allows for a strong local presence in each state and territory. Several advantages to local committees include:

- a local understanding of issues faced by practitioners in each state and territory
- the ability to liaise with the local profession to establish networks and links
- the capacity to deal with some issues at a local level, including remediation, education, and disciplinary action for individual practitioners.

Proposal 6.2.2 – delegation of registration decisions to individuals

The RACGP does not support the concept of delegating registration decisions to individuals, particularly those decisions that relate to registration conditions and revocation of registration. Proposal 6.2.2 would effectively allow the delegation of decision making power to a single individual who, for various reasons, may not have the capacity to make informed decisions regarding registration related issues. To ensure a balanced viewpoint, the RACGP recommends that registration decisions, particularly those in relation to conditions of registration and revocation of registration, can only be delegated to an appropriately structured committee as outlined in proposal 6.2.1.

Section 7 – Types of registration granted

Proposal 7.3.1 – Boards have the option to include a nonpractising category for registration

A nonpractising category for registration is an important category for medical practitioners as it allows medical practitioners to maintain their registration and links with the profession, even when they are not in current practise. This would be particularly relevant, for example, for academics, administrators, medicolegal practitioners and those out of the workforce for prolonged periods due to illness or family.

The RACGP believes that the national medical practitioner's board should be required to have a nonpractising category of registration.

Proposal 7.4.1 – Registration for students involved in clinical practice

In relation to student registration, the RACGP recommends Option 2, that students who are undertaking clinical training with direct patient contact be registered with their relevant board.

Clinical health professional students should be nationally registered. The college would not support a system where boards are given the option to choose whether or not there is a student category for registration. It is important to realise that all clinical health professional students have patient/client contact under supervision, and as such should be registered. Student registration requirements and standards therefore need to be nationally consistent.

Section 9 – Renewal of registration and continuing competence

Proposal 9.2.1 – Demonstration of competence at annual renewal

The RACGP continues to be concerned about the lack of clarity regarding the proposals for demonstration of 'continuing competence', and would be keen to see details of the proposed scheme before offering any support. The college questions how Council of Australian Governments (CoAG) intends to implement this system, and what it will entail.

Currently, to maintain vocational recognition, general practitioners must complete the requirements for the RACGP's Quality Assurance and Continuing Professional Development (QA&CPD) Program. The QA&CPD Program is a proven quality system aimed at ensuring that all general practitioners are provided with the opportunity to participate in high quality educational activities. Activities emphasise patient safety and are competence based.

Continuing competence for general practitioners is, and should continue to be, demonstrated through the satisfactory completion of the RACGP QA&CPD Program.

Proposal 9.2.2 – Minimum standards for competence and requirements for accreditation/certification/performance

There is little detail on what is proposed regarding the minimum standards for competence, including what the purpose of the standards are, how they will be determined, how they will be maintained, and how they will be modified. It is also unclear whether the minimum standards for competence will apply to all medical practitioners, or whether there will be specific standards for each speciality and subspeciality.

The RACGP believes standards for competence must be profession lead, with appropriate input from the community, to ensure high quality standards are maintained that are responsive to both current medical practice and advances in medicine.

Section 10.1 – Specialist endorsement

The RACGP notes that recognition of medical profession specialties will be required under the national registration scheme, and is supportive of the CoAG's decision to continue the Australian Medical Council's (AMC) role of accrediting medical specialties for at least 3 years.

The college looks forward to further details regarding the AMC's role in the consultation paper regarding accreditation, and advocates that it should remain the national body for accreditation.

As submitted previously to this enquiry, the RACGP also advocates that the AMC's role in accreditation should either be expanded for all other nationally accredited health care professions, or that a similar body should be created for the purpose.

Section 10.2 – Endorsement as qualified to prescribe scheduled medicines

The discussion paper states that the state and territory drugs and poisons legislation will, at the discretion of the states and territories, provide a mechanism for suitably qualified registrants of the nursing and allied health professions to posses, administer and prescribe scheduled medicines.

The college reiterates its previous positions regarding independent nonmedical practitioner prescribing, namely that any system employed to extend prescribing rights to nurses and allied health must be underpinned by the following principles:

1. Patient safety is paramount
2. Prescribers must have a clear understanding of drug-disease, drug-patient, and drug-drug relationships
3. Prescribers need adequate and appropriate training, supervision and support on a long term basis
4. Medicolegal understanding and adequate indemnity cover are essential
5. Therapeutic training and regulation of the use of clinical pathways, therapeutic guidelines, and protocols which direct practise
6. Monitoring and regulatory systems are required, both for prevention of misuse, and to detect any patterns of misuse.

Section 11 – Other matters

Proposal 11.3.1 – Legislation to include a provision of a 'grace' period of up to 3 months following expiry of registration

The RACGP supports the concept of a 'grace' period of up to 3 months following the expiry of registration, during which time a medical practitioner would still be deemed to be registered and can continue to practise, except in the case that:

- a practitioner is primarily practising overseas
- a practitioner is under investigation by a registration board
- any other situation where there may be a risk to maintaining standards or being able to demonstrate maintenance of standards.

Proposal 11.4.1 – Reinstatement to the register

The college believes that the legislation should include provisions for a medical practitioner to be restored to the register if they re-apply within a period of 2 years following a lapse of registration, and is supportive of proposal 11.4.1.

THE ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS
College House
1 Palmerston Crescent
South Melbourne, Victoria 3205
Tel 03 8699 0414
Fax 03 8699 0400
www.racgp.org.au
ACN 000 223 807 ABN 34 000 223 807

17 September 2008

Bronwyn Nardi
Chair
Practitioner Regulation Subcommittee
of the Health Workforce Principal Committee
Level 12/120 Spencer St
MELBOURNE VIC 3000

Email: NRAIP@dhs.vic.gov.au
Phone: (03) 6233 6777
Facsimile: (03) 9092 2093

Dear Bronwyn

Re: National Registration and Accreditation Scheme for the Health Professions

The Royal Australian College of General Practitioners again thanks you for your invitation dated 13 August 2008 providing the opportunity to make suggestions on issues relating to the Intergovernmental Agreement on National Registration and Accreditation.

The College provided input dated 5 September 2008 regarding this important initiative. The College would like to re-confirm its recommendations made on that date in relation to:

- Size, composition and chairs of registration boards
- A continued central role for the Australian Medical Council and its processes, and
- The composition and role for boards governing other health care professions.

The attached recommendations refer specifically to these issues, on which comments were sought for the second round of submissions. However, please note that these recommendations were all included in the previous submission.

The College hopes these recommendations, which it would be pleased to see made public, will assist the Health Workforce Principal Committee in its deliberations regarding the implementation of the National Registration and Accreditation Scheme.

If you have any questions or comments regarding this submission, please contact me at the College on (03) 8699 0417 or at zena.burgess@racgp.org.au

Regards

Dr Zena Burgess, Ph.D.
Acting Chief Executive Officer

Encl. RACGP second response to issues regarding the Intergovernmental Agreement

RACGP second response to CoAG national registration and accreditation proposals

Introduction

The Royal Australian College of General Practitioners (RACGP) has welcomed the opportunity to contribute to discussion regarding the implementation of a national accreditation and registration system for medical and allied health professionals.

The RACGP is the specialty medical college for general practice, responsible for defining the nature of the discipline, maintaining standards for quality clinical practice, setting the standards and curriculum for education and training, and supporting general practitioners in their pursuit of excellence in patient care. The RACGP has the largest GP membership of any medical organisation in Australia, with the majority of Australia's GPs belonging to this professional college.

The RACGP congratulates and supports the government in its ongoing efforts to achieve a sustainable, flexible and appropriately distributed workforce. However, the college continues to be concerned that the scheme as described will not achieve all of the five key objectives outlined in the consultation document, page three 5.3 (a) to (e).

Recommendations

In response to the consultation document, the RACGP confirms the following recommendations submitted (with the same numbering) on 5 September 2008:

Recommendation 2: Expand the number of national boards to other relevant health professions, particularly those with access to Medicare rebates.

Recommendation 3: All professional members of profession-specific boards should be currently accredited and practicing members of the profession.

Recommendation 4: Two-thirds of the members of profession-specific boards should be representatives of that profession, while the Chair should be independent.

Recommendation 5: Ensure that a local presence for each board in each jurisdiction has the capacity to deal with issues regarding medical practitioners and organisations at a local level.

Recommendation 6: The AMC's accreditation function should be retained for the accreditation of medical practitioners and expanded to encompass all other profession-specific boards.

17 September 2008

The RACGP response to CoAG national registration and accreditation proposals

5 September 2008

THE ROYAL AUSTRALIAN
COLLEGE OF
GENERAL PRACTITIONERS

Introduction

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to contribute to discussion regarding the implementation of a national accreditation and registration system for medical and allied health professionals.

The RACGP is the specialty medical college for general practice, responsible for defining the nature of the discipline, maintaining standards for quality clinical practice, setting the standards and curriculum for education and training, and supporting general practitioners in their pursuit of excellence in patient care. The RACGP has the largest GP membership of any medical organisation in Australia, with the majority of Australia's GPs belonging to this professional college.

The RACGP continues to be at the forefront of initiatives to improve quality of care and patient safety in Australian general practice through an innovative, evidence based quality assurance program, the ongoing development of standards for practice, clinical, professional development and teaching activities, and the development of the curriculum upon which general practice education and training are based.

The RACGP is therefore well placed to provide input regarding proposals for a national accreditation and registration system.

The RACGP congratulates and supports the government in its ongoing efforts to achieve a sustainable, flexible and appropriately distributed workforce. However, the college continues to be concerned that the scheme as described will not achieve all of the five key objectives outlined in the consultation document, page three 5.3 (a) to (e).

In response to the consultation document, the RACGP makes the following recommendations:

Recommendation 1:

The specialty medical colleges should continue their role in setting and maintaining standards for quality clinical care and professional education and training.

Recommendation 2:

Expand the number of national boards to other relevant health professions, particularly those with access to Medicare rebates.

Recommendation 3:

All professional members of profession specific boards should be currently accredited and practising members of the profession.

Recommendation 4:

Two-thirds of the members of profession specific boards should be representatives of that profession, while the Chair should be independent.

Recommendation 5:

Ensure that there is a local presence, for each board in each jurisdiction, that has the capacity to deal with issues regarding medical practitioners and organisations at a local level.

Recommendation 6:

The Australian Medical Council's accreditation function should be retained for the accreditation of medical practitioners and expanded to encompass all other profession specific boards.

Recommendation 7:

Profession specific boards should consider issues surrounding credentialing, including the potential for enhancing professional mobility.

Recommendation 8:

Develop consistent terminology across Australia regarding all registration and accreditation issues.

Recommendation 9:

Practitioners assisting the boards in remediation or mentoring functions should be covered by indemnity insurance.

Background to recommendations

1. National registration and accreditation

National registration and accreditation is intended to ensure consistent standards across the health jurisdictions, increase health system efficiency, and reduce administrative complexity and cost.

While the proposed system will certainly achieve increased efficiencies in terms of cross jurisdictional professional movement and registration (objective b), its impact on overall administrative costs, and more importantly professional standards, are far less clear.

There is also an apparent disregard for the reality that proven and effective structures for setting standards of medical training and education already exist. The risk is that moves to dismantle, rather than build on, such structures will erode standards and be counter productive for patient safety.

2. National profession specific boards – number of boards

The college has concerns regarding a number of omissions in the list of profession specific national boards. The Intergovernmental Agreement (IGA) provides for the creation of profession specific national boards. The consultation paper regarding the national registration and accreditation scheme outlined the following 10 boards:

- Chiropractors Board
- Dental Care Practitioners Board
- Nurses and Midwives Board
- Medical Practitioners Board
- Optometrists Board
- Osteopaths Board
- Pharmacists Board
- Physiotherapists Board
- Podiatrists Board
- Psychologists Board

The RACGP's concerns relate particularly to those health professions that have access to Medicare billing but are not included. Exclusions from the list include, but are not limited to: social workers, occupational therapists, and speech pathologists. The RACGP queries why these professions have not been included in the profession specific boards, and strongly recommends that the number of boards be expanded.

3. National profession specific boards – currency of members' clinical experience

Further to the proposed structure, the RACGP strongly recommends that board members representing the relevant profession should currently be in clinical practice. The college is concerned that without this requirement, there is potential for the board to lose touch with the real challenges faced by the profession.

4. National profession specific boards – community and consumer representation

The consultation document outlines the specifics of the composition of each national board, and states that the boards will comprise:

- a chair who is a member of the relevant profession
- at least 50 percent of the remaining members must be from the relevant profession, with no more than two-thirds of the board, including the chair, being members of the relevant profession, and
- at least two community members.

It is vital that each board has sufficient representation from the relevant profession to ensure that there is expertise and experience to appropriately fulfil the board's functions and responsibilities.

Therefore, the RACGP strongly recommends that each board has a two-third membership from the relevant profession.

The RACGP also recommends that an independent chair be appointed, to provide balance within each board. The chair should bring broad and extensive experience from the political, judicial, educational, community service and/or health arenas.

5. National profession specific boards – local presence in each jurisdiction

Whilst national registration will increase the portability of the workforce and reduce administrative complications, the RACGP believes that there must be a strong local presence in each state and territory for each profession.

A full board would not be necessary, however the RACGP notes that there are several advantages of a strong local presence including:

- a local understanding of issues faced by practitioners in each state
- the ability to liaise with the local profession to establish networks and links
- the capacity to deal with some issues at a local level, including remediation, education, and disciplinary action for individual practitioners.

6. National accreditation – AMC standards and processes

The discussion paper states that the National Board, among other responsibilities, will oversee accreditation functions, including accreditation decisions.

Standards regarding accreditation must continue to address patient safety, and be profession led, with appropriate input and advice from other stakeholders, including educationalists and consumers.

The RACGP believes that consideration must be given to preserving the most effective policies and procedures within existing accreditation processes when reviewing options available for improving the consistency and rigour of national accreditation.

The Australian Medical Council (AMC) is the current national accreditation agency for specialist medical colleges, and has performed its role in an exemplary fashion. It has wide professional support and provides an effective model for other disciplines. The AMC has an excellent proven track record in assessing the nature of, and inter-relationships between, medical specialities/ sub-specialities, and in accrediting both specialist medical education and training programs, and health services and hospitals. Therefore, the RACGP recommends that the AMC should be included in the new framework and, because the track record of the AMC is so strong, that its role should be expanded to the accreditation of the other professions.

7. National credentialing arrangements

The RACGP believes that issues relating to credentialing should also be considered within the scope of the issues supplementary to the IGA. In some jurisdictions, professional mobility for GPs, particularly proceduralists, can be limited due to location specific credentialing. Consideration must be given to policies that overcome such limitations. For example, consideration should be given to a system of consistent credentialing that recognises hospitals and other health care providers that have been accredited by the AMC, to allow medical practitioners to move more freely across jurisdictions. The Australian Council for Safety and Quality in Health Care has also developed national standards for credentialing and for defining the scope of clinical practice of medical practitioners, which should be considered.

8. Terminology and nomenclature

An ongoing issue for medical practitioners throughout Australia has been varying terminology used by the jurisdictional medical boards and other registration authorities. In particular, there is limited consistency from jurisdiction to jurisdiction regarding:

- general registration
- specialist registration
- vocational registration
- accreditation
- credentialing.

With the introduction of national boards, there is an opportunity to develop consistent terminology across Australia regarding registration, accreditation and credentialing.

9. Indemnity insurance

The RACGP notes that the consultation discussion paper suggests that the legislation's indemnity provisions will provide protection from personal liability for a practitioner assisting the National Agency (including the management committee and staff) provided that they have acted honestly and reasonably.

However, it is not clear who carries insurance for other practitioners outside core processes involved, for example, in mentoring or remediation. Whilst the clinical risks appear to be covered (ie. if harm comes to a patient), there appears to be some risk which might arise when a doctor being remediated feels that their reputation has been harmed and/or that their future career and business prospects have been impaired.

ROYAL AUSTRALIAN COLLEGE OF

GENERAL PRACTITIONERS

Response to the Joint Committee on Higher Education inquiry into the desirability of a national higher education accreditation body

10 March 2008

CONTENTS

1. INTRODUCTION

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to contribute to discussion regarding the desirability of a national higher education accreditation body.

The initiative undertaken by the Joint Committee on Higher Education to review accreditation processes is a positive step in the process of improving and developing national accreditation processes for higher education bodies.

The RACGP is the specialty medical college for general practice, responsible for defining the nature of the discipline, maintaining standards for quality clinical practice, setting the standards and curriculum for education and training, and supporting general practitioners in their pursuit of excellence in patient care. The RACGP works with stakeholders to enhance the quality of healthcare to the Australian community and, increasingly, to regional countries and communities. Through its work, the RACGP plays a key role in ensuring that Australia maintains a robust, vital, and sustainable primary healthcare service.

The Australian Medical Council (AMC) implemented a valuable and widely supported process of assessment and accreditation of specialist medical programs in 2002. Since 2002, the RACGP's educational program has been accredited twice by the AMC's useful and robust assessment processes.

The RACGP is committed to and continues to supports initiatives aimed at:

- Maintaining and improving standards for general practice education and training throughout Australia
- Exploring and developing accreditation models to maximise national consistency, where possible, in the recognition/accreditation of higher education institutions and organisations, and
- The streamlining and integration of national accreditation processes, including decision making and regulatory requirements.

The Australian Government has the ultimate responsibility of maintaining high quality, accessible and cost effective healthcare for all Australians. Government leadership in this area is critical, but without clear communication and a commitment to partner with the profession and community, overall goals regarding health are unlikely to be achieved. The RACGP strongly believes that the Ministerial Council on Education, Employment, Training and Youth Affairs – in conjunction with the Council of Australian Governments – should continue to explore issues and options available to streamline processes and promote consistency in accreditation for national higher education bodies prior to any further action.

Within the very tight timeframe allowed, the RACGP has compiled a response which reflects the current position of the RACGP as an organisation. However, the RACGP is of the view that more extensive consultation (including the wider profession) is required on issues discussed within the consultation document.

2. RESPONSE TO DISCUSSION PAPER AND NATIONAL ACCREDITATION

It is recognised that there are currently a number of independent and governmental accreditation bodies responsible for higher accreditation for both state based and national education bodies, with varying:

- decision making processes
- organisational structures
- administrative processes
- assessment processes
- appeals processes
- reporting requirements, and
- standards.

These variances require scrutiny and investigation regarding the possibility and feasibility of promoting consistency to assure Australia's higher education standing both nationally and internationally.

The RACGP's response will address the *Inquiry into the desirability of a national higher education accreditation body – Consultation discussion paper* and provide comment regarding the desirability of a national accreditation body.

2.1 Response to discussion paper

The discussion paper prepared by PhillipsKPA provides a snapshot of the current arrangements for accreditation of higher education institutions and courses, and assesses the advantages and disadvantages of current arrangements within accreditation, with the intent of facilitating the development of options for national consistency in the accreditation of higher education organisations.

The RACGP notes that:

- There is a heavy emphasis placed on the consideration of universities and VET organisations. Whilst both are important in the consideration of consistency within national accreditation, there is concern regarding the lack of consideration for postgraduate medical education and training - which are outlined under '2.2 Response to the desirability of national accreditation'
- Discussed advantages and disadvantages fail to adequately address issues associated with national postgraduate education and training programs, and instead are focussed on jurisdictional inconsistencies and issues, and
- National consistency within the postgraduate medical education and training already exists, as all specialist medical colleges are accredited, on a national basis, by the AMC, in accordance to the same standards and requirements.

2.2 Response to the desirability of national accreditation

The RACGP believes that existing accreditation processes must be considered when reviewing options available for increasing national accreditation consistency and rigour. Within a very short timeframe, the AMC has implemented a successful accreditation process for specialist medical colleges, which have assessed the training and professional development programs of 12 specialist medical colleges Australia wide.

The RACGP has a number of serious concerns regarding the concept of a single national higher accreditation education body, and recommends careful consideration prior to the implementation of any model.

In particular, the Joint Committee on Higher Education's attention is drawn to:

1. *The diverse nature of higher education* – there are many higher education organisations, ranging from TAFE/VET programs and Universities, to the specialist medical colleges. The feasibility of common standards and accreditation processes throughout all educational organisations at both jurisdictional/state and national levels is not feasible

2. *A potential reduction in the quality and level of standards* – there is a potential for standards relating to accreditation to be lowered in order to encompass all educational organisations from jurisdictional/state level to national/international level

3. *The ability and capacity of a single organisation to consider and accredit all higher education organisations* – the ability of a single national accreditation body to accredited all higher educational organisations throughout all jurisdictions, with their varying roles, requirements, training end-points and responsibilities, is doubtful and problematic at best, and

4. *Lack of justification for change* – the proposed model for the national accreditation scheme provides no indication of how it would improve on the current processes other than broad statements regarding 'increased consistency' and 'harmonisation' of current arrangements.

Whilst the RACGP recognises that evaluation and quality improvement processes are required to continually assess current processes and strive for excellence, and that it is desirable to reduce unnecessary processes, there are many variations within accreditation processes both within jurisdictions/state and nationally that appropriately address differences between the educational bodies, which require industry specific expertise to successfully navigate the nuances of the educational bodies and promote appropriate quality improvement and development.

The RACGP re-confirms its position as stated in the RACGP response to the 'Second Consultation Paper – Proposal for a National Registration Scheme for Health Professionals and a National Accreditation Scheme for Health Education and Training' and is unable to support the concept of a national higher education accreditation body for postgraduate medical education and training.

3. RECOMMENDATIONS AND CONCLUSION

Any accreditation process must take into consideration the variations, differences and requirements of the various educational bodies. The national specialist colleges, with national qualifications, are in a different position to many state based universities, TAFEs and VETs.

The RACGP supports initiatives aimed at improving consistency and rigour for the accreditation of educational bodies throughout Australia. However, this does not necessarily require a national accreditation body responsible for all education accreditation a throughout Australia.

The RACGP recommends that:

- the Joint Committee on Higher Education explores options available for the implementation of a national organisation that *supports existing* accreditation bodies to develop consistency and rigour of accreditation whilst recognising and accommodating the differences and variations between educational organisations
- The Joint Committee on Higher Education continues to work with the accreditation bodies to develop feasible models and processes regarding accreditation
- There is continued exploration of possible models that consider the diversity of Australian higher education whilst maintaining excellence and standards, and
- The accreditation of postgraduate medical education continues to be based on the existing processes and structures of the AMC.

ROYAL AUSTRALIAN COLLEGE OF

GENERAL PRACTITIONERS

RESPONSE TO THE SECOND CONSULTATION PAPER

Proposal for a National Registration Scheme for Health Professionals and a National Accreditation Scheme for Health Education and Training

7TH February 2007

SUMMARY OF RACGP RESPONSE

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to continue contributing to the discussion regarding development of more consistent and relevant medical registration and accreditation arrangements for health education and training. The RACGP congratulates and supports the government on its intention to:

- achieve a sustainable, flexible and appropriately distributed workforce;
- reduce red tape and increase system efficiency, and
- improve safety and quality.

The RACGP supports, and looks forward to working with government to progress initiatives which are intended to increase: -

- the consistency of requirements across disciplines and professions and
- integration of approaches leading to a reduction in unnecessary role delineation and inflexibility between disciplines and between specialties/ subspecialties within disciplines.

However, a number of significant concerns have been identified relating to both the National Registration Scheme for Health Professionals and the National Accreditation Scheme for Health Education and Training. The RACGP considers that these issues left unresolved will undermine the intended goals. The issues include:

- an apparent disregard for the reality that proven and effective structures for medical registration and accreditation of education and training programs already exist, and moves to dismantle, rather than build on and link such structures for other health disciplines will be counter productive;

- a clear intention to reduce the role of the specialist medical colleges and the Australian Medical Council in standard setting and other professional matters, despite their existing and longstanding successes in maintaining standards for high quality care in Australia;

- the proposed establishment of a substantial, unnecessary and cost-ineffective layer of additional bureaucracy via establishment of the proposed Health Registration Authority (HRA) and Health Accreditation Authority (HAA) structures;

- the proposed establishment of authorities (the HRA and HAA) which lack the knowledge and expertise required to undertake the identified policy advisory and professional standards setting role in medical registration, and will potentially undermine the unique nature and contribution of the various disciplines currently present in Australia;

In consequence, the RACGP strongly advocates for:

- structures for National Recognition of Registration of Health Professions and National Accreditation of Education and Training for Health Professions which are based on the existing structures of the Australian Medical Council (AMC) and State Medical Boards;

- the specialty medical colleges remaining responsible for the setting and maintaining of standards for both quality clinical care and education and training of our professional disciplines *with appropriate influence from and contributions by government, community and other key stakeholders*.

Alternative structures are proposed for National Recognition of Registration and National Accreditation of Education and Training of Health Professionals comprising:

1. *National Professional Panels (MNPP)* for Medicine and each of the major health professions groups based on the Australian Medical Council structure, with responsibility for accreditation of education and training *and* medical/health registration.

2. *A single Health Registration Authority (HRA)* across all health disciplines with limited responsibility for the development of efficient processes for recording registration and maintenance of practitioner registers. The HRA would have a broad representation and provide advice to the NPPs.

3. *State Committees* in each State/Territory for Medicine and other major health professional groups using State Medical Boards as the basis with standardisation of committee makeup and legislative frameworks to ensure compliance with national recognition of registration standards and increased efficiencies.

4. *A National Consultative Forum* comprising NPP Presidents, NRA Chair, CPMC[1] Chair plus Ministerial appointees with specific expertise, to provide advice to the Minister, NPPs and HRA regarding potential efficiencies, cross-professional issues and innovations in systems management, role delineation and workforce.

The Australian Government has the ultimate responsibility to ensure an accessible cost-effective health care system – now and into the future. The RACGP sees the Government having a central role in establishing future community needs, the nature of the required health system, the reforms necessary to achieve it, and the overall nature, number and distribution of the health workforce.

Government leadership is critical, but without a clear commitment to work in partnership with the profession, our academic colleagues and the Australian community, our wider health system goals are unlikely to be achieved. The RACGP believes that the Australian Government's goals for the COAG proposals may be better achieved through other means, and looks forward to contributing to this process.

[1] CPMC - Committee of Presidents of Medical Colleges

CONTENTS

RACGP Comments on a Proposal for a National Registration Scheme for Health Professionals and a National Accreditation Scheme for Health Education and Training

The Role of the RACGP

The Royal Australian College of General Practitioners (RACGP) is the speciality medical college for general practice responsible for defining the nature of the discipline, maintaining standards for quality clinical practice, education and training, and research in Australian general practice, and supporting general practitioners in their pursuit of excellence in patient care.

Certification for general practice in Australia is a major responsibility of the RACGP. The FRACGP is the recognised entry standard for Australian trained general practitioners, and signifies certification of competence for unsupervised general practice anywhere in Australia.

The RACGP provides professional, educational and other services and supports to general practice and works with other stakeholders to enhance the quality of health care to the Australian community and increasingly, to regional countries and communities. Through its work, the RACGP plays a key role in ensuring that Australia maintains a robust, vital and sustainable primary health care service.

The international literature clearly demonstrates that accessible primary care is associated with significantly improved health outcomes, a more equitable distribution of health in populations and reduced health system costs[2]. National registration and accreditation frameworks which do not recognise the unique contribution made by specialists in primary care, (general practitioners, family physicians and primary care physicians), will in turn have a flow on effect to undermine the health care system in Australia.

The international literature also describes a strong, integrated primary health care sector as the essential basis of an effective health system. The RACGP welcomes existing and new initiatives by governments at all levels intended to strengthen and integrate Primary Health Care, and to develop new team and service models. Equally the College opposes initiatives which may further weaken or fragment the sector.

Comments relating to the Proposal for a National Registration Scheme and National Accreditation Scheme for Health Education and Training

There are sound arguments for consistency of requirements across disciplines and professions and for improved integration in approaches to reducing unnecessary role delineation. The RACGP supports and wishes to work with government to increase:

- consistency and efficiency in regulation within and across disciplines,

[2] Starfield B, Shi L, Macinko J. Contribution of Primary Care to Health Systems and Health. The Milbank Quarterly, 2005; 83(3) : 547-502.

- flexibility between disciplines and specialties/subspecialties wherever that will enhance teamwork, quality of care and the attractiveness of training and professional development pathways.

However, the RACGP considers that the models for medical registration and accreditation of training and education proposed by COAG will not achieve these outcomes, will be cost ineffective and will lead to a dilution of medical professional standards. They are therefore not in the best interest of the Australian community.

National Registration Authority

The RACGP strongly supports changes intended to achieve nationally consistent medical registration including development/redevelopment of registration categories, improved portability arrangements for medical practitioner registration, and the development of a national index (database).

A national registration model should assist in the collection of nationally consistent data on health workforce. The RACGP is keen for any proposal to articulate the scope of data that would be available to professional bodies for the purposes of planning, and the mechanisms that would be put in place to guarantee prompt access to such data.

However the RACGP does not support the creation of a National Registration Authority (NRA*) – as proposed,* on the basis that*:*

- *Professional standards will be compromised.* The COAG paper suggests (p.6) that profession-specific panels would be responsible for 'developing registration standards *including professional/competency standards* to meet registration requirements …'. The development of competency standards is properly the role of professional medical colleges – with essential involvement of other stakeholders including governments, *and this must be maintained.*

- *The proper role of professional organisations is not safeguarded, being* dependent on involvement in profession-specific panels selected by unknown means. Any mechanisms for professional involvement in revised structures must be carefully considered, agreed with the relevant professional bodies and included in legislation, rather than regulation where their presence is readily amenable to change or dilution.

- *Lack of professional expertise:* the proposed HRA will lack the knowledge and expertise to undertake a policy advisory or professional standards setting role in medical registration. The lines of communication and coordination between the HRA, profession panels and Health Advisory Committee are unclear and it has not been made clear that the membership of the HRA will not be comprised of and reflect the views of individuals rather than representatives from key stakeholders. In addition, the nature of HRA membership (representatives of key stakeholders or Ministerial appointees?) is unclear. Similarly, the board's capacity to accept or reject the advice of the professional panels is not articulated. At worst, a small, Ministerially appointed board might choose to reject any and all professional advice - effectively negating appropriate professional influence and control of core professional matters.

- *Additional bureaucracy*: the HRA represents an additional layer of bureaucracy which will not lead to enhancement of existing registration processes, and will

increase costs and further distance the governance body from both an understanding of professional dimensions and the point of patient care.

In addition to the points of major difficulty outlined previously, many elements of the COAG proposals remain poorly defined or absent as outlined below.

- *Details concerning the number and nomenclature* of proposed registration categories are absent and require further consideration. If intended to restrict practice to those registered in particular categories, then definition of the categories would lead to a number of complex interpretation issues that could lead to undesirable *inflexibility* in terms of medical registration

- *The current lack of consistency in assessment* of doctors seeking registration places members of the public at potential risk. In particular, the RACGP wishes to ensure a clear commitment to national recognition of general practice as a medical speciality as part of registration. Approaches to consistent assessment processes must preclude unconditional registration as a general practitioner unless the medical practitioner is a Fellow of the Royal Australian College of General Practitioners (FRACGP) or vocationally recognised[3].

- *Details of the process for determining entry* to vocational (or similar) registries are absent. In the case of general practice, RACGP standards of assessment, training, and supervision need to be maintained and to apply to all doctors who enter general practice without the equivalent of the FRACGP. This is an important safeguard to the quality of care provided to the Australian community.

- *Continuing professional development (QA&CPD)*: the RACGP also requires that general practitioners demonstrate maintenance of professional competence through satisfactory completion of QA&CPD. Any national model of registration must require all doctors to participate in QA&CPD at the standard equivalent to that required by their relevant medical specialist college.

- *Ability to maintain registration*: it is not clear whether doctors working outside accredited settings can maintain registration. The RACGP reinforces the requirement for general practitioners to work in accredited health facilities via standards for general practices as well as general practitioners.

- *Registration of Aboriginal Health Workers:* no national approach has been proposed to the registration of Aboriginal Health Workers. This group of health professionals should be a priority in any national registration model.

- *Complaints and disciplinary matters*: the impact of any new arrangements on the speed of resolving complaints and disciplinary matters is unknown. The RACGP understands that the speed of finalisation of such matters is of concern both within the profession, and in the community; and any proposal for change must articulate the anticipated benefits in improving resolution of complaints and disciplinary matters.

National Accreditation Scheme for Health Education and Training

The RACGP strongly supports approaches which reduce *unnecessary* role delineation and inflexibility between both disciplines and specialties/ subspecialties within disciplines. To this end, the RACGP has developed:

- approaches to competency-based assessment to enhance effective training entry and training progression, a flexible modular based assessment route to the FRACGP to complement the existing pathways to Fellowship, QA&CPD which involves focused needs assessment processes linked to learning plan and re-assessment and integrated training pathways which involve transitions between clinical contexts *and* specialties/subspecialties;

- a policy framework incorporating integrated primary health care, general practice teams and special/specific skills/subspecialty relationships;

- an evidence-based description of integrated Primary Health Care in 2015 outlining a higher complexity case mix for all PHC professionals, new and changed roles, new care and practice models and greater flexibility between disciplines.

The Australian Medical Council (AMC) is the current national accreditation agency for specialist medical colleges. The AMC was established by the then Minister, and has performed its role in an exemplary fashion. It has wide professional support and provides an effective model for other disciplines. The AMC has an excellent proven track record in assessing the nature of, and inter-relationships between, medical specialities/ sub-specialities, and accrediting both medical specialist education and training programs and health services/ hospitals and should be included in the new framework.

However *as proposed,* the RACGP is unable to support the COAG proposals for a National Accreditation Scheme (NRA) for the reasons outlined below.

- *Lack of justification for change*: the proposed model for the national accreditation scheme provides no indication of how it would improve on the current independent national accreditation agency for specialist medical colleges - the AMC. The AMC provides a sound and proven model that should be utilised for other disciplines rather than being dismantled.

- *Loss of discipline-specific elements:* a large, diverse body such as the planned HAA with a broad membership, delivering a range of initiatives, is too generic to provide the expertise and knowledge required to regulate accreditation of any aspect of medical training. The formulation of other than the broadest of generic accreditation guidelines across several professions will inevitably lead to compromise, dilute the rigorous standards that currently apply to the medical profession, reduce necessary discipline-specific accreditation elements and undermine the unique nature and contribution of the various disciplines.

- *Additional bureaucracy*: the HAA represents an additional layer of bureaucracy which will not lead to enhancement of existing registration processes, will increase costs, and will further reduce understanding of professional dimensions, and distance the governance body from the point of patient care.

This will reduce the effectiveness and expediency of current locally informed processes as well as potentially reducing existing public safeguards.

- *Role of specialist medical colleges:* the proposed model for accreditation reduces the role of specialist medical colleges in the *development* of training and education which will lead to reduced standards of clinical competence. Australian specialist medical colleges exist to set and maintain standards for quality clinical care and to ensure that Australia's medical practitioners are well trained and supported in their lifelong education. Professional colleges are also critical in the development of appropriate professional and ethical attitudes and behaviours: dimensions which are inevitably compromised in more generic organisations.

- *Lack of professional expertise:* as with the proposed HRA, the proposed model for national accreditation lacks detail in regards to the lines of communication and coordination between the HAA and profession panels. The board's capacity to accept or reject the advice of the professional panels is not articulated. This can potentially lead to a Ministerially appointed board choosing to reject any and all professional advice-effectively negating appropriate professional influence and control of core professional matters.

As with the HRA proposal, the absence of detail relating to the proposed new models for accreditation of education and training is also of concern, for example:-

- *coordination and communication*: the accreditation framework does not describe coordination and communication processes between the proposed HAA Board, Advisory Council and Profession Panels;

- *membership appointment processes* and the level of input by key professional stakeholders groups into the composition of each entity are uncertain. The proposed councils potentially comprise, and reflect the views of government appointed individuals rather than key stakeholder representatives for professional panels, Advisory Council and Board;

- *discipline recognition processes:* medical crafts not recognised as specialties by the AMC must not be simply "grandfathered" within any new arrangements, and should undergo the same rigorous process for recognition and existing medical specialities.

Recognition, registration and accreditation-related issues are central to the effectiveness of our future health system. Governments, profession and community are all in agreement more effective approaches to these processes must be found, and to that end, the RACGP offers a modified approach to that proposed by COAG.

RACGP Proposal for a National Medical Registration and National Accreditation of Education and Training Scheme

The COAG proposal aims to achieve three primary goals:

- Workforce mobility
- Reduction of red tape and,
- Improved safety and quality.

The RACGP considers that there is insufficient overlap between the health professions in relation to registration processes, standard setting, and issues such as complaints handling for single cross discipline generic registration or accreditation systems to be viable, or to make a significant contribution to these goals.

The following structure for a National Registration and Accreditation Scheme is therefore proposed [4]:

- ***A Medical National Professional Panel (MNPP)*** be established (and similar national professional panels for each of the other major health professions groups using the current structure of the Australian Medical Council (AMC) as the basis. This Medical National Professional Panel would undertake responsibility for both the accreditation of medical training responsibilities *and* medical registration.

- ***A single Health Registration Authority (HRA)*** be established across all health disciplines with the limited responsibility for the development of high quality and efficient processes for recording registration and maintenance of practitioner registers for each health profession. The HRA would have a broad representation and provide advice to the Medical National Professional Panel.

- ***State/Territory Medical Committees*** be established in each State and Territory (and similar Committees for each of the other health professions), using the State Medical Boards as the basis. The makeup and legislative framework of the various State Medical Boards will require standardisation to ensure compliance with national recognition of registration standards and increased efficiencies.

- ***A National Consultative Forum*** be established comprising the Presidents of the various National Panels, the Chair of the National Health Registration Authority, the Chair of CPMC and a small number of Ministerial appointees with specific expertise. The role of this group will be to provide advice to the HRA, HAA and the Minister regarding possible efficiencies, cross-professional issues and innovations in systems management and workforce.

The Medical National Professional Panel

The RACGP proposes that a Medical National Professional Panel (MNPP) be established in parallel to professional panels for each other health profession. The MNPP would be responsible for the national recognition of registration for the medical profession *and* national accreditation of education and training for the medical profession.

A single MNPP for medical registration and accreditation of education and training will ensure efficiencies and ensure strong links between registration frameworks and accreditation of education and training programs.

The existing AMC structure would form the basis of the MNPP, with some expansion of its current responsibilities to include greater oversight of the national recognition of registration processes. The AMC has a proven accreditation framework, membership representative of the medical colleges and State and Territory Medical Boards.

[4] Figure 1 : RACGP Proposal for National Recognition of Registration and National Accreditation of Education and Training for Health Professionals: Page 14

The *majority* of MNPP members would be medical practitioners, with membership based on current AMC structures. A profession-specific structure will be more responsive to advances in medical practice and better positioned to provide advice to Health Ministers. The AMC currently has substantial consumer and community involvement in its accreditation processes which could be further strengthened.

Amalgamation of the medical registration and accreditation of medical training responsibilities using the AMC as the basis will ensure that the higher professional standards and commitment to protection of the public continue to apply to the medical profession as well as achieve greater efficiency and consistency.

The establishment and implementation of nationally determined registration standards for the medical profession (and likewise for other health professions) will facilitate and encourage mobility of the medical workforce.

MNPP Responsibilities

- Provide advice directly to the Health Ministers including advice on significant policy issues and the interaction between the national registration and accreditation of education and training processes.

- Be supported by the National Consultative Forum on cross professional and other issues as required.

- Be autonomous in its operations and decision making.

In the case of national registration for the medical profession, the RACGP proposes that the MNPP be responsible for:

- developing national recognition of registration standards and processes for the medical profession;
- overseeing the activities of the State Medical Committees (SMCs), to ensure compliance with national recognition of registration standards and processes;
- setting the fees to be paid for medical registration.

In the case of national accreditation of education and training for the medical profession, the RACGP proposes that the MNPP be responsible for:

- developing and administering a quality accreditation framework and standards for the medical profession;
- accreditation of specialities and undergraduate, prevocational and vocational training programs.

The RACGP recommends the adoption of the principles which guide the function of the current Australian Medical Council (AMC). These are based on safety and quality criteria and focus on:

- improved standards of health care;
- sound clinical and scientific principles;
- maintenance of standards of practice that will ensure high quality health care that uses available health care resources wisely;
- appropriate training in the knowledge, skills and attitudes required for safe and competent practice, and participation in the accredited

continuing professional development programs to maintain standards of practice, and
- benefits must outweigh any costs/adverse effects on other aspects of health care delivery.

Health Registration Authority (HRA)

A single Health Registration Authority (HRA) be established across all health disciplines with the limited responsibility for the development of high quality and efficient processes for recording registration and maintenance of practitioner registers for each health profession. The HRA would have a broad representation and provide advice to the National Professional Panels on these and related matters.

Utilising the structure of the State Medical Boards in the establishment of State Medical Committees recognises that national standardisation in terms of registration will be difficult to achieve in the short term and the processes for handling of complaints are dependent on state legislation. However it is also the view that a nationally consistent legislation across all states should be the goal in terms of registration, so that the duplication of state level committees to deal with state issues is minimised.

The RACGP understands that the speed of resolving complaints and disciplinary matters is of concern both within the profession and in the community. The establishment of a Health Registration Authority (HRA) with responsibility limited to development of efficient processes for recording medical registration and maintenance of practitioner registers for each health profession will be of benefit in improving finalisation of such matters.

National Consultative Forum

A National Consultative Forum be established comprising the Presidents of the various National Panels, the Chair of the National Health Registration Authority, the Chair of CPMC and a small number of Ministerial appointees with specific expertise. The role of this group will be to provide advice to the HRA, HAA and the Minister regarding possible efficiencies, cross-professional issues and innovations in systems management and workforce.

A national expert consultative forum incorporating internal and external perspectives, and established at the same level as the HRA and NPPs, provides the necessary impetus to facilitate resolution of counter-productive professional and cross-professional barriers - without the addition of a further layer of cost-ineffective bureaucracy.

State/Territory Medical Committees

State based groups are required to deal with local differences in state legislations and local disciplinary and impairment issues for health professionals. It is proposed that State Medical Committees (SMCs) be established in each State and Territory, with similar Committees for other health professional groups) based on State Medical Boards.

The State Medical Committees would assume responsibility for:

- determination of eligibility and category of medical registration;
- dealing with complaints within the frameworks of applicable State laws and regulations;
- management, including investigation, assessment, support and monitoring of poorly performing medical practitioners;
- management, including investigation, assessment, support and monitoring of impaired medical practitioners
- providing advice, to the profession and public, on medical registration issues and the professional roles and responsibilities of medical practitioners.

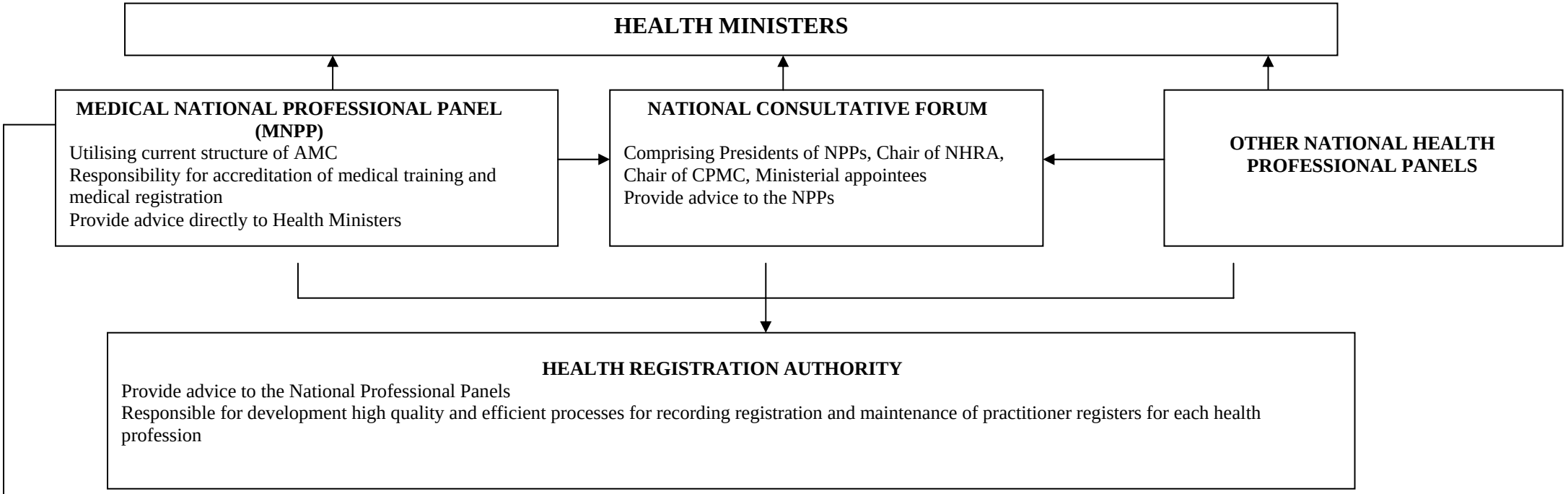
Development of national standardisation requirements would be required to replace the current state based system where significant differences within the jurisdictions create continuing difficulties and inefficiencies.

Evaluation

The need to ensure quality assurance and improvement roles will be central in any future arrangements for accreditation and registration. Any results of a proposed new model will need to be supported with publicly reported, robust, comprehensive independent evaluation.

The scope and nature of the evaluation needs to be agreed prior to the implementation of the arrangements.

RACGP Proposal for National Recognition of Registration and National Accreditation of Education and Training for Health Professionals



MEDICAL STATE COMMITTEES

- Using State Medical Boards as a basis
- Localised administration of national registration requirements