



**AACP**

**AUSTRALIAN ASSOCIATION  
OF CONSULTANT PHYSICIANS**

**SUBMISSION**

from the

**AUSTRALIAN ASSOCIATION  
OF CONSULTANT PHYSICIANS**

to the

**SENATE COMMUNITY AFFAIRS COMMITTEE**

in relation to the

**Proposed arrangements for specialists within the National  
Registration and Accreditation Scheme for the Health Professions**

April 2009

## INTRODUCTION

The Australian Association of Consultant Physicians (AACP) welcomes the opportunity to make a submission to the Senate Community Affairs Committee on the proposed arrangements as they may apply to consultant physicians and paediatricians (CPP). It is appropriate that the proposed scheme be thoroughly examined and scrutinised, including by the Federal Parliament, to determine its potential impact on the high standards of health care that the Australian community has come to expect and currently experiences.

The AACP represents the practice interests of consultant physicians and paediatricians in Australia. Consultant physicians and paediatricians have a key role in the provision of best practice high quality care to patients across Australia and have a pivotal role in the delivery of best practice quality health care in all health settings: primary and ambulatory, hospital and nursing home. Consultant physicians are responsible for treating the most complex and serious medical conditions designated by COAG as key National Health Priorities – asthma, cancer, cardiovascular diseases (including stroke), diabetes and musculoskeletal diseases.

Consultant physicians cover a wide range of sub-specialties, such as:

- internal/general medicine
- geriatric medicine
- endocrinology
- rheumatology
- immunology and allergy
- nephrology
- haematology
- cancer care/oncology
- paediatrics
- cardiology
- gastroenterology
- neurology
- nuclear medicine
- public health
- rehabilitation
- respiratory medicine
- thoracic medicine
- palliative care

and, although general consultant physician training covers elements of most of the above a number, most also require significant further advanced training in order to be fully trained in that sub-specialty. Some have a large component of additional specialist technical knowledge, such as nuclear medicine, that requires, in addition to the clinical component, additional training in relation to cross-sectional anatomy, physics, radiopharmaceuticals, imaging technology and radiation safety.

A number of consultant physician sub-specialties also already undertake credentialing that is designed to ensure that services in those sub-specialties are provided by appropriately trained and qualified specialists. For example, there are well-established credentialing programs in gastroenterology, sleep medicine and nuclear medicine that have been developed on the basis of deep understanding of the requirements for safety and quality in the provision of the particular services.

Medical training in Australia is highly regarded internationally and is based on a rigorous assessment of the training that is delivered at both undergraduate and postgraduate levels. Similarly, advanced training, continuing professional development, assessment of training and credentialing in specific areas reflect a strong commitment among the medical

colleges, associations and societies to ensure that the Australian community receives safe, high quality medical care. It is generally where decisions have been made outside this established framework where the outcomes have been substandard. There has been no adequate demonstration of the need to change any of these elements.

## **PROPOSED CHANGES TO REGISTRATION ARRANGEMENTS**

While the proposal to streamline medical registration has many merits, there are aspects of the proposed arrangements that are of concern. The delivery of safe, high quality medical services to the Australian community is fundamental in Australia's health system and this is supported by a robust registration and specialist recognition arrangement. As currently outlined, there are concerns about elements within the proposed "Arrangements for Specialists", namely:

- the relative lack of information provided about the arrangements,
- the apparent lack of involvement, or even acknowledgement of the role, of medical colleges, societies and associations that currently are a source of advice and expertise to Government in relation to the qualifications and expertise of medical specialists and the provision of safe, high quality medical services;
- the apparent focus more on standardised training, rather than the capabilities of the individual seeking to be registered (whether that be as a general practitioner or as a specialist or CPP);
- for defined areas of need, the provision for boards to have the ability to determine professional standards;
- the proposition of having the widest possible capacity for registration "consistent with public safety";
- the lack of clarity about what is being proposed in relation to "continuing competence" or "continuing professional development".

## **MEDICAL COLLEGES / SOCIETIES / ASSOCIATIONS**

As set out in the discussion document, medical colleges, societies and associations that currently have a significant role in relation to the assessment of the qualifications and experience of medical specialists, appear to be absent from the proposed future arrangements. This is a major concern given that it is these organisations that understand most clearly the requirements for training, continuing professional development and appropriate practice. Furthermore, it is these organisations to which governments have most frequently turned for advice about such matters because they lack the relevant technical expertise.

It is understood that under the proposed scheme the detail relating to medical registration will be contained within subordinate legislation such as delegated instruments or guidelines, where such detail may be easily changed, rather than in the principal legislation. This carries the risk that professional standards and competencies may be easily changed without proper professional input or debate or public scrutiny.

There must be a central role for medical colleges, societies and associations in any scheme that seeks to assess or approve the training and experience of individual doctors, particularly where there are highly specialised elements of practice to be considered; this

applies to both initial recognition in a medical specialty or sub-specialty and to any credentialing schemes.

The AACCP urges the Committee to strongly recommend that the valuable experience of organisations such as the medical colleges / societies and associations be retained in any future registration or “endorsement” arrangements be retained.

### **BOARDS TO DETERMINE PROFESSIONAL STANDARDS IN “AREA OF NEED” SITUATIONS AND TO HAVE THE “WIDEST POSSIBLE CAPACITY” FOR REGISTRATION**

The arrangements propose that the national legislation will allow a board to identify a sub-group of practitioners “who have specific training and are considered qualified to deliver a particular type of service that they would otherwise be prevented by law from delivering”. Specifically, the proposal is that the boards “must consider applications for registration ... where the applicant is not eligible for registration in any other category of registration” and that the boards “may develop professional standards in respect of the registration requirements to apply to area of need registration to support a nationally consistent approach”.

This proposition raises a number of issues:

- (i) the registration of an individual who would not otherwise be registrable;
- (ii) the apparent provision for boards to develop professional standards to apply in area of need registration that will be different to those applicable otherwise; and
- (iii) the proposition that a second layer of registration standards will support “a nationally consistent approach” – in the latter, it is difficult to see how this will be the case.

In recent times, the registration of individuals for the sake of expediency in order to address “area of need” situations has led to catastrophic outcomes for the safe care of members of the Australian community. It is not clear from the description of the proposed arrangements how a scheme that potentially lowers the standard for a sub-group of individuals can do anything but potentially compromise the standard of care. The AACCP urges the Committee to carefully review this proposal and recommend changes to the proposed arrangements to ensure that only those with appropriate qualifications and experience are registered to practice in any part of the Australian community.

The AACCP understands that there is capacity within the current State-based registration arrangements for a national scheme to be developed through reciprocal recognition of registration. It is unclear why such an arrangement is not being pursued.

## **MINISTERIAL COUNCIL / BOARD APPROVAL OF SPECIALIST ENDORSEMENT**

Under the proposed arrangements provision is made for the Ministerial Council to approve accreditation standards for medical education and training courses, including specialist training. It is unclear why an additional layer of approval of the “standards for qualifications” for the purposes of specialist endorsement may be required and the AACP seeks the Committee’s particular review of this component.

## **CONTINUING COMPETENCE AND/OR CONTINUING PROFESSIONAL DEVELOPMENT REQUIREMENTS**

Under the proposed scheme there are to be new requirements for demonstration of continuing competence and continuing professional development. The medical profession and the medical colleges have a long history of demonstrating the importance of continuing competence through programs for their members and fellows. The medical colleges conduct continuing professional development (CPD) programs that are relevant to maintaining and improving safety and quality for their respective specialities. There is no basis for replacing the medical colleges CPD programs with a new scheme.

Furthermore, the proposal that the “national boards ... develop and publish minimum standards (approved by the Ministerial Council)” similarly fails to acknowledge the important role of the medical colleges, societies and associations, as noted above, in relation not only to training, but also to continuing professional development and the assessment of competence. The AACP believes this element of the arrangements requires further development and particularly requires the input and ongoing involvement of the medical colleges, societies and associations if it is to develop a robust, workable and sustainable set of arrangements.

## **CONCLUSION**

The AACP is aware that other models for a national registration scheme have been proposed and strongly recommends to the Committee that these be carefully considered.

The danger of the proposed national scheme is that it seemingly ignores the many strengths of the existing processes while proposing wholesale change without adequately demonstrating the need for such extensive change.

The AACP believes that the medical and specialist registration arrangements need to be founded on recognition of accepted training and experience, with the involvement of those bodies that clearly have the knowledge and competence to properly assess such training and experience in an objective manner and recommends to the Committee that their involvement be retained in any future scheme with respect to both registration and accreditation. The health and safety of the Australian community deserves no less.

While the AACP agrees that there needs to be a mechanism by which national medical registration is achieved, this legislation should not be used as an excuse to lower standards by implementing workforce reforms. Relieving a shortage of medical practitioners is not the equivalent to maintaining standards.