Medical Board of South Australia

Our ref: MBSA 528/08

18 February 2009

Mr Peter Boyce
Acting Chair
Practitioner Regulation Subcommittee
of the Health Workforce Principal Committee

Specialists Arrangements Submission
By email: nraip@dhs.vic.gov.au

Dear Mr Boyce

Thank you for the opportunity to provide comment by 18 February 2009 in relation to the further consultation paper on *Proposed Arrangements for Specialists within the National Registration and Accreditation Scheme*. Please find attached a submission[1] from the Medical Board of South Australia. Should any points of clarification be required please do not hesitate to contact me.

Yours faithfully

JOE HOOPER
REGISTRAR/CHIEF EXECUTIVE OFFICER

Enc[1] MBSA Submission

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NATIONAL REGISTRATION AND ACCREDITATION SCHEME FOR THE HEALTH PROFESSIONS

FURTHER CONSULTATION PAPER

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

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The Medical Board of South Australia (MBSA) wishes to make the following comments in relation to the above paper:

MBSA has previously provided advice on the above topic with the primary objective of public protection. The key principles which this Board has consistently proposed are transparency, standards and independence. A concern with the present proposed amendments and model for specialist registration is that these principles are not clearly evident or sustainable once the model commences operation. The specific concerns are noted below for consideration by the Practitioner Regulation Subcommittee.

Specialist endorsement

a. ***Specialist endorsement should only be available for a profession where a profession-specific accreditation standard for specialist training in that profession has been approved by the Ministerial Council following recommendation by the relevant board and at least one training program has been approved by the board's accreditation body or committee in accordance with those standards. The development of these standards will be undertaken by the accrediting body or committee.***

   MBSA – The model proposed above does not provide for any governance or oversight of the final decision process should there be disagreement on standards between the relevant Board and the Ministerial Council. On the understanding that the Council would not have the required expertise to decide on professional standards, this matter should be clarified in a manner satisfying the maintenance of profession based standards and public safety. **Therefore the Profession specific Board should be the approving authority, not the Ministerial Council.**

b. ***For the purposes of transition, from 1 July 2010, initial registration of specialists in any profession will be by an endorsement on the public register subject to (a) above.***

   MBSA – It is still strongly recommended as a matter of public transparency and safety that a **Specialist Register**, separate and distinct from the General Register be implemented. There has been no evidence put forward by the developers of the

scheme to defend the current blind adherence to the single General Register principle, whilst there has been significant discussion and reasons submitted by this Board and others to have a distinct and separate register for specialists. There are presently at least four jurisdictions in Australia with a specialist register and indeed it is recognised internationally to hold benefits. For example, the General Medical Council, holding registration of twice the medical registrants of Australia, has maintained a separate register for specialists. The ease of public understanding by holding a separate register is also apparent to consumer groups.

In the absence of such a standard being in existence at the time of transition to the scheme, the registrant will only be granted general registration without specialist endorsement.

MBSA – Agrees subject to limitations on the registrant's general practice where required and the above comment under (b) being noted.

c. The Ministerial Council may issue guidance to boards in relation to criteria for the recognition of specialties under the scheme, including those specialties to apply from 1 July 2010.

MBSA - It is not clear in the document from where the Ministerial Council may seek its advice in order to issue such 'guidance'. The criteria for specialist recognition may be broad and in public benefit terms. However, were the advice to reach into the standards, scope and qualifications, it would be beholden upon Ministers to seek such advice from the profession. The absence of any reference to the accrediting bodies and professional colleges is therefore notable and the position of these bodies in the process should be clarified in legislation.

The question remains as to why the Ministerial Council should have any role in providing guidance to the professional Board on this matter.

d. The national board will propose to the Ministerial Council for approval, the types of specialist endorsement that will be available from 1 July 2010 in accordance with any guidance provided by the Ministerial Council.

MBSA - Such 'guidance' should not be contrary to professional standards of education, experience and qualifications as determined by the profession recognised education and accreditation bodies. Again the reason for the Ministerial Council to have any 'guidance' role is questionable. Advice should be sought from the professional boards recognised accrediting body, eg Australian Medical Council for medicine.

e. The national board will also determine how the current registration status of registrants should translate to specialties that are recognised under the national scheme, either with or without specialist endorsement.

MBSA – This statement is unclear? Translation to a specialist registration must only occur with evidence of the Board approved qualifications and experience suitable for specialist recognition. The transition period should not be seen as an opportunity to convert under qualified doctors into a specialist registration. To do so would be a

great disservice to the Australian public and transfer a legacy of high regulation risk to the National Boards.

f. Clarification that endorsements provided under the scheme will be approved or granted for registration purposes only. Registration decisions under the scheme are separate to any decision made outside of the scheme in relation to endorsements for the purposes of funding (eg Medicare) or employment (eg terms and conditions of employment by governments or hospitals). It is not intended to remove existing authorities conferred by States or Territories.

MBSA – This statement is confusing. If the suggestion is that an external agency (employer) can employ a doctor on general registration (not 'endorsed') as a consultant/specialist, then this is not acceptable and would be considered 'holding out' to the public under current legislation. Similarly, Medicare Australia should not have capacity to identify a 'non endorsed' practitioner as a 'specialist' for payment purposes. To allow this to continue would be to persist in the presentation to the public of a hidden two-tier specialist system which we currently have in Australia. That is, doctors who do not hold the relevant qualifications can present themselves as specialists to members of the public. Medicare Australia should of course allow payment at a 'specialist' level for certain item numbers etc is they wish, but Medicare Australia should not term these people in any way as 'specialists' or 'endorsed practitioners, nor should the National Registration and Accreditation Scheme permit these practitioners to hold themselves out as such. This is a critical issue in relation to preservation of professional standards and public transparency. The risk attached to this policy/legislative decision is not insignificant and deserves priority attention.

A Specialist Register is the appropriate and internationally recognised (eg General Medical Council in the United Kingdom; the Medical Council of Ireland.) mechanism for external bodies such as employers, Medicare Australia, etc to identify a practitioner as a qualified specialist. In States where there is no specialist register, eg New South Wales, a number of organisations may determine specialist status outside the regulatory authority and standards. This systematic flaw producing a two tier specialist service to the public must be removed. There are examples presently of doctors presenting themselves to the public as specialists who do not possess the necessary qualifications to do so. These doctors have been granted an 'annotated' registration in New South Wales and Victoria to practise in the specialty and been provided with a Medicare provider number for specialist payments. In effect, the *Insurance Act* has determined their registration status and then allowed the doctor to present as a specialist to the public. These doctors may never have presented to a college, never been assessed for a specialist position and never maintained any ongoing professional development with the specialist college. They are not equivalent to Australian qualified specialists, yet the registration and insurance process has supported this two tier system and allowed the public no opportunity to discriminate between the qualified and unqualified doctor providing their care. How does this maintain standards, transparency and public safety? Any opportunity for confusion of registration, such as would exist in the 'annotated' register model presents a risk of allowing a doctor to act outside their scope of qualifications and experience.

The lack of clarity in the above proposed 'annotated' single register model further formalises this risk and should be abandoned in favour of a separate specialist register model.

g. Clarification that the power for boards to recommend (and the Ministerial Council to approve) qualifications for the purposes of specialist endorsement, relates to the standards of qualifications rather than specified qualifications.

MBSA – The qualification recognised for the purpose of registration is to be identified by the National Board in consultation with the accrediting bodies. The National Board wears the ultimate responsibility of the registration to practise in the health system at a level commensurate with the practitioner's skills, experience and qualifications. Overseas qualifications are subject to curriculum change and variance. Specialist colleges, the Australian Medical Council and medical boards must be charged with the **sole responsibility and authority** to determine the necessary qualifications. This amendment appears to be a significant change and should not be implemented without a more full consultation with boards and the professional colleges and the Australian Medical Council. It also dilutes the independence of the regulating body.

Continuing competence requirements

h. Any continuing competence standards for specialists in existence at 30 June 2010 will continue to apply with any proposed changes to these standards (or any new standards) to be developed by the board for approval by the Ministerial Council.

MBSA – Why is the Ministerial Council approving continuous professional development? This should be determined by the profession specific boards in consultation with the accrediting bodies and other agencies.

i. Minimum standards for continuing competence requirements for specialist endorsement must not be discipline specific (eg the minimum standards to apply in respect of medical practitioners with specialist endorsement would be the same standard across all disciplines or specialist medical colleges).

MBSA - Agreed in principle but in reality may be hard to implement due to variable availability within all disciplines. There would need to be considerable resources to assist in development, assessment and accreditation of continuing medical education (CME) programs. It seems unclear as to whether the scheme envisages continuous professional development (CPD) by way of competence based activities or educational programs, (possible a combination of both). The influence of performance outcomes based on CPD programs is not universally agreed and would require a transition process and significant buy in from the professions.

In addition to the above, it is not apparent why the minimum standards would apply across all disciplines or medical colleges. The variance of practice may not require such a 'one size fits all' approach.

j. ***Boards may request that accreditation bodies or committees develop these minimum standards and assess continuing competence programs against these standards.***

MBSA – Again, the need for a single minimum standard whilst appealing may be difficult. One way would be to have broad principles relating to hours required, ratio of educational vs practical CPD activities and also relevance to area of normal practice. Consideration of the significant resources required with the collaboration of medical specialist colleges and other training providers.

Registration of specialists (including area of need specialists)

k. ***Boards must consider applications for registration from practitioners seeking to work in an area of need identified by a State or Territory government, where the applicant is not eligible for registration in any other category of registration. This provision will apply to all regulated professions. It is further proposed that boards may develop professional standards in respect of the registration requirements to apply to area of need registration to support a nationally-consistent approach.***

MBSA – An international medical graduate (to whom Area of Need applies) must have an agreed pathway for registration. This has already been undertaken as part of national assessment of international medical graduates (IMGs). Therefore, ALL IMGs must undertake the necessary threshold examinations or assessment process to ensure they are suitable for Area of Need registration. In addition, there should be a time limit on this type of registration as applies in Queensland.

Further, it is recognised that currently there are poor tracking and monitoring mechanisms in place at the State Health Department level to determine the number of positions granted and movement of the registrants. This should be addressed to monitor numbers and workforce flow. Employers, specifically State Health Departments, are the highest user of this category and should be held accountable for their applications given this category of doctor represent the greatest public risk.

Please note that the above proposal is in conflict with item a) of the proposal where the Ministerial Council has capacity to approve qualifications (eg overseas) for registration possibly into an Area of Need?

SCOPE OF PRACTICE

l. ***Where a board is proposing to recommend to the Ministerial Council, on a matter in which another board might reasonably have an interest, then that board should be required to consult with all other boards and in submitting for Ministerial approval, draw to the attention of the Ministerial Council any contrary views.***

MBSA - Agreed

In conclusion, MBSA again strongly advises that the following elements be included in the registration of specialists.

- A separate distinct Specialist Register to allow transparency, reduce public risk and improve maintenance of standards
- Clear legislative entry requirements to the Specialist Register based on approved qualifications recognised by the National Boards and accreditation bodies.
- Restriction of the title 'Specialist' to be used only by those health professionals listed on the Specialist Register held by the relevant National Board.
- The National Boards to have power to approve educational qualifications suitable for recognition as a Specialist on the Specialist Register in a manner consistent with the principles of being standards based and transparent.
- Continuing competence requirements to be further clarified following consultation with the professional bodies, importantly the colleges, to define the scope and purpose of the requirement and have due regard to finite resources.
- Consideration of the need for a minimum standard approach to CPD standards
- Area of Need registration as a category of registration does not bypass the agreed assessment pathways for all IMGs entering practice and must require the applicant to undertake further education and training to allow full registration on the General or Specialist Register within a given time period.

Thank you for the opportunity to comment again on this critical aspect of registration.

Yours faithfully

JOE HOOPER
REGISTRAR / CHIEF EXECUTIVE OFFICER