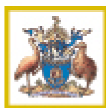

The Royal Australasian College of Physicians

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

community.affairs.sen@aph.gov.au

May 1, 2009

Dear Committee Secretary,

Please find attached a submission to the Senate Community Affairs Committee Inquiry into National Registration and Accreditation Scheme for Doctors and Other Health Workers on behalf of the Royal Australasian College of Physicians.

Thank you very much for the opportunity to make a submission to this Inquiry. I apologise that this submission is being made after the official closing date, and thank you for your granting of an extension of time.

The College has already provided submissions to the Scheme as called for in their consultation. Our submissions on the various discussion papers are available on the RACP website at http://www.racp.edu.au/page/health-policy-and-advocacy/workforce

The following submission seeks to address the design of the scheme generally, as well as in relation to the topics listed in your outlined terms of reference.

The College would be very pleased to meet with members of the Committee to discuss this further.

Please feel free to contact me on Yvonne.Luxford@racp.edu.au or 02 9256 9604 or 0437307159.

Yours faithfully

Dr Yvonne Luxford
Manager, Policy and Advocacy

The Royal Australasian College of Physicians

Submission to the
Senate Community Affairs Committee
Inquiry into National Registration and Accreditation Scheme for Doctors and Other Health Workers
on behalf of
The Royal Australasian College of Physicians

April 2009

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Submission to the Senate Community Affairs Committee Inquiry into National Registration and Accreditation Scheme for Doctors and Other Health Workers by the Royal Australasian College of Physicians

The Royal Australasian College of Physicians (RACP) supports the concepts of a national registration and a national accreditation scheme for medical practitioners as it believes such schemes would:

- ensure that patient safety and the quality of patient care provided to all Australians is not reduced or compromised in any way;
- facilitate the ready movement of registered practitioners across Australian jurisdictional boundaries;
- be supported by nationally uniform policies and regulatory guidelines and not rely on mutual recognition of jurisdiction based registration; and
- protect against unilateral departures from uniformity over time by individual jurisdictions as political responses to subsequent events within those jurisdictions.

The College does, however, have some concerns regarding the proposal that these schemes be conjoined. The Intergovernmental Agreement (IGA) outlined in the proposed scheme and subsequent consultation papers have ignored the view of the Productivity Commission that the registration and accreditation functions for health professions should have separate governance arrangements. Such advice has also been tendered by other representatives of the profession. Registration and accreditation are separate and distinct functions with separate and distinct objectives and purposes and should therefore remain separate and distinct.

Not only is the College concerned by the lack of separation of governance arrangements for these two functions, but also that no cogent or compelling explanation for combining the functions of registration and accreditation has been made available. The suggestion that combining the management of the two functions would be more cost effective is highly debatable if the current Australian Medical Council (AMC) model were to be retained.

These concerns are strengthened by the experiences provided by the system in the United Kingdom, which has introduced greater bureaucratic control of the profession. This process has weakened the medical profession to be involved in driving through appropriate and necessary reforms to the system, despite their expertise in standards and accreditation. It has also weakened the foundations of the Colleges themselves which could damage the integrity of advanced medical training. Comments and observations from the United Kingdom would suggest that there is increasing acknowledgement that the profession is now less able to introduce the improvements it recognises as being required, and concurrently it has diminished the system of checks and balances necessary to ensure a quality system.

Similarly, in Australia those who have most effectively built and maintained excellence in standards and accreditation of the medical profession are the members of the profession itself, more recently collaborating closely with the independent AMC. To reduce the independence of the AMC, and to reduce the capacity of the profession to advocate for required reforms, would harm the ability to drive through future improvements to both

medical education and healthcare standards. The accreditation model proposed in the Scheme would, in the College's view, diminish rather than improve on the current accreditation and standard setting model.

A key issue regarding the design of the Scheme is that there remains an effective and professional system of accreditation, which is independent of government, medical schools, Medical Colleges and the profession. This is essential to ensure the maintenance of the existing high standards of medical education and practice in Australia. The AMC is the current accreditation authority for the medical profession, and it has developed and administered practitioner assessment processes and accreditation programs for medical schools and Medical Colleges over many years. The AMC has served the Australian community well and its expertise and professional performance is recognised internationally.

The Scheme as it stands designates that the role of the AMC as the accrediting body will be reviewed after three years. The College would be very concerned unless any body replacing the AMC, should there be sufficient evidence that AMC is no longer suitable, has the same independence of government, medical schools, Medical Colleges and the profession. The independence of the accrediting body (the AMC for medical practitioners) and the board (the Australian Medical Board for medical practitioners) must be assured and recognised.

The College would like to take this opportunity to reiterate its support for national registration in particular. National registration will be extremely beneficial in the area of Overseas Trained Specialist (OTS) and International Medical Graduate (IMG) assessment. It will simplify the current system to such a degree that it would assist IMGs in being able to provide even more assistance to Australia.

The RACP therefore recommends:

- **That the melding of the registration and accreditation functions in the manner proposed be reconsidered, and that further action in regard to accreditation should be deferred, at least until the proposed new registration arrangements have been implemented effectively.**

- **To ensure independence of accreditation, approval powers for accreditation should be automatically delegated to the appointed accreditation body/ committee upon appointment of the body. This would immediately separate the accreditation powers from the powers of the Australian Medical Board. In the case of the medical profession this body should be the Australian Medical Council.**

- **That the scheme should protect the autonomy, independence or effectiveness of the Australian Medical Council as the accrediting body for medical practitioners.**

With regard to the specific factors outlined in the terms of reference of the Inquiry, the College notes the following:

a. The impact of the scheme on state and territory health services

The College strongly supports the requirement for consultation between the medical Boards and the provision to the Ministerial Council of contrary views where changes to a profession's scope of practice or endorsements are proposed. The College believes that this proposal not only ensures that all views are available to the Ministerial Council but it has the potential to lead to more collaboration in the development of innovative approaches to addressing health workforce issues. Consideration should be given to the formation of a body to make recommendations to the Ministerial Council in these matters. The Forum of Health Professionals Councils or a Board of the Chairs of the ten medical Boards could be recognised in legislation to undertake the role of addressing issues of scope of practice and investigate innovative approaches to health workforce issues.

The national scheme is to operate in concert with, and complementary to, a range of other State and Territory laws. Policy will need to determine the nature of the interfaces between the national scheme and these other legislative schemes. Six main options were proposed for determining suitable arrangements with respect to the interface between the national scheme and each of the legislative schemes listed. The RACP supports a policy that would ensure that one jurisdiction's laws apply. This Option should be used wherever possible and it should be Commonwealth legislation wherever possible. There must be consistency in all States and Territories in the way that the Scheme functions and how it interrelates and interacts with State and Territory legislation. This should lead to cost, safety and efficiency benefits.

The College supports the proposal for the collection of accurate and comprehensive national workforce data of medical practitioners for the purpose of developing an evidence base for workforce planning. This will allow for cross-jurisdiction comparability and add greatly to the ability of jurisdictions to forward plan on workforce issues.

b. The impact of the scheme on patient care and safety

The College supports the principle that the rights and interests of consumers must be balanced with those of health practitioners, and that the system must be robust and protect public safety. The establishment of a national scheme for these areas is expected to positively influence patient care and safety.

The College supports the recognition of current continuing professional development (CPD) requirements. The College supports the development of a standard for CPD, and that the Boards be required to ensure that CPD arrangements for different sub-groups within the profession meet that standard. This is especially important for the nonprocedural sub-groups where competency would otherwise be difficult to measure.

The College supports the Australian Medical Board (AMB) requiring maintenance of CPD for ongoing registration. The College would however like to stress that such standards for medical practitioners should not be based solely on competencies, as might be the case in

other more procedurally orientated professions, but should also allow for a CPD framework.

The College supports the protection of specialist titles, as laid out in the consultation papers, but strongly believes that the endorsement "medical specialist" must be qualified with the area of specialty in which the registrant is qualified (and registered) to practice e.g. paediatric nephrology. This must be done in the public interest, and this information must be publicly available on the medical practitioner national register to allow the public to confirm the qualifications of medical practitioners from whom they are either receiving or intend to receive treatment.

The College also fully supports the introduction of identity checks and criminal history checks upon initial registration and for the Boards to have discretionary powers to require checks and to impose self declaration obligations at annual renewal.

All of these measures will ensure the safety and competence of health professionals in their practice.

National registration will be extremely beneficial in the area of Overseas Trained Specialists (OTS) and International Medical Graduates (IMGs) as one of the major difficulties at present is that each State Medical Board has a different set of requirements for practice in their jurisdictions e.g. States do not all adhere to AMC guidelines. Because of the different requirements it is extremely difficult for the RACP to provide applicants with clear information across different jurisdictions. This creates confusion among all stakeholders which is not beneficial to patients or the medical workforce. It is essential that specialist colleges be consulted throughout this process as they are currently chiefly responsible for the assessment of OTSs and IMGs, with the assistance of the AMC. The proposed State offices would be important in supporting national registration by ensuring accessibility. National registration would simplify the current system to such a degree that it would assist IMGs in being able to provide even more assistance to Australia.

As a means to further improve patient safety, the RACP would also like to propose that the Inquiry consider the extension of the register to include New Zealand. Several of the colleges representing those professions subject to this scheme are bi-national, spanning Australia and New Zealand.

c. The effect of the scheme on standards of training and qualification of relevant health professionals

As noted above, the presence of an effective, professional and independent system of accreditation, such as that currently provided by the AMC, is essential to ensure the maintenance of the existing high standards of medical education and practice in Australia.

The College would like to ask the Inquiry to consider the lack of clarity and specificity in the proposed scheme. Although the College recognises that this is due to the diverse range of health professions it encompasses, it is important that this does not negatively impact on the quality of existing medical profession standards and processes. Such a negative impact may ensue from an endeavour to reduce the demands placed on other health professions

which do not presently have significant numbers of practitioners or high quality accreditation systems.

The College believes that the AMC should form the standard for the other health professions to follow. It is the College's view that the independence of the accrediting body (currently the AMC) and the Board (the AMB) must be assured and recognised within the Bill. Existing accredited and recognised medical specialties must be recommended and approved as specialties and endorsements on the register.

d. How the scheme will affect complaints management and disciplinary processes within particular professional streams;

The College was broadly happy with the complaints procedure set out in the consultation paper: *Proposed arrangements for handling complaints, and dealing with performance, health and conduct matters*. Any matters where our views differ from the proposal were laid out in our submission, available at http://racp.edu.au/page/health-policy-and-advocacy/workforce. Some of these are summarised below.

The College supports the principles that the system must balance the rights and interests of consumers with those of health practitioners, and that the system must be a robust one that protects public safety yet deals effectively with complaints. It also supports the recognition that not all notifications will arise from matters of misconduct and that mechanisms have been proposed to address issues of practitioner health and performance, with a focus on prevention and early intervention.

Though the paper provides for the development of a panel which will hear and determine matters relating to performance (competence), it is noted that there is no reference to standards against which this competency is measured. In particular there is no reference to the standards that a College or other professional body has set, which are effectively the agreed performance benchmarks for specialists or practitioners. From the RACP perspective it should be explicit that postgraduate colleges, which provide the qualification for specialists, are significantly involved in this element of performance and competency.

The legislative provision for boards to request a practitioner to undergo a performance assessment and/or to provide guidance and direction in regards to further education or supervised practice are matters that fit squarely within the College's role. The College would have considerable difficulty with the notion that a health board would be involved in education and supervision of practice matters and consider that this should be referred to the College as it involves standards and standard setting for practice. Clarification is required as to whether this is about performance (i.e. what a practitioner does in the workplace - habitual practice) or competence (what a practitioner can show they can do under artificial circumstances e.g. clinical exam).

Broadly speaking, the College is also concerned about the lack of detail on the legal framework of the complaints management and disciplinary processes. This needs to be explicit to ensure transparency and clarity, and to retain the confidence of complainants and practitioners, and ultimately patients. This is demonstrable by, for example, the lack of information provided on the application of the rules of evidence.

The College also recommends that the legislation provide an explicit assurance that legal representation will be available to practitioners when appealing the restriction or loss of their registration. This is currently the case in most states, and would sit well with usual practice around appeal proceedings.

e. The appropriate role, if any, in the scheme for state and territory registration boards

Although there is no appropriate role for the state and territory registration boards under the scheme, it is important to recognise the extensive skills and knowledge within the human resources of these boards, and to ensure that these are not lost.

f. Alternative models for implementation of the scheme

The College has no recommendations on possible alternative models. The College would be supportive the scheme as it stands if the above changes, and those laid out in previous submissions, were incorporated.