PRESIDENT
Dr Leona Wilson
MB ChB FANZCA
B Med Sc FRCA MPH FAICD

AUSTRALIAN AND NEW ZEALAND
COLLEGE OF ANAESTHETISTS
ABN 82 055 042 852

Joint Faculty of Intensive Care Medicine
Faculty of Pain Medicine

30 April 2009

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

Email: community.affairs.sen@aph.gov.au

Australian and New Zealand College of Anaesthetists Submission

Senate Inquiry - National Registration and Accreditation Scheme for Doctors and other Health Workers

The Australian and New Zealand College of Anaesthetists (ANZCA) is pleased to provide a submission in relation to the National Registration and Accreditation Scheme for Doctors and other Health Workers (the "Scheme").

ANZCA remains committed to working with Government to ensure the new Scheme maintains the high standards of clinical practice and protects patient safety. We have had many years of co-operative experience with both the Australian and New Zealand jurisdictional medical registration authorities and look forward to continuing a similar relationship with the new Australian national medical registration authority.

Thank you for the opportunity to provide our views on this important initiative. We welcome further ongoing consultation and would be happy to discuss any of the issues outlined in this submission.

Yours sincerely

Dr Leona Wilson
President

ANZCA

Australian and New Zealand College of Anaesthetists

ABN 82 055 042 852

Submission

Senate Inquiry

National Registration and Accreditation Scheme for Doctors and other Health Workers

April 2009

TABLE OF CONTENTS

Executive Summary

ANZCA makes the following key points:

National registration

- We welcome the introduction of a national registration scheme, consistent standards for the health professions, and the benefits it will bring to the Australian public.

- The separation of powers is important and profession specific standards should be left to the respective professions with the Ministerial Council setting the appropriate broad policy parameters.

Accreditation

- *The main concern we have is with the proposed **accreditation** proposals, not the registration proposals.*

- *We **oppose** any changes which could potentially lead to an undermining of independent accreditation and standards. **We therefore strongly oppose the Ministerial Council role in specialist endorsement.***

- We are concerned that any proposed changes to accreditation must adhere to established international guidelines and standards. *WHO/WFME guidelines make it clear that accreditation processes must be independent of government. It is of concern that the new specialist categories/groups, specialist recognition processes and continuing professional development arrangements will all have to be formally endorsed by Ministers.*

- An independent national body with medical expertise, such as the Australian Medical Council should be delegated with the authority to make decisions on accreditation and standards.

Separate specialist register

- A nationally consistent registration process should have a separate specialist register for specialist medical practitioners who have approved qualifications on advice from the relevant accredited specialist body. This should be in addition to the general register for medical practitioners who do not possess approved specialist qualifications, training and experience.

- Medical specialist colleges must have their important role in prevocational and specialist training, which ensures the highest clinical standards and assesses competencies to protect patient safety recognised and retained. These programs continue to give Australia one of the best patient safety records in the world.

Scheme timetable

- The Scheme should be introduced in two stages, with the nationally consistent registration being introduced first, followed by accreditation at a later stage. The Scheme timetable, as proposed, is highly ambitious and we would argue for a more staged approach as both sensible and feasible, enabling a better considered response with improved outcomes.

1. Introduction

The Australian and New Zealand College of Anaesthetists (ANZCA) is committed to a safe, accessible health care system that delivers improved health outcomes for the Australian community. High quality health services are dependant on health system quality and safety, the development and maintenance of clinical standards, adequate resources, including appropriate medical, nursing, and allied health workforce training. Further information on ANZCA and its Training Program is available in Appendix 1.

Over the years Australia has built up a world class health system – delivered by a highly trained workforce. Whilst there is always room for improvement, the existing evolved structures in place for medical education and training, including vocational training of medical specialists, should not be compromised. As a College we uphold the highest clinical standards in order to provide high quality health care.

Any reform of health workforce registration and accreditation procedures must be accompanied by adequate and active key stakeholder consultation. ANZCA has been highly committed to the consultation process undertaken by the National Health Workforce Taskforce (NHWT) on the proposed new National Registration and Accreditation Scheme (the "Scheme") for health professionals. We have responded to almost every single discussion paper released on the subject – a total of six submissions from September 2008 to February this year. The submissions are provided for your reference in Appendix 2.

As one of 12 specialist medical colleges, ANZCA takes its role seriously and we want to ensure that any new system will not erode the high standard of medical care in Australia. For this reason, together with the Committee of Presidents of Medical Colleges (CPMC), the coordinating body of the medical specialist colleges, we have a responsibility to provide our comments in the interests of the community. Some general comments are provided in Section 2, followed by more specific comments in relation to the terms of reference in Section 3.

2. General Comments

ANZCA welcomes the introduction of a national registration scheme for the health professions and the benefits it will bring to the Australian public. The current registration arrangements do need to be reviewed in order to ensure a consistent approach across the country, to streamline processes and facilitate, rather than hinder, the movement of practitioners between states/territories.

Medical specialist colleges play an important prevocational and specialist training role, including accreditation of training, assessing competencies and awarding qualifications, ensuring the highest clinical standards to protect patient safety. The key issues arising from the proposed Scheme as described by the NHWT from ANZCAs perspective are as follows:

- We believe that the role of regulation, in this case regulating health practitioners, is to protect the public. Therefore, any new processes should be determined with this in mind.

- ANZCA continues to have concerns about the proposed role for the Ministerial Council. We believe that Government's role should be to set legislation and independent statutory bodies should be responsible for its implementation.

- The proposed powers of the Ministerial Council are wide-ranging (in their current form) and have the potential to impact on patient safety. Appropriate separation of powers needs further consideration to ensure the independence of health profession standards.

- Proposed accreditation processes should be independent of government to ensure patient safety and equity of access, as recommended by the World Health Organisation (WHO) and World Federation for Medical Education (WFME)[1].

- A national uniform registration process should have a separate specialist register for specialist medical practitioners. This should be separate from the general register for medical practitioners who do not possess approved specialist qualifications, training and experience.

- Entry to the specialist register must be limited to health practitioners with approved qualifications on advice from the relevant accredited specialist body. For medical practitioners, this would be the relevant medical college, which has been accredited by the Australian Medical Council for this (and other) purposes.

More specific responses to the terms of reference are provided in the next section.

---

[1] World Health Organisation/World Federation for Medical Education (WHO/WFME) 2005, *Guidelines for Accreditation of Basic Medical Education* Geneva/Copenhagen 2005

3. Responses to the terms of reference

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

ANZCA supports the introduction of a national uniform registration process and consistent standards for medical practitioners across Australia as outlined in the Inter-Governmental Agreement (IGA). This will reduce complexity by ensuring that only medically trained and suitably qualified medical practitioners are able to practice, and allow significantly enhanced portability between states/territories. Most importantly, the national register needs to be able to separately identify medical students, generalist and specialist medical practitioners, within approved qualifications as listed by the Medical Practitioners Board.

Health services need a registration and accreditation scheme that provides them with the assurance that those registered under it meet the required standards, allows portability across Australia and responds in a timely manner to all enquiries. A co-ordinated federal approach is necessary. The medical colleges all work together as part of the Committee of Presidents of Medical Colleges (CPMC) and are all accredited by the AMC. ANZCA and other colleges also work with the various state/territory jurisdictions, so that the colleges can understand the community's expectations of health care, and so that the government can understand what the colleges have to offer. There is a link between CPMC, Medical Deans Australia and New Zealand and the Confederation of Post Graduate Medical Education Councils (CPMEC).

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

Patient safety is best served by a scheme that ensures registered health professionals are properly trained, with qualifications of an appropriate standard, and undertake regular continuing professional development. The proposed system, which appears cumbersome and expensive by introducing additional layers of bureaucratic control, has the potential to impact on patient care and safety. The powers of the Ministerial Council, as proposed, are wide-ranging and enable direct intervention at the Council's discretion, without proper safeguards in place to ensure patient care and safety. We maintain that separation of powers is important and profession specific standards be left to the professions with the Ministerial Council setting the appropriate broad policy parameters.

We appreciate that the scheme needs to be flexible to accommodate the various health professions however it needs to be acknowledged that the medical profession has a registration and accreditation system that has been developed over many years. This is not the case with many of the allied health professions. Much of the documentation released by the NHWT to date has failed to acknowledge this, as was made apparent early on in the consultation process undertaken by the NHWT. Consultations revealed a distinct lack of understanding and familiarity with existing medical specialist education and

training systems, particularly those in relation to the accreditation of International Medical Graduate Specialists (IMGS). We along with other colleges and various bodies have highlighted our concerns to the NHWT.

It is also of concern that there has been little or no recognition of the current role of specialist colleges in respect of specialist recognition and/or continuing professional development (CPD). It is not clear to what extent, if any, the new boards will be able to incorporate any of the established college processes and programs into these new requirements. These programs continue to give Australia one of the best patient safety records in the world. We believe the ongoing role of the medical specialist colleges in prevocational and specialist training and continuing education should be clarified up front and made explicit in any legislation.

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

The proposed Scheme has the potential to erode the current high standards of education and training for medical specialists - *the main concern we have is with the proposed* ***accreditation*** *proposals, not the registration proposals*. We assert that proper input and involvement from the relevant health professionals must be preserved. As discussed in other sections of this paper direct Ministerial Council control of standards is contrary to world's best practice – see below.

We recommend that the accreditation body (for medical practitioners) would deal with the courses of study and qualifications in general for registration. The existing arrangements where medical colleges advise the Boards on the assessment of individuals in relation to their "comparability" of training and experience should be retained. Specialist medical colleges should be specifically acknowledged for their advice.

In the United Kingdom (UK), a similar scheme to what is being proposed by the NHWT is already in existence – the Postgraduate Medical Education and Training Board (PMETB) was set up to regulate medical education and training (and with extensive bureaucratic control). PMETB has responsibility for approving curricula, assessment systems and programs of training, quality assurance, and assessing applications from overseas specialists applying for entry to the specialist register.

Since the inception of this new scheme in the UK the ability of the medical colleges to provide professional input into PMETB programs has been severely constrained with the result that improvement in patient outcomes is compromised. We maintain that appropriate involvement of the relevant health professions in setting educational standards and qualifications is mandatory and in the interests of patient safety. Australian anaesthesia has led the world in all the health professions in safety analysis since the 1950s. Such leadership and progress will be severely threatened by this new accreditation legislation as currently proposed.

Advice from the UK indicates that PMETB is overly bureaucratic and free of external control. Recognition of the colleges has been affected, producing "strains" in the system. Further, the comparability process for assessing IMGS (overseas trained specialists) has been diluted, and is largely paper based. In Australia, the specialist medical colleges all have systems in place which include structured interviews, a variety of workplace based and performance assessments, and oversight arrangements (depending on level of comparability).

Independent Accreditation of Medical Education and Training

ANZCA has significant concerns about aspects of the Health Practitioners Regulation National Law Bill which governs the accreditation of medical education and training. Our position is as follows:

- Australia's system of accreditation – which has operated at arms length and independent of government via the Australian Medical Council (AMC) – has served Australia extremely well. The AMC has an excellent track record of accrediting medical education and training and ensuring the maintenance of standards to protect patient safety. *It has also done this by maintaining independence from other stakeholders such as the medical schools and the medical profession.*

- As part of that process, the medical colleges have had a vital role in setting, monitoring and assessing professional competencies and medical standards. This has given Australia one of the best safety records in the world.

- Australia's current accreditation system is predicated on meeting the World Health Organisation and World Federation for Medical Education (WHO/WFME) *Guidelines for Accreditation of Basic Medical Education* (Geneva/Copenhagen 2005). These international guidelines, which represent world's best practice, make it clear that accreditation systems should be autonomous and independent of government (and the profession).

- The WHO/WFME guidelines state:

    - The "*basic requirement is that the accreditation system must be trustworthy and recognized by all: by the medical schools, students, the profession, the health care system and the public. Trust must be based on the academic competence, efficiency and fairness of the system...consequently the system must possess a high degree of transparency".*

    - *"The accreditation system must operate within a legal framework. The legal framework must secure the autonomy of the accreditation process and ensure the independence of its quality assessment from government, the medical schools and the profession. The legal*

framework must authorize the accrediting body to set standards, conduct periodic evaluations and confer, deny and withdraw accreditation of medical schools and their programme of medical profession".

- An independent accreditation agency with expertise in quality, clinical standards and patient safety must be able to perform its tasks free of any potential political interference – perceived or otherwise – if the public is to have confidence in its health system with an emphasis on patient safety.

- The current accreditation agency (AMC) oversees and sets standards for critically important assessment processes for IMGS, which the specialist medical colleges follow.

- Under the proposed changes, the new National Agency is clearly a government body, compared with the existing arrangements for the AMC. It envisages significant Ministerial control over bodies and committees within the scheme. Having Ministers, not independent Boards, retain final approval on standards and issue policy directions on accreditation runs counter to the WHO/WFME guidelines.

- We believe the government can meet its objectives of a national scheme *and* ensure the highest clinical standards by legally obliging Ministers to take advice from an independent national accreditation agency. An independent national body with sufficient medical professional expertise, and wider stakeholder representation (including Health Department representation) is best placed to make decisions on which courses should be accredited and whether particular standards are met. We believe the AMC is best placed to fulfill that role. As the WHO/WFME guidelines state : *"The members (of the accreditation body) must be highly esteemed and respected within the profession, and preferably of international standing. A large majority of the members must have an educational background in medicine".*

Specialist endorsement

The current NHWT proposal has the potential to confuse the public and employers by not having a separate register – we must distinguish fully qualified specialists as recognised by the accrediting body from those practitioners (including IMGS) who have not yet attained an Australian recognised specialist qualification.

A national uniform registration process should have a separate specialist register for specialist medical practitioners, in addition to the general register for medical practitioners who do not possess approved specialist qualifications, training and experience. Entry to the specialist register must be limited to health practitioners with approved qualifications on advice from the relevant accredited specialist body. For medical practitioners, this would be the relevant medical college, which has been accredited by the Australian Medical Council for this (and other) purposes.

ANZCA does not agree with the proposed endorsement of the national register for medical specialists. We believe that in order to protect the public there must be a separate register of specialists, as is currently the case for three of the state/territory jurisdictions, so that the public are able to easily distinguish specialist from non specialist practitioners. This is especially important for those practitioners who have not met the criteria for specialist registration, but may be employed in positions called specialist, such as many "Area of Need" practitioners.

Continuing competence requirements

The proposal put forward by the NHWT in relation to Continuing Professional Development (CPD) programs is not entirely clear and confuses CPD programs with continuing competency. These are totally separate concepts, and ANZCA would strongly urge that it is CPD in which practitioners must participate. The assessment of continuing competence would be very resource intensive, and could not be guaranteed to bring about the desired result. CPD is specialty specific, and must be administered by the medical college which has been accredited for that (and other) purposes for that specialty.

It remains of concern that the new specialist categories/groups, specialist recognition processes and CPD arrangements will all have to be formally endorsed by Ministers. We are firmly of the view that Government should set legislation and that independent statutory bodies be responsible for its implementation which includes the setting of standards, so that government expediency does not over-ride good practice.

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

Complaints management and disciplinary processes for health professionals need to be appropriately organised, the key issue being proper attention to the detail, which is important. We have some recommendations to make that we believe will improve the processes as outlined in the NHWT consultation documents and the IGA.

Key points:

- Protecting the public must be balanced with ensuring that the principles of natural justice are followed in dealing with health professionals.
- Consumers are an essential component of the system, and their participation leads to better decisions. This is a key reason for their involvement as well as satisfying the rights and interests of consumers.
- Disciplinary processes should be used as a last resort – only after all reasonable attempts have been made at mediation and conciliation of complaints.

- There should be separation of the functions of investigation, prosecution and assessment of serious matters; so that extraneous matters are not brought in to the decisions arrived at. We note that the IGA allows limited separation, thus any methods, such as a "director of proceedings" would be supported.

In relation to mandatory reporting, the options with limited obligations as presented in the NHWT discussion paper are preferred with support for extended notification (where protection is given for those acting in good faith), but not mandated. Mandatory reporting would need to be matched with good support for those health professionals who were the subjects of notification, such as health or impairment committees. "Employers" do not cover all work situations and consideration needs to be given to including members of credentialing/privileges committees. This still leaves out those practitioners who are self-employed. Students should be treated in the same way as full registrants for reporting, and reported by registered practitioners and/or educational institutions.

ANZCA is in favour of a cooperative and educative process for dealing with unsatisfactory performance, as per the NSW model. However, there does need to be recognition of practitioners who are proven not to benefit from this process. The separation of incompetence from professional misconduct can be more difficult than it first appears. Practitioners who have a health condition should be treated as part of a separate stream and be dealt with flexibly by boards.

Ensuring accountability, transparency and procedural fairness is paramount. ANZCA favours independent assessment along the lines of the "director of proceedings" as per the NSW and NZ models to ensure public accountability and consistency. Explicit grounds for that assessment are needed.

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

Existing state/territory registration boards need to be brought together under a broader regulatory framework, with improved mechanisms for data collection and sharing, in accordance with national privacy principles. We agree that nationally consistent processes need to be adopted for the registration of health professionals. Where possible, the existing organisational arrangements of medical boards (including committees and staff) should be transitioned into a new national structure, with local representation. New policies and procedures for the new national boards should build on existing best practice.

We recommend that the accreditation body (for medical practitioners) would deal with the courses of study and qualifications in general for registration. The existing arrangements where medical colleges advise the Boards on the assessment of individuals in relation to their "comparability" of training and experience should be retained. Specialist medical colleges should be specifically acknowledged for their advice, in this regard.

f. alternative models for implementation of the scheme

The Scheme should be introduced in two stages, with the nationally consistent registration being introduced first, followed by accreditation at a later stage. The Scheme timetable, as proposed, is highly ambitious and we would argue for a more staged approach as both sensible and feasible, enabling a better considered response with improved outcomes

We wish to play a constructive role with government in ensuring the national registration and accreditation scheme for the health professions works to the benefit of patients and the broader Australian community. To this end we believe that the existing system of registration that exists for medical practitioners should be maintained, strengthened and made more consistent. It makes sense to streamline procedures and adopt a consistent national approach. However this should not stand in the way of local representation and variations within the broader policy framework. Registration should be kept separate from accreditation, as recommended by the Productivity Commission (2005)[2].

We don't see the need for an independent advisory board as recommended in the IGA and consider this recommendation to be unnecessary. This additional advisory board is counter-productive and a potential risk to patient safety, particularly without the appropriate professional representation.

ANZCA recommends adequate separation of powers, to avoid unnecessary bureaucracy, and to leave the development and maintenance of professional standards to the respective professions. We understand and acknowledge the need for Ministerial accountability as well as broader accountability of elected officials to their constituents. The right broader policy framework (the rules) and appropriate powers of appointment by the Ministerial Council will ensure the right decisions are made, and still satisfy accountability requirements. We believe the powers of the Ministerial Council should therefore be restricted to the setting of broad policy principles that govern boards and accreditation agencies.

The determination of profession specific standards should be left to the respective professional body, i.e. in the case of medicine, registration to the medical boards and accreditation to the Australian Medical Council. These agencies remain publicly accountable. The Ministerial Council would take advice from the National Boards and National Accreditation Agencies based on their expertise and representation.

---

[2] Productivity Commission 2005, *Australia's Health Workforce*, Research Report, Canberra.