SUBMISSION TO THE INQUIRY INTO NATIONAL REGISTRATION AND ACCREDITATION SCHEME FOR THE HEALTH PROFESSIONS

Overview

Since the March 2008 COAG Intergovernmental Agreement (IGA) for a National Registration and Accreditation Scheme for the Health Professions, the AMC has contributed to the discussions on the development of the new national registration and accreditation scheme (NRAS). The AMC also contributes to discussions concerning the work of the National Health Workforce Taskforce (NHWT) and its initiatives related to health workforce reform.

To date, the AMC has made formal submissions to the NRAS project implementation team on the following issues:

- on partially regulated health professions
- on proposed registration arrangements
- on proposed arrangements for accreditation
- on proposed arrangements for specialists.

With respect to the work of the NHWT, the AMC has commented on the papers and participated in the consultation forums on clinical placements, and on the governance and organisation of clinical training in Australia.

Copies of the submissions made to the implementation team and to the NHWT may be obtained by contacting the AMC.

This submission addresses paragraphs b) and c) of the Inquiry's terms of reference. the work of the AMC also directly relates to the objectives listed in Section 5.3 (a), (c) and (e) of the IGA, particularly in contributing to the protection of the public, in facilitating the provision of high quality education and training, assessing overseas-trained doctors, and enabling innovation in education and training.

The government's health reform agenda is ambitious and will make significant changes to Australia's health care system. As the exposure draft of the second piece of legislation on the NRAS (also known as Bill B) has not yet been released, the AMC's comments are limited to the concept of a national registration and accreditation scheme and the proposals on its implementation which have been made available to date.

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Generally speaking, the principal areas of concern for the AMC relate to the transitional arrangements and the complexities associated with the broad scope and scale of changes proposed under the new scheme. These relate to:

- strategic considerations for implementation of the new scheme, including the need to retain the expertise of staff in the existing medical boards
- the need to continue to foster a culture of innovation and continuous quality improvement in education and training under the NRAS
- retaining the elements of strength of the current system
- the registration of overseas-trained doctors and assessment of their qualifications
- the importance of independence in accreditation.

The Australian Medical Council

The AMC is an independent national standards and assessment body for medical education and training. It is not part of the Australian government. The purpose of the AMC is to ensure that standards of education, training and assessment of the medical profession promote and protect the health of the Australian community.

Since its inception, the AMC has been responsible for setting standards for medical education and training, assessing medical courses against these standards, and accrediting courses that meet AMC standards. The AMC has also worked closely with state and territory medical boards on the development of nationally consistent approaches to the registration of medical practitioners. The AMC has recently been assigned the accreditation functions for the Medical Board of Australia under the NRAS. Annex A contains a more detailed overview of the AMC's activities and expertise.

The AMC is also an active member of the Forum of Australian Health Professions Councils (FAHPC), a coalition of the ten health professions currently registered in all jurisdictions which has agreed to collaborate on issues of common interest. This coalition is an important consultative mechanism in the implementation of the NRAS. Additional information on the FAHPC is contained in Annex B.

Strategic Considerations

There are significant cost and resource implications in establishing the individual profession-specific national boards. The implementation of the new scheme should aim to retain the expertise in the systems that support the training and assessment of health professionals entering the health system, and the expertise in regulation of practice and protection of the community that ensure registration is granted to those who are competent and fit to practise, whether trained in Australia or overseas. Loss of that expertise and experience could compromise the capacity of the NRAS to implement the COAG reform agenda and could increase the risk to the safety of the Australian public.

The national registration and accreditation scheme should also not impair the culture of innovation and continuous quality improvement which currently exists in medical education and training. The process of innovation works best when diversity is valued

and when higher education providers have the latitude to trial and evaluate new methods and implement them based on the evidence of their success. This bottom-up process builds on a broad approach to identifying areas for innovation and on appropriate support and buy-in within the institution and within the profession (key elements to sustainable reform), and thus, better reflects the strengths and capacity of the institution rather than the priorities of a central agency, which may be influenced by short term workforce considerations.

AMC accreditation and assessments standards are set through an inclusive process which includes extensive stakeholder consultations and a review of international developments, and they aim for continuous improvement in the standard of medical education and training. The proposed structure of the national scheme could subordinate the interests of the national boards to the interests of the national agency and the Ministerial Council. This could result in workforce pressures and funding issues having greater influence over the development of standards and training, which in turn could lead to compromises in public safety and in continuous quality improvement in the longer term.

Strengths of the Current System

One area of strength is the high standard of medical education in Australia, and the willingness of training organisations to review practices and share experiences in striving to maintain that standard, as evidenced by the substantial changes to specialist medical training in the last decade. Medical education in Australia has responded well in adapting to national and health service priorities.

The AMC considers that the social contract between members of the health professions and the community entails profession-led processes for setting standards, including entry to the profession. The profession has a responsibility to be accountable to society for those standards, and for the maintenance of the standards by members of the profession. Reform of the health sector in Australia must take this social contract into account, and ensure that there are mechanisms for accountability at all levels and in all of the health professions. A reformed health care system should also retain the existing channels through which to engage the professions in educational and clinical content, as well as in standard setting for registration and practice. At present, professional engagement and involvement in these processes is high. High standards of patient service depend on health professionals being involved in activities which contribute to continuous quality improvement, such as the evaluation of outcomes, the maintenance of professional standards, and the advancement of knowledge. High quality teaching and supervision result from a system with a strong foundation in peer review, professional development, and high levels of professional engagement. This level of commitment by and engagement with the health professions is a fundamental ingredient to long term sustainable reform of the health system and needs to be maintained through the transitional phase and in the operations of the new scheme.

The AMC has advocated the active involvement of health consumers, trainees and allied health professions in all facets of the AMC accreditation processes. In the development of specialist recognition and accreditation processes, the contributions of these groups have been invaluable to the continuous improvement of accreditation

and the development of high standards in education and training. The operation of the new scheme needs to ensure the continued involvement of these groups, particularly in the setting of standards.

Assessment of IMGs

Since the Council of Australian Governments agreed to the phased introduction of a new national process for the assessment of IMGs in July 2007, the AMC has been actively collaborating with its partners to ensure that IMGs who want to practise medicine in Australia meet agreed minimum standards of practice.

The AMC assessment process follows one of four different pathways:

- competent authority pathway
- standard pathway (AMC examination)
- standard pathway (workplace-based assessment)
- specialist assessment (full comparability/area of need).

Competent Authorities are countries with standards of medical education and assessment, clinical practice and professional behaviour that are similar to Australian standards. The Competent Authorities (CA) model is designed to fast-track certain categories of IMGs based on prior assessment of skills or learning. Since the CA pathway was implemented in August 2007, four international licensing examinations (the United Kingdom, Canada, the United States and New Zealand) and two medical school accreditation programs (the General Medical Council in the United Kingdom and the Medical Council of Ireland) have been formally designated as Competent Authorities.

It is not clear how these existing assessment pathways will be carried forward into the new scheme.

Registration Issues

In relation to the specialist assessment pathway, the NRAS should include provisions to allow the national boards to recognise prior assessment of qualifications or training completed in an overseas jurisdiction, but not solely on the basis of recognition by that overseas jurisdiction which has its own standards or political/legal considerations for recognising other qualifications. The recognition should be on the basis of standards and processes approved by the national board and not by the external jurisdiction. The expertise in assessment of the qualifications of overseas trained doctors should also be retained in order to ensure a smooth transition to the new national scheme without compromising on standards or increasing risks to public safety.

At present, four of the eight states and territories have implemented (or are proposing to implement) separate specialist registers. In consideration of public interest and safety, the NRAS should ensure that only those practitioners holding designated specialist qualifications approved by the Medical Board of Australia or in the case of overseas trained specialists, practitioners who have been assessed through an

approved specialist assessment pathway as substantially comparable to an Australian trained specialist in the relevant specialty field, can be designated (endorsed) as a “specialist” on the new national register.

The NRAS model (January 2009) proposes that a practitioner who is not endorsed as a specialist may be granted “general registration” (provided they have the qualifications for that category of registration.) However, since there is no limitation on scope of practice under the registration model as currently described in the consultation papers for general or (endorsed) specialist registrants, a practitioner with general registration may be able to undertake specialist medical procedures without oversight, provided they do not claim to be a specialist or to have endorsement as a specialist on the medical register or use a specialist title (such as surgeon, etc). While the “endorsement” model for identifying specialists will provide maximum flexibility for workforce purposes, this model fails to ensure public safety to the extent that the registration system should ensure that only a qualified specialist practitioner should be able to undertake most specialist procedures.

The AMC would strongly support the proposal in Clause 1.31 (c) of the IGA, that statutory sanctions should be implemented to prevent individual practitioners, who do not meet the requirements for full recognition as a specialist, from using a title that would suggest to a member of the public that the practitioner concerned is a qualified specialist. This would include practitioners registered with restrictions to work in area of need specialist positions holding themselves out to be specialists. If such measures are not implemented, significant patient safety issues can arise, especially in relation to procedural areas such as surgery, obstetrics and gynaecology, and anaesthesia.

With regard to specialist medical practice, a balance is required between workforce considerations (matching the specific skills set and experience of the individual practitioner against the clinical requirements and level of supervision available in a particular area of need position) and public safety concerns. The problems that have arisen in relation to area of need specialist positions have resulted from a lack of compliance with the assessment processes and a failure to implement appropriate supervision and monitoring provisions after registration had been granted. The proposed registration provisions under NRAS should attempt to address the deficiencies in the current arrangements for area of need (specialist) registration, not add to them.

The AMC also considers that a public register should make a clear distinction between a legally “qualified” specialist medical practitioner (with endorsement) and a practitioner granted area of need registration with a scope of practice restricted to a specific job description with appropriate supervision. The proposed “protection of title” model could be seen as providing less protection for the community than the existing specialist registration procedures in place in Queensland, South Australia, Western Australia and the ACT.

Independence in Accreditation

The accreditation of medical education in Australia, at both the entry level (primary medical degree) and specialist level, unlike the current provisions for medical

registration, already operates on a national basis. AMC accreditation standards are aligned with the international standards set by the World Federation for Medical Education. Additionally, AMC accreditation standards and processes have been independently reviewed and endorsed by the United States Federal Department of Education, and are also the basis for the accreditation of medical programs in New Zealand.

The proposed accreditation arrangements generate the greatest concern about the potential of the new scheme to compromise the integrity and independence of the accreditation of medical training in Australia. The current proposals indicate that the Ministerial Council, the Medical Board and the national agency will exercise far greater control of specific functions of the accrediting bodies than is compatible with the World Federation for Medical Education (WFME)/World Health Organization *Guidelines for Accreditation of Basic Medical Education* and the Professions Australia *Standards for Professional Accreditation Processes*. The WFME guidelines stipulate that an accreditation system must operate within a legal framework which secures the autonomy of the accreditation system and ensures its independence, which includes the ability for the accrediting body to set standards. The provisions of the NRAS leave open the possibility that AMC accreditation processes, standards in education and training, and recommendations on accreditation could be altered. The AMC must be able to conduct its accreditation processes and reviews of those processes without external interference in the outcome or toward a particular outcome.

Accrediting bodies must have the capacity to decide on the composition of accreditation panels without external interference. The accrediting body is best placed to match the specific requirements of the institution or the program under review with appropriate accreditation assessment teams. In the experience of the AMC, the success of the assessment process depends on accreditation teams which are established on the basis of the needs of the program or institution under review and the skills set required to complete that review rather than on the basis of a strict representational formula. Medicine has a broad knowledge base that draws on medical sciences, clinical disciplines, and social science disciplines, and it operates over four phases: basic medical education, training immediately post graduation, specialist medical training and continuing professional development. Assessment teams for medical training programs thus require members with knowledge and expertise from a variety of disciplines and from other phases of medical education, as well as broader educational, community and health sectors interests.

The current accreditation and assessment processes administered by the AMC include all of the matters specified for the new national scheme under Clause 1.34 of the IGA, specifically:

- rigorous and transparent accreditation processes to review medical training for entry level and specialist medical education
- use of consultative committees and working groups with wide representation of key stakeholders in the development of major accreditation and associated initiatives, such as the specialist accreditation procedures, reviews of AMC accreditation standards and the current draft national code of professional conduct – *Good Medical Practice: A Code of Conduct for Doctors in Australia*.

- provision for the participation of representatives of the community, jurisdictions, the profession and trainees in individual accreditation exercises.
- financial accountability and reporting together with quality assurance and risk management provisions
- involvement in cross-professional developments, such as the Professions Australia *Standards for Professional Accreditation Processes.*

In relation to specific accreditation functions under Clause 1.35 of the IGA, the AMC has:

- undertaken the accreditation of all existing and new medical schools in Australia and New Zealand under the provisions of the relevant legislation
- undertaken the accreditation of the training programs of all existing specialist medical colleges under a voluntary scheme and of training programs in new specialties as a mandatory part of the recognition of the specialty
- developed and implemented the model for the recognition of prior assessment and accreditation of entry level qualifications by approved designated authorities outside Australia
- implemented an external appeal process for accreditation decisions
- administered and continued to develop the examination processes for non-specialist international medical graduates (IMGs) and worked with the specialist medical colleges to facilitate the assessment of overseas trained specialists
- undertaken other functions assigned to it from time to time, including the development of a recognition procedure for new medical specialties, the Competent Authority pathway for the assessment of non-specialist IMGs and the accreditation processes for the COAG IMG assessment initiative.

It is important to recognise that accreditation, if effectively implemented, is a very powerful driver of quality improvement. The Australian Competition and Consumer Commission (ACCC) recognised this when it incorporated the AMC specialist accreditation process into the authorisation mechanism for other specialist colleges, following the authorisation of the Royal Australasian College of Surgeons.

The AMC notes that the list of core accreditation functions in the paper on the proposed accreditation arrangements is silent on the process by which courses of study are assessed. The AMC remains concerned that all accreditation bodies may be required to follow the same accreditation process. The AMC stresses the importance of not equating a “national” approach with a “uniform” or “standardised” one. Such a move is unnecessary and could impose onerous burdens on less complex programs and could result in a too simplistic model for complex programs.

Conclusion

The AMC acknowledges the challenge to produce a national registration and accreditation scheme for the health professions with a diversity of clinical responsibility, scopes of practices and standards of education is significant. The AMC will continue to offer its assistance through the transition and provide its input on the various provisions of the national scheme’s functions and operations. From the

medical perspective, while the overall conceptual framework for the new scheme has the capacity to support a viable system, it is important that expertise not be lost in the transition to the new scheme and that those aspects of registration and accreditation which currently function well be retained. The AMC will continue to monitor developments on the new scheme with great interest and will remain engaged in the NRAS policy discussions. As details on the implementation of a national system of registration and accreditation emerge, the AMC will continue to contribute to shaping the policies which will govern the scheme in order to ensure that it serves the best interests of the Australian community.

ANNEX A

THE AUSTRALIAN MEDICAL COUNCIL

Background

The current structure of the Australian Medical Council Limited includes a Council, Directors, committees responsible for key functional areas (e.g. accreditation, recognition, policy, and appeals, examinations), and expert working parties. A secretariat of some 80 staff, located in Canberra, supports these various bodies. Through this structure, the AMC regularly draws on the experience and contributions of more than 2000 individuals representing a range of stakeholders across the medical profession, health services, the community, governments, and other groups in the health sector. This depth and breadth of experience contributes to:

- decisions about the knowledge, skills and attitudes required for safe and competent medical practice
- decisions about assessing the knowledge, skills and professional attributes of individual doctors
- assessing courses against standards and identifying challenges to high quality training.

AMC CORE ACTIVITIES AND EXPERTISE

The key functions of the AMC are:

- since 1985, setting standards for medical education and training, assessing medical courses against these standards, and accrediting courses that meet AMC standards
- since 1986, setting assessments of the knowledge, skills and attributes of overseas trained medical practitioners who wish to practise in Australia and administering the related assessment processes
- since 1992, advising Health Ministers on matters pertaining to the registration of medical practitioners and the maintenance of professional standards in the medical profession
- since 1985, with the medical registration authorities in the Australian states and territories, developing nationally consistent approaches to medical registration, and nationally consistent policies on standards for registration
- since 2000, setting standards for specialist education and training, assessing specialist medical colleges against these standards
- since 2002, setting standards for the recognition of new medical specialties in Australia, assessing proposals to recognise new medical specialties and advising the Commonwealth Minister for Health on the strength of the case for recognition
- since 2007, setting standards for alternative assessment pathways under the Council of Australian Governments (COAG) International Medical Graduate (IMG) assessment initiative.

- since 2008, the AMC has been in discussions with the Confederation of Postgraduate Medical Councils on accreditation of their processes for intern training accreditation. If it eventuates, this would mean that the continuum of training from medical school to vocational training will be accredited by the AMC.

The AMC also advises, through its Joint Medical Board Advisory Committee (JMBAC), medical boards in Australia on uniform approaches to the registration of medical practitioners and, at their request, researches approaches to streamline interactions between boards.

When the AMC accreditation process was established in 1984, there were ten medical schools in Australia and medical education was a generally static environment. Since then, AMC accreditation standards and procedures have been subject to extensive review and development to accommodate the establishment of nine new medical schools, the two New Zealand medical schools, the implementation of rural clinical schools, the provision of a medical course off-shore, and the development of an indigenous health curriculum framework.

Australia operates in an environment of international shortages and increasing mobility in the global health workforce. In addition, there are international dimensions to health education. As a national standards body, the AMC has strong links internationally:

- since 1992, the AMC has conducted the accreditation of medical courses in New Zealand on behalf of the Medical Council of New Zealand.
- the AMC has links into the Asia Pacific Region through the Association for Medical Education in the Western Pacific Region, and hosts its website. It is an active collaborator with the World Federation of Medical Education in the development of international guidelines for all levels of medical education.
- the AMC and the Medical Boards have been instrumental in the development and establishment of the International Association of Medical Regulatory Authorities. The President of the AMC was the foundation President of this international peak body of medical regulatory authorities (2002/04).

The AMC has a formal agreement with the Medical Council of Canada to exchange examination material and performance data. The AMC has a partnership with the US Education Commission for Foreign Medical Graduates to implement processes to validate the credentials of doctors seeking registration to practise in Australia, and thereby provide assurance to the community that medical practitioners are not registered with fraudulent credentials.

Working with its stakeholders, the AMC has developed guidance for medical practitioners to support safe standards of medical practice in Australia. Recent initiatives include the *AMC Handbook of Clinical Assessment*, the *AMC Anthology of Medical Conditions*, and the *AMC Annotated Multiple Choice Questions*.

In anticipation of the move to a national system for the registration of health professionals from July 2010, the AMC, together with the state and territory medical boards, initiated a project in August 2008 to identify nationally consistent standards of medical practice and a code of professional conduct that could be understood by

both the profession and the community. The Commonwealth Department of Health and Ageing provided funding for the extensive national consultation process to ensure that the final Code - *Good Medical Practice* reflects the expectations of the key stakeholders within the health system as well as those of the community.

In developing the draft code, the AMC assembled an expert working group, including senior clinicians, junior doctors, medical student, educators, medical regulators, health administrators, consumers and community groups. The second consultation draft of the code was released on 16 April for a limited consultation period to 15 May 2009. The draft code is available on http://www.goodmedicalpractice.org.au

A consistent code of professional conduct that is understood by the profession and the community is an important aspect of national medical regulation. The code aims to define clear, nationally consistent standards of practice. It is designed to reflect the understanding of both the community and the medical profession about the accepted standards of good professional conduct of Australia's doctors in modern medical practice. It will define the standards of practice that doctors are likely to be held accountable to in the national system after July 2010. State and territory medical registration boards have a range of policies related to standards of medical practice and these policies will continue to provide guidance to doctors and should be used in conjunction with the code.

While the AMA has published a code of ethics and other organisations have developed codes of ethics, practice or conduct, there has been no single agreed national document in Australia that describes all these responsibilities clearly and consistently, nor has there been broad community consultation on this subject until now.

Website: www.amc.org.au

ANNEX B

FORUM OF AUSTRALIAN HEALTH PROFESSIONS COUNCILS

In late 2007, the Forum of Australian Health Professions Councils - a coalition of the Councils of the regulated health professions - was established to share expertise and to work collaboratively across several areas of common interest, particularly on good practice in accreditation of education and training and the assessment of overseas-trained health practitioners, and the way in which accreditation and practitioner registration are best linked. The Forum supports the aim of national registration for the regulated health professions, and that of national accreditation schemes to ensure practitioners are educated to appropriate standards.

The Forum of Australian Health Professions Councils comprises the Australian Dental Council, the Australian Medical Council, the Australian Nursing and Midwifery Council, the Australian Pharmacy Council, the Australian Physiotherapy Council, the Australian Psychology Accreditation Council, the Council on Chiropractic Education Australasia, the Optometry Council of Australia and New Zealand, the Australian Osteopathic Council, and the Australian and New Zealand Podiatry Accreditation Council.

The collective expertise of the Councils is in:

- setting educational standards for health professionals to develop safe and competent practitioners able to adapt to changes in professional practice over time
- encouraging improvements in the education and training of health professionals to respond to evolving health needs and practices
- assessing and accrediting education programs
- assessing overseas qualified practitioners
- collaborating and consulting with a wide range of stakeholder bodies and actively engaging members of their profession in the regulation of professional practice
- regional and international developments, capacity building and partnerships.

Website: www.healthprofessionscouncils.org.au