The RACGP response to CoAG national registration and accreditation proposals

The Royal Australian College of General Practitioners

Introduction

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to contribute to discussion regarding the implementation of a national accreditation and registration system for medical and allied health professionals.

The RACGP is the specialty medical college for general practice, responsible for defining the nature of the discipline, maintaining standards for quality clinical practice, setting the standards and curriculum for education and training, and supporting general practitioners in their pursuit of excellence in patient care. The RACGP has the largest GP membership of any medical organisation in Australia, with the majority of Australia's GPs belonging to this professional college.

The RACGP continues to be at the forefront of initiatives to improve quality of care and patient safety in Australian general practice through an innovative, evidence based quality assurance program, the ongoing development of standards for practice, clinical, professional development and teaching activities, and the development of the curriculum upon which general practice education and training are based.

The RACGP is therefore well placed to provide input regarding proposals for a national accreditation and registration system.

The RACGP congratulates and supports the government in its ongoing efforts to achieve a sustainable, flexible and appropriately distributed workforce. However, the college continues to be concerned that the scheme as described will not achieve all of the five key objectives outlined in the consultation document, page three 5.3 (a) to (e).

In response to the consultation document, the RACGP makes the following recommendations:

Recommendation 1:

The specialty medical colleges should continue their role in setting and maintaining standards for quality clinical care and professional education and training.

Recommendation 2:

Expand the number of national boards to other relevant health professions, particularly those with access to Medicare rebates.

Recommendation 3:

All professional members of profession specific boards should be currently accredited and practising members of the profession.

Recommendation 4:

Two-thirds of the members of profession specific boards should be representatives of that profession, while the Chair should be independent.

Recommendation 5:

Ensure that there is a local presence, for each board in each jurisdiction, that has the capacity to deal with issues regarding medical practitioners and organisations at a local level.

Recommendation 6:

The Australian Medical Council's accreditation function should be retained for the accreditation of medical practitioners and expanded to encompass all other profession specific boards.

Recommendation 7:

Profession specific boards should consider issues surrounding credentialing, including the potential for enhancing professional mobility.

Recommendation 8:

Develop consistent terminology across Australia regarding all registration and accreditation issues.

Recommendation 9:

Practitioners assisting the boards in remediation or mentoring functions should be covered by indemnity insurance.

Background to recommendations

1. National registration and accreditation

National registration and accreditation is intended to ensure consistent standards across the health jurisdictions, increase health system efficiency, and reduce administrative complexity and cost.

While the proposed system will certainly achieve increased efficiencies in terms of cross jurisdictional professional movement and registration (objective b), its impact on overall administrative costs, and more importantly professional standards, are far less clear.

There is also an apparent disregard for the reality that proven and effective structures for setting standards of medical training and education already exist. The risk is that moves to dismantle, rather than build on, such structures will erode standards and be counter productive for patient safety.

2. National profession specific boards – number of boards

The college has concerns regarding a number of omissions in the list of profession specific national boards. The Intergovernmental Agreement (IGA) provides for the creation of profession specific national boards. The consultation paper regarding the national registration and accreditation scheme outlined the following 10 boards:

- Chiropractors Board
- Dental Care Practitioners Board
- Nurses and Midwives Board
- Medical Practitioners Board
- Optometrists Board
- Osteopaths Board
- Pharmacists Board
- Physiotherapists Board
- Podiatrists Board
- Psychologists Board

The RACGP's concerns relate particularly to those health professions that have access to Medicare billing but are not included. Exclusions from the list include, but are not limited to: social workers, occupational therapists, and speech pathologists. The RACGP queries why these professions have not been included in the profession specific boards, and strongly recommends that the number of boards be expanded.

3. National profession specific boards – currency of members' clinical experience

Further to the proposed structure, the RACGP strongly recommends that board members representing the relevant profession should currently be in clinical practice. The college is concerned that without this requirement, there is potential for the board to lose touch with the real challenges faced by the profession.

4. National profession specific boards – community and consumer representation

The consultation document outlines the specifics of the composition of each national board, and states that the boards will comprise:

- a chair who is a member of the relevant profession
- at least 50 percent of the remaining members must be from the relevant profession, with no more than two-thirds of the board, including the chair, being members of the relevant profession, and
- at least two community members.

It is vital that each board has sufficient representation from the relevant profession to ensure that there is expertise and experience to appropriately fulfil the board's functions and responsibilities.

Therefore, the RACGP strongly recommends that each board has a two-third membership from the relevant profession.

The RACGP also recommends that an independent chair be appointed, to provide balance within each board. The chair should bring broad and extensive experience from the political, judicial, educational, community service and/or health arenas.

5. National profession specific boards – local presence in each jurisdiction

Whilst national registration will increase the portability of the workforce and reduce administrative complications, the RACGP believes that there must be a strong local presence in each state and territory for each profession.

A full board would not be necessary, however the RACGP notes that there are several advantages of a strong local presence including:

- a local understanding of issues faced by practitioners in each state
- the ability to liaise with the local profession to establish networks and links
- the capacity to deal with some issues at a local level, including remediation, education, and disciplinary action for individual practitioners.

6. National accreditation – AMC standards and processes

The discussion paper states that the National Board, among other responsibilities, will oversee accreditation functions, including accreditation decisions.

Standards regarding accreditation must continue to address patient safety, and be profession led, with appropriate input and advice from other stakeholders, including educationalists and consumers.

The RACGP believes that consideration must be given to preserving the most effective policies and procedures within existing accreditation processes when reviewing options available for improving the consistency and rigour of national accreditation.

The Australian Medical Council (AMC) is the current national accreditation agency for specialist medical colleges, and has performed its role in an exemplary fashion. It has wide professional support and provides an effective model for other disciplines. The AMC has an excellent proven track record in assessing the nature of, and inter-relationships between, medical specialities/ sub-specialities, and in accrediting both specialist medical education and training programs, and health services and hospitals. Therefore, the RACGP recommends that the AMC should be included in the new framework and, because the track record of the AMC is so strong, that its role should be expanded to the accreditation of the other professions.

7. National credentialing arrangements

The RACGP believes that issues relating to credentialing should also be considered within the scope of the issues supplementary to the IGA. In some jurisdictions, professional mobility for GPs, particularly proceduralists, can be limited due to location specific credentialing. Consideration must be given to policies that overcome such limitations. For example, consideration should be given to a system of consistent credentialing that recognises hospitals and other health care providers that have been accredited by the AMC, to allow medical practitioners to move more freely across jurisdictions. The Australian Council for Safety and Quality in Health Care has also developed national standards for credentialing and for defining the scope of clinical practice of medical practitioners, which should be considered.

8. Terminology and nomenclature

An ongoing issue for medical practitioners throughout Australia has been varying terminology used by the jurisdictional medical boards and other registration authorities. In particular, there is limited consistency from jurisdiction to jurisdiction regarding:

- general registration
- specialist registration
- vocational registration
- accreditation
- credentialing.

With the introduction of national boards, there is an opportunity to develop consistent terminology across Australia regarding registration, accreditation and credentialing.

9. Indemnity insurance

The RACGP notes that the consultation discussion paper suggests that the legislation's indemnity provisions will provide protection from personal liability for a practitioner assisting the National Agency (including the management committee and staff) provided that they have acted honestly and reasonably.

However, it is not clear who carries insurance for other practitioners outside core processes involved, for example, in mentoring or remediation. Whilst the clinical risks appear to be covered (ie. if harm comes to a patient), there appears to be some risk which might arise when a doctor being remediated feels that their reputation has been harmed and/or that their future career and business prospects have been impaired.