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To whom it may concern

Re: Consultation Paper on a National Registration and Accreditation Scheme

Thank you for inviting The Royal College of Pathologists of Australasia to comment on the above.

The RCPA is supportive of a national registration scheme for doctors and recognises that this has the potential to reduce red tape and assist workforce mobility. There are, however, concerns about the details of the scheme as currently described in the Intergovernmental Agreement (IGA) and the Consultation Paper. Before dealing with the specific questions raised in the Consultation Paper, the College would like to flag the following.

1. Firstly there is a lack of clarity about some aspects. Efforts have been made to rectify this with the "Guide to National Registration and Accreditation for the Health Professions" (the Guide) released by the Department of Health and Ageing, and at a verbal briefing with the implementation group, however further clarification will still be required.
2. For example, the IGA does not define "accreditation", and although it refers to accreditation primarily in the context of education courses/institutions, there are also references for assessing individual qualifications. There has been verbal advice that the intention is for accreditation to only cover the accreditation of courses but this needs to be stated clearly in writing. The Guide notes that current accreditation arrangements will continue for the time being, but it remains unclear as to whether the IGA is introducing the option to accredit health practitioners individually.
3. Setting of Standards for Accreditation. The setting of the appropriate standards for accreditation must be done by professionals, not government. Concern has been expressed that if this is taken out of the hands of the profession that Australia will not meet the internationally accepted standards of the WHO/World Federation for Medical Education Guidelines for Accreditation of Basic Medical Education (Geneva/Copenhagen 2005). This is something that requires urgent attention and discussion.
4. It is noted that decisions regarding Continuing Professional Development (CPD) requirements and approving accredited courses of study will be made by the Boards. Given the Board for Medical Practitioners may not include representatives from all the Colleges, and there is significant variation between specialties, how will the community be assured that appropriate expertise is being sought to make these decisions?
5. The RCPA considers that the objective aimed at 'development of a flexible, responsive and sustainable Australian health workforce and ...innovation in education and service delivery' should be approached with caution. It should not be assumed that there is an alternative workforce ready and willing to assume the roles

currently performed by others. For example, significant task substitution has already been undertaken in pathology and there is limited scope for more, particularly given serious workforce shortages amongst scientist groups currently.

Issues Raised

1. Your views on the size and composition of the national board for your profession. Your advice must be consistent with the structures set out in the IGA.

The College believes there needs to be a balance between representation of all disciplines of medicine and an appropriate size for the Board. Ideally each of the 12 Medical Colleges should have a nominee. However, if the parameters set out in the IGA have to be observed this would mean a Board of at least 18 members. (Of note - the NSW Medical Boards currently operate efficiently with numbers of this level, so maybe this model would work.)

It is not acceptable that all Colleges have a nominee on the Board there would need to be a mechanism to ensure input from other disciplines ie 'corresponding Board members'. In addition a mechanism would need to be in place to ensure over time each discipline is represented on the Board.

Concern has also been raised by College Fellows of the need for the profession to have input into the selection of medical nominee on the Board. The College believes that Colleges should be asked to nominate three medical practitioners suitable for appointment and that the Ministerial Council would appoint from this group. CPMC could assist in the process if not all disciplines were included at once. This will be vital to remove any political bias in the appointments. New Zealand has gone down a political type path of appointment for the New Zealand Medical Council and this has been of major concern.

If this type of appointment process is not agreed to the funding of the scheme should not be based on subscription fees from the profession. It would effectively mean taxation without representation.

2. Your views on the use of existing bodies or otherwise for the accreditation function for your profession consistent with the IGA provision that as a transitional measure, the Ministerial Council (or in the event that the Ministerial Council has not been established, AHMC) will assign accreditation functions to existing accreditation bodies. The College supports the Australian medical Council contribution in the role as the accrediting body from the medical profession.

The College supports the Australian Medical Council continuing in the role as the accrediting body of the medical profession.

3. Response to specific statements in the National Registration and Accreditation Scheme for the Health Professions Consultation Paper (13 August 2008):

2.1 Publication of decisions

The College supports.

3.5 Resignation and removal

The College supports the above but the strategy defined should not be related in any way to any political differences.

3.6 Coverage for legal liability – indemnities and immunities

The College supports.

3.7 Confidentiality provisions and information sharing

The College supports.

3.8 Report requirements

The College supports.

4.2 Terms of office – length of applications, sitting fees and allowances

The College supports – however, it is unclear whether there is the ability to be reappointed.

4.6 Coverage for legal liability – indemnities and immunities

The College supports.

4.9 Staffing arrangements – capacity to employ, set terms and conditions

The College supports.

4.10 Financial provisions

The College supports.

4.12 Reporting requirements for agency

The College supports.

5.1 Names of boards

The College supports.

5.3 Sitting fees and allowances, and length of appointment

The College supports – however, it is unclear whether there is the ability to be reappointed.

5.6 Resignation and removal

The College supports the above but the strategy defined should not be related in any way to any political differences.

5.7 Coverage for legal liability – indemnities and immunities

The College supports.

5.8 Reporting requirements

The College supports.

5.10 Arrangements for Ministerial Council to review composition of boards

The College supports.

5.11 Responsibility for developing accreditation standards (accreditation committee or bodies).

The College has flagged their concern with this earlier.

Yours sincerely,



Dr Debra Graves
Chief Executive Officer