



**NATIONAL REGISTRATION AND ACCREDITATION SCHEME
FOR THE HEALTH PROFESSIONS**

Consultation Paper - Other matters for inclusion in Bill B

Introduction

The College thanks the Practitioner Regulation Subcommittee for this further opportunity to engage in the consultation process.

Detailed Comments

3.1 – Background. The College reiterates the views it has previously expressed regarding the importance of the role of the medical colleges in setting appropriate standards and therefore being recognised in the legislation. We emphasise the importance of a majority of members of the proposed committees (and the chair) being made up of relevant health practitioners.

3.2 – The national scheme environment. We reiterate the view expressed in our accreditation submission that while we understand the challenges posed by the variation in practice across the ten health professions, a one-size-fits-all scheme is not acceptable. The high standards that the medical profession offers in patient care must not be compromised in order to accommodate what appear to be the lower requirements of some other health professions. Rather, the high standards of the medical profession in accredited education and training and in continuing professional development should be matched by other health professions. This is particularly relevant where there is overlap of scopes of practice and is essential for the safety of the public.

3.4 – Key decisions.

The College remains concerned about the application of key decisions regarding approval or non-approval of a course of study for registration purposes. It has been stated several times that accreditation standards and processes must be independent of the registration boards.

Proposal 3.5.1 – While supporting efficiency and the ability of a registration board to delegate to committees of the board, the College would not support delegation to “staff or other persons”. This is too “flexible” and lacks safeguards. Delegation of powers is broadly supported but with the additional exception that expert independent accreditation functions **MUST** be protected in legislation.

Proposal 3.5.2 is supported subject to a **MAJORITY** of members being registrants of the relevant profession. Proposals 3.5.1, 3.5.3, 3.5.4 and 3.5.5 are supported.

Bullet point 3 of Proposal 3.6.1 refers to: “a statutory limit on the length of time a practitioner’s registration may be suspended without review by the board (or delegate of the board)”. The College would view as very serious any suggestion that an individual, acting under powers delegated by the board, could make a decision to suspend a practitioner’s registration without reference back to the board.

Regarding proposals 4.1.1 and 4.1.2, Option 1 is preferred for both, with the College again reiterating the importance of relevant practitioners playing a significant role on such committees.

The College supports consistent Commonwealth legislation to govern the processes wherever possible and therefore supports the procedural proposals 5.2.1 to 5.2.10.

As the Royal Australasian College of Surgeons represents Fellows in Australia and New Zealand, we strongly support the Trans-Tasman Mutual Recognition Principle outlined in proposal 6.1, the preservation of the linkages between Australian and New Zealand regulatory authorities, and joint standard setting and accreditation.