



College House  
1 Palmerston Crescent  
South Melbourne, Victoria 3205  
Tel 03 8699 0414  
Fax 03 8699 0400  
www.racgp.org.au  
ACN 000 223 807 ABN 34 000 223 807

23 December 2008

Bronwyn Nardi  
Chair  
Practitioner Regulation Subcommittee  
of the Health Workforce Principal Committee  
Level 12/120 Spencer St  
MELBOURNE VIC 3000

Email: NRAIP@dhs.vic.gov.au  
Phone: (03) 6233 6777  
Facsimile: (03) 9092 2093

Dear Bronwyn

**Re: Consultation paper – Other matters for inclusion in Bill B**

The Royal Australian College of General Practitioners ('the college') again thanks you for your invitations dated 13 November 2008 providing the opportunity to make recommendations in relation to the National Registration and Accreditation Scheme for Health Professionals.

The college provided input dated 5 September 2008, 18 September 2008, and 29 October 2008, and 21 November 2008, and 19 December 2008 regarding this important initiative. The college would now like to make the enclosed additional recommendations in relation to both the consultation paper titled "Other matters for inclusion in Bill B".

We would also like to thank your Chief Medical Officer, Dr John Horvath, and your Project Director, Dr Louise Morauta, for meeting with Dr Chris Mitchell, RACGP President, and Dr Greg Wilson (PhD), RACGP National Policy Advisor, to discuss the national registration and accreditation scheme. The college looks forward to receiving feedback on its submissions in mid January as per Dr Horvath's undertaking.

The college hopes these recommendations, which it would be pleased to see made public, will assist the Health Workforce Principal Committee in its deliberations regarding the proposed National Registration and Accreditation Scheme.

Please note that we would appreciate this covering letter publicized with our submission.

If you have any questions or comments regarding this submission, please contact me at the College on (03) 8699 0417 or at zena.burgess@racgp.org.au

Regards

**Dr Zena Burgess**  
**Chief Executive Officer**

Encl: RACGP response to consultation paper – Other matters for Bill B

*50 years of excellence*

# **The Royal Australian College of General Practitioners**

**Response to CoAG's "Other matters for inclusion in Bill B"  
consultation paper**

**23 December 2008**



## 1. INTRODUCTION

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

The RACGP is the specialty medical college for general practice in Australia, responsible for defining the nature of the discipline, setting the standards and curriculum for education and training, maintaining the standards for quality clinical practice, and supporting general practitioners in their pursuit of excellence in patient care and community service.

Discussion within this submission is made in response to the information contained in the CoAG Consultation Paper entitled 'Other matters for inclusion in Bill B', at <http://www.nhwt.gov.au/natreg.asp#calls>

## 2. CONCERNS REGARDING OTHER MATTERS FOR INCLUSION IN BILL B CONSULTATION PAPER

The RACGP continues to support the concept of a national registration system that will allow for greater workforce mobility and flexibility throughout Australia.

However, the proposed CoAG model for national registration remains unnecessarily complex with a number of components, including accreditation, which are not related to the implementation of a national registration scheme.

In relation to the proposals within the "Other matters for inclusion in Bill B" consultation paper, the RACGP has a number of overarching concerns regarding the proposals.

The RACGP cannot provide feedback in the format requested by CoAG regarding the proposed options and proposals until further information is provided regarding a number of fundamental principles related to the proposed scheme.

### 2.1 Lack of detail regarding the proposals

As stated in its responses on 21 November 2008, 18 December 2008, and 19 December 2008, the RACGP again re-iterates its concerns regarding the lack of detail contained within the CoAG consultation documents.

In relation to the Consultation Paper titled "Other matters for inclusion in Bill B", the RACGP specifically notes that there is no detail regarding:

- the concept of "credentialing"
- Continuing Professional Development in the future
- The role of the colleges in standards setting, education, training, and Quality Assurance and Continuing Professional Development
- Proposed changes to accreditation, including the role of the AMC
- The proposed 'Health profession standards', including what the status, purpose, and scope of these standards will be. Given the significance, and potential impact of these standards, it is disturbing that there is no detail on these standards will be set, governed or implemented

- The second stage legislation, including exactly what ‘flexibility’ is being proposed, and what type of decisions can be made at the ‘discretion’ of the national board or agency.

## **2.2 Ministerial control**

Another continuing concern regarding the proposed national registration and accreditation scheme is the proposed ministerial control. Whilst the consultation documents have continued to claim that the national registration and accreditation scheme will be independent of both the profession and the government, the RACGP notes that there is the potential for absolute government control of the scheme via the proposed Ministerial Council.

In addition to the Ministerial powers and authority proposed in previous consultation documents, the “Other matters for inclusion in Bill B” consultation document further states that the Ministerial Council will have a significant role in relation to the selection process and appointment of persons for the committees and panels.

## **2.3 Delegation powers**

The consultation paper states that key decisions, including registration functions, performance functions, complaints handling, and course approval can be delegated by the national board to ‘committees’. Whilst it is understood that many functions of the national boards can be effectively delegated, the RACGP re-iterates its previous submissions and notes that important registration and accreditation decisions should only be delegated to appropriately structured committees, with a similar composition to the national board, with at least 50% representation from the profession.

# **3. RACGP RESPONSE TO CONSULTATION DOCUMENT AND PROPOSALS**

Despite serious concerns regarding the currently proposed national registration and accreditation scheme, the RACGP has made a number of specific comments and recommendations regarding the sections and proposals contained within the consultation document.

## **3.5 More flexible committee arrangements**

### Proposal 3.5.1

The consultation paper proposes that, in response to feedback received, the second stage legislation will provide a broad power for the health boards to delegate ‘various types of decisions’.

As the proposals are vague, it is difficult to identify exactly what is being proposed in relation to delegation. The RACGP has maintained throughout the consultation process (including submissions dated 29 October 2008, 21 November 2008, and 19 December 2008) that important decisions, such as those relating to registration of health practitioners, should only be delegated to appropriately structured committees,

with a similar composition to the overarching board, including more than 50% profession membership.

The college remains concerned that the broad proposals contained within the CoAG consultation documents will effectively allow the delegation of important registration and accreditation decisions to individual staff members and undefined committees.

### Proposal 3.5.2

The RACGP proposes that hearing panels will require at least 50 percent membership from the relevant health profession, and at least one community member.

### Proposal 3.5.5

As stated in response to Proposal 3.5.1, the college does not support the concept of broad delegation powers to ill-defined committees and individuals. Furthermore, Proposal 3.5.5 states that delegation powers would be subject to “any directions from the Ministerial Council”, which again suggests that the national registration and accreditation scheme will not be independent of government.

The significant risk is that decisions may be made based on short-term political prerogatives rather than the long-term requirements to set and maintain standards for practice.

## **3.6 Further safeguards around delegation**

The college believes that some of the proposed safeguards regarding delegation are appropriate, namely:

- the right of review for registrants who have been adversely effected by a registration decision and hearing panel decision
- the outlined provisions for procedural fairness, such as separation of powers between the original decision making and review of decisions.

It is understood that the health profession boards will have a large number of duties under the proposed scheme, and that there will be a large number of issues that will require decisions on a frequent basis. With the sheer number of duties and decisions required, it is understandable that there are proposals for the delegation of decisions and other powers.

However, the RACGP proposes that, rather than delegating powers, the health profession boards employ advisory committees to consider issues in detail, and make recommendations to the health board for ratification. This is especially important for decisions that will affect practitioners’ registration status.

In summary, the RACGP proposes that all important medical registration decisions should be ratified by the appropriate national health board with majority medical profession representation before they are applied.

## **4 Appointment to board (non-statutory) committees or (statutory) panels**

Again, in relation to the proposals contained within Section 4, the college continues to be opposed to a system of national registration and accreditation that effectively gives the Ministerial Council absolute control over the entire process.

Irrespective of that, the RACGP is supportive of a transparent, documented, consistent, and balanced process for the selection and appointments of members, boards and statutory hearing panel members.

## **5 Interaction of national scheme with other legislative schemes**

The consultation document states that the proposed scheme will operate in concert with a range of state and territory laws, including those related to the tribunal arrangements and Health Care Complaints Commission arrangements.

### Tribunal arrangements

The RACGP re-iterates its position regarding tribunal arrangements in its response dated 21 November 2008, and advocates for a consistent tribunal process throughout Australia, with each jurisdiction agreeing to appropriate standards which cover:

- details of tribunal membership
- legal representation
- appeals
- processes for tribunal hearings
- privacy matters
- reporting requirements.

### Legislative arrangements, interface, and proposed approach

As there is no meaningful detail regarding the proposed options for legislative arrangements contained in section 5, including the advantages and disadvantages of each option, the college does not believe that CoAG is in a position to ask for any recommendations at this stage.

As a global principle however, the RACGP strongly advocates and recommends a consistent approach for legislative arrangements in each state and territory, as the proposed scheme is a national scheme.

The college also queries why Queensland legislation is a proposed option in section 5.1 (when no other state/territory legislation is proposed) and why it has been intermingled within the option containing the Commonwealth legislation.

It is recommended that CoAG furnish further details on the proposed legislative arrangements, including information on what the impact of each option is, and how this differs from current arrangements.

## **6 Trans-Tasman Mutual Recognition and the national scheme**

The Australian Medical Council accredits medical colleges to assess overseas medical qualifications, and this arrangement should remain.