



The Medical Council of Tasmania

Our ref: AMA:1943:08 (NRAIP)

17 December 2008

Ms Bronwyn Nardi
Chair
Practitioner Regulation Subcommittee
Of the Health Workforce Principal Committee

Via email: nraip@dhs.vic.gov.au

Dear Ms Nardi,

Re: Medical Council of Tasmania submission on the “Proposed arrangements for accreditation”

Thank you for your email and associated consultation paper of 6 November 2008. We have provided our comments and suggestions using the same numbering system as provided within the consultation paper.

1. Background

1.6 Principles

(b) – the Medical Council supports a collaborative approach to the processes of assessment of courses and qualifications for the medical profession. If the current accreditation functions remain the responsibility of the Australian Medical Council (‘AMC’), the AMC must retain their independence from government and any other external agencies or organisations that may seek to assert influence on accreditation decisions.

2. Current accreditation arrangements

2.1 Background

The second paragraph of this section of the consultation paper makes reference to the functions of current accrediting bodies varying, however, in particular it mentions “...and making recommendations to the respective board.” It is noted that this is not the case for the medical profession, unless the definition extended to the AMC acting as the conduit to the Australian Specialist Colleges and the resulting College report and recommendations being provided to the Medical Boards by the AMC.

3. Proposed new accreditation arrangements

3.1 Key features of proposed system

It is noted that the first paragraph refers to the “...*purpose of accreditation is to ensure that only practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered.*”

In relation to the paragraph marked as (a) the Medical Council queries whether such assessments of overseas accrediting authorities occurs now. The AMC allows medical practitioners with qualifications either listed by the World Health Organisation (‘WHO’) or the Foundation for Advancement of International Medical Education (‘FAIMER’) to apply to sit the Multiple Choice Question (‘MCQ’) exam and the Clinical exam. It is not known whether the AMC currently assesses overseas accrediting authorities to determine whether the courses they accredit provide the required knowledge and skills to practise in Australia.

The Medical Council believes that the paragraph marked as (d) more accurately reflects the current situation in relation to AMC assessment.

3.2 Roles in relation to accreditation

Accreditation body – (e) – it is noted that this long sentence includes “...*overseeing the assessment of the knowledge and clinical skills of overseas trained practitioners whose basic qualifications are not recognised in the list of approved courses of study and making recommendations to the national board regarding the suitability of an applicant’s knowledge and clinical skills for registration in Australia and advising the relevant national board in respect to an individual’s application for registration (our emphasis)...*” It is not clear as to what that advice to the Board would be in relation to unless it relates to relaying the assessment of an Australian Specialist College. Currently the AMC has no role to play in the registration of medical practitioners.

3.3 Initial assignment of accreditation functions to existing national accreditation bodies

It is noted that it is expected that assignment arrangements will be announced by the end of 2008.

3.4 Scope of accreditation

3.4.1 Proposal – the Medical Council supports this proposal.

3.4.2 Proposal – the Medical Council supports this proposal.

3.4.3 Proposal - the Medical Council supports this proposal.

Core accreditation functions

(e) – it is noted that this long sentence includes “...oversight of the assessment of the knowledge and clinical skills of overseas trained practitioners whose basic qualifications are not recognised in the list of approved courses of study and making recommendations to the national board regarding the suitability of an applicant’s knowledge and clinical skills for registration in Australia and advise the relevant board in respect to an individual’s application for registration (our emphasis)...” Again, it is not clear as to what that advice to the Board would be in relation to unless it relates to relaying the assessment of an Australian Specialist College. Currently the AMC has no role to play in the registration of medical practitioners.

3.4.4 Proposal – with the exception of the last part of the paragraph marked as (e), the Medical Council supports this proposal in principle.

3.4.5 Proposal – the Medical Council supports this proposal.

3.4.6 Proposal – the Medical Council supports this proposal.

Additional functions relating to the national scheme

3.4.7 Proposal – the Medical Council supports this proposal.

3.5 Governance arrangements for external accreditation bodies

The Medical Council supports the principles outlined in the proposed governance arrangements. The Medical Council also supports the prospect of the AMC remaining an external accreditation body.

Input sought – the current membership of the AMC provides for broad representation to ensure that there is independence in the decision making process. The Medical Council considers that the AMC representation model would be a good base to work from.

Legal arrangements between accreditation bodies, boards and the national agency

3.5.1 Proposal - the Medical Council supports this proposal.

3.5.2 Proposal - the Medical Council supports this proposal, with the qualification that it would defer to the AMC (as the expert body in this area) in relation to any other matters that should be included in the contract between the agency and the AMC.

3.5.3 Proposal - the Medical Council supports this proposal.

3.5.4 Proposal - the Medical Council supports this proposal. It is imperative that such consultation is meaningful and provides sufficient time for due consideration and recommendation.

3.5.5 Proposal – the Medical Council supports this proposal.
Ensuring transparency

3.5.6 Proposal “As per Bill A” - the Medical Council supports this proposal.

3.5.7 Proposal – the Medical Council supports this proposal.

3.5.8 Proposal – the Medical Council supports this proposal.

3.6 Accreditation committees

Composition of accreditation committees

3.6.1 Proposal – the Medical Council does “not” support this proposal. Strong emphasis needs to be put forward to not limit the panels to the current definition as outlined in this section of the consultation paper. The AMC must retain the flexibility to determine the composition of the accreditation committees (or panels) and not be limited to this formulaic approach.

3.6.2 Proposal – the Medical Council supports this proposal.

3.6.3 Proposal – the Medical Council supports this proposal.

Administration

3.6.4 Proposal – the Medical Council supports this proposal.

3.7 Linkages

Registration and accreditation

The comments in the final paragraph of this section of the consultation paper are noted. However, the Medical Council is not aware (for the medical profession), whereby graduates from an accredited program are subsequently denied registration on the grounds that their program was not adequate. It would be more likely to be a case whereby the applicant did not meet some other mandatory requirement for registration.

Review and appeal provisions

3.7.1 Proposal – the Medical Council supports the principles of this proposal.

3.8 Indemnity

3.8.1 Proposal – the Medical Council supports this proposal.

3.9 Funding arrangements

It is noted that there is an expectation that the resources to fund the new scheme will include "...*appropriate resources of the current registration boards...*" if that is to occur, the Medical Council very strongly recommends that those funds are to be used for the medical profession and not taking into the consolidated revenue of the State or Territory governments.

3.10 Accreditation processes

3.10.1 Proposal – the Medical Council supports this proposal.

Relationship between registration and accreditation functions

3.10.2 Proposal – the Medical Council supports this proposal. Consideration needs to be given to the need for remedial action where appropriate.

4. Linkages with Commonwealth, State and Territory government bodies

4.1 Proposal – the Medical Council supports this proposal.

Assessment of overseas qualifications

The Medical Council notes the comments in this section of the consultation paper and supports the principles outlined.

5. International linkages

Firstly, it should be noted that the *Trans-Tasman Mutual Recognition Act 1997* ('TTMRA') specifically excludes medical practitioners. As per previous comments in relation to the TTMRA (in an earlier submission), the Medical Council does not envisage a situation whereby the New Zealand government would support a deviation from that exclusion.

5.1 Proposal – the Medical Council supports this proposal.

6. Transitional arrangements

6.1 Proposal – in relation to (a) the Medical Council notes that this currently falls within the functions of the AMC and on that basis, the AMC would provide their lists of accredited courses to the national board prior to the commencement of the national scheme. The Medical Council supports the balance of the proposal as listed (b) to (d). However, it is noted that (d) may not be achievable.

The Medical Council of Tasmania thanks you for the opportunity to provide comments on the consultation paper. If you have any queries, please contact the Registrar of the Medical Council, Mrs Annette McLean-Aherne by telephone on 03.6233.5499, by facsimile on 03.6233.7986 or by email (registrar@medicalcounciltas.com.au).

Yours sincerely,

A handwritten signature in black ink, appearing to read "M Hodgson". The signature is written in a cursive, flowing style.

Dr Mike Hodgson AM
President