

**National Registration and Accreditation Scheme  
Consultation Paper –**

**Proposed arrangements for accreditation.**

**Submission on behalf of**

**The Royal Australasian College of Physicians**

**16 December 2008**

## **Introduction**

The RACP supports the concept of a national registration and accreditation scheme for medical practitioners as it believes such a scheme would: -

- ensure that patient safety and the quality of patient care provided to all Australians is not reduced or compromised in any way;
- facilitate the ready movement of registered practitioners across Australian jurisdictional boundaries;
- be supported by nationally uniform policies and regulatory guidelines and not rely on mutual recognition of jurisdiction-based registration; and
- protect against unilateral departures from uniformity over time by individual jurisdictions as political responses to subsequent events within those jurisdictions.

The presence of an effective and professional system of accreditation, which is independent of government, medical schools, Medical Colleges and the profession, is essential to ensure the maintenance of the existing high standards of medical education and practice in Australia. The Australian Medical Council (AMC) is the current accreditation authority for the medical profession. The AMC has developed and administered practitioner assessment processes and accreditation programs for medical schools and Medical Colleges over many years. The Council has served the Australian community well and its expertise and professional performance is recognised internationally. In addition, the AMC is playing a major role in providing guidance and expertise to Asia / Pacific nations whose medical accreditation arrangements / requirements are at an earlier stage of evolution.

The need for the consultation paper to be sufficiently flexible in its terms to cover the diverse range of health professions encompassed by the National Registration and Accreditation Scheme (NRAS) proposals and the consequent lack of clarity and specificity is recognised. However, measures which would lead to a reduction in the quality of existing medical profession accreditation standards and processes, in an endeavour to reduce the demands placed on other health professions which do not presently have a significant number of practitioners or high quality accreditation systems, would not be countenanced. Furthermore it is strongly recommended that the AMC form the standard for the other health professions to follow.

In relation to more specific areas and proposals contained within the Consultation Paper the College position on these matters is set out below.

## Registration and Accreditation

The RACP is concerned that the Intergovernmental Agreement (IGA) and subsequent Consultation Papers have ignored the view of the Productivity Commission that the registration and accreditation functions for the health professions should have separate governance arrangements. Such advice has also been tendered by other representatives of the profession. Not only is the College concerned by the lack of this separation of governance but at no time has it been provided with any cogent or compelling explanation for combining the functions of registration and accreditation. These are separate and distinct functions with separate and distinct objectives and purposes and should therefore remain separate and distinct.

It has been suggested that combining the management of the two functions would be more cost effective however this is highly debatable if the current AMC model were to be retained. It should be noted that there is a growing belief within the medical profession that the real reason is ideological and may be a quest for additional government control of accreditation processes and standards.

These concerns are strengthened by the experience provided by the new system in the United Kingdom which has introduced greater bureaucratic control of the profession. This lack of independent governance of accreditation has weakened the ability of those who understand medical profession standards and accreditation best (the profession itself) to be involved in driving through appropriate and needed reforms to the system. It has also weakened the foundations of advanced medical training - the Colleges themselves. Comments and observations from the United Kingdom would suggest that there is increasing acknowledgement that the profession is now less able to introduce the improvements it recognises as being required, and concurrently the system of checks and balances to ensure a quality system has been diminished.

Similarly, in Australia those who have most effectively built and maintained excellence in standards and accreditation of the medical profession are the members of the profession itself, together more recently with the independent AMC. To reduce the independence of the AMC and to reduce the capacity of the profession to drive required reforms would harm the ability to drive through future improvements to medical education and to healthcare standards. The proposal we believe would diminish rather than improve on the current accreditation and standard setting model.

***The RACP opposes the melding of the registration and accreditation functions in the manner proposed and is of the view that further action in regard to accreditation should be deferred, at least until the proposed new registration arrangements have been implemented effectively.***

***It would reject any measure introduced into the proposed national accreditation arrangements which would lead to any reduction in the AMC's autonomy, independence or effectiveness.***

## Intergovernmental Agreement

**1.35** Where it has been determined that an existing accreditation body will be assigned the accreditation functions of a board, the accreditation body will:

(d) *oversee 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 make*

*recommendations to the board's registration committee 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; and*

**The assessment of cultural and language skills should form part of the assessment process. The assessment of knowledge and skills should involve the relevant Medical College in order to assure the validity of the process and the AMC must be the body that is assigned the accreditation functions of the Board.**

### **3 Proposed new accreditation arrangements**

#### **3.1 Key features of proposed system**

“The role of the accreditation body or committee is to independently carry out the assessments of courses against the standards and then make recommendations to the relevant national board on approval of courses for registration purposes. This reflects the current situation. It is envisaged that the national boards will be able to use their general powers of delegation to delegate these course approval powers to accreditation bodies or committees if they wish.”

**To ensure a greater independence of accreditation the approval powers should be automatically delegated to the appointed accreditation body / committee upon appointment of the body. This would in essence immediately separate the accreditation powers from the Board. In the case of the medical profession this body should be the AMC.**

#### **3.4 Scope of accreditation**

##### **Recognition of specialties and accreditation of specialist training**

“Specialty practice is well established in many professions. The extent to which specialties are recognised through registration should depend on whether it is in the public interest.

The IGA sets out a framework for how the recognition of specialties and specialist qualifications will be managed under the national scheme. The IGA states that recognition of specialist qualifications will be achieved by:

- (a) the relevant board being empowered to ‘endorse’ or ‘notate’ the registration of a suitably qualified practitioner, with this information entered on an integrated register, against that practitioner’s name
- (b) public identification and communication of recognised specialties, specialist titles and approved qualifications, identified through the public registers and via guidelines issued by the relevant board (rather than via an extensive list of specialties and associated specialist qualifications listed in regulation under the legislation)
- (c) general statutory offences that prevent unregistered or unauthorised persons from using any title that could induce a belief that the person is endorsed as a specialist, or from holding themselves out as a specialist in one of the established specialties (rather than offences for use of the separate specialist titles), and

(d) recognition of new specialties or specialty areas of practice on professional registers to be subject to the approval of the Ministerial Council.”

**It is proposed that “medical practitioner” be the only protected medical title and that it would be an offence to hold oneself out as being qualified when one is not. The RACP does not consider that this proposed arrangement is acceptable or adequate. There are two principal elements to this issue. One is proper protection of the title ‘specialist’, in the interest of quality and safety and the other is the availability of reliable, easily understood information to the community.**

**The RACP supports the maintenance of a form of separate register for specialists, as is the current practice in at least four jurisdictions. A carefully maintained specialist register would assist in ensuring that independent medical practice is undertaken only by practitioners who have specialist qualifications which are accredited by the AMC or whose training and experience have been assessed under the AMC process as substantially comparable to that of an Australian specialist and who are working under ‘oversight’ for a limited period prior to being invited to apply for Fellowship of the relevant specialist Medical College.**

## **Recognition of specialties**

***Proposal 3.4.1:*** It is proposed that in preparation for commencement of the national scheme, national boards will consider whether there is a need for specialist endorsements in their profession.

***Proposal 3.4.2:*** In the case of the medical profession, it is proposed that the national board take advice from the Australian Medical Council on the list of specialties and associated specialist qualifications, against which the board could endorse individual registrants as specialists.

***Proposal 3.4.3:*** It is proposed that in line with the IGA the national scheme legislation will provide that while boards may approve the initial list of specialties, any new specialties or specialty areas of practice will require Ministerial Council approval.

**It is important that other relevant health profession national boards are made aware of any proposal which involves the extension of a scope of practice, before Ministers consider such a recommendation.**

## **Core accreditation functions**

***Proposal 3.4.6:*** It is proposed that the national scheme legislation allows for changes and expansion of the range of courses accredited with any such expansion requiring the approval of the relevant standards by the Ministerial Council.

**This section raises the potential for serious professional “demarcation” issues ie issues of shared practice. Who will set the boundaries across the professions? It is essential that other relevant national boards are made aware of any recommendation for changes or expansion of the range of courses before the Ministerial Council is asked to consider any such recommendation. Proposals for such changes and expansions should be made on the recommendation of the relevant Accreditation Body and National Board.**

**Consideration should be given to the formation of a body to make recommendations to the Ministerial Council in these matters. The Forum of Health Professionals Councils or a Board of the Chairs of the 10 Boards could be recognised in legislation and be the arbiter to undertake this role.**

**Proposal 3.4.7:** It is proposed that the legislation provide general powers of delegation to boards allowing them to delegate other functions to external accreditation bodies where they consider this is the best way to achieve the objectives of the national scheme and where this is consistent with their powers under the legislation.

**The College supports this proposal.**

### **3.5 Governance arrangements for external accreditation bodies**

**The RACP fully supports the AMC as the external accreditation body for the medical profession and strongly recommends that the AMC model be used as the standard for accrediting bodies for the other professions.**

**Proposal 3.5.5:** It is proposed that the external body assigned to undertake accreditation in the first three years will have the ability to delegate parts of the accreditation function to other agencies, while it remains responsible for the overall function, where there is no conflict of interest and where this was the arrangement at the time the accreditation function was assigned.

**This proposal is support by the College.**

**Proposal 3.5.6:** As per Bill A, it is proposed that the national scheme legislation provide that the accreditation bodies and committees of the national board be required to consult widely when developing standards for accreditation.

**This wide consultation must include any other national board which may have a relevant interest**

### **Composition of Committees**

**Proposal 3.6.1:** It is proposed that the Ministerial Council require that accreditation committees comprise two registered practitioners from the relevant profession, two members with education and training expertise, two community members and two representatives from the relevant national board.

**Proposal 3.6.2:** It is further proposed that the Ministerial Council require that the relevant national board appoint an accreditation committee chair from among these members.

**Proposal 3.6.3:** It is also proposed that the Ministerial Council require that the process by which the national board selects members for an accreditation committee be open and transparent. Positions should be advertised and allow for expressions of interest from individuals and nominations from groups.

**Consideration should be given to strengthening the process of community engagement. Community representatives should be included as members of site inspection teams. It was also recommended that committee and site visit team members receive training in their respective roles.**

**It should be noted that the document talks of accrediting courses. It should be accrediting training programs not courses.**

## Linkages

**Proposal 3.7.1:** It is proposed that any organisation disadvantaged by an accreditation decision of the board should have the right to seek a merit or process review and, if required, go beyond that to an external process of review.

**It was recommended that the word “merit” be removed from the above proposal. The accreditation process is to determine if a proposed program meets the standards or not. Therefore the review should not be on the merit of the program but whether the process used to determine if it met the standards or not was fair and just.**

## Indemnity

**Proposal 3.8.1:** It is proposed that the national scheme legislation will provide that all bodies and their agents under the scheme will be indemnified for work performed in relation to the scheme. These indemnity arrangements will extend to external accreditation bodies and committees and persons acting for those bodies and committees.

**Extension of the indemnity arrangements as proposed is supported. It will be necessary for the extended indemnification to also cover College members and staff engaged in the assessment of international medical graduates.**

## Accreditation Process

**Proposal 3.10.1:** It is proposed that the Ministerial Council request that the agency consider the following matters in developing standards for accreditation processes:

- (a) the document *Standards for Professional Accreditation Processes* developed by ‘Professions Australia’ in consultation with the Forum of Health Professions Councils  
Consultation Paper – National Registration and Accreditation Scheme for Health Professions Pg 19 of 21
- (b) the need to meet any relevant international guidelines relating to the specific professions
- (c) the need to align standards with relevant international standards and clearly indicate the international standards on which these standards are based when presenting them to boards for consideration, and
- (d) the need to ensure that accreditation assessment panels provide sufficient public accountability and independence.

**The RACP fully supports the intention to give due regard to both the WFME Guidelines for Basic Medical Education and the Professions Australia Standards for Professional Accreditation Processes in the development of the legislation and related arrangements. It is essential that the provisions and intention of both publications are observed.**

**Proposal 3.10.2:** It is proposed that the legislation provides for ongoing monitoring of education courses and institutions, including requiring accredited education providers to report to the accreditation body or

committee any significant curricular changes or resourcing issues that would adversely impact on students and compromise their ability to register, and requirements for the accreditation body or committee to report any such adverse events to the relevant national board as soon as it becomes aware of them.

**It is appropriate for education providers to be required to notify the relevant accreditation body in the circumstances proposed. However, it is considered it would be more effective to leave the decision as to whether it is necessary for the relevant national board to be advised to the discretion of the accreditation authority, having regard to the particular circumstances and the likelihood of the national board being required subsequently to take any action in regard to the matter. In many cases, it will be possible for the issues to be resolved satisfactorily by the accreditation body.**

**Proposal 4.1:** It is proposed that accreditation reports will be made publicly available in the agency's annual report and on its website. These reports will include recommendations and outcomes of accreditation processes and information on education and training courses.

**Consideration needs to be given to the type of content from accreditation reports that are to be made publicly available. There must be a balance between public disclosure and the potential for unwarranted negative impacts on the body to which the report relates.**

## **International linkages**

**Proposal 5.1:** It is proposed that the national scheme legislation provide that standards for accreditation are developed in consultation with New Zealand and any other country with which Australia has (or develops) a mutual recognition agreement.

**These standards of accreditation should align upwards with regard to other national training programs ie Australian standards should exceed those with whom we have mutual recognition agreements. It is also recommended that Boards should work towards mutual recognition.**

## **Additional Point**

**The College is concerned at the paucity of information regarding the funding mechanisms for the scheme. Little information is available regarding the funding structure, what is or will be funded in relation to what should be funded and the potential effect of funding on the quality / level of accreditation.**