



**Accreditation Arrangements Submission
Attention: Practitioner Regulation Subcommittee**

Consultation Paper - Proposed arrangements for accreditation

The Royal Australasian College of Surgeons welcomes the opportunity to provide comment on the proposed arrangements for accreditation. The consultation paper is comprehensive in its approach and this is commendable. However, the paper is deficient by failing to highlight key areas that must be achieved by all. Moreover, many of the more difficult issues have already been addressed by the medical profession, particularly over the last ten years. It will be important to the ongoing success of the national process that these established principles are built in and that outstanding concerns are addressed.

The attached papers produced by the WHO/WFME and Professions Australia appropriately profile the key principles of separation, autonomy, involvement of the profession and rigour that will be vital to any proposed Australian system. Indeed the consultation paper highlights perhaps the most important principle: "The legal framework must secure the autonomy of the accreditation system and ensure the independence of its quality assessment from government, the medical schools and the profession." This principle must be guaranteed by being enshrined in the legislation if there is to be confidence in the system. It is essential to the credibility of any system that the accreditation of courses and the registration of the professional be quite separate processes across all the professional groups. This is the case in medicine but does not appear to be as clearly so in some of the other professional groups. The College endorses the principles as explained in the attached papers and in particular emphasises the issue of autonomy.

Within the attached papers there is an emphasis on the involvement of the appropriate profession and particularly, within that profession, of people with educational experience and training. While this is to be commended and encouraged, the College continues to note with dismay the tendency in the consultation papers to lessen the involvement of the professions in their own regulatory and accreditation arrangements. In Section 3.10 of the consultation paper it is stated: "Membership of the accreditation panels should not over-represent the interests of the profession". This begs an obvious, but unanswered, question: How do you define "over-represent"? For the new systems to work, and for professional and public confidence in them, it is imperative that the chair and the majority of members of key committees be drawn from the relevant health profession. On that basis, the College would not support the arrangements currently outlined in Proposals 3.6.1 and 3.6.2. At the same time there needs to be broader representation of the community and of educational/government groups. If necessary, committees need to be able to register dissenting views. Professional confidence in the system's commitment to public safety is critical, and the issue of membership will underpin any such confidence.

In the consultation paper the role of the Australian Medical Council is acknowledged a number of times and there is a mechanism available to ensure it can serve as the accreditation body as the new arrangements are implemented. However, the medical profession needs greater certainty that this will indeed occur. The profession, the current medical boards, the universities and the medical colleges have all worked closely with the Australian Medical Council to achieve the benefits of the current system. This needs to be more than merely acknowledged – the processes that achieved these benefits need to be built into the developing system. The College acknowledges some of the legislative challenges this entails but it is critical to the credibility of the assurances currently being given. Without this legislative certainty, the dissenting voices have much greater credibility. This issue of certainty must be addressed.

The College would support the continuation of a separate specialist register. Currently under Clause 3.4 (a) it is proposed that specialist qualifications are entered against a practitioners name on an integrated register. We would argue (as we note the Committee of Presidents of Medical Colleges has indicated) that the maintenance of a separate specialist register would ensure that specialist practice is only undertaken by practitioners with specialist qualifications that have been accredited by the AMC or, as is the case for overseas trained practitioners, those who have been assessed under an AMC accredited process as being substantially comparable to an Australian specialist.

Further in 3.4 (d) it is suggested that *“recognition of new specialties or specialty areas of practice on professional registers to be subject to the approval of the Ministerial Council.”* The College has previously indicated in our submissions that no new areas of specialty practice should be considered by Ministers without the notification of other health professional boards as a prerequisite step.

It is considered important that this notification of other relevant national boards also be a prerequisite step in any consideration by the Ministerial Council of expansion of the range of courses to be offered.

The College of Surgeons remains very concerned that the role of the medical colleges is not properly recognised in the provision of accredited training, and this needs to be corrected as the legislation progresses. The Colleges are central to the provision of accredited post graduate vocational training as well as to the assessment of international graduates who have specialist qualifications. While the College understands the challenges posed by the variation in practice across the ten health professions, a one-size-fits-all response is not acceptable. The role of the medical colleges and the importance of recognised specialty practice must be incorporated into the legislation. As we have explained in our previous submissions, and at public forums, specialist registration is now a fundamental part of health sector regulation. The training for this needs to be provided by appropriate accredited bodies, and the issue of competence and performance within the designated specialties must involve not only the medical boards but also the AMC recognised medical colleges. These arrangements must be incorporated in the legislation, otherwise twenty years of internationally acknowledged progress would be undone.

With regard to the assessment of International Medical Graduates, the College has for some time expressed its concern over the issue of legal liability. The College notes and welcomes the fact that this activity will now be covered by the indemnity that the new accreditation processes will carry.

In conclusion, the College notes the guiding principles for accreditation arrangements as enunciated by the Ministers (Section 1.6 of the consultation paper). The College strongly supports these and has itself always been guided by them. It is imperative that these principles are guaranteed by legislation in any new accreditation arrangements.

The College wishes to remain closely involved in the ongoing development of the accreditation arrangements and looks forward to providing comment on the next consultative documents or the draft legislation.