



Royal Australian College of General Practitioners

**Response to CoAG's "National Registration and Accreditation
Scheme: proposed arrangements for accreditation"**

19 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 'Proposed arrangements for accreditation', at <http://www.nhwt.gov.au/natreg.asp#calls>

2. PROPOSED ARRANGEMENTS FOR ACCREDITATION

The college acknowledges the difficulties associated with the implementation of a national system for accreditation, including issues regarding the variations between health professions nationally.

Whilst it is recognised that many health professions require formalised systems and accreditation processes, in general, there has been no recognition or acknowledgement of the role of the medical colleges over many decades in setting the standards for medical practice, and there has been limited mention of the role of the Australian Medical Council (AMC) in accrediting the colleges and other bodies to set those standards.

The RACGP reiterates its support for the AMC model for accreditation of medical education and training, as the AMC is independent of both the profession and the government, and has a proven track record.

Furthermore, the RACGP proposes that the AMC model of accreditation be expanded to encompass the other health professions included in the agreement.

2.1 Lack of detail regarding the proposals

In the consultation document on proposed arrangements for accreditation, and also in the preceding consultation documents, there has been an overall lack of detail regarding what is being proposed. For example, the proposed arrangements for accreditation paper refers to "standards and criteria set by the national agency", "processes for assessing individual qualifications and courses", and "approved accreditation standards", without any detail of what these standards, criteria and processes will be, who will be responsible for setting them, and how they will be developed.

Given the importance of these issues, the RACGP believes that it is vital that CoAG engage the medical profession in a meaningful way to obtain advice and input on the standards, criteria and processes relating to accreditation.

2.2 Independence and ministerial control

The consultation paper states, in section 1.6, “Principles”, that the process of assessment of courses and qualifications will be undertaken independently from government, health professional educators, and the profession.

The college questions how accreditation functions can be independent of the government when it is proposed that the Ministerial Council:

- has final authority in which accreditation body(s) to use
- sets the policy direction
- appoints any person or body to undertake accreditation functions
- approves standards for accreditation
- reviews any approved standard
- approves amendments to standards
- has final authority on the recognition of initial specialties, recognition of new specialties, and approval of new courses.

The college also questions how accreditation of overseas medical qualifications can be undertaken independently of the medical profession, when it is the medical profession that has the core knowledge and experience of medical practice and medical professional standards for Australia. While the AMC is and should be the body that accredits colleges as having the experience and processes in place to be able to properly assess overseas medical courses and qualifications, the core knowledge of the skills, knowledge and experience required to practice medicine in Australia resides with the medical colleges. The medical colleges should be recognised as the bodies that should accredit overseas medical qualifications, and should assess the skills, knowledge and experience of individual international medical graduates.

2.3 Continuing professional development

The future role of Quality Assurance and Continuing Professional Development for medical practitioners has yet to be addressed in the consultation documents.

To date, the silence in the consultation documents on the specifics relating to continuing professional development programs has meant that accreditation of the current college systems used nationwide by tens of thousands of registered medical practitioners to maintain their clinical and professional skills has not been addressed. Issues including responsibilities for program delivery, setting professional standards, and accreditation must be addressed in collaboration with the medical colleges, which are the bodies that set the standards, criteria and processes relating to the delivery of continuing professional development programs, and are the bodies that manage and monitor the participation and compliance of their members in the programs.

The RACGP calls on the government to provide clear and specific information on its proposals regarding Quality Assurance and Continuing Professional Development.

2.4 Dismantling the existing accreditation model

The RACGP continues to be concerned regarding the lack of detail in relation to any planned accreditation model for medical training, and a lack of consideration of the consequences of dismantling the existing, successful system.

As stated in previous submissions, the college believes that consideration must be given to preserving the most effective policies and procedures within existing accreditation processes when reviewing options available for improving the consistency and rigour of national accreditation.

The AMC is a profession-based organisation that is independent of the colleges and governments, and has performed its accreditation role in an exemplary fashion. The AMC has an excellent, proven track record in assessing medical courses and medical specialty training programs, determining the substantial comparability of international medical graduates who wish to practise in Australia, and advising governments on registration and vocational recognition matters.

Although CoAG has stated that the AMC will continue in its accreditation role for the next three years, the RACGP firmly believes that CoAG should commit to the continued role of the AMC model in the accreditation of medical specialities, and its continued independence of both other medical professional organisations and governments, including any proposed 'Ministerial Council'.

The college will continue to reject any proposed national accreditation model which does not build on existing and proven AMC processes, and any model which will see any reduced role, independence, effectiveness and/or autonomy of the AMC in maintaining the high standards of medical care received by the Australian community.

2.5 Specific responses

Whilst the RACGP is supportive of the concept of national registration, the RACGP cannot support the proposed CoAG model at this stage, primarily because national accreditation has been unnecessarily interwoven with the national registration. The numerous unclear proposals, and the lack of definition of standards setting processes and responsibilities, are of concern to the college, as they put at significant risk the long history of high standards of provision of medical services to the Australian community.

The RACGP continues to be concerned that there has been a lack of feedback to any of its submissions thus far, or to submissions from other profession-based organisations, and cannot respond to the detailed and complex proposals contained within the consultation paper until CoAG engages the professions in a meaningful and transparent manner.

However, the RACGP has made a number of overarching recommendations and comments in relation to some sections of the consultation paper.

3. RACGP RESPONSE TO CONSULTATION DOCUMENT SPECIFIC PROPOSALS

The consultation paper on proposed arrangements for accreditation contains a brief outline of what CoAG proposes in relation to national accreditation, and specifically seeks feedback on 25 proposals. The RACGP will provide comment in relation to some areas of the consultation document, commencing from Section 3.

Section 3.1 – Key features of the proposed system

The consultation paper states that the accreditation function is an integral part of the registration function, yet does not justify why this is the case. The RACGP continues to maintain that an effective and flexible national registration system, that facilitates a highly trained, mobile and flexible medical workforce, can be achieved if the existing state and territory registration authorities were to recognise each others' standards, without implementing a new, poorly defined, and hastily conceived accreditation system. The two distinctly different functions should not be confused with each other.

The Productivity Commission made a similar recommendation.

Section 3.2 – Roles in relation to accreditation

The RACGP specifically queries how the accreditation body will be independent when the role of Ministerial Council is to set policy direction and have other far-reaching powers as specified in Section 2.2 of this submission. This would seem to indicate that CoAG proposes that the Ministerial Council has all final authority regarding national accreditation, which means that the proposed model is not independent of government, despite the underpinning principle listed on page 6 of the consultation document which states that:

“It is proposed that the provisions for accreditation functions ensure that the process of assessment of courses and qualifications is undertaken independently from government...”

Section 3.4 – Scope of accreditation

Recognition of specialties and accreditation of specialist training

The RACGP is supportive of proposal 3.4.2, which states that the national registration boards take advice from the AMC on the list of specialties and associated specialist qualifications, against which the board could endorse individual registrants and specialists. Proposal 3.4.2 would build on the effective and proven AMC systems currently in place.

In relation to proposals 3.4.3 and 3.4.6, the college re-iterates its concern about the inconsistencies within proposals that the Ministerial Council has the final say for the approval of new specialties and professional standards, while also maintaining that registration and accreditation functions are proposed to be independent of the government.

As proposal 3.4.4 does not provide any detail on what the core accreditation functions will actually be, the RACGP cannot comment at this time other than to say that further detail should be provided before any national accreditation scheme is implemented.

Additional functions

The college is greatly concerned about the overarching and broad 'additional accreditation functions' proposed, which fail to provide any significant detail on exactly what is being proposed, and how it will effect:

- continuing professional development
- the roles of the medical colleges
- the roles of the AMC.

The RACGP calls upon the government to provide the health professions with further details regarding these proposals, including exactly what is proposed in relation to continuing professional development and accreditation.

Section 3.6 – Accreditation committees

Proposal 3.6.4 proposes that the legislation will give general delegation powers to boards allowing them to delegate other functions to agency staff and committees.

As stated in previous submissions, the RACGP does not support the concept of delegating important registration and accreditation decisions to individuals. Proposal 3.6.4 would effectively allow the delegation of decision making power to a single individual who, for various reasons, may not have the capacity to make informed decisions regarding registration and accreditation issues. The college reinforces its previous statements that important accreditation decisions should only be delegated to appropriately structured committees, with greater than 50% representation from the relevant profession.

Section 3.7 – Linkages

The RACGP supports proposal 3.7.1, which would effectively allow organisations disadvantaged by an accreditation decision the right to seek an external review of the decision.

Section 3.8 – Indemnity

The college is pleased to see that the issue of indemnity has been addressed, and that agents involved in the scheme would be indemnified for work performed for the national agency.

Section 3.9 – Funding arrangements

The RACGP notes that, in the case of the medical profession, the AMC currently receives ongoing funding from the commonwealth, which is subsidised by assessment and accreditation fees.

Section 3.9 proposes that, following initial funding provided, accreditation organisations would become completely self funded through fees received via the accreditation body's registration and accreditation functions. The college questions whether or not this is sustainable, and whether or not this will lead to burgeoning accreditation and assessment fees for both health professionals and the health professions.

Section 3.10 – Accreditation processes

The consultation document states that the accreditation standards framework developed by the agency following consultation with the boards will set down requirements for the accreditation process which will ensure that good regulatory practice is followed and ministerial policy directions are met.

The RACGP reiterates the point that accreditation must be **independent** of the professions **and** of the government. Government policy changes often, frequently in response to short term goals. Basing accreditation processes on ministerial policy and directions will result in a diluted and confused system, which in the long term will almost certainly harm the current high standard of medical services delivered to the community.

Accreditation systems and strategies require long term solutions, rather than short term fixes that are not evidence-based and are not well planned.

Section 5 – International linkages

The RACGP cannot support proposal 5.1, which proposes that all education and training standards from a country which has mutual recognition with Australia be accepted. The term "mutual recognition with Australia" is an ill-defined term. In the current system, recognition means that an Australian or Australasian medical college has specifically recognised the training standards and competencies of an overseas college. This does not necessarily mean that the overseas college has "mutually" recognised the qualification from the Australian college. Nor does it mean that either the Australian or the overseas college involved has recognised the standards or competencies of any other speciality in the other country. Indeed, this would never happen. Mutual recognition is therefore not required, and recognition "with Australia" is a meaningless term.

It is important to ensure that the education and training of Australian medical professionals is of international standard, and that the assessment of the overseas qualifications of medical professionals wanting to practise in Australia is based on a clear understanding of the standards, content and accreditation processes in the relevant country.

However, the RACGP notes that medical specialties differ, and that while standards for the medical specialties in Australia are uniformly high, the competencies and experiences required to practise in one speciality are not necessarily consistent with those for another speciality. Hence, it is vital that all medical specialties are given the opportunity to:

- individually determine the standards and relevance of skills, knowledge and experience of international medical graduates of all specialties
- assess international medical graduates' equivalence to Australian expectations.