

Accreditation Arrangements Submission

To

**The Practitioner Regulation Subcommittee
Health Workforce Principal Committee
Australian Health Ministers' Advisory Council**

17 December 2008

From

Rural Workforce Agency Victoria (RWAV)

RWAV welcomes the opportunity to comment on the proposed arrangements for accreditation under the National Registration and Accreditation Scheme for the Health Professions.

RWAV was established to overcome the shortage of doctors practicing in regional, rural and remote Victoria, thereby improving access to medical services for people living in the country.

RWAV recruits general practitioners and health professionals from around Australia and internationally. RWAV's programs and services also include re-location and placement support services, facilitating access to professional development, marketing of general practice, research and policy advice.

EXECUTIVE SUMMARY

- 1. RWAV supports the underlying principles and proposals of the scheme that:**
 - Public protection is paramount**
 - The system must maintain a high degree of transparency and be accountable**
 - The framework consolidates best practice approaches into one national scheme**
 - Facilitate the provision of high quality education and training**
 - That assessment of overseas-trained practitioners is rigorous and responsive**

Recommendations:

- 1. RWAV strongly supports accreditation processes that are rigorous, timely, open, transparent and fair, consistent with government policy and include adequate arrangements for review of accreditation decisions.**
- 2. Arrangements for review of accreditation performance should be integrated into the new scheme.**
- 3. RWAV strongly supports the proposal that arrangements currently working well will remain in place until replacement standards are approved.**
- 4. That accreditation bodies must demonstrate capacity, staffing, costs as part of their approval. Agencies need to have the capacity to manage demand within the accepted standards.**
- 5. Supervision and mentoring of newly recruited doctors is an important mechanism of fostering practitioner quality practice and community well-being. Assessment recommendations will also need to take into account existing capacity to provide that support. If this is inadequate, there will need to be investment in developing this capacity.**
- 6. Scheme development needs to take into account the need to address the following factors:**
 - Timeliness of processing**
 - The development of greater clarity of roles and responsibilities around accreditation and assessment agencies**
 - Accountability and transparency of decision-making**
 - Accountability around fee-setting**
 - Provision of clear guidelines and information around eligibility criteria**
 - Robust agency governance processes**
 - Greater attention to the broader impact of decision-making, such as workforce needs, the sector's capacity to provide support, supervision, mentoring and the further professional development**
 - Greater engagement of key stakeholders in policy development and decision-making**

The Inter-governmental Agreement

RWAV strongly supports accreditation processes that are rigorous, open, transparent and fair, consistent with government policy and include adequate arrangements for review of accreditation decisions.

The need to protect public safety by ensuring that only practitioners are suitably trained and qualified to practice in a competent and ethical manner is without question. However, it is important to weigh and identify the public benefit and public detriment

generated by arrangements or conduct of accreditation bodies to restrict workforce and training numbers.

Proposed arrangements

A number of Medical Colleges have been accredited under the new regime. It is critical to ensure that these bodies have rigorous, responsive assessment processes which are timely, transparent and accountable.

Broad community issues such as demand, access, distribution and affordability should be considered alongside appropriate training and assessment standards.

Arrangements for review of accreditation performance should be integrated into the new scheme.

RWAV supports the premise that accreditation processes meet accepted international best practice, such as the WHO Guidelines for Accreditation and Professions Australia Standards for Professional Accreditation Processes.

Accreditation Agency Capacity

It is critical that accreditation bodies must demonstrate capacity, staffing, costs as part of their approval. Agencies need to have the capacity to manage demand and delivery core functions within the accepted standards.

Transition Arrangements

RWAV strongly supports the proposal that arrangements currently working well will remain in place until replacement standards are approved.

There must be enough lead time and phasing in of new approaches. The current system is highly complex and unwieldy and can be a deterrent to potential recruits to Australian general practice.

Furthermore, recent changes have lacked a planned approach to implementation. Whilst the current system of assessment can be strengthened, a lack of planned and resourced transition risks de-stabilising what does exist.

Supervision and Mentoring

Supervision and mentoring of newly recruited doctors is an important mechanism of fostering practitioner quality practice and community well-being. Assessment recommendations will also need to take into account existing capacity to provide that support. If this is inadequate, there will need to be investment in developing this capacity.

Matters requiring further discussion and consultation include:

- Who will set the standard and parameters for supervision?
- Supervision time requirements are likely to differ depending upon the doctor's competence and context of practice – including specific area of need registration

- or undergoing vocational education under the new Specialist Pathway. Will these be determined prior?
- Will there be limits to how many doctors may be supervised by one supervisor?
 - If so, will the vocational scope and level of experience of the supervisee, the supervisor's supervision experience and workload be taken into account?
 - What will the reporting requirements be, and who will be expected to monitor these?
 - Where issues of competence arise after initial assessment, will there be provision for competence review? (and under those circumstances, would the original assessor conduct the review?)

All of these factors will not only influence the quality of care and supervision, but are likely to have an impact upon the recruitment and distribution of the rural general practice workforce.

Factors that require closer scrutiny and improvement as part of the new scheme include:

- Timeliness of processing
- Greater clarity of roles and responsibilities around accreditation and assessment agencies
- Accountability and transparency of decision making
- Accountability around fee-setting
- Provision of clear guidelines and information around eligibility criteria
- Robust governance processes
- Greater attention to the broader impact of decision-making, such as workforce needs, the sector's capacity to provide support, mentoring and the further professional development
- Greater engagement of key stakeholders in policy development and decision-making

RWAV would be pleased to talk to this submission if required.

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