

# **SUBMISSION ACT MEDICAL BOARD**

on the

## **FURTHER CONSULTATION PAPER**

### **Proposed arrangements for specialists within the National Registration and Accreditation Scheme for the Health Professions**

Attachment A provides a proposal-by-proposal account of the arrangements included in the consultation papers currently in the public domain in the first column and additions and amendments that are suggested for consideration in the right hand column.

These additions and amendments can be summarised as follows:

#### *Specialist endorsement*

- a. Specialist endorsement should only be available for a profession where a profession-specific accreditation standard for specialist training in that profession has been approved by the Ministerial Council following recommendation by the relevant board and at least one training program has been approved by the board's accreditation body or committee in accordance with those standards. The development of these standards will be undertaken by the accrediting body or committee.
- b. For the purposes of transition, from 1 July 2010, initial registration of specialists in any profession will be by an endorsement on the public register subject to (a) above. In the absence of such a standard being in existence at the time of transition to the scheme, the registrant will only be granted general registration without specialist endorsement.
- c. The Ministerial Council may issue guidance to boards in relation to criteria for the recognition of specialties under the scheme, including those specialties to apply from 1 July 2010. The national board will propose to the Ministerial Council for approval, the types of specialist endorsement that will be available from 1 July 2010 in accordance with any guidance provided by the Ministerial Council. The national board will also determine how the current registration status of registrants should translate to specialties that are recognised under the national scheme, either with or without specialist endorsement.
- d. Clarification that endorsements provided under the scheme will be approved or granted for registration purposes only. Registration decisions under the scheme are separate to any decision made outside of the scheme in relation to endorsements for the purposes of funding (e.g. Medicare) or employment (e.g. terms and conditions of employment by governments or hospitals). It is not intended to remove existing authorities conferred by States or Territories.
- e. Clarification that the power for boards to recommend (and the Ministerial Council to approve) qualifications for the purposes of specialist endorsement, relates to the standards of qualifications rather than specified qualifications.

#### *Continuing competence requirements*

- f. Any continuing competence standards for specialists in existence at 30 June 2010 will continue to apply with any proposed changes to these standards (or any new standards) to be developed by the board for approval by the Ministerial Council.
- g. Minimum standards for continuing competence requirements for specialist endorsement must not be discipline specific (e.g. the minimum standards to apply in

respect of medical practitioners with specialist endorsement would be the same standard across all disciplines or specialist medical colleges).

- h. Boards may request that accreditation bodies or committees develop these minimum standards and assess continuing competence programs against these standards.

#### *Registration of specialists (including area of need specialists)*

- i. Boards must consider applications for registration from practitioners seeking to work in an area of need identified by a State or Territory government, where the applicant is not eligible for registration in any other category of registration. This provision will apply to all regulated professions. It is further proposed that boards may develop professional standards in respect of the registration requirements to apply to area of need registration to support a nationally-consistent approach.

#### *Scope of practice*

- j. Where a board is proposing to recommend to the Ministerial Council, on a matter in which another board might reasonably have an interest, then that board should be required to consult with all other boards and in submitting for Ministerial approval, draw to the attention of the Ministerial Council any contrary views.

### **Proposal 10.1.1**

AMEND 'qualifications' to read 'qualifications standards' to clarify that the power for boards to recommend (and the Ministerial Council to approve) qualifications for the purposes of specialist endorsement, relates to the standards of qualifications rather than specified qualifications.

ADD: 'It is further proposed that the Ministerial Council may issue guidance to boards in relation to criteria for the recognition of specialties, including those specialties to apply from 1 July 2010.'

It is further proposed that from 1 July 2010, specialist endorsement under the scheme should only be available where a profession specific accreditation standard for specialist training in that profession has been approved by the Ministerial Council following recommendation by the relevant board, and at least one training program is approved by the responsible board against those standards.'

*NOTE: the last paragraph in section 10.3 of the Registration Arrangements Consultation Paper proposes the endorsement process as a potential means of identifying practitioners with particular qualifications for the purposes of providing certain kinds of services that are otherwise restricted under the national legislation or under other legislative or administrative schemes, such as Medicare or PBS. This does not accurately represent the intent of this proposal. That is, endorsements provided under the scheme will be approved or granted for registration purposes only. Registration decisions under the scheme are separate to any decision made outside of the scheme in relation to endorsements for the purposes of funding (e.g. Medicare) or employment (e.g. salaries payable by State or Territory governments or hospitals).*

### **Board Submission**

The ACT Medical Board is somewhat confused by the change in wording from "qualification" to "qualification standard". This confusion has come about from the lack of definition of "qualification standard" and lack of adequate explanation of the intent of the suggested change. Is the purpose to simply amend the Ministerial approval process which would then allow the board to approve a specialist qualification? If this is the case then the Board agrees in principle with the suggestion.

In relation to the medical profession, it is worth considering that qualifications and where they are obtained are integral to a number of schemes in place that can relate to specialists. Of note are:

- a. The nationally agreed "Assessment process for Area of Need Specialists.
- b. The nationally agreed AMC/Specialist Colleges Assessment Process which can lead to the granting of "equivalence" leading to the granting of "limited specialist" registration by State and Territory medical boards.
- c. The COAG approved and nationally agreed "Specialist Pathway" to registration which incorporates the AMC/Specialist colleges' assessment processes leading to the granting of "limited specialist" registration by State and Territory medical boards.
- d. The COAG approved and nationally agreed "Competent Authority" pathway.

Is it intended that the change in terminology will change these nationally agreed processes? Will these processes continue to be used under the scheme?

In relation to the note to the proposal making reference to identifying practitioners for the purpose of providing kinds of service, the ACT Medical Board believes that whilst endorsement of specialists is for the purpose of registration, it is an important element in the process of credentialing practitioners in hospitals as well as approval for Medicare rebate services. It demonstrates that a practitioner as met the qualifications requirement for registration and that the practitioner has been through an assessment process to gain that registration. In other words, no registration equals no credentialing and therefore no employment offer. This close link and related interdependence should be acknowledged in the note.

### **Proposal 12.1**

ADD:

It is further proposed that for the purposes of transition, from 1 July 2010, initial registration of specialists in any profession will be by an endorsement on the public register and subject to the practitioner having met the requirements of a training program of the kind outlined in proposal 10.1.1. In the absence of such a standard (or recognised specialty) being in existence at the time of transition to the scheme, the registrant will only be granted general registration without specialist endorsement.

### **Board Submission**

The suggested change is somewhat flawed and has the potential to endanger the protection of the public element of this scheme. It appears to fail to recognise those limited specialists who have not undertaken a recognised training program but who have been assessed by a specialist medical college as "equivalent" or "near equivalent" to an Australian trained specialist (see AMC/Specialist Colleges Assessment Process). Registration using this process does not require the person to complete the AMC examinations, the national standard for general (unconditional) registration. In addition, it does not require the practitioner to be awarded a fellowship of a college, simply to be assessed as equivalent. For example, in the ACT, specialists who have been assessed under this process do not need to obtain a fellowship of the college that has assessed them (see s 2.4 (3) (iii) to Schedule 2 to the *Health Professions Regulation 2004*, which provides as follows:

#### **2.4 Specialist areas and suitability to practise requirements—Act, s 23 (c)**

- (3) A person meets the requirements for registration in a specialist area of medicine if—
  - (a) the person—
    - (i) is registered under the Act; and
    - (ii) has a qualification mentioned in table 2.4, column 4 in a specialist area of medicine mentioned in column 2; or

- (b) the person—
  - (i) graduated in medicine, whether from an Australian institution, or otherwise; and
  - (ii) holds a qualification in a specialist area of medicine awarded by an educational institution outside Australia; and
  - (iii) the qualification is approved in writing by an entity accredited by the Australian Medical Council, or an entity established to regulate the medical profession under a corresponding law of a local jurisdiction.

Registration under this provision limits the person to practising in the area of specialty as approved under the AMC/Specialist Colleges Assessment Process. The board is concerned that such practitioners would not be seen to have met the requirements of a “training program” and as such would be instead granted “general registration” which would entitle the person to practise medicine without conditions even though the person has not successfully completed the AMC examinations, the agreed national standard for general registration. The Board regards this as flawed and worthy of review by drafters.

### **Proposal 9.2.2**

ADD:

It is further proposed that from 1 July 2010 renewal of registration will, as for all other practitioners covered by the scheme, depend on a practitioner with a specialist endorsement meeting the requirements for continuing competence approved by the relevant board. Under these arrangements:

- a. any continuing competence standards for specialists in existence at 30 June 2010 will continue to apply with any proposed changes to these standards (or any new standards) to be developed by the board for approval by the Ministerial Council
- b. minimum standards for continuing competence requirements for specialist endorsement must be profession (but not discipline) specific (e.g. the minimum standards to apply in respect of medical practitioners with specialist endorsement would be the same standard across all disciplines or specialist medical colleges, with the actual programs assessed against those standards), and
- c. boards may request that accreditation bodies or committees develop these minimum standards and assess continuing competence programs against these standards.

*Note: This proposal aims to make a clear distinction between the standards for accreditation of specialist programs for registration purposes (such as training programs or continuing competence programs applicable to all specialists in a profession), to which this proposal relates, and the accreditation of particular programs (such as those provided by the specialist medical colleges or individual education providers). That is, the accreditation of individual education providers against the accreditation standard is part of the accreditation function.*

### **Board Submission**

Whilst agreeing in principle with the suggested compliance with minimum continuing competence standards, the board is concerned that protection of the public may be compromised by requiring specialist endorsed practitioners to meet a minimum standard developed for general registrants. The practise of a speciality is by its very nature very narrow and in many regards dissimilar from the general practice of medicine. The board would argue that this should be recognised in the continuing competence standards.

The board would be comforted, however, if those standards were used as part of the accreditation by the Australian Medical Council of college training programs and continuing competence programs developed and operated by specialist medical colleges.

### **Proposals 7.1 & 7.2**

DELETE:

## Proposal 7.1

### INSERT:

'It is proposed that the legislation make provision for a board to grant registration under separate heads of power, reflecting the following schema:

- General registration
- Provisional registration
- Limited registration
  - Post-graduate training
  - Teaching or research
  - Area of need
  - Specialist practice
  - Public interest
- Student registration
- Non-practising registration

**General registration:** It is proposed that the legislation provide powers for a board to grant general registration to an applicant who holds approved qualifications (and has met any other requirements set by the responsible board). This type of registration would be available to practitioners who hold approved specialist qualifications in addition to their approved primary qualifications, and therefore are granted a specialist endorsement on their general registration.

**Provisional registration:** It is proposed that the legislation provide powers for a board to grant provisional registration to a person who holds approved qualifications, to undertake an approved period of internship or supervised practice that qualifies the applicant for general registration.

**Limited registration:** It is proposed that the legislation provide powers for a board to grant limited registration to a person who holds relevant qualifications in the regulated health profession but those qualifications are not approved by the responsible board for general registration purposes. The legislation would empower boards to grant limited registration, subject to a condition or conditions (for example, time limits, limits on geographic location of practice, employment position or supervision arrangements, limits on scope of practice). The legislation would provide for heads of power to grant limited registration as set out below:

- **Specialist practice** – a grant of registration to enable the person to practise independently in a specialty, if the responsible board is satisfied that the person has approved specialist qualifications and training in an approved specialty.
- **Post-graduate training** – a grant of registration on a temporary basis to enable the person to undertake a period of postgraduate training or practice approved by the responsible board or in order to prepare to sit a board approved assessment or examination.
- **Area of need** – a grant of registration to enable the person to work in a designated area of unmet need, if the responsible board is satisfied that the person has suitable qualifications and experience to practise in the regulated health profession in that area of need.
- **Teaching or research** – a grant of registration to enable the person to fill a teaching or research position related to the regulated health profession, if the responsible board is satisfied the person has the qualifications necessary.
- **Public interest** – a grant of registration to enable the person to practise for a limited period or with a limited scope of practice if the responsible board is satisfied that it is in the public interest for a person to practise with those qualifications and training.

It is proposed that 'area of need' registration be available as a type of registration that may be granted by any of the registration boards. However, it is intended that the legislation make provision for the responsible Minister in each participating jurisdiction to have the power to 'designate' a particular geographic area as an 'area of need' with respect to the services of a particular regulated profession. The legislation should provide that a grant of this type of registration carry a condition that the registrant work in only the identified employment position in the designated area of need.

It is proposed that these types of registration be mutually exclusive, that is, an individual would not hold more than one type of registration at any one time, unless they were registered in more than one regulated profession, or in more than one division of a register, for example, as both a midwife and a nurse, or as a dental therapist and dental hygienist.

In addition to conditions imposed at registration by virtue of the type of registration granted, it is proposed that the legislation make provision for other types of conditions to be imposed on a practitioner's registration at first registration, or at renewal of registration, as well as at any time during the period of registration. Conditions also might be placed on registration following a process – such as performance, health or conduct management processes.'

The categories of Student and Non-Practicing Registration may be included in addition to those categories presented above.

### **Board Submission**

The board remains uncomfortable with the limited registration "specialist practice" provisions. The Board would prefer that this provision recognise the nationally agreed processes and pathways currently in place being:

- a. The nationally agreed AMC/Specialist Colleges Assessment Process which can lead to the granting of "equivalence" leading to the granting of "limited specialist" registration by State and Territory medical boards.
- b. The COAG approved and nationally agreed "Specialist Pathway" to registration which incorporates the AMC/Specialist colleges' assessment processes leading to the granting of "limited specialist" registration by State and Territory medical boards.
- c. The COAG approved and nationally agreed "Competent Authority" pathway.

These processes provide an agreed standard against which the board can be satisfied that the specialist has met an agreed standard and that the public is protected by the application of that standard. If the intent is to continue these processes in this scheme then this should be reflected in the discussion papers.

In relation to "area of unmet need", the board is concerned about the proposed move from a position based area of unmet need approval to a geographic model. Whilst the board would not suggest that a Minister or delegate would declare on a whim a geographic area an area of need, the temptation must be recognised. The board strongly believes that areas of unmet need should always be position based in order for the applicant to be assessed against that particular position. This is particularly important in relation to assessment of area of unmet specialists currently assessed under the nationally agreed "Assessment process for Area of Need Specialists.