



Submission on the National Registration and Accreditation Scheme for the Health Professions Further Consultation Paper on Proposed Registration Arrangements for Specialists

Overview

The further consultation paper on the arrangements for specialists under the National Registration and Accreditation Scheme (NRAS) for health professionals clarifies a number of issues relating to registration that emerged from the original discussion paper of 19 September 2008. In particular, the Australian Medical Council (AMC) notes the proposal under (j) that matters relating to scopes of practice would require consultation with other relevant National Boards before being submitted to the Ministerial Council.

The AMC considers that from a standards and public safety perspective the additional material provided reflects the same limitations of the 'endorsement' model for the registration of specialists under the NRAS model that was seen in the previous consultation paper. The AMC would like to focus on two specific issues associated with this model.

General Registration vs. 'Endorsed' Specialists on the General Register

The model for identifying specialists under the NRAS scheme in the revised consultation paper (and in the original 19 September 2008 paper) is a "protection of title" model rather than a discrete specialist register, as exists currently in four of the eight States and Territories (Queensland, South Australia, Western Australia and the ACT). Proposal 10.1.1 provides for sanctions against individuals who hold themselves to a specialist (such as a surgeon or obstetrician/gynaecologist) when they do not have the required qualifications for endorsement as a specialist on the public register.

The NRAS model proposes that a practitioner who is not endorsed as a specialist may be granted "general registration" (provided they have the qualifications for that category of registration.) However, since there is no limitation on scope of practice under the registration model as currently described in the consultation papers for general or (endorsed) specialist registrants, a practitioner with general registration may be able to undertake specialist medical procedures without oversight, provided they do not claim to be a specialist or to have endorsement as a specialist on the medical register or use a specialist title (such as surgeon etc). The recent "Butcher of Bega"/Reeves case in NSW illustrates how problems can arise where, in the absence of a discrete register of specialists, practitioners with "General Registration" are able to provide specialist medical services, such as obstetrics, even though they may not be qualified (or in the Bega case – permitted) to provide such services.

Clearly the 'endorsement' model for identifying specialists will provide maximum flexibility for workforce purposes. However, this model fails to ensure public safety to

the extent that the registration system should ensure that only a qualified specialist practitioner should be able to undertake specialist procedures.

Area of Need Registration

The further consultation paper states that:

Boards must consider applications for registration from practitioners seeking 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" (page 3/11)

One possible interpretation of this proposal is that the National Boards are mandated to consider applicants for registration who are not fully qualified simply to meet a government-determined area of need requirement. As indicated in the previous AMC submission on the proposed registration arrangements under the NRAS scheme, the area of need provisions under the existing State and Territory legislation have resulted in a number of high profile cases involving adverse health outcomes for the community. Although procedures were in place for the assessment and monitoring of the individual practitioners for area of need specialist positions, these were bypassed or not acted upon.

Again, from a public safety perspective, the area of need proposals under the NRAS scheme, should not allow a situation to continue where a practitioner, who has been formally assessed as **not meeting the standard required** for a specialist practitioner in a particular field, is able to hold himself/herself out to be a specialist by virtue of being in an area of need specialist position. As the recent cases indicate, this is of particular concern in the high stakes procedural specialties such as surgery, anaesthetics and obstetrics/gynaecology.

Clearly, in relation to specialist medical practice, a balance is required between workforce considerations and public safety concerns. The area of need model that was developed and signed off in 2002 attempts to achieve this balance by matching the specific skills set and experience of the individual practitioner against the clinical requirements and level of supervision available in a particular area of need position. The problems that have arisen in relation to area of need specialist positions have resulted from a lack of compliance with the assessment processes and a failure to implement appropriate supervision and monitoring provisions after the registration had been granted. The proposed registration provisions under NRAS should attempt to address the deficiencies in the current arrangements for area of need (specialist) registration, not add to them.

Health Consumer Concerns

It is important not to underestimate the level of community concern about the public safety aspects of medical registration and specifically the issue of specialists. The extensive involvement and commitment of health consumers to the AMC accreditation processes for both basic medical education and the specialist education and training, is a strong indicator of the importance of standards in medical practice to representatives of health consumers.

The adverse clinical outcomes from the two most recent high-profile area of need specialist cases resulted in a loss of public confidence in the integrity of registration procedures for medical practice. It can be argued that the 'protection of title' model proposed for the NRAS scheme, will provide less protection for the community than

the existing specialist registration procedures that are in place in Queensland, South Australia, Western Australia and the ACT.

The AMC considers that the public register should make a clear distinction between a legally “qualified” specialist medical practitioner (with endorsement) and a practitioner granted area of need registration with a scope of practice restricted to a specific job description with appropriate supervision. In the later case, the sanctions referred to in Proposal 10.1.1 (d) should apply if the area of need registrant holds themselves to be a “specialist”.

Canberra
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