

12 February 2009

Dr Louise Morauta PSM
Project Director
Registration and Accreditation Implementation Project
PO Box 2089
Woden ACT 2606

Dear Dr Morauta

Proposed arrangements for registration of medical specialists under the national registration and accreditation scheme

Thank you for giving us the opportunity to further comment on the registration arrangements for medical specialists. Before responding specifically to the proposed amendments (a-j) I would like to take this opportunity to summarise the issues that are still of concern to the Royal Australasian College of Medical Administrators (RACMA).

First and foremost it is of critical importance that RACMA Fellows continue to be recognized and endorsed as specialist medical administrators under the new national registration scheme. This will require reconciliation of the inconsistencies that have previously existed between jurisdictional registration boards largely due to the 'non-practicing' status of our Fellows. Clarification that endorsement will be for registration purposes only and not linked in any way to Medicare entitlements would help address past inconsistencies.

In relation to the accreditation standards for specialist training programs, RACMA strongly supports the preservation of the standards developed by the AMC against which the RACMA Fellowship Training Program and Continuing Education Program are assessed.

In relation to the proposed continuing competence assessment requirements, it is of concern that this concept is used interchangeably with the concept of continuing professional development assessment. RACMA is of the view that participation in continuing professional development programs does not necessarily confirm continuing competence to practice in any given specialty. Responsibility for maintaining, monitoring and assessing continuing competence should be shared by medical practitioners, their employers and their peers. The role of the medical colleges should be to assist with development of the appropriate continuing competence standards and provision of any additional education and training as required.

In relation to workforce data collection, it has been proposed that 'the Ministerial Council will have the power to specify data that must be collected as part of the national registration process where data is needed for workforce planning purposes'. Despite the critical role that medical managers play in preventing systemic failings and championing health service reforms, very little attention has been directed at properly assessing the nation's current medical management workforce capacity and future requirements. As such, RACMA asks that the medical management workforce data be collected as part of the new registration process. The data collected should include information about all medical practitioners' formal managerial responsibilities and whether they are trained and accredited by an authority such as RACMA.

Response to amendments (a-j)

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.**

The College supports the proposal that medical specialist endorsement only be available for medical practitioners who have successfully completed a specialist training program that has met the accreditation standards developed by the Australian Medical Council which in our view should be recommended by the new medical board to the Ministerial Council for approval. As indicated previously it would be to the detriment of the medical workforce and ultimately patient care, if existing AMC standards were compromised in any way.

- 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.**

RACMA supports this proposal subject the response provided (a) above and provided that the inconsistencies that have existed between some jurisdictional registration boards are reconciled, granting FRACMA specialist endorsement nationally.

- 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.**

RACMA asks to be consulted in relation to the development of criteria for the recognition of medical administration as a specialty under the new scheme. Only RACMA is qualified to provide advice on the criteria that can be applied to this unique interdisciplinary medical specialty.

- d. 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.**

RACMA asks that the AMC and medical specialist colleges be consulted on any decision relating to the types of specialist endorsement that will be available as of 1 July 2010 and strongly supports the endorsement of all medical specialties currently recognized by the AMC.

- e. 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.**

RACMA asks that the new national medical board be made aware of the inconsistencies that have previously existed in the registration of medical administrators by some state and territory medical boards and asks that RACMA be consulted when determining how these differences will be reconciled and current registration status of registrants will translate to specialties that are recognized under the national scheme.

- f. 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 (eg Medicare) or employment (eg terms and conditions of employment by governments or hospitals). It is not intended to remove existing authorities conferred by States or Territories.**

RACMA supports clarification that endorsements provided under the scheme will be for registration purposes only as in the past some state and territory medical boards have been unable to register medical administrators as specialists due to their “non-practicing” status under Medicare.

- g. 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.**

RACMA welcomes clarification that boards will have the power to recommend “standards of qualifications” rather than recommend specific “qualifications” for the purpose of specialist endorsement provided these are consistent with the standards set by the medical specialist colleges accredited by the AMC.

Continuing competence requirements

- h. 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.**

Currently the AMC accreditation standards include standards for continuing professional development (CPD) programs not continuing competence programs. As indicated in the introduction on page 1 of this submission, it is of concern that the concept of continuing competence is being used interchangeably with the concept of continuing professional development. RACMA is of the view that participation in continuing professional development programs does not necessarily ensure continuing competence to practice in any given medical specialty. Responsibility for maintaining, monitoring and assessing continuing competence should be shared by medical practitioners, their employers and their peers. The role of the medical colleges should be to assist with development of the appropriate continuing competence standards and provision of any additional education and training as required. RACMA asks that it be consulted in the development of the appropriate continuing competence standards if they are to be introduced.

- i. Minimum standards for continuing competence requirements for specialist endorsement must not be discipline specific (eg 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).**

As medically qualified medical administrators are also equipped with knowledge and skills in multi-disciplinary organizational management, it may not be appropriate to apply the same minimum standards applied to the other medical specialties.

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

RACMA supports development of minimum standards by the AMC in consultation with the medical specialist colleges.

I hope that these comments are of assistance and would welcome any opportunity to discuss these issues or any other matters relating to the transitional arrangements at some stage in the future.

Yours sincerely

Dr Karen Owen
Executive Director