



The Royal Australasian
College of Physicians

**National Registration and Accreditation Scheme
Consultation Paper –**

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

Submission on behalf of

The Royal Australasian College of Physicians

13 February 2009

Introduction

The Royal Australasian College of Physicians strongly endorses the principle of national registration, but is concerned about the current draft proposals for national accreditation. The College has undertaken a review of the Consultation Paper – “**Proposed arrangements for specialists within the National Registration and Accreditation Scheme for the Health Professions**” - and feels that there are a number of proposals that require its comment.

The presence of an effective and professional system of accreditation, which is independent of government, medical schools, Medical Colleges and the profession, is essential to ensure the maintenance of the existing high standards of medical education and practice in Australia. The Australian Medical Council (AMC) is the current accreditation authority for the medical profession. The AMC has developed and administered practitioner assessment processes and accreditation programs for medical schools and Medical Colleges over many years. The Council has served the Australian community well and its expertise and professional performance is recognised internationally.

The need for the consultation paper to be sufficiently flexible in its terms to cover the diverse range of health professions encompassed by the National Registration and Accreditation Scheme (NRAS) proposals and the consequent lack of clarity and specificity is recognised. However, measures which would lead to a reduction in the quality of existing medical profession standards and processes, in an endeavour to reduce the demands placed on other health professions which do not presently have a significant number of practitioners or high quality accreditation systems, would not be supported. The College believes that the AMC should form the standard for the other health professions to follow.

The College supports the principles that the system must balance the rights and interests of consumers with those of health practitioners and that the system must be a robust one that protects public safety

In relation to more specific areas and proposals contained within the Consultation Paper the College position on these matters is set out in the italicised sections below.

Registration arrangements consultation paper – proposal 10.1.1

Initial proposal:

- a. A general power (in the part of the legislation which sets out the broad powers and functions of the national boards) for the national boards to recommend to the Ministerial Council specialties that should be recognised for their profession, and the qualifications that the responsible board considers should apply for the purposes of endorsement of registration in each recognised specialty. This would be in addition to the role of the national boards in recommending to the Ministerial Council approved qualifications for registration purposes.

Proposed amendments and additions:

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.

It is the understanding of the College that in practice the proposal is to use the current Australian Medical Council (AMC) standard for accreditation of specialist training as the “qualifications standard” and that it will be applied to all existing medical specialist training. That is to say that the AMC standard will be the generic standard for all specialties with the AMC using it to accredit existing and new training programs. It is also the understanding of the College that the proposed process will be -

Prior to 1/7/10:

The Australian Medical Board will recommend to the Ministerial Council to approve the AMC standard for accreditation of specialist training.

The Australian Medical Board (AMB) will recommend to the Ministerial Council to approve the types of specialist endorsements (based on existing accredited training programs). Which specialist endorsements are recommended to the Ministerial Council is up to the Australian Medical Board - not prescribed in the proposed Act.

On 1/7/10:

The migration from state to the national system occurs. Medical practitioners with Ministerial Council approved specialty endorsements are endorsed on the national register. It is the understanding of the College that existing recognised specialties will be recommended by the AMB and will be approved by the Ministerial Council.

It will be the AMB which recommends (or not) which specialties are sent to the Ministerial Council for approval. The Ministerial Council may give guidance on criteria for recognition but can not act on its own - only on recommendations from the Board.

If the above is a correct interpretation of the proposal and its implementation then the College is fully supportive of both the initial proposal and the proposed amendments and additions.

It is the Colleges view that the independence of the accrediting body (the AMC for medical practitioners) and the board (the AMB for medical practitioners) must be assured and recognised within the Bill. Existing accredited and recognised medical specialties must be recommended and approved as specialties and endorsements on the register.

Registration arrangements consultation paper – proposal 12.1

Proposed amendments and additions:

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.

The College supports this addition to Proposal 12.1

Accreditation arrangements consultation paper – proposal 3.4.1

Initial proposal:

It is proposed that in preparation for commencement of the national scheme, national boards will consider whether there is a need for specialist endorsements in their profession.

The College supports this proposal.

Accreditation arrangements consultation paper – proposal 3.4.2

Initial proposal:

In the case of the medical profession, it is proposed that the national board take advice from the Australian Medical Council on the list of specialties and associated specialist qualifications, against which the board could endorse individual registrants as specialists

The College strongly supports this proposal.

Accreditation arrangements consultation paper – proposal 3.4.3

Proposed amendments and additions:

INSERT:

‘It is proposed that the national boards will recommend to the Ministerial Council for approval the types of specialist endorsement that will be available from 1 July 2010 drawing on any guidance issued by the Ministerial Council. The national board will also determine how the current registration status of individual registrants should translate to registration under the new scheme, including to specialties that are recognised under the national scheme.

It is further proposed that in line with the IGA the national scheme legislation will provide that any new specialties or specialty areas of practice will require Ministerial Council approval. Where a board is proposing to recommend to the Ministerial Council, a change to scope of practice or a new endorsement for a regulated profession, the board should be required to consult with all other boards. Where other boards hold contrary views, these must be drawn to the attention of the Ministerial Council.’

In line with the College statement in connection with Proposal 10.1.1 (above) the College is supportive of this proposal as long as existing accredited and recognised medical specialties are recommended and approved as specialties and endorsements on the register. The College believes that those specialties that have attained accreditation of their training courses from the AMC and currently receive recognition via specialist registration should continue to be recognised under the new scheme.

The College strongly supports the additional requirement for consultation and the provision to the Ministerial Council of contrary views where changes to a professions scope of practice or endorsements are proposed. The College believes that this proposal not only ensures that all views are available to the Ministerial Council but it has the potential to lead to a more cooperative approach to the development of innovative approaches to addressing health workforce issues.

Registration arrangements consultation paper – proposal 9.2.1

Initial proposal:

With respect to ensuring continuing practitioner competence, it is proposed that the legislation require the boards to establish requirements within each profession for registrants to demonstrate continuing competence at the time of annual renewal, with the scheme to be implemented for each profession on 1 July 2010. Since continuing competence would be a condition of registration renewal, requirements would apply to all registered health professionals, regardless of whether they work in public or private settings, and are employees or self-employed

Proposed amendments and additions:

ADD:

It is further proposed that boards may determine that current continuing competence or continuing professional development requirements be the requirement to be met by registrants from 1 July 2010 in order to demonstrate continuing competence at the time of annual renewal, if these requirements are in place at the national level in a profession at 30 June 2010. These arrangements should provide boards with the discretion to accept different continuing competence arrangements for different sub-groups within a profession

The College supports the recognition of current continuing professional development (CPD) requirements. The College supports the development of a standard for CPD and that the boards are required to ensure that the CPD arrangements for different sub-groups within the profession meet that standard. This is especially important for the non-procedural sub-groups where competency would otherwise be difficult to measure. The College would support the AMB requiring maintenance of CPD for ongoing registration.

Registration arrangements consultation paper – proposal 9.2.2

Proposed amendments and additions:

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 (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, 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

The College supports this addition to Proposal 9.2.2. We would however like to stress that such standards for medical practitioners should not be based solely on competencies as might be the case in other more procedurally orientated professions but should allow for a continuing professional development framework as well.

Registration arrangements consultation paper – proposal 10.1.3

Initial proposal:

With respect to protection of specialist titles, it is proposed that:

- for registered medical practitioners:
 - those with specialist endorsement from the Medical Board of Australia be authorised to use the title ‘medical specialist’, and
 - there be an offence for a person who is not a registered medical practitioner with endorsement as a specialist to hold themselves out as a medical specialist

The College supports the protection of specialist titles but strongly believes that the endorsement “medical specialist” must be qualified with the area of specialty in which the registrant is qualified (and registered) to practice e.g. paediatric nephrology. The College believes that this must be done in the public interest. This information must be publicly available on the register to allow the public to confirm the qualifications of medical practitioners from who they are either receiving or intend to receive treatment.

Registration arrangements consultation paper – proposal 10.3.1

Initial proposal:

It is proposed that the national legislation make provision for a mechanism through which a board may identify a sub-group of practitioners within the profession who have specific training and are considered qualified to deliver a particular type of service that they would otherwise be prevented by law from delivering.

In order to give effect to this, it is proposed that the legislation include provisions that:

- a. empower a responsible board to endorse a registrant whom it considers qualified to practice in an ‘approved area of practice’, and to impose any conditions on an endorsement
- b. empower the Ministerial Council, on application from a responsible board, to approve an ‘area of practice’ for the purposes of endorsement of registration and, at any time, to amend, vary or revoke a notice approving an area of practice
- c. require the responsible board to publish a list of ‘approved areas of practice’ on its website and in a publication circulated to registrants regulated by the board, and
- d. set out the powers of boards with respect to applications for endorsement qualifications required for endorsement and powers to refuse an endorsement (in a similar manner to those provisions relating to applications, qualifications for and refusal of registration).

ADD:

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.

The College is very supportive of a requirement for boards to consult on matters relating to scope of practice. As in Accreditation Arrangements Amended Proposal 3.4.3 the boards should be required to consult the other boards. The consultation should occur in all instances and not just when one board considers that another board “might reasonably have an interest”. Such a requirement would ensure that duplication of practice is minimized and where it does occur it does so in a cooperative and constructive way.

The College is strongly of the view that specialist physicians trained through the RACP training program are recognised as at least equal to the highest standard internationally.

Whilst recognising that the College does not have exclusive rights to training consultant physicians, it is disappointed that the legislation does not make mention of the excellence of the current training program and the many tens of thousands of hours of pro bono teaching and training provided by consultant physicians in support of this program.