



**FURTHER CONSULTATION PAPER – PROPOSED ARRANGEMENTS FOR
SPECIALISTS WITHIN THE NATIONAL REGISTRATION AND ACCREDITATION SCHEME
FOR THE HEALTH PROFESSIONS**

The Royal Australasian College of Surgeons thanks the Practitioner Regulation Subcommittee for this further opportunity to engage in the consultation process. We are concerned that many aspects of the paper have the potential to lower health care standards and, if implemented, will fail to deliver the safe and reliable health system that the Australian people justifiably expect.

Specialist endorsement

Section C proposes an amendment whereby “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 use of the word “may” fails to clarify arrangements and leaves open the possibility that guidance may not be issued or will be issued to some professions and not others. Any guidance provided by the Ministerial Council should be consistent for all health professions and limited to a framework of standards.

The appropriate body to determine and assess the training and qualifications that apply to a specialty is the accrediting body for the profession. This accrediting body, which in the case of the medical profession is the Australian Medical Council, must be allowed to function independently of influence from both the Ministerial Council and the Medical Board of Australia.

Continuing competence requirements

The College notes the reference to “continuing competence”, terminology that we understood was to be revised following earlier discussions. Continuing professional development (CPD) is not the same as continuing competence. While we would support the development of continuing competence standards in the future, it is impractical to refer to standards that cannot be currently implemented and we would suggest referring instead to continuing professional development.

The College strongly disagrees with the assertion in Section G that “Minimum standards for continuing competence requirements for specialist endorsement must not be discipline specific”. To have any credibility, continuing competence standards, or CPD, must be specialty specific and involve the specialist medical colleges where relevant. It seems both unrealistic and unnecessary to require, for example, surgeons and psychiatrists to meet the same requirements. The minimum requirement for common continuing professional development compliance for members of the same profession practicing in different specialties could be so low as to be meaningless. Unless the minimum standard involves the completion of a CPD program as determined by the recognised specialty, the College would strongly oppose this proposal.

Protection of specialist titles

The College notes and endorses proposal 10.1.3 and its protection of the term ‘medical specialist’. We raise again, however, our firm belief that the term ‘surgeon’ or ‘surgical specialist’ should be similarly protected. The right to use the title ‘surgeon’ or ‘surgical specialist’ should be available only to those medical professionals on the specialist register without any restriction or condition on their specialist practice.

Registration of specialists (including area of need specialists)

Section I and references to area of need arrangements on pages 9 and 11 of the consultation paper are opposed by the College. On page 11 it is proposed that the Minister in a jurisdiction “have the power to ‘designate’ a particular geographic area as an ‘area of need’ with respect to the services of a particular regulated profession”. No mention is made of advice or input from the profession and we recommend that this be incorporated.

The reference to area of need on page 9 of the consultation paper proposes that boards be empowered to judge applications for area of need registration against whatever standard they themselves have developed. If the standard to apply to area of need applications is completely flexible, it represents no standard at all. Moreover, the reference to “a nationally consistent approach” leaves open the possibility that jurisdictions will seek to alleviate health workforce pressures by adopting the professional standards developed by the least rigorous jurisdiction. The very fact that the paper proposes the development of new professional standards suggests that existing standards of excellence are deemed too onerous. In the case of area of need specialist medical practice, advice from the relevant specialist group is essential; indeed it should be mandated, remunerated and indemnified.

The College strongly opposes the proposal to define Specialist Practice as a form of Limited Registration (page 10 of the consultation paper). Currently, and quite appropriately, Specialist Practice is viewed as an extension of expertise, enabling a practitioner to practice specialist medicine in addition to that medicine which can be practiced under General Registration. It should be noted that many surgeons, particularly those practicing in rural Australia, also work across the breadth of clinical practice at some stage of their careers. It would be a severe blow to rural communities if new registration arrangements disallowed or discouraged this practice. At a time of mounting pressures on the health workforce, new registration arrangements should serve to expand rather than limit a clinician’s options.

The College believes there should be a separate register for specialists and that this should confer rights of practice **in addition** to those conferred by General Registration. There should also be a formal distinction between specialist endorsement for college members and the endorsement of those with overseas qualifications who are not members of the relevant specialist college.

Scope of practice

It is proposed that boards and the Ministerial Council have the power to establish separate “areas of practice” which will be substantially more limited than either general or specialist registration. Whilst this may assist in those cases where an overseas trained surgeon has a specialty in, say, hand surgery or foot surgery, but does not have sufficient qualifications or experience to qualify fully as an orthopaedic surgeon, the College is concerned that this clause could allow other non-surgeons to carry out surgical work on the basis of this limited “area of practice” endorsement.

There should at least be a requirement that the Ministerial Council and the relevant board consult with the relevant specialist medical college before developing any guidelines for approvals in this area.

Transition arrangements

It is proposed that “wherever possible registrants be migrated across to the national scheme with the widest possible scope of practice that is consistent with public safety. They would then be expected to practice within their competence...” (Proposal 12.1d, page 5 of the consultation paper). The College sees dangers in this proposal where lesser qualifications have been achieved by practitioners of surgery and where there is no scrutiny of standards across disciplines.

It is further proposed that each national board will 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” (Proposal 3.4.3, page 6 of the consultation paper). The College strongly opposes this provision where similar scopes of practice are to be undertaken.

In such circumstances, there must be consultation between boards.

The College could not support the registration as specialist surgeons of those who perform surgery but who do not have an appropriate surgical qualification. For example, we could not support the registration of specialist podiatric surgeons who do not have equivalence in their field of practice with the experience and training signified by Fellowship of the Royal Australasian College of Surgeons. The College would not support surgery being performed by podiatrists who have had their practice of surgery endorsed under the new scheme without review of their training and qualifications by the Podiatry board and the Royal Australasian College of Surgeons as the body accredited by the Australian Medical Council and recognised by the Australian community as the standard setter in surgical practice. In order to ensure public safety there must be cross discipline review of qualifications to practice surgery.

Conclusion

Once again, the College notes with concern the absence in the proposals of any role for the medical colleges in respect of specialist registration, assessment, training or assessment of continuing competence. If one of the effects of the new arrangements for the registration and accreditation of health professionals is to exclude the very institutions which have ensured world class health care for generations of Australians, we can only conclude that the purpose of these arrangements is to ease pressure on the health system by lowering the standards required to become a health professional.

The Australian public expects and deserves better.