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13 February 2009

Bronwyn Nardi
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Dear Bronwyn

Re: Consultation paper – Proposed arrangements for specialists

The Royal Australian College of General Practitioners ('the college') thanks you for your invitation dated 22 January 2009 providing the opportunity to make recommendations in relation to the National Registration and Accreditation Scheme for Health Professionals.

The college provided input dated 5 September 2008, 18 September 2008, and 29 October 2008, and 21 November 2008, 19 December 2008, and 23 December 2008 regarding this important initiative. The college would now like to make the enclosed additional recommendations in relation to the consultation paper titled "Proposed arrangements for specialists within the National Registration and Accreditation Scheme for the Health Professions".

The college hopes these recommendations, which it would be pleased to see made public, will assist the Health Workforce Principal Committee in its deliberations regarding the proposed National Registration and Accreditation Scheme.

Additionally, as stated in our letter dated 23 December 2008, we are still awaiting feedback regarding our submissions on national registration and accreditation as promised by your Chief Medical Officer, Dr John Horvath.

Please note that we would appreciate this covering letter publicized with our submission.

If you have any questions or comments regarding this submission, please contact me at the College on (03) 8699 0417 or at zena.burgess@racgp.org.au

Regards

Dr Zena Burgess
Chief Executive Officer

Encl: RACGP response to consultation paper – Proposed arrangements for specialists

50 years of excellence

The Royal Australian College of General Practitioners

**Response to CoAG's "Proposed arrangements for specialists
within the National Registration and Accreditation Scheme for the
Health Professions" consultation paper**

13 February 2009



1. INTRODUCTION

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to continue to contribute to the two separate discussions regarding proposals for medical and allied health professionals for:

- a national accreditation scheme
- a national registration scheme.

Accreditation

Accreditation addresses the standards of educators and trainers to provide training to medical and allied health practitioners, and sets the standards for those providing the training.

Medical colleges and university medical schools are accredited to provide training to the medical profession and to medical students. The Australian Medical Council accredits medical colleges and universities to set the standards for such training and accredits them to provide elements of the training.

Medical colleges also separately accredit training providers to deliver specific aspects of their specialty's training program.

In previous RACGP submissions, and as co-signatory to submissions from other organisations, we have expressed concern that the view of the Productivity Commission, that the registration and accreditation functions for the health professions should have separate governance arrangements, has been ignored.

Registration

Registration, as a distinctly separate function, addresses whether individual practitioners have reached the standard to provide safe and competent service to the community.

Medical registration works well when medical college qualifications are used by registration authorities as the acceptable standard to practise, but can go very badly when the jurisdictions go outside the college system and register practitioners by measuring them against non-college standards.

Major concerns regarding CoAG accreditation proposals

The major concerns of the RACGP in relation to a national accreditation scheme continue to be that the consultation process has provided:

- no mention at all of the role of the medical and other clinical colleges in the maintenance of accreditation standards for training providers
- no mention at all of the roles the medical colleges and the Australian Medical Council currently play in independently setting and maintaining the highest standards for accreditation of training programs for trainees and experienced consultants

and that

- accreditation has been linked to national registration without providing any hypothesis or any evidence about how they are linked
- registration arrangements have been considered in several consultation processes, while discussion on accreditation issues, which are at least as important, have been limited to a single consultation process.

More time needs to be given to the consideration of accreditation issues. To rush through changes to the existing accreditation system for medical education and training, which is robust and sound, creates the huge potential for unnecessary risk to the community.

Major concerns regarding CoAG national registration proposals

The major concerns of the RACGP in relation to the proposed national registration scheme continue to be that:

- the national registration systems proposed are unnecessarily and overly complex, and potentially expensive for the medical profession
- the discussion documents provide scant detail about how the medical and other professions will provide input
- the consultation document released by CoAG ascribes increasing power to the “Ministerial Council”, without providing information about who will advise such a Council on professional matters
- the consultation documents do not provide a mechanism to ensure registration will be based on clinical competence and standards of safe practice for the community
- the consultation documents do not ensure registration is independent of ministerial control
- there is no mechanism to ensure the retention of proven, existing, and effective measures, already in place that maintain clinical competence and safety for the community.

The role of The Royal Australian College of General Practitioners

The RACGP is well qualified to speak on these issues as the specialty medical college for general practice in Australia. The RACGP is responsible for defining the nature of the discipline of general practice, setting the standards and curriculum for education and training, maintaining the standards for quality clinical practice, and supporting general practitioners in their pursuit of excellence in patient care and community service.

The RACGP has been a world leader in improving many elements of the standards of primary health care in Australia over many years, including:

- Curriculum for general practice specialist training
- Standards for GP Education and Training: Trainers and Training Posts
- Standards for GP Education and Training: Program and Providers
- Fellowship requirements for the vocational training route
- Fellowship requirements for practice route
- Fellowship requirements for overseas specialist equivalency
- Requirements for Rural Fellowship
- Quality Assurance and Continuing Professional Development standards for members

- Standards for education providers to the Quality Assurance and Continuing Professional Development program
- Standards for General Practices
- Standards for the Supervision of Prevocational Doctors in General Practice

2. SPECIFIC CONCERNS REGARDING PROPOSED ARRANGEMENTS FOR SPECIALISTS

A national registration system for individual practitioners should not be confused with a national accreditation system, which is concerned with the accreditation and recognition of education providers. Although CoAG has stated that these two functions are 'inseparable', justification for that approach is yet to be provided.

As stated in previous submissions, the RACGP continues to support the concept of national registration which, with the removal of current restrictions created by state and territory boundaries, will allow greater workforce flexibility and mobility.

The RACGP has a number of overarching concerns both in relation to this paper and previous papers in the current stage of consultation.

2.1 Lack of meaningful stakeholder engagement

The RACGP has provided much detailed input regarding the proposed national accreditation scheme and the separate national registration scheme¹, on:

- 7 February 2007
- 10 March 2008
- 5 September 2008
- 19 September 2008
- 29 October 2008
- 21 November 2008
- 19 December 2008 (two submissions)
- 23 December 2008
- and now 13 February 2009.

The College is very concerned that it is yet to receive any written feedback regarding any of its recommendations provided in any of its submissions since submissions commenced.

The College is concerned therefore that the "consultation" process puts public clinical safety at risk, by not properly considering the views of the medical profession on how the profession is organised, structured, accredited and trained.

Page 2 of the consultation paper states that:

"Following consultation and review of submissions, it appears that there is a need to clarify the arrangements to apply to specialists in the regulated professions under the national scheme."

¹ <http://www.racgp.org.au/reports>

However, the RACGP is concerned that it can find no information within this consultation document that addresses concerns previously raised by the RACGP regarding the arrangements to apply to specialists.

Consultation with the profession must be meaningful, where submissions and views expressed are not only acknowledged and discussed, but also addressed. The RACGP, like many stakeholders, has submitted multiple reports, covering complex and multifaceted issues, which have yet to be acknowledged, or addressed.

The College continues to advocate for *meaningful* stakeholder consultation and engagement regarding this high impacting initiative.

2.2 Ministerial control

As stated in CoAG's consultation documents, the Ministerial Council, which is comprised of the health ministers, will have broad and overarching powers over the national health boards, the Advisory Council, and the Agency Management Committee.

Notwithstanding this, principle (b) in section 1.6 of the CoAG consultation document, titled "Proposed arrangements for accreditation", states that:

"the provisions for accreditation functions ensure that the process of assessment of courses and qualifications is undertaken independently from government, health professional educators and the profession"

The RACGP believes that accreditation functions should be independent of both the government and the professional bodies providing qualifications. The proposals regarding the future of the health professions, contained within the consultation documents, do not appear to be based on this important and fundamental principle.

The RACGP believes that the professions must set the clinical standards and the training standards.

The distinction must be made between the profession as a whole, and the bodies within a profession, that:

- set the standards for training
- provide training
- accredit those who set standards and/or provide training.

It is the role of the medical colleges to set the standards for training in the medical specialties.

It is the role of the medical colleges to provide some of the training, and to set the standards for accreditation of those who provide additional training to the medical specialties.

It is the role of the Australian Medical Council to independently accredit the medical colleges to perform these roles.

At some appropriate future time, if necessary, CoAG should acknowledge these safe, cost-effective and robust arrangements, in writing, and apply them within the accreditation arrangements.

In its two submissions dated 19 December 2008, and its submission dated 23 December 2008, the RACGP provided detailed concerns regarding the proposed arrangements for Ministerial control in national registration and accreditation, including that the Ministerial Council:

- has final authority in which accreditation body(s) to use
- sets the policy direction
- appoints any person or body to undertake accreditation functions
- approves standards for accreditation
- reviews any approved standard
- approves amendments to standards
- has final authority on the recognition of initial specialties, recognition of new specialties, and approval of new courses.

The RACGP further notes with concern that this latest consultation paper does not appear to take into account feedback provided to date, and that even more enhanced powers are proposed for the Ministerial Council, including:

- Issuing guidance and criteria for the recognition of specialties
- Final authority regarding specialist accreditation standards
- Final authority regarding specialist endorsement
- Final authority regarding continuing competence, and continuing professional development.

CoAG's proposals regarding the broad and ultimate powers of the Ministerial Council are a continuing and serious concern within the proposed model, **because they provide no guarantee that existing high standards of medical practice within Australia will be maintained.**

The RACGP re-iterates the dangers of Ministerial control over so many aspects of the medical profession, which would create the risk that decisions will be made in response to short-term political prerogatives, rather than the long-term requirements to set and maintain high and safe standards for clinical practice.

The Australian Medical Council and the medical colleges have the long term view.

2.3 Role of the specialist medical colleges

As previously noted, there is still no mention of the role of the specialist medical colleges in the proposed national registration and accreditation model. The College in its submissions has made a number of recommendations regarding the role of the specialist medical colleges, and has sought clarification on this issue in its submissions dated 21 November 2008, and its two submissions dated 19 December 2008. To date, the RACGP has not received written clarification regarding this issue.

Specifically, the RACGP seeks written confirmation of the intended roles of the specialist medical colleges in the proposed model, especially in relation to:

- Quality Assurance and Continuing Professional Development
- Setting standards for prevocational and vocational training
- Assessing candidates for admission into specialist practice
- Assessing overseas specialist qualifications.

The RACGP, like many other specialist medical colleges, sets high standards for the quality of education, training and clinical practice, ensuring robust systems and quality control mechanisms for general practice in Australia. Currently, the College develops, maintains and monitors:

- The curriculum for general practice prevocational training, vocational training, and continuing professional development
- Internationally recognised standards for Fellowship and Assessment
- Safe and quality standards for training posts, supervisors, and training providers at both prevocational and vocational training levels
- High standards and robust requirements for Quality Assurance and Continuing Professional Development in general practice, which is evidence based, focussed on patient safety, and under continual quality improvement
- Standards for general practices, with a focus on improving care, patient safety, quality, and implementing a quality improvement cycle.

Please see Appendix 1 for further details.

The RACGP questions how the Australian Government intends to ensure the high quality, patient centred, safe, efficient, and evidence-based delivery of clinical services to the Australian population, without acknowledging the ongoing expertise, knowledge, and commitment of the medical colleges, who provide these fundamental and crucial services to the Australian population at minimal cost, in a collegial atmosphere.

Furthermore, it is very difficult to see how the government could provide these services and standards at the low cost achieved by the “collegial” nature of the colleges.

2.4 Role of the Australian Medical Council²

The RACGP advocates for the continued role of the Australian Medical Council (AMC) to ensure that the standards of education, training and assessment of the medical profession promote and protect the health of the Australian community.

The system has worked well for decades, and the risks of changing it are significant.

As stated in previous submissions, the AMC model should be fully adopted for allied health professions, considered within these proposals, which may not currently have robust accreditation standards or processes.

The view of the RACGP is that the role of the AMC should be confirmed for at least six years, in order to ensure continuity of process and proper follow-up and review of existing accreditations and accreditation arrangements.

Specifically, the AMC should continue to:

- Assess medical courses and training programs, for both medical school courses and training for medical specialties, and accredit programs which meet the AMC accreditation standards
- Assess overseas training doctors, or international medical graduates, who wish to practice medicine in Australia
- Advise the Health Ministers on uniform approaches to the registration of medical practitioners and the maintenance of professional standards in the medical profession
- Advise the Commonwealth and the states on the recognition of medical specialties.

² From: <http://www.amc.org.au/index.php/about-us-mainmenu-108>

In relation to accreditation, the AMC processes entail both accreditation and peer review to promote high standards of medical education, stimulate self-analysis and assist the training organisation under review to achieve its objectives. AMC standards define the knowledge, skills and professional attributes expected at the end of basic medical training and specialist medical training, and good practice in the delivery of medical education and training. Training organisations that meet AMC standards are granted accreditation.

3. RACGP RESPONSE TO CONSULTATION DOCUMENT AND PROPOSALS³

The consultation document proposes 10 amendments to proposals contained within previous papers titled “Registration arrangements consultation paper” and “Accreditation arrangements consultation paper”.

The specialty of General Practice

The RACGP first emphasises that general practice should retain recognition as a specialist training pathway for vocational registration among medical practitioners. The evidence from Australia and overseas overwhelmingly supports the view that specialist training in general practice is essential for a comprehensive, effective and safe primary health care system.

The RACGP here provides further comment on a number of the specific recommendations from the consultation paper.

Registration arrangements consultation paper – proposal 10.1.1

Proposal 10.1.1, originally contained within the registration arrangements consultation paper, outlines the proposals for specialist endorsement, including the role of the national boards.

The RACGP notes with extreme concern the following proposals:

“The Ministerial Council may issue guidance to boards in relation to criteria for the recognition of specialties”

and

“specialist endorsement will only be available where a profession specific accreditation standards for specialist training in that profession has been approved by the Ministerial Council”.

This will essentially provide the Ministerial Council with final authority regarding the endorsement of specialists, while giving no indication that the medical profession, which sets the standards for becoming a specialist, will even be able to advise the minister on the required standards.

³ This submission is made in response to the information contained in the CoAG Consultation Paper entitled ‘Proposed arrangements for specialists within the National Registration and Accreditation Scheme for the Health Professions’, at <http://www.nhwt.gov.au/natreg.asp#calls>

We seek written advice from the CoAG Practitioner Regulation Subcommittee regarding why it is proposing even further powers for the Ministerial Council, when the RACGP and other stakeholders have been advocating for an independent system, with a focus on patient safety and quality.

Accreditation arrangements consultation paper – proposal 3.4.3

Similar to proposal 10.1.1, proposal 3.4.3 recommends that the Ministerial Council be given further powers regarding specialist endorsement, including specialist approval, specialist endorsement, and determining the scope of practice for professionals.

The RACGP re-iterates its concerns above, and queries whether clarification will be given regarding the role of the Australian Medical Council (AMC), which currently accredits and endorses the medical specialties (as well as undergraduate medical training and education).

In CoAG's consultation document regarding the proposed registration arrangements, a commitment was made to continue the AMC's role only for a minimum of 3 years. This is not long enough. The AMC's role should be guaranteed for six years, to ensure continuity of clinical safety.

The RACGP also queries how both the AMC and the Ministerial Council will both be responsible for specialist endorsement and approval, especially, as the AMC is independent of both the profession and the government.

Registration arrangements consultation paper – proposal 9.2.1

As previously stated in relation to CoAG's proposed "continuing competence" standards, the RACGP is concerned about the lack of clarity regarding the proposals for demonstration of 'continuing competence', and is keen to see meaningful detail regarding the specifics of the proposed scheme, including how CoAG intends to implement this system, what it will entail, and what the role of the specialist medical colleges will be.

Currently, to maintain vocational recognition, general practitioners must complete the requirements for the RACGP's Quality Assurance and Continuing Professional Development (QA&CPD) Program. The QA&CPD Program is a proven quality system aimed at ensuring that all general practitioners are provided with the opportunity to participate in high quality educational activities, which are competence based, with an emphasise on patient safety.

Continuing competence for general practitioners is, and should continue to be, demonstrated through the satisfactory completion of the RACGP QA&CPD Program.

Registration arrangements consultation paper – proposal 9.2.2

Whilst it is understood that the proposed amendments to 9.2.2 are intended to make a clear distinction between the standards for accreditation of specialist programs for registration purposes, and the accreditation of particular programs, the college re-iterates its concerns stated in Section 2.2, Section 2.3, and in response to amendments to proposal 9.2.1.

RACGP Accreditation Responsibilities

A1. RACGP Curriculum

The RACGP Curriculum for Australian General Practice sets the standards for the knowledge, skills and attitudes necessary for a competent, unsupervised general practitioner to care for our patients and support the current and future goals of the Australian health care system.

<http://www.racgp.org.au/curriculum>

A2. Standards for GP Education and Training: Trainers and Training Posts

The standards for trainers and training posts set the standards required in general practice training posts, and extended skills posts.

The standards apply to the general practitioners who take responsibility for training the registrar within the primary healthcare and general practice setting. The trainers and training posts standards specify the education and experience required of the supervisors, supervision and training, registrar support, registrar experience and workload, and registrar feedback.

Accreditation of supervisors and training posts is essential to ensure that the standard of training is uniformly high throughout Australia with suitable role models, experience, supervision, teaching and access to proper resources and facilities.

<http://www.racgp.org.au/vocationaltraining/standards>

A3. Standards for GP Education and Training: Program and Providers

The standards for programs and providers set the requirements for the education providers responsible for vocational training.

The programs and providers standards cover the standards for training programs, program education and training, selection and enrolment, support for registrars, support for trainers, and registrar performance and monitoring.

<http://www.racgp.org.au/vocationaltraining/standards>

A4. Requirements for Fellowship

Fellowship of the RACGP is the recognised standard for practising as an unsupervised general practitioner in Australia. To attain Fellowship, applicants must have undertaken suitable training/experience in general practice, and demonstrated their competence by successfully completing a RACGP assessment process.

Fellowship can be obtained via the vocational training route, the practice route, and through *ad eundum gradum* (overseas specialist equivalency). Regardless of the route, the RACGP has set standards regarding the experience required, including

both breadth and length, education required, with an assessment, which is flexible and tailored on the chosen Fellowship route. Depending on the route, the assessment standards include written examination, simulated patients, written logs, supervisor feedback reports, and observed practice.

Fellowship requirements for the vocational training route

<http://www.racgp.org.au/fellowship>

Fellowship requirements for practice route

<http://www.racgp.org.au/fellowship>

Fellowship requirements for ad eundem gradum route: (overseas specialist equivalency)

<http://www.racgp.org.au/fellowship>

A5. Requirements for Rural Fellowship

Fellowship in Advanced Rural General Practice (FARGP) aims to assist candidates to become competent and confident to work anywhere in unsupervised rural and remote general practice. The flexible program consists of core and optional education activities, which have a strong practice based focus.

Candidates must complete the advanced rural skills post curriculum requirements, a rural general practice module, an emergency skills module, elective educational activities, and a final portfolio.

Advanced rural skills training is available in, Anaesthetics, Obstetrics, Surgery, Aboriginal Health, Mental Health, Paediatrics, Emergency Medicine, Adult Internal Medicine, Small Town General Practice, and other individually designed programs.

<http://www.racgp.org.au/rural/fargp>

A6. Quality Assurance and Continuing Professional Development (QA&CPD)

QA&CPD guides and standards for providers

The RACGP sets standards for QA&CPD providers, which are based on the following principles:

- Improving the quality of patient care
- High ethical standards
- Patient safety
- Sound educational principles.

There are also a number of standards that relate to administration and reporting, including human resources, feedback, activity reports, and sponsorship.

<http://www.racgp.org.au/qacpd/20082010triennium/providerforms>

QA&CPD guides and standards for GPs

The QA&CPD program aims to ensure all GPs are provided with opportunities to participate in high quality educational activities that emphasise patient safety. Modifications for the 2008 –2010 program enhance the program's depth, flexibility and standard, thus increasing the educational benefits GPs receive for the valuable time they invest and, ultimately, improving patient outcomes.

GPs are required to accrue a number of points, which are awarded for undertaking education activities, with at least 62% of points from approved formal educational activities, including a cardiopulmonary resuscitation course.

<http://www.racgp.org.au/qacpd/20082010triennium/gpforms>

A7. Standards for General Practices

The standards for general practices form one of the benchmarks of quality and safety in Australian general practice and provide future directions for quality improvement. The standards are developed by the profession, for the profession, with both experts and in the profession and consumers involved in the development of the standards.

The standards outline the aspects of general practice that support high quality and safe comprehensive care, including attention to the services practices provide, the rights and needs of patients, quality improvement in education processes, practice management, the physical aspects of practice, general practice teams, and general practice systems and processes.

<http://www.racgp.org.au/standards>

A8. Standards for the Supervision of Prevocational Doctors in General Practice

The standards for programs and providers set the standards for prevocational education, selection, enrolment, support, and performance during training.

The education and training of prevocational training is based on the principles and standards of postgraduate medical education that ensure the practitioner is able to practice competently and with compassion.

<http://www.racgp.org.au/prevocational/supervision>