



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

Overview

Since its inception in 1985, the Australian Medical Council (AMC) has worked closely with State and Territory Medical Boards on the development of nationally consistent approaches to the registration of medical practitioners. Through its Joint Medical Board Advisory Committee (JMBAC), the AMC has been involved in the development of a number of national policy statements which have been adopted by all Medical Boards.

The AMC was also directly involved in the national portability of registration model for medical practitioners. Although this was endorsed by Health Ministers in 2004, it ran in to legislative and implementation difficulties among the States and was subsequently overtaken by the Productivity Commission and COAG developments in 2005/2006. A number of the issues that emerged from the 2004 portability initiative, such as agreed categories of registration, have carried over to the current National Registration and Accreditation Scheme (NRAS).

The AMC considers that the detailed technical issues raised in the consultation paper on registration arrangements are more appropriately addressed by the State and Territory Medical Boards. However, there are a number of specific issues canvassed in the consultation paper that relate to activities of the AMC which we would like to comment on.

Specific Registration Arrangements

5. Qualifications for Registration

Clause 1.25(c) of the IGA provides for the national profession specific boards to approve lists of approved courses and qualifications that may be recognised for general registration. The AMC considers that any listing of qualifications must be based on the independent evaluation and accreditation of the relevant professional education program. While recognising that there can be a diversity of approaches to external quality evaluation of professional courses leading to registration, there are a number of common principles that can be identified to ensure that the community is protected by appropriate standards of professional education. Examples of these include:

- *Standards for Professional Accreditation Processes* issued by Professions Australia June 2008 <http://www.professions.com.au>
- *Guidelines of Good Practice* International Network for Quality Assurance Agencies in Higher Education <http://www.inqaah.org>

- *Guidelines for Accreditation of Basic Medical Education* World Federation for Medical Education/World Health Organisation <http://www.wfme.org>

Proposal 5.2 Registration of Substantially Equivalent Training

The AMC assumes that this proposal is intended to provide for flexible arrangements that would allow an overseas trained health professional to be recognised on the basis of prior professional education or examination. An example of this approach is the Competent Authority (CA) assessment model that has been developed by the AMC and the jurisdictions as part of the COAG International Medical Graduate (IMG) assessment initiative.

The CA model operates on the premise that internationally there are a number of established formal examination/assessment processes that lead to licensure. There is evidence to indicate that these assessments, although not directly equivalent to assessment processes in Australia, represent an appropriate or competent assessment of basic (non-specialist) medical training and practice. Accordingly, IMGs who have successfully completed these assessment pathways should not be required to undertake further assessment at the basic level covered by the AMC MCQ and clinical examinations.

Since the CA assessment pathway was implemented in July/August 2007 four international licensing examinations (the United Kingdom, Canada, the United States and New Zealand) and two medical school accreditation programs (the United Kingdom [General Medical Council] and Ireland [Medical Council of Ireland]) have been reviewed and formally designated as Competent Authorities.

To date the AMC has processed some 1,720 applications from IMGs, of which 630 have been granted advanced standing towards the AMC Certificate (to enable conditional registration proceed) and 439 have been awarded the AMC certificate (eligible to apply for general registration). Although only four examination systems and two medical course accreditation systems have been approved under the CA model, the applications processed by the AMC represent 57 countries of training.

In relation to recognition of prior registration Proposal 5.2 states:

This will allow a national board to recognise substantially equivalent qualifications recognised by registration authorities in another country.

The AMC, based on its experience with the CA assessment model, is concerned that Proposal 5.2, as currently worded, fails to understand that the key principle of the Competent Authority system is that substantial comparability is determined on the nature of the assessment process and not the class of registration in the designated CA country. A major complication that was experienced with the implementation of the CA model was the recognition by the GMC for general registration in the UK of intern training in a third country, which did not meet the clinical context standards for the CA model. Although this problem has been rectified in the current CA model, it highlights the danger of focussing on 'registration' rather than assessment.

Clearly, the NRAS should include provisions to allow the national boards to recognise prior assessment of qualifications or training in an overseas jurisdiction, but not solely on the basis of recognition by that overseas jurisdiction, which may have its own standards or political/legal considerations for recognising other qualifications. The recognition should be on the basis of standards and processes approved by the national board and not by the external jurisdiction.

Proposal 7.1 Types of Registration / 10.1 Specialist Endorsement

The proposed types of registration under Proposal 7.1 reflect the categories that were developed after extensive consultation by an AHMAC Working Party in 2003/2004 as part of the portability model for the registration of medical practitioners. The AMC also notes the 'endorsement of registration' model that is proposed for the recognition of specialists in Proposal 10.1

In 2004 the AMC, together with the Committee of Presidents of Medical Colleges (CPMC), established a Joint Standing Committee on Overseas Trained Specialists (JSCOTS) to facilitate the assessment and registration of IMGs with specialist training and qualifications. The membership of the Committee is drawn from the specialist medical colleges, medical boards, the jurisdictions, the Commonwealth, medical recruiters and the community.

The AMC is concerned at the way in which the issue of medical specialists will be handled under the NRAS proposals, specifically in relation to the proposed *Area of Need* and *Temporary registration in the public interest* categories. The AMC has been made aware by JSCOTS of problems that currently exist as a result of IMGs, with a conditional or limited type of specialist medical registration, such as those in area of need positions, holding themselves out to be fully qualified medical specialists. Public safety may be at risk in these particular cases, where:

- The practitioner does not hold the relevant qualification to be considered a fully trained specialist (the benchmark qualification to be considered a fully trained specialist being fellowship of the relevant specialist medical college accredited by the AMC); or
- The practitioner has only been assessed against a limited set of criteria or scopes of practice within the relevant specialty (as required by the specific area of need position); or
- The practitioner has also been deemed suitable for payment at the specialist level for Medicare provider number purposes – which allows the practitioner to continue to practice with no incentive to undertake further training to reach substantial comparability to an Australian trained specialist and gain Fellowship through the AMC/Specialist College specialist assessment pathway.

There have been a number of recent high profile cases, some attracting national media attention, in which practitioners, not holding fellowships of an AMC accredited specialist college or having been assessed as substantially comparable to an Australian trained specialist, have held themselves out to be a fully qualified specialist.

In the case of area of need positions, a restricted category of specialist type of medical registration can be sought on the basis of an assessment by a specialist college that the practitioner is suitable to perform a defined role. Suitability is assessed by the specialist college against a specified position description in addition to a number of other requirements. It is often the case that the position description for an area of need position describes a clinical role requiring a scope of clinical capacity, practice and responsibility which is less than would be expected of a fully qualified specialist practising in that specialty.

The AMC notes that one of the stated objectives of the IGA is to:

“provide for the protection of the public by ensuring that only practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered” [clause 5.3 (a)]

JSCOTS notes that 4 of the 8 States and Territories have implemented (or are proposing to implement) separate specialist registers. In consideration of public interest and safety, JSCOTS would request the national registration and accreditation scheme ensures that only those practitioners holding designated specialist qualifications approved by the National Medical Practitioners Board or (in the case of overseas trained specialists) practitioners who have been assessed through an approved specialist assessment pathway as substantially comparable to an Australian trained specialist in the relevant specialty field, can be designated (endorsed) as a “specialist” on the new national register.

The AMC would strongly support the proposal in Section 1.31 (c) of the IGA, that statutory sanctions should be implemented to prevent individual practitioners, who do not meet the requirements for full recognition as a specialist, from using a title that would suggest to a member of the public that the practitioner concerned is a qualified specialist. This would include practitioners registered with restrictions to work in area of need specialist positions holding themselves out to be specialist. If such measures are not implemented, significant patient safety issues can arise, especially in relation to procedural areas such as surgery, obstetrics and gynaecology and anaesthesia.

The AMC considers that the new provisions for a national system of registration have the potential to streamline registration arrangements for specialists in Australia and facilitate the provision of specialist medical services. However, it is essential that the community and health consumers have confidence in the registration processes and the information set out on the national register concerning the qualifications of individuals that are providing specialist medical services.

Proposal 9.4.2 Guidelines on Professional Standards

Currently in Australia there are a number of codes of professional conduct, including those developed by the Australian Medical Association, the specialist medical colleges and the State and Territory Medical Boards. In anticipation of the move to a national system for the registration of health professionals, the AMC, together with the state and territory medical boards, initiated a project to identify nationally consistent standards of medical practice and a code of professional conduct that could be understood by both the profession and the community.

In developing the draft code, the AMC assembled an expert working group, including senior clinicians, junior doctors, medical student, educators, medical regulators, health administrators, consumers and community groups. The draft code is available on <http://www.googmedicalpractice.org.au>

The Commonwealth, through the Department of Health and Ageing, has provided funding for an extensive national consultation process to ensure that the final Code reflects the expectations of the key stakeholders within the health system as well as those of the community. The national consultation process will include:

- A formal request for written submissions
- A web-based survey
- Public meetings across Australia

- Individual stakeholder meetings.

The funding from the Commonwealth has also enabled the AMC to support the Consumers Health Forum of Australia to ensure that a wide range of health consumer organisations can actively participate in the consultation process.

It is proposed that the consultation process will be completed by the end of November 2008. The responses will be considered by the expert working group with a final draft of the Code to be finalised by mid-2009. It is proposed to present the final Code to the Medical Board of Australia when it is established, as part of the new national registration system for medical practitioners.

Model for the Development of Standards under the NRAS

The AMC notes that clause 1.25 (b) of the IGA provides for the national boards to manage the development of standards for registration, practice, competency and accreditation for approval by the Ministerial Council. It also notes that clause 5.4 (a) states that principles of transparency, accountability and fairness will underpin the operation of the NRAS.

Although the Code of Conduct project was undertaken for the specific purpose of developing a single national Code of professional conduct for medical practitioners to replace the existing state and territory codes, the process for developing the national Code for medical practitioners, including the mechanism for providing stakeholder consultation and input, as well as the resources need to mount such a consultation program, could serve to inform the development of the processes for national standards for NRAS envisaged under clause 1.25 (b) of the IGA.

Canberra
30 October 2008