



PRESIDENT

Dr Leona Wilson
MB ChB FANZCA
B Med Sc FRCA MPH FAICD

AUSTRALIAN AND NEW ZEALAND
COLLEGE OF ANAESTHETISTS

ABN 82 055 042 852

Joint Faculty of Intensive Care Medicine
Faculty of Pain Medicine

29 October 2008

Ms Bronwyn Nardi
Chair
Practitioner Regulation Subcommittee
Health Workforce Principal Committee
HWPC Secretariat
Level 12/120 Spencer St
Melbourne VIC 3000
Email: NRAIP@dhs.vic.gov.au

Dear Ms Nardi

**Australian and New Zealand College of Anaesthetists
Registration Arrangements Submission
National Registration and Accreditation Scheme for Health Professionals**

The Australian and New Zealand College of Anaesthetists (ANZCA) is pleased to provide a follow up submission in relation to the consultation paper on the proposed registration arrangements for the National Registration and Accreditation Scheme for Health Professionals ("the Scheme"). This paper follows a previous submission dated 5 September 2008 by ANZCA in relation to the proposed first Bill.

Summary

- As highlighted in our previous submission, ANZCA welcomes the introduction of a national registration scheme for the health professions and the benefits it will bring to the Australian public. We have, however, major concerns regarding proposed accreditation processes and other elements of the scheme which may impact on patient safety. We request that these important issues are addressed.
- We reiterate the important role that medical specialist colleges play in prevocational and specialist training, their role in specialist recognition and continuing professional development, ensuring high clinical standards and assessing competencies to protect patient safety. Any proposed scope of practice changes to certain groups or sub-groups of practitioners must be subject to scrutiny by the relevant professional boards.
- It is of great concern that there appears to be no mention or recognition of the current role of specialist colleges in respect of specialist recognition and/or continuing professional development (CPD). It is not clear to what extent, if any, the new boards will be able to incorporate any of the established college processes and programs into these new requirements. These programs continue to give Australia one of the best patient safety records in the world. We believe the ongoing role of the medical specialist colleges in prevocational and specialist training should be clarified up front and made explicit in any legislation.

- World Health Organisation guidelines make it clear that accreditation processes must be independent of government. It is of concern that the new specialist categories/groups, specialist recognition processes and CPD arrangements will all have to be formally endorsed by Ministers. We **oppose** any changes which could potentially lead to an undermining of independent accreditation and standards. **We therefore strongly oppose the Ministerial Council role in specialist endorsement.**
- We support the *Australian Medical Council* that advises on specialist registration as the independent accreditation body for medical practitioners, with the authority to make decisions on accreditation and standards.
- There is a need for consultation between various professional boards to any proposal to expand another profession's practice or the introduction of any new classes of health profession.
- We further emphasize the need for the medical profession to be consulted at all stages of the scheme rollout and have input into the key issues before final decisions are made. To this end we are grateful for the opportunity to put forward our views and thereby assist government to ensure the scheme works in the interests of patients and the broader Australian community.

Specific comments

The following comments are offered in relation to the proposals:

Section 5 - Qualifications for Registration

Proposal 5.2 - We recommend that the accreditation body (for medical practitioners) would deal with the courses of study and qualifications in general for registration. The existing arrangements where medical colleges advise the Boards on the assessment of individuals in relation to their "comparability" of training and experience should be retained. Specialist medical colleges should be specifically acknowledged for their advice.

Section 6 – Registration decisions

ANZCA **opposes** Proposal 6.2.1 which states that the chair of a committee exercising registration decisions on behalf of a medical board could be a non-medically qualified individual –this chair must be a medical practitioner.

In relation to the statutory powers of the responsible board decisions made in relation to the refusal to grant, renew or endorse registration (6.2.2a) the imposition of conditions (6.2.2b,c), amendment or removal of a person's name from the register where the person no longer meets registration requirements (6.2.2d,e) all should be subject to the normal processes of natural justice.

Clearly defined appeal processes must be in place, and be made available for registrants or persons refused registration to have a right of review (6.6.1). ANZCA understands this will be considered in the future consultation paper on complaints and discipline.

Section 7 - Types of registration

ANZCA agrees with the proposed types and sub-type of registration as listed in Table 2, which includes the recognition of specialists, as well as students. In relation to non-practising registration (7.3), this category needs to be clearly defined to avoid ambiguity. We support the non-practising category for advisory roles that have no direct patient contact.

Section 9 – Renewal of registration and continuing competence

The proposal states that the new national boards will have responsibility to manage standards and for monitoring the CPD requirements. ANZCA agrees with proposal 9.2.1. However, it appears that this will introduce a new requirement for an ongoing "certification/performance appraisal" scheme to satisfy continuing competence requirements (9.2.2). We do **not** agree with the proposal that the Ministerial Council approve minimum standards. The approval of minimum standards should sit with the board or accreditation body with specialist advice from the medical colleges. ANZCA, as well as the other medical colleges, has a long history and excellent record of developing high quality CPD programs for their members.

Proposals 9.3.1c and 9.4.3 in relation to annual reporting obligations on registrants are unacceptable and unduly onerous. The requirement of Proposal 9.4.3b to report untested medical negligence requires further explanation and review, particularly in regard to natural justice implications. Similarly, proposal 9.4.3c needs further review – there will be credentialing limitations set by institutions for good reasons particularly for highly specialized areas where there may not be the appropriate support.

Section 10 – Endorsement of registration

ANZCA notes the broad ranging powers of the boards for formally recognizing specialist qualifications, and those boards would have responsibility for seeking Ministerial approval for any new category of specialist (10.1). **ANZCA strongly opposes the ministerial council role in specialist endorsement** (10.1.1). The approval of qualifications required for specialist recognition should be performed by the board/accreditation body with relevant specialist medical expertise. We support the Australian Medical Council as the accreditation body for medical practitioners.

Proposal 10.2.1 provides for ".....a prescribing endorsement for those boards that regulate the nursing and allied health professions...." to authorize the prescription of scheduled medicines. This should be subject to proper consideration and consultation with the medical profession in order to assess properly any risks to patient safety.

Proposal 10.3.1 enables other health profession boards to have unilateral ability to recommend to Ministers an expansion in the scope of practice for some (a sub-group) or all of their registrants and for this to be recognised for (as in 10.2.1 above) other types of service that they would otherwise be prevented by law from delivering. This clearly provides a mechanism for formal recognition of role substitution arrangements across the health workforce.

There is a need to ensure consultation occurs between the various professional boards prior to any proposals to expand another profession's scope of practice or the introduction of any new classes of health profession – currently there is no requirement for this to

happen in the IGA. The legislation needs to ensure that appropriate consultation occurs between the relevant professional groups prior to any scope of practice changes.

The extent to which Ministerial Council may issue "directions" could heavily influence the outcome of any consideration of scope of practice. This is a matter of public safety and careful consideration of the implications of such decisions in consultation with the medical profession is vital.

Thank you for the opportunity to provide comments on the consultation paper on the proposed registration arrangements. As stated previously, we support the general thrust of the scheme but we have major concerns regarding accreditation. We welcome further ongoing consultation and would be happy to discuss any of the issues outlined in this submission.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Leona Wilson'. The signature is fluid and cursive, with the first name 'Leona' and the last name 'Wilson' clearly distinguishable.

Dr Leona Wilson
President