



OFFICE OF THE PRESIDENT  
Professor Ian Gough

Patron: H.R.H. The Prince of Wales

# ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

ABN 29 004 167 766

College of Surgeons' Gardens, Spring Street, Melbourne Vic 3000  
Telephone +61 3 9276 7404 Facsimile +61 3 9249 1208  
E-Mail: college.president@surgeons.org

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Dr Louise Morauta PSM  
Project Director  
Registration and Accreditation Implementation Project  
P O Box 2089  
Woden ACT 2606

Dear Dr Morauta

## **National Registration and Accreditation Scheme for Health Professions**

The College of Surgeons welcomes the opportunity to provide input into this process and notes the comprehensiveness of the various papers that are being prepared by the Practitioner Regulation Subcommittee.

The College remains fundamentally concerned about the potential conjoining of the registration and accreditation processes. Whilst National Registration has a number of important benefits, these need to be kept separate from consideration of the standards of education and qualification required to achieve these, and their maintenance throughout a health professional's career. Hopefully the feedback that will be received by the Regulation Subcommittee will enable it to produce revised documentation that makes these requirements clear. It is most important that issues relating to standards are developed and monitored by an accreditation body that is independent of the Registration Board and free of political influence.

The current consultation paper is deficient in providing clarity to the role of the Specialist Medical Colleges. These are essential to the provision of education and the assessment of qualifications for registration and also to the ongoing maintenance of standards through Continuing Professional Development (CPD) related initiatives. This needs to be appropriately reflected within Proposals 5.2 and 9.2.

The College of Surgeons has long been a supporter of Continuing Professional Development and for a number of years has been "on the record" supporting this as a compulsory requirement for annual registration purposes. In approving CPD programs the College allows Fellows to undertake a variety of activities (including those of other Colleges) if this matches the requirements of the particular Fellow. Consequently we do not view these requirements as restrictive, but as enabling a Fellow (or International Medical Graduate undertaking the MOPS program) to pursue broad interests that are appropriate and current. The College of Surgeons has an audit process in which about 2.5% of Fellows are asked to provide all supporting documentation. This now includes an on-line facility to streamline administrative tasks. The College supports the section on CPD but believes it is imperative that the Medical Colleges be formally included in the process. The expertise and experience both within the managerial staff of the College and the Fellows is substantial. We are convinced that the only way of securing a positive outcome into the future is with the Colleges' ongoing involvement. The purpose and expectations of CPD can be developed in a general sense by the National Board, but it is of paramount importance that the professional groups be individually involved in its implementation.

Scopes of practice must be more clearly defined if the current confusion is to be satisfactorily addressed. The scopes of practice of all health professionals overlap at the margins. This is the nature of the industry, and with good will and common sense it can improve both service delivery and standards. However, the proposed structure suggests that any ongoing changes to a profession's scope of practice can be recommended to the Health Ministers by a National Board acting in isolation and without any consultation with other professional groups. While the College does not favour an oversight committee intervening, there needs to be a requirement that changes in scope of practice for a profession are discussed across all relevant groups and a consensus reached prior to Ministerial consideration of the proposal.

Within the medical practitioner profession there already are recognised scopes of practice and specialty groups. Section 10 does not reflect this. The registration process needs to recognise those scopes of practice and specialty groups already recognised by the Australian Medical Council. Over the past 20 years the AMC has developed a robust and rigorous process to ensure specialties are appropriately recognised on the basis of educational standing and benefit to the community. The College of Surgeons strongly supports the registration of specialties such as surgery, as is already the case in some jurisdictions. We also recommend that there be protection of the professional title of a medical practitioner recognised in the specialist register by a descriptor such as "registered specialist surgeon".

The Australian Medical Council and the various Medical Colleges have established robust systems to determine substantial comparability (not equivalence) of overseas trained doctors. The College of Surgeons undertakes an individual approach to these assessments, determining the comparability of the training program, assessment processes, and currency and breadth of practice. Whilst any system can be fine-tuned, the Colleges in consultation with the Australian Medical Council now provide a responsive, thorough and defensible approach to this important task. This needs to be reflected in future drafts, and the role of Specialist Medical Colleges acknowledged with regard to assessment of overseas qualifications (Proposal 7 Table 2 (f)).

Registration will be a significant annual event for all medical practitioners. It is important that it does not become compulsorily intertwined with any other administrative requirements unless these are of critical importance (Section 9.3). The College objects to the "mandated" collection of workforce figures. These are already collected voluntarily, and with a very high response rate. Feedback of the data to the profession would certainly increase the response rate. Making it mandatory, however, is punitive. Furthermore, providing details of "any medical negligence claim" is inappropriate. This should only be the case if a claim is proven, as many are frivolous or are settled on a commercial basis by insurance firms without any acceptance of responsibility. Any professional group (not just medical) should only have to report proven claims if they are of substance. The issue of criminal charges requires further clarification, particularly as to their type and severity, and raises important considerations of natural justice.

The Chair of the National Board local committees (Proposal 6.2) should be a practitioner of the profession and at least 50% of the practitioners should be from the professional group.

Criminal History Checks should only be required for new applicants or at the discretion of the National Board if some other issue or development raises concern (Proposal 4.3).

A period of grace should be allowed before people are removed from the register (Proposal 11.3). Also, within two years they should be able to be reinstated (Proposal 11.4).

Importantly, the role of the specialist medical Colleges needs to be clearly recognised in the registration and accreditation documents. In conjunction with the Australian Medical Council the specialist colleges will create the standards for the registration of individual specialties and for the maintenance of specialist standards through their continuing professional development programs.

I hope you find these comments helpful. The College hopes that its concerns are reflected in the next draft of the proposed scheme and would very much like to be involved in your ongoing work.

Yours sincerely



Professor Ian Gough  
**President**

cc: Dr. John Horvath AO, Commonwealth Chief Medical Officer  
Dr Ian Dickinson, Vice President RACS  
Dr David Hillis, Chief Executive Officer RACS