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29 October 2008

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Dear Bronwyn

**Re: Consultation Paper – Proposed Registration Arrangements**

The Royal Australian College of General Practitioners again thanks you for your invitation dated 19 September 2008 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 and 18 September 2008 regarding this important initiative. The College would now like to make the enclosed additional recommendations in relation to the Proposed Registration Arrangements Consultation Paper.

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 implementation of the National Registration and Accreditation Scheme.

If you have any questions or comments regarding this submission, please contact me at the College on (03) 8699 0417 or at [david.wright@racgp.org.au](mailto:david.wright@racgp.org.au)

Regards

**Mr David Wright**  
**Chief Executive Officer**

Encl. RACGP response to Consultation Paper – Proposed Consultation Arrangements

*50 years of excellence*



# **The Royal Australian College of General Practitioners**

**Response to consultation paper regarding proposed  
registration arrangements**

**29 October 2008**

## 1. INTRODUCTION

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to continue to contribute to discussion regarding the implementation of a national registration system for medical and allied health professionals. The RACGP congratulates and supports the government in its ongoing efforts to maintain a highly qualified and skilled health care workforce.

The RACGP is the specialty medical college for general practice, responsible for defining the nature of the discipline, maintaining standards for quality clinical practice, setting the standards and curriculum for education and training, and supporting general practitioners in their pursuit of excellence in patient care.

## 2. RESPONSES TO PROPOSED REGISTRATION ARRANGEMENTS

The consultation paper on proposed national registration arrangements details 46 proposals under 11 overarching themes regarding the specific elements of the arrangements. In response to specific sections and proposals contained within the consultation document, the RACGP would like to make a number of recommendations and comments.

### Section 3 – Regulated professions

The consultation paper specifies the following 10 boards as part of the first stage of implementation:

Chiropractors Board

Dental Care Practitioners Board

Medical Practitioners Board

Nurses and Midwives Board

Optometrists Board

Osteopaths Board

Pharmacists Board

Physiotherapists Board

Podiatrists Board

Psychologists Board.

It is noted that these profession specific boards are part of the first stage of implementing a national registration scheme. However, the RACGP reiterates its previous submissions and recommends that other health professions, particularly those with access to Medicare billing, must be included in the scheme as a matter of priority, including but not limited to social workers, occupational therapists, audiologists and speech pathologists.

## Section 4 – Initial registration

### Proposal 4.3.1 – Criminal history checks for registration

Criminal history checks, as part of the initial registration process, are an important part of maintaining patient and overall public safety. The RACGP advocates that there needs to be a balance between public safety and resources required to implement safety measures. However, the RACGP is supportive of Option 3 as outlined in the consultation paper, as Option 3:

- ensures that all new applicants for registration are required to undergo a criminal history check
- allows the registering board to require criminal history checks subsequently on a needs basis.

## Section 6 – Registration decisions

### Proposal 6.2.1 – delegation of registration decisions to committees based in states/territories

As stated in previous submissions regarding national registration, the RACGP is supportive of a registration system that allows for a strong local presence in each state and territory. Several advantages to local committees include:

- a local understanding of issues faced by practitioners in each state and territory
- the ability to liaise with the local profession to establish networks and links
- the capacity to deal with some issues at a local level, including remediation, education, and disciplinary action for individual practitioners.

### Proposal 6.2.2 – delegation of registration decisions to individuals

The RACGP does not support the concept of delegating registration decisions to individuals, particularly those decisions that relate to registration conditions and revocation of registration. Proposal 6.2.2 would effectively allow the delegation of decision making power to a single individual who, for various reasons, may not have the capacity to make informed decisions regarding registration related issues. To ensure a balanced viewpoint, the RACGP recommends that registration decisions, particularly those in relation to conditions of registration and revocation of registration, can only be delegated to an appropriately structured committee as outlined in proposal 6.2.1.

## Section 7 – Types of registration granted

### Proposal 7.3.1 – Boards have the option to include a nonpractising category for registration

A nonpractising category for registration is an important category for medical practitioners as it allows medical practitioners to maintain their registration and links with the profession, even when they are not in current practise. This would be particularly relevant, for example, for academics, administrators, medicolegal practitioners and those out of the workforce for prolonged periods due to illness or family.

The RACGP believes that the national medical practitioner's board should be required to have a nonpractising category of registration.

### Proposal 7.4.1 – Registration for students involved in clinical practice

In relation to student registration, the RACGP recommends Option 2, that students who are undertaking clinical training with direct patient contact be registered with their relevant board.

Clinical health professional students should be nationally registered. The college would not support a system where boards are given the option to choose whether or not there is a student category for registration. It is important to realise that all clinical health professional students have patient/client contact under supervision, and as such should be registered. Student registration requirements and standards therefore need to be nationally consistent.

## Section 9 – Renewal of registration and continuing competence

### Proposal 9.2.1 – Demonstration of competence at annual renewal

The RACGP continues to be concerned about the lack of clarity regarding the proposals for demonstration of 'continuing competence', and would be keen to see details of the proposed scheme before offering any support. The college questions how Council of Australian Governments (CoAG) intends to implement this system, and what it will entail.

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. Activities emphasise patient safety and are competence based.

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

### **Proposal 9.2.2 – Minimum standards for competence and requirements for accreditation/certification/performance**

There is little detail on what is proposed regarding the minimum standards for competence, including what the purpose of the standards are, how they will be determined, how they will be maintained, and how they will be modified. It is also unclear whether the minimum standards for competence will apply to all medical practitioners, or whether there will be specific standards for each speciality and subspeciality.

The RACGP believes standards for competence must be profession lead, with appropriate input from the community, to ensure high quality standards are maintained that are responsive to both current medical practice and advances in medicine.

### **Section 10.1 – Specialist endorsement**

The RACGP notes that recognition of medical profession specialties will be required under the national registration scheme, and is supportive of the CoAG's decision to continue the Australian Medical Council's (AMC) role of accrediting medical specialties for at least 3 years.

The college looks forward to further details regarding the AMC's role in the consultation paper regarding accreditation, and advocates that it should remain the national body for accreditation.

As submitted previously to this enquiry, the RACGP also advocates that the AMC's role in accreditation should either be expanded for all other nationally accredited health care professions, or that a similar body should be created for the purpose.

### **Section 10.2 – Endorsement as qualified to prescribe scheduled medicines**

The discussion paper states that the state and territory drugs and poisons legislation will, at the discretion of the states and territories, provide a mechanism for suitably qualified registrants of the nursing and allied health professions to possess, administer and prescribe scheduled medicines.

The college reiterates its previous positions regarding independent nonmedical practitioner prescribing, namely that any system employed to extend prescribing rights to nurses and allied health must be underpinned by the following principles:

1. Patient safety is paramount
2. Prescribers must have a clear understanding of drug-disease, drug-patient, and drug-drug relationships
3. Prescribers need adequate and appropriate training, supervision and support on a long term basis
4. Medicolegal understanding and adequate indemnity cover are essential
5. Therapeutic training and regulation of the use of clinical pathways, therapeutic guidelines, and protocols which direct practise
6. Monitoring and regulatory systems are required, both for prevention of misuse, and to detect any patterns of misuse.

## Section 11 – Other matters

### Proposal 11.3.1 – Legislation to include a provision of a 'grace' period of up to 3 months following expiry of registration

The RACGP supports the concept of a 'grace' period of up to 3 months following the expiry of registration, during which time a medical practitioner would still be deemed to be registered and can continue to practise, except in the case that:

- a practitioner is primarily practising overseas
- a practitioner is under investigation by a registration board
- any other situation where there may be a risk to maintaining standards or being able to demonstrate maintenance of standards.

### Proposal 11.4.1 – Reinstatement to the register

The college believes that the legislation should include provisions for a medical practitioner to be restored to the register if they re-apply within a period of 2 years following a lapse of registration, and is supportive of proposal 11.4.1.