



**AMA**

**AMA Submission on the Second COAG  
Consultation Paper:  
Proposal for a National Registration Scheme for  
Health Professionals and a National  
Accreditation Scheme for Health Education and  
Training.**

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## AMA Submission on the

### Second Consultation Paper: Proposal for a National Registration Scheme for Health Professionals and a National Accreditation Scheme for Health Education and Training January 2007

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The AMA notes that the COAG proposal aims to achieve three primary goals:

- Workforce mobility
- Reduction of red tape, and
- Improved safety and quality.

Whilst the proposed reforms may assist in addressing the first of these, ie greater workforce mobility the AMA contends that **the current model proposed by COAG** will not achieve the other specified goals and will in fact:

- Increase red tape and inefficiency through
  - the introduction of additional layers of bureaucracy which will be costly to maintain and will create an unwieldy accountability structure
  - the aggregation of profession specific registration, regulation and accreditation activities into one process, where the specifics of each are so diverse that there is minimal scope for a common approach
- Reduce the current safeguards for the public through
  - dilution of current medical professional standards to a level that conforms with other occupational group standards
  - the relative distancing of the proposed ultimate governance body from the point of patient care may achieving uniformity but is likely to reduce the effectiveness and expediency of the current locally informed processes
  - substantially diminishing the involvement and potentially also the commitment of the medical profession to self regulation and peer review
  - increased reliance on non medical persons to set and monitor clinical standards.

#### **AMA Commentary on COAG Proposal for a National Registration Scheme and National Accreditation Scheme for Health Education and Training**

The AMA believes that the COAG model as currently proposed will undermine rather than enhance the high quality standard of healthcare services currently available to Australians.

Tables 1 and 2 include a detailed commentary on the specific elements of the COAG proposal.

#### **Proposed AMA Structure for National Recognition of Registration**

In order to achieve the goals set out above and to address the deficiencies identified in the current model proposed by COAG the AMA proposes a structure for National Recognition of Registration of health professions which includes the following:

- A Health Registration Authority, whose responsibility is limited to advising on the development of efficient processes for the recording of registration and for maintenance of the publicly accessible national registers for each health profession. Such an authority would of necessity include very broad representation and would therefore lack the expertise necessary to provide informed policy advice to the Ministers or to have any role in determining professional standards etc.
- A Medical National Professional Panel (MNPP) (and similar NPPs for each other health profession) which provides advice to the Health Ministers and is responsible for development and maintenance of nationally applicable registration standards and processes for the medical profession (for further details refer Table 1).

The Australian Medical Council (AMC) has an appropriate membership and currently undertakes a significant part of this role. It is recommended that the AMC be utilized as the MNPP, with some expansion of its current responsibilities.

- A Medical State Committee (MSC) in each State and Territory (and similar State Committees for each other health profession). The responsibilities of this body would include determination of eligibility and category of medical registration in accord with national medical registration standards as determined by the MNPP (for further details refer Table 1).

The State Medical Boards (SMB) currently undertake this function and should be retained to perform this role. The makeup and legislative framework of the various State Medical Boards may require standardisation.

### **AMA Structure for National Accreditation of Education and Training**

Currently through the AMC and the Medical Colleges there exists a nationally consistent structure for accreditation of education and training of the medical workforce. The AMA proposed structure of National Accreditation of Education and Training therefore includes the following:

- Deletion of the COAG proposal for a Health Accreditation Authority noting that the AMC currently undertakes this role for the medical profession. A consultative forum of Presidents of the AMC and the NPP – Accreditation bodies for other health professions would provide the avenue for inter-professional liaison and support.
- Retention of the AMC as the body to undertake accreditation of education and training for the medical profession in the role of the Medical National Professional Panel (MNPP) – Accreditation, as set out above (and the establishment of a similar panel for each other health profession) (for further details refer Table 2).

### **The structure proposed by the AMA achieves the following:**

- Maintenance and improvement in quality and safety of healthcare services.
- Avoidance of “change for change’s sake”, ie where proven existing structures exist for registration and accreditation of training and education these should be retained. The sheer complexity of replacing existing functional medical systems with something more cumbersome and remote from the application is illogical.

- Recognition of the public's expectation that higher professional standards and commitment to the protection of the public currently apply, and should continue to apply to the medical profession.
- Facilitation and encouragement of mobility of the medical workforce through national recognition of registration for each health profession.
- Establishment and implementation of nationally determined registration standards for the medical profession (and likewise for other health professions).
- Recognition and support for the medical profession's commitment to supporting their peers to help maintain a sustainable workforce.
- Recognition that the processes for handling of complaints are dependent upon state legislation and regulation apart from that applicable to medical registration and thus national standardisation will be extraordinarily difficult to achieve.
- Achievement of greater efficiency and consistency by amalgamating medical registration and accreditation of medical training responsibilities with the AMC undertaking both functions.
- Recognition that the current registration processes, standards setting, complaint handling etc vary enormously between the nine (9) health professions with insufficient overlap to generate efficiencies to counter the disadvantages of loss of autonomy.

**Table 1. AMA Commentary on the COAG Proposal for National Recognition of Registration for the Medical Profession**

<p><b>Health Registration Authority (HRA)</b></p> <ul style="list-style-type: none"> <li>• The AMA does not support the COAG proposal for the HRA.</li> <li>• The proposed HRA will lack the knowledge and expertise to undertake a policy advisory or professional standards setting role.</li> <li>• In the AMA proposal, the HRA functions will be limited to: <ul style="list-style-type: none"> <li>- Development of high quality and efficient processes for recording registrations; and</li> <li>- Maintenance of publicly accessible practitioner registers.</li> </ul> </li> </ul>
<p><b>Health Professions Advisory Committee (HPAC)</b></p> <ul style="list-style-type: none"> <li>• This is regarded as an unnecessary additional layer of bureaucracy and is not supported by the AMA.</li> </ul>
<p><b>Medical National Professional Panel (MNPP)</b></p> <ul style="list-style-type: none"> <li>• The MNPP's should be responsible for: <ul style="list-style-type: none"> <li>- Developing national recognition of registration standards and processes for the medical profession;</li> <li>- Overseeing the activities of the Medical State Committees (MSC's) to ensure compliance with national recognition of registration standards and processes;</li> <li>- Advising Health Ministers on significant policy issues, including interaction with the accreditation scheme; and</li> <li>- Setting the fees to be paid for medical registration.</li> </ul> </li> <li>• The MNPP should be autonomous in its operations and free from Ministerial interference in its decision making.</li> <li>• The MNPP should provide advice directly to the Minister rather than through the HRA.</li> <li>• The majority of its members should be registered medical practitioners.</li> <li>• It should not be responsible for investigating complaints, nor for hearing, determining and referring disciplinary matters. These functions should be dealt with by MSC's.</li> </ul> <p><b>The AMA proposes that the current structure of the Australian Medical Council (AMC) be used as the basis for the MNPP, and expanded to include greater oversight of the national recognition of registration process:</b></p> <ul style="list-style-type: none"> <li>• The AMC already has representatives from State and Territory Medical Boards and has the capacity to perform all the functions required of both a MNPP and a MNPP – Accreditation (Table 2).</li> <li>• There will be a significant administrative and professional advantage from having one entity oversight both functions.</li> <li>• Proposed structure for the MNPP (based on the existing AMC): <ul style="list-style-type: none"> <li>- One (1) nominee from each of the 8 State and Territory MSC's;</li> <li>- Two (2) community nominees;</li> <li>- One (1) nominee with legal expertise;</li> <li>- One (1) nominee of the AMA as the lead medical representative group; and</li> <li>- Nominees from medical colleges, educational institutions and post graduate medical education bodies.</li> </ul> </li> </ul>
<p><b>Medical State Committees (MSC)</b></p> <ul style="list-style-type: none"> <li>• The AMA supports the concept of a state based committee to assume responsibility for: <ul style="list-style-type: none"> <li>- Determination of eligibility and category of registration;</li> <li>- Dealing with complaints within the framework of applicable State laws and regulation;</li> <li>- Management, including investigation, assessment, support and monitoring, of poorly performing medical practitioners;</li> <li>- Management, including investigation, assessment, support and monitoring, of impaired medical practitioners; and</li> <li>- Providing advice to the profession and the public on registration issues and the professional roles and responsibilities of medical practitioners.</li> </ul> </li> </ul> <p><b>The AMA proposes that the current structure of the State Medical Boards (SMB) be used as the basis for the MSC's:</b></p> <ul style="list-style-type: none"> <li>• SMB's perform not only the functions required by COAG of a MSC, but importantly perform functions fundamental to a modern professional regulatory process that go beyond pure protection of title, for example, safety and quality and sustainability of the workforce.</li> <li>• The current SMB system has demonstrated it works effectively, and can be implemented immediately with minimal disruption and maximum support from the AMA and the profession generally.</li> </ul>
<p><b>State and Territory Offices</b></p> <ul style="list-style-type: none"> <li>• These are regarded as an illogical and inefficient duplication of facilities and resources and are not supported by the AMA.</li> <li>• Administrative support for health professional registration will be delivered more efficiently within the framework of the MSC's.</li> </ul>

**Table 2. AMA Commentary on the COAG Proposal for National Accreditation of Education and Training for the Medical Profession**

**Health Accreditation Authority (HAA )**

- The AMA does not support the creation of the HAA.
- The proposed HAA simply represents an additional layer of unnecessary bureaucracy.
- The proposed HAA membership is too generic and will lack the ability, expertise and knowledge to properly regulate the accreditation of any aspect of medical training.
- The formulation of generic accreditation guidelines across several professions would inevitably lead to compromises and dilute the rigorous standards that currently apply to the medical profession.
- A profession specific structure will be more responsive to advances in medical practice and will be better positioned to provide advice to Health Ministers.
- The President of the MNPP – Accreditation and Presidents of other NPP's could liaise to discuss cross-professional issues as required.

**Accreditation Advisory Committee Office (AACO)**

- This is regarded as an unnecessary additional layer of bureaucracy and is not supported by the AMA.

**Medical National Professional Panel – Accreditation (MNPP)**

- The responsibility for establishing accreditation guidelines should reside with the MNPP – Accreditation.
- The MNPP – Accreditation should be responsible for:
  - Developing and administering a quality accreditation framework and standards for the medical profession;
  - Providing advice to Health Ministers;
  - Assessments and decisions on accreditation of International Medical Graduates – based on the advice of Medical Colleges.
- The MNPP – Accreditation should accredit specialties and undergraduate, prevocational and vocational training programs.
- The MNPP – Accreditation should provide advice directly to Health Ministers.
- The MNPP – Accreditation should be autonomous in its operations and free from Ministerial interference in its decision making.

The MNPP – Accreditation should incorporate the criteria below in its accreditation guidelines with respect to new training programs and specialties:

- Contribution to improved standards of health care;
- Based on sound clinical and scientific principles;
- Maintenance of standards of medical practice, ensuring high quality health care – using available health care resources wisely;
- Practitioners will be appropriately trained in the knowledge, skills and attitudes required for safe and competent practice, and will participate in accredited continuing professional development programs to maintain their standard of practice; and
- On balance the benefits will outweigh any costs/adverse effects on other aspects of health care delivery.

**The AMA proposes that the current Australian Medical Council (AMC) perform the functions of the MNPP - Accreditation:**

- The AMC should undertake the accreditation functions of the proposed MNPP – Accreditation, reporting directly to Health Ministers.
- The AMC already provides a robust quality accreditation framework unique to the medical profession with a proven capacity to deliver high standards of medical education and training with improved safety and quality outcomes.
- Furthermore, the AMA proposes that a single MNPP be responsible for both accreditation and registration, which will drive efficiencies and ensure strong links between accreditation and registration frameworks (Table1).

The AMA recommends the adoption of the principles which guide the functions of the current AMC. These are based on safety and quality criteria and focus on:

- Improved standards of health care;
- Sound clinical and scientific principles;
- Maintenance of standards of practice that will ensure high quality health care that uses available health care resources wisely;
- Appropriate training in the knowledge, skills and attitudes required for safe and competent practice, and participation in accredited continuing professional development programs to maintain standard of practice; and
- Benefits must outweigh any costs/adverse effects on other aspects of health care delivery.

Chart 1

National Registration and Accreditation Scheme - AMA Proposed Structure

