Appendix 2: ANZCA Submissions to NRAS

a. **ANZCA Submission on first Bill - September 2008**
b. **Proposed Registration Arrangements - October 2008**
c. **Proposed arrangements for handling complaints and dealing with performance, health and conduct matters - November 2008**
d. **Proposed arrangements for information sharing and privacy - December 2008**
e. **Proposed arrangements for accreditation - December 2008**
f. **Proposed arrangements for specialists – February 2009**

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5 September 2008

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Dear Ms Nardi

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

Thank you for the opportunity to make a submission about the proposed first Bill in relation to the national registration and accreditation scheme.

The Australian and New Zealand College of Anaesthetists (ANZCA) is the professional medical body in Australia and New Zealand that conducts the education, training and continuing professional development of anaesthetists, intensive care medicine and pain medicine specialists. ANZCA represents more than 3,500 Fellows across Australia and serves the community by ensuring the highest standards of clinical practice and patient safety.

ANZCA makes the following key points:

- We welcome the introduction of a national registration scheme for the health professions and the benefits it will bring to the Australian public.
- We are concerned that any proposed changes to accreditation must adhere to established international guidelines and standards.
- An independent national body with medical expertise should be delegated with the authority to make decisions on accreditation and standards - for medical practitioners this should be the *Australian Medical Council*.
- Medical specialist colleges must continue to play an important prevocational and specialist training role ensuring the highest clinical standards and assessing competencies to protect patient safety.

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- The medical profession must be consulted and have input into the key issues before final decisions are made.

- Professional boards must be consulted in relation to any proposed scope of practice changes.

National Registration

ANZCA supports the introduction of a national uniform registration process and consistent standards for medical practitioners across Australia as outlined in the IGA. This will reduce complexity by ensuring that only medically trained and suitably qualified medical practitioners are able to practice, and allow significantly enhanced portability between states/territories. Most importantly, the national register needs to be able to separately identify medical students, generalist and specialist medical practitioners, within approved qualifications as listed by the Medical Practitioners Board.

We wish to play a constructive role with government in ensuring the national registration and accreditation scheme for the health professions works to the benefit of patients and the broader Australian community.

Independent Accreditation of Medical Education and Training

ANZCA has significant concerns about aspects of the Bill which govern accreditation. Our position is as follows:

- Australia's system of accreditation – which has operated at arms length and independent of government via the Australian Medical Council (AMC) – has served Australia extremely well. The AMC has an excellent track record of accrediting medical education and training and ensuring the maintenance of standards to protect patient safety. It has also done this by maintaining independence from other stakeholders such as the medical schools and medical profession.

- As part of that process, the Medical Colleges have had a vital role in setting, monitoring and assessing professional competencies and medical standards. This has given Australia one of the best safety records in the world.

- Australia's current system is predicated on meeting the World Health Organisation and World Federation for Medical Education (WHO/WFME) *Guidelines for Accreditation of Basic Medical Education* (Geneva/Copenhagen 2005). These international guidelines, which represent world's best practice, make it clear that accreditation systems should be autonomous and independent of government (and the profession).

- The WHO/WFME guidelines state:

    - The "*basic requirement is that the accreditation system must be trustworthy and recognized by all: by the medical schools, students, the*

profession, the health care system and the public. Trust must be based on the academic competence, efficiency and fairness of the system...consequently the system must possess a high degree of transparency".

- *"The accreditation system must operate within a legal framework. The legal framework must secure the autonomy of the accreditation process and ensure the independence of its quality assessment from government, the medical schools and the profession. The legal framework must authorize the accrediting body to set standards, conduct periodic evaluations and confer, deny and withdraw accreditation of medical schools and their programme of medical profession".*

- An independent accreditation agency with expertise in quality, clinical standards and patient safety must be able to perform its tasks free of any potential political interference – perceived or otherwise – if the public is to have confidence in its health system with an emphasis on patient safety.

- Under the proposed changes, the new National Agency is clearly a government body, compared with the existing arrangements for the AMC. It envisages significant Ministerial control over bodies and committees within the scheme. Having Ministers, not independent Boards, retain final approval on standards and issue policy directions on accreditation runs counter to the WHO/WFME guidelines.

- We believe the government can meet its objectives of a national scheme *and* ensure the highest clinical standards by legally obliging Ministers to take advice from an independent national accreditation agency. An independent national body with sufficient medical professional expertise, and wider stakeholder representation (including Health Department representation) is best placed to make decisions on which courses should be accredited and whether particular standards are met. We believe the AMC is best placed to fulfill that role. As the WHO/WFME guidelines state : *"The members (of the accreditation body) must be highly esteemed and respected within the profession, and preferably of international standing. A large majority of the members must have an educational background in medicine".*

Other Matters

Australian Health Workforce Advisory Council (3)

- As a minimum, any legislation must provide for appropriate input from the medical profession. The proposed arrangements relating to the Australian Health Workforce Advisory Council mean that it will be possible for the Ministerial Council to consider advice provided by the Advisory Council on its own initiative and to make a determination without the relevant national profession board(s) being aware even that the matter is under consideration. The board(s) will only become aware of the issue after the decision is made.

- It is essential that the Ministerial Council be required to advise all relevant national boards of any issue being considered and provide the boards the opportunity of submitting advice on that issue to the Ministerial Council before it makes a determination.

National Boards (5.0)

- The size of the Board for Medical Practitioners should be 12 -16 members, one third from the medical profession at large, one third non-medical practitioner community including indigenous representation, and one third from medical education institutions such as the medical schools and medical specialist colleges.

- 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 proposed name 'Australian Medical Practitioners Board' is supported.

Coverage for Legal Liability – Indemnities and Immunities (5.7)

Undertakings have been given previously that the legislation for the new national scheme would provide indemnity for Medical Colleges and their Fellows and officers engaged in the assessment of the qualifications of international medical graduates. The legislation relating to Board members and to persons acting on a Board's behalf will need to be sufficiently broad to encompass also the Medical Colleges and their Fellows / officers.

We trust the above information is helpful and we welcome further on-going consultation, particularly in relation to accreditation. ANZCA wants to work constructively with Government to ensure world class registration and accreditation processes for medical practitioners are in place to serve and protect the Australian public.

Yours sincerely

Dr Leona Wilson
President

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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.

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- 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

Dr Leona Wilson
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Dear Ms Nardi

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

Proposed arrangements for handling complaints and dealing with performance, health and conduct matters

The Australian and New Zealand College of Anaesthetists (ANZCA) is pleased to provide a further submission in relation to the consultation paper on the proposed arrangements for handling complaints and dealing with performance, health and conduct matters for the National Registration and Accreditation Scheme for Health Professionals ("the Scheme"). This paper follows two previous submissions by ANZCA dated 5 September 2008, and 29 October 2008 in relation to the proposed First Bill, and the proposed Registration Arrangements, respectively.

As highlighted in previous submissions, 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 which need to be independent of government to ensure patient safety and equity of access.

We are committed to working with Government to ensure the new Scheme maintains the high standards of clinical practice in this country and protects patient safety.

Summary

The consultation paper on the proposed arrangements for handling complaints and dealing with performance, health and conduct matters is very comprehensive and offers a good draft policy platform for discussion. ANZCA welcomes constructive dialogue on this important issue and makes the following points:

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- Protecting the public must be balanced with ensuring that the principles of natural justice are followed in dealing with health professionals.

- Consumers are an essential component of the system, and their participation leads to better decisions. This is a key reason for their involvement as well as satisfying the rights and interests of consumers.

- Disciplinary processes should be used as a last resort – only after all reasonable attempts have been made at mediation and conciliation of complaints.

- There should be separation of the functions of investigation, prosecution and assessment of serious matters; so that extraneous matters are not brought in to the decisions arrived at. We note that the IGA allows limited separation, thus any methods, such as a "director of proceedings" would be supported.

Specific comments

The following comments are offered in relation to the proposals:

Section 2 – Proposed terminology

Proposal 2.1.1/3 - We agree with the recommended term of "notification", with no implied judgement, and the naming of the relevant "Notifications assessment committee". In relation to Proposal 2.1.15, ANZCA agrees with the term "Not of good character".

Section 4 – Notifications

Proposal 4.4 – Regarding mandatory reporting, options 1a and 2a (limited obligations) are preferred with support for extended notification (where protection is given for those acting in good faith), but not mandated. Mandatory reporting would need to be matched with good support for those health professionals who were the subjects of notification, such as health or impairment committees. "Employers" do not cover all work situations and consideration needs to be given to including members of credentialing/privileges committees. This still leaves out those practitioners who are self-employed. Students should be treated in the same way as full registrants for reporting, and reported by registered practitioners and/or educational institutions.

ANZCA agrees with Proposal 4.7.1 which stipulates immediate suspension of a health practitioner for up to three months if considered that the registrant continues to pose a significant public health and safety risk. This duration of suspension should be adequate to allow natural justice principles to be met.

Section 5 – Preliminary assessment of notifications

Liaison with Health Complaints Commissioners (HCC) is a good idea along the lines recommended in Proposal 5.3.1.

In relation to Proposal 5.6, we agree with option 2 that allows a right of review by notifiers of preliminary assessment decisions, in order to balance the rights of registrants and those of consumers.

Section 6 – Performance matters

ANZCA agrees with proposal 6.1.1 in following a cooperative and educative process for dealing with unsatisfactory performance, as per the NSW model. However, there does need to be recognition of practitioners who are proven not to benefit from this process. The separation of incompetence from professional misconduct can be more difficult than it first appears.

Section 7 – Health or impairment matters

Practitioners who have a health condition should be treated as part of a separate stream and be dealt with flexibly by boards, as identified in proposal 7.1.1. Health programs can be funded by the respective board through a component of all registrants' fees (Option 1: proposal 7.1.2). It would be unfair to charge registrants receiving health programs and it could act as a disincentive to undertake treatment.

Section 8 – Conduct matters

ANZCA agrees with proposal 8.3.2 which empowers a responsible board to initiate an investigation and refer to the appropriate committee/tribunal without notification; the prime purpose of the board is to protect the public.

ANZCA **opposes** Proposal 8.3.4 which empowers a board or investigator to decide not to give notice to the practitioner under certain conditions. This is against all principles of natural justice. The practitioner in question must always know of any such investigation. Proposal 8.3.5 in relation to timeliness of investigation and progress is reasonable.

However, proposal 8.4.1 seems rather draconian in its wide powers. The investigators should **not** have powers that exceed those of the police. Therefore a warrant should be required for all searches and seizures.

Section 9 – Ensuring accountability, transparency and procedural fairness

Option 2 is favoured by ANZCA in relation to procedural fairness and public interest mechanisms outlined in proposal 9.1.1. There should be an independent assessment along the lines of the "director of proceedings" as per the NSW and NZ models to ensure public accountability and consistency. Explicit grounds for that assessment are needed as in proposal 9.1.2.

Proposal 9.2.1 which allows boards to deal jointly with matters that relate to two or more practitioners registered with different boards is logistically challenging but could be effective. It would be important to ensure that the appropriate expert opinion is obtained (by peers when adherence to profession based standards is being assessed).

In relation to proposal 9.3 ANZCA supports the preferred option 4b, in recommending an appropriate support person, not a legal advocate.

Proposals 9.4.1 and 9.5.1 are both supported.

Given this is a national Scheme ANZCA supports option 1 (clause 9.8) that recommends application of the Commonwealth Ombudsman Act 1976.

Section 10 – Tribunal hearings

Regarding proposal 10.6.1 on the composition of a tribunal hearing, ANZCA recommends a legal Chairperson to ensure appropriate procedures are followed (e.g. admission of evidence), a consumer representative, and three peers (to have an odd number in total). This would enable peers bringing different aspects of clinical expertise to take part, e.g. both clinical and administrative aspects of patient care. Proposal 10.8.1 is supported; the notifier will usually be required to assist with the case as a witness, otherwise proof may be difficult in most cases.

Proposal 10.10.1 is supported.

Thank you, once again, for the opportunity to provide comments on the consultation paper on the proposed arrangements for handling complaints and dealing with performance, health and conduct matters. We welcome further ongoing consultation and would be happy to discuss any of the issues outlined in this submission.

Yours sincerely

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Dear Ms Nardi

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

Proposed arrangements for information sharing and privacy

The Australian and New Zealand College of Anaesthetists (ANZCA) is pleased to provide a further submission in relation to the consultation paper on the proposed arrangements for information sharing and privacy for the National Registration and Accreditation Scheme for Health Professionals ("the Scheme"). This paper follows three previous submissions by ANZCA dated 5 September 2008, 29 October 2008, and 20 November 2008 in relation to the proposed first Bill, the proposed registration arrangements, and proposed arrangements for handling complaints and dealing with performance, health and conduct matters, respectively.

As highlighted in previous submissions, 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 which need to be independent of government to ensure patient safety and equity of access.

We are committed to working with Government, ensuring the new Scheme maintains the high standards of clinical practice in this country, and protects patient safety.

Summary

ANZCA has reviewed the consultation paper on the proposed arrangements for information sharing and privacy and makes the following points:

- Protecting the public's interest must be balanced against the privacy entitlements of registered health professionals in accordance with national privacy legislation.

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- The sharing of information between agencies must be carefully controlled so as not to compromise registered health practitioners, and be guided by agreed communication protocols.

- The collection of health workforce data is very important and requires careful consideration of the appropriate data fields, to ensure accurate and sustainable long term workforce planning and development.

Specific comments

The following comments are offered in relation to the proposals:

Section 3 – Information to be collected

Proposal 3.1.1/2 - We agree with the need to collect important applicant information as stipulated. Option 1 is favoured in relation to proposal 3.2.1, requiring the recording of employer and other similar details at which the practitioner is accredited as a condition of registration and update on renewal.

ANZCA agrees with the provision of a unique identifier for each registered practitioner as recommended by NEHTA (3.3). Proposal 3.3.2, in relation to information sharing and disclosure of the unique identifier, needs careful consideration to ensure proper protection of the practitioner through clear legislative powers that are also in the public interest.

Under proposal 3.4.1, option 1 is preferred, requiring boards to identity check registrants on initial registration post 1 July 2010, but not for existing registrants.

The recording of workforce data to assist with current and future health workforce planning is very important (3.8). ANZCA recommends the following in relation to data fields:

- the adoption of simple, clear definitions;
- they should be populated from registration data where possible; and
- they should remain constant and not change each year, so that longitudinal changes can be tracked.

A key consideration is the recognition of health professionals that may work in more than one role in more than one site, (and therefore more than one post code). Some health professionals work purely in private practice (no employers) – this needs to be recognized and factored in.

In line with privacy law the purpose for collection needs to be made explicit. Workforce data needs to be de-identified as appropriate when being analysed for planning purposes (3.8.4). There should be annual publication (3.8.5) of data which is publicly available. (see Medical Council of New Zealand annual workload survey[1]).

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1 http://www.mcnz.org.nz/portals/0/publications/DOCUMENTS_n16072_v1_Workforce_Survey_Report_2007_final.pdf

Section 7 – Information sharing

The sharing of information needs to be carefully controlled and with the appropriate safeguards in place to protect the privacy of health practitioners. The use of de-identified information for research and other statistical purposes is important but needs to be mindful of privacy obligations towards the respective practitioners, in accordance with the national Privacy Act 1988.

The release of information to the Professional Services Review scheme and MediCare as proposed in 7.3.1 and 7.4.1 also needs to be managed carefully, having regard to privacy principles. Again, exchange of information between the agency, via the registration boards and the Department of Immigration and Citizenship (DIAC), is desirable in the case of overseas trained practitioners but needs to be mindful of the Migration Act 1958. This would greatly assist Visa compliance checking as it affects the conditions of registration of a practitioner.

Proposal 7.8.1 deals with the notification of a state/territory health department by a board where the health of a patient not directly involved in a case under investigation *may* have been adversely affected by a practitioner. ANZCA **does not agree** with this proposal – surely at this point it is purely an "allegation" and "not proven" – in this regard the principles of natural justice need to be followed. This appears to be a rather heavy handed approach.

Trans-Tasman mutual recognition is highly desirable and it makes good sense to facilitate the appropriate sharing of information in relation to health practitioner registration, and this should be extended to other international registration bodies (7.12.1, 7.13.1). This is important to ensure safety and quality in the system, enabling the detection of de-registered practitioners.

Thank you for the opportunity to provide comments on this latest (fourth) consultation paper on the proposed arrangements for information sharing and privacy. As always, we welcome further ongoing consultation and would be happy to discuss any of the issues outlined in this submission.

Yours sincerely

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Dear Ms Nardi

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

Proposed arrangements for accreditation

The Australian and New Zealand College of Anaesthetists (ANZCA) is pleased to provide a fifth submission in relation to the consultation paper on the proposed arrangements for accreditation for the National Registration and Accreditation Scheme for Health Professionals ("the Scheme"). This paper follows four previous submissions by ANZCA in relation to the proposed first Bill and other related components.

As highlighted in our previous submissions, 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 which need to be independent of government to ensure patient safety and equity of access, as recommended by the World Health Organisation (WHO) and World Federation for Medical Education (WFME).

We echo the comments provided by the College of Presidents of Medical Colleges (CPMC) in relation to the consultation paper on accreditation and make the following points:

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- WHO/WFME 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.** (The draft Bill includes broad ranging powers of boards for formally recognizing specialist qualifications and those Boards have responsibility for seeking Ministerial approval for any new category of specialist)

- 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.

ANZCA is committed to working with Government to ensure the new Scheme maintains the high standards of clinical practice and protects patient safety.

Thank you, for the opportunity to provide comments on this latest (fifth) consultation paper on the proposed arrangements for accreditation. As always, we welcome further ongoing consultation and would be happy to discuss any of the issues outlined in this submission.

Yours sincerely

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Dear Ms Nardi

Australian and New Zealand College of Anaesthetists Submission

Proposed arrangements for specialists within the National Registration and Accreditation Scheme for Health Professionals

The Australian and New Zealand College of Anaesthetists (ANZCA) is pleased to provide a further submission in relation to the National Registration and Accreditation (NRA) Scheme for Health Professionals ("the Scheme"). This submission is in response to the consultation paper on the proposed arrangements for specialists within the Scheme.

As highlighted in our previous submissions, 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 which should be independent of government to ensure patient safety and equity of access, as recommended by the World Health Organisation (WHO) and World Federation for Medical Education (WFME).

We welcome the changes made in relation to health professional boards being required to consult with other boards and have input into proposals to extend scopes of practice. We also echo the comments provided by the College of Presidents of Medical Colleges (CPMC) in relation to this consultation paper and make the following points:

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- A national uniform registration process should have a separate specialist register for specialist medical practitioners, in addition to the general register for medical practitioners who do not possess approved specialist qualifications, training and experience.

- Entry to the specialist register must be limited to health practitioners with approved qualifications on advice from the relevant accredited specialist body. For medical practitioners, this would be the relevant medical college, which has been accredited by the Australian Medical Council for this (and other) purposes.

- Medical specialist colleges must continue to play an important prevocational and specialist training role, including accreditation of training, ensuring the highest clinical standards and assessing competencies to protect patient safety.

- Continuing Professional Development (CPD) should be the term used rather than Continuing Competence, and CPD should be compulsory for all registered medical practitioners.

- ANZCA continues to have concerns about the proposed role for the Ministerial Council. We continue to submit that Government should set legislation and that independent statutory bodies be responsible for its implementation.

Specialist endorsement

ANZCA does not agree with the proposed endorsement of the national register for medical specialists. We believe that in order to protect the public there must be a separate register of specialists, as is currently the case for three of the state/territory jurisdictions, so that the public are able to easily distinguish specialist from non specialist practitioners. This is especially important for those practitioners who have not met the criteria for specialist registration, but may be employed in positions called specialist, such as many "Area of Need" practitioners.

Continuing competence requirements

This section is not entirely clear and confuses Continuing Professional Development (CPD) programs with continuing competency. These are totally separate concepts, and ANZCA would strongly urge that it is CPD in which practitioners must participate. The assessment of continuing competence would

be very resource intensive, and could not be guaranteed to bring about the desired result. CPD is specialty specific, and must be administered by the Medical College which has been accredited for that (and other) purposes for that specialty.

It remains of concern that the new specialist categories/groups, specialist recognition processes and CPD arrangements will all have to be formally endorsed by Ministers. We are firmly of the view that Government should set legislation and that independent statutory bodies be responsible for its implementation which includes the setting of standards, so that government expediency does not over-ride good practice.

ANZCA remains committed to working with Government to ensure the new Scheme maintains the high standards of clinical practice and protects patient safety. We have had many years of co-operative experience with both the Australian and New Zealand jurisdictional medical registration authorities and look forward to continuing a similar relationship with the new Australian national medical registration authority.

Thank you for the opportunity to provide comments on this latest consultation paper on the proposed arrangements for specialists. As always, we welcome further ongoing consultation and would be happy to discuss any of the issues outlined in this submission.

Yours sincerely

Dr Leona Wilson
President