

Briefing Paper on National Registration and Accreditation

The Australian Federal Government has announced plans to introduce a system of national registration and accreditation of the health professions by July 2010. The establishment of a national registration database of medical professionals has in the past received broad industry support, and has the potential to increase workforce mobility and improve patient safety.

In contrast, national accreditation has been widely condemned by medical professional bodies including the Australian Medical Association and the medical training colleges. The Australian Medical Students' Association (AMSA) also has significant concerns with the Federal Governments' national registration and accreditation agenda.

The current system of medical registration and accreditation

Currently medical practitioners in Australia are registered at the state level by Medical Boards who keep a register of practicing doctors, govern fitness to practice, and manage impaired practitioners. Medical students are registered in Victoria and South Australia but not in other states.

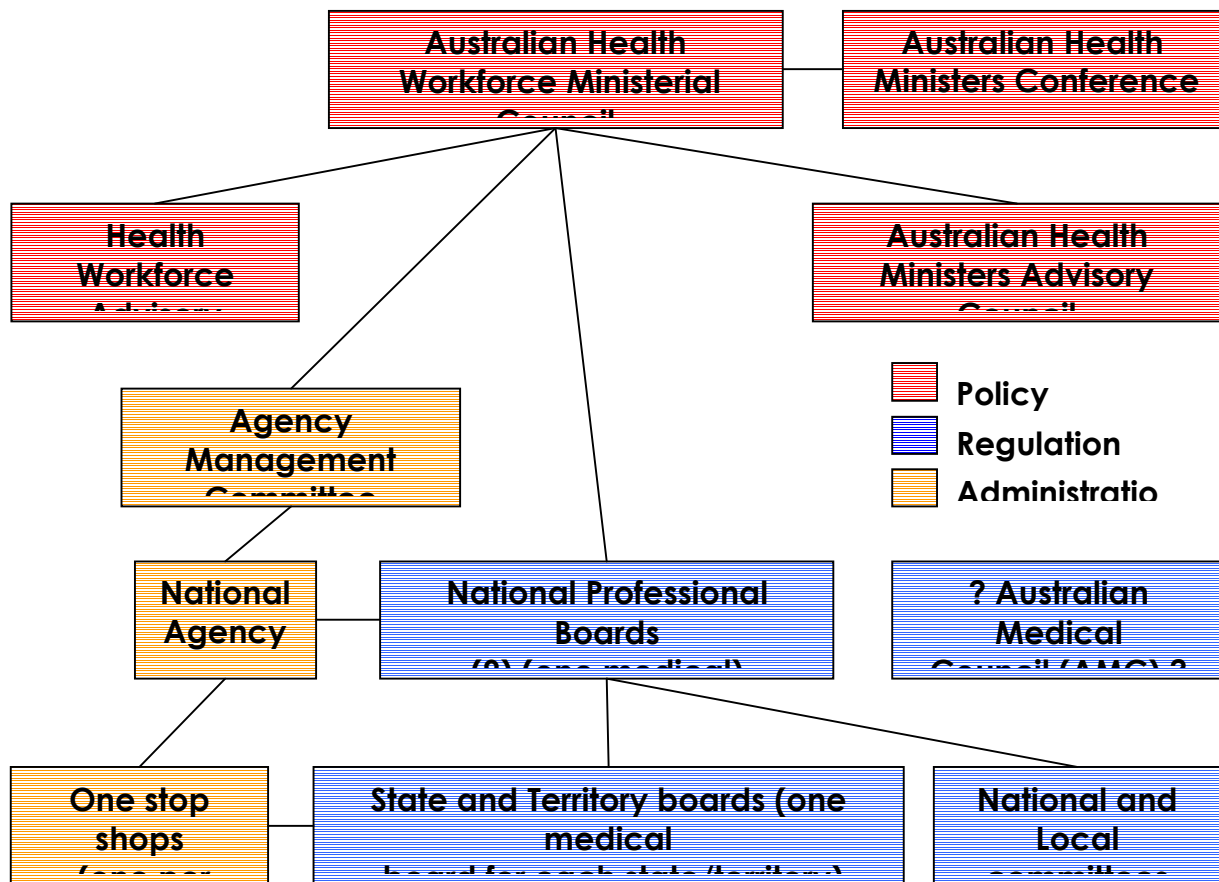
University medical courses and vocational (specialist) training courses administered by the medical colleges are accredited by a body known as the Australian Medical Council (AMC). Pre-vocational (intern) training places are accredited by Postgraduate Medical Councils in each state. Standards of training and competency are dictated by these bodies which are independent of government.

The proposed reform to the registration and accreditation system

The Federal Governments' proposal for national registration and accreditation would roll the registration and accreditation functions of the aforementioned bodies into a centralised bureaucracy with direct government oversight. This framework would be extended to eight other healthcare professions, including

dentists, nurses, pharmacists, physiotherapists, psychologists, optometrists, osteopaths and chiropractors, but would not extend to include medical students.

The regulatory framework would function as follows:



Each of the nine healthcare professions would be overseen by their own National Professional Board, the members of which would be appointed by the Australian Health Workforce Ministerial Council. The Boards would be responsible for both registration and accreditation of the respective health profession, with local and national committees established under these boards to investigate matters of competence and impairment, conduct disciplinary hearings, and accredit undergraduate and vocational training courses. Accreditation functions of the board could be delegated to existing bodies. In the case of medicine the accreditation function of the National Medical Board would be delegated to the AMC for a transitional period of three years. Beyond this time it is uncertain which agency would control medical accreditation.

The National Professional Boards will be answerable to the Australian Health Workforce Ministerial Council (the Ministerial Council), a committee consisting of the Federal, State and Territory Health Ministers. The Ministerial Council will be

responsible for approving profession-specific registration, practice, competency and accreditation standards and the continuing professional development requirements of each profession, and will be able to request review of these requirements by the Boards. The Ministerial Council will receive advice on these matters from the pre-existing Australian Health Ministers' Advisory Council, and the newly created Health Workforce Advisory Council. The latter, whilst intended to be an independent advisory body, would be directly appointed by the Ministerial Council itself.

A National Agency and Agency Management Committee will administer the scheme and maintain a register of practitioners and accredited courses. These bodies will also operate One Stop Shops in each state and territory which will act as a point of contact for practitioners and the general public, and receive and manage complaints which would then be referred to the National Medical Board.

AMSA's concerns with the national registration and accreditation agenda

AMSA strongly supports the creation of a national registration database of medical practitioners as a means to improve patient safety, ensure ongoing public trust in the medical profession, and increase workforce mobility. In addition, AMSA recognises the potential benefits of registering medical students within a national registration database, provided that any such scheme was introduced in consultation with medical students, medical faculties and members of the profession.

AMSA does not support the Federal Governments' current proposal for national registration and will not support medical student registration within this framework. In contrast to a national database, the proposed system introduces excessive political and bureaucratic layers into the registration process and replaces the authority of state based medical boards with a single centralised and remote National Board. In addition the proposed reform unnecessarily merges the registration and accreditation functions currently performed by vastly different bodies.

AMSA is extremely concerned by the move to impose government oversight and regulation on the accreditation of University medical courses and vocational training programs. The independent setting of standards of training and practice is essential to ensuring patient safety, and maintaining the international standing of the Australian medical community. The proposed measures would result in the loss of independence and possibly the ultimate dissolution of the AMC.

Moreover, AMSA believes that Government control of accreditation of medical education and training will subordinate the setting of medical standards to

individual Governments' workforce reforms agendas. According to the intergovernmental agreement one of the stated objectives of the national scheme will be to "enable the continuous development of a flexible, responsive and sustainable Australian health workforce and enable innovation in education and service delivery". The agreement goes on to state that the National Agency, a body controlled by the Ministerial Council, will be able to implement "processes for developing and reviewing codes and guidelines that impact on the nature, scope or duration of education and training requirements for registration purposes or specialist accreditation". AMSA is concerned that this will deliver license to future Governments to abbreviate vocational training time and standards and control specialist training numbers to address workforce maldistribution.

In 2007 in the United Kingdom the Government assumed control of medical accreditation through the General Medical Council. This has since resulted in the abbreviation of vocational training course times and standards. Coupled with a 70% increase in graduating medical student numbers, the introduction of the so called Modernising Medical Careers program has resulted in a massive shortfall of vocational training places, with 12 000 junior doctors now facing career termination. AMSA is extremely concerned by the parallels between the UK experience, and the Australian Governments' national accreditation agenda.

Finally, AMSA believed that the new Federal Government has failed to extensively consult stakeholders from the junior and senior ranks of the medical profession. Should these plans proceed the current generation of Australian medical students will be the first to be subjected to a system of medical training which is controlled by Government bureaucracy. Given the substantive nature of these proposed changes it is incongruent that the Government has completely failed to consult with the generation of future doctors whose education, training and careers this system will effect.

AMSA is in the process of writing to the Federal Government and State Health Ministers to outline our concerns with the proposed national registration and accreditation scheme.