Submission to the Australian Ministers Health Advisory Council: May 2017
Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professionals

The Australasian College for Emergency Medicine (ACEM) welcomes the opportunity to provide feedback on the Independent review of accreditation systems within the National Registration and Accreditation Scheme (NRAS) for health professionals (the review).

ACEM is the not-for-profit organisation responsible for the training and ongoing education of emergency physicians, and for the advancement of professional standards in emergency medicine, in Australia and New Zealand. As the peak professional organisation accredited to deliver specialist medical education for emergency medicine in Australasia, ACEM has a vital interest in ensuring accreditation functions, standards and processes continue to facilitate a high quality of education and training of health practitioners.

ACEM is both accredited under NRAS as a provider of postgraduate vocational medical education and training, as well as an accredditor of sites for the purposes of conducting training of trainees in its programs. As such, ACEM offers the following comments in relation to specific issues contained in the Discussion Paper.

1. ACEM appreciates the potential benefits associated with greater consistency and commonality in the development and application of accreditation standards, particularly if this is able to be done within a Framework such as that of the Health and Care Professions Council (HCPC) that involve both common standards, as well as profession-specific standards that enable recognition of appropriate clinical context. (Issue 1)

2. The relative benefits in terms of direct resource costs of the adoption of a more open-ended and risk-managed accreditation cycle are acknowledged. As is the case with current arrangements, however, appropriate mechanisms to ensure validation of claims by accredited providers must be incorporated. (Issue 3)

3. ACEM views the appropriate selection and training of accreditation panels as fundamental to ensuring confidence in whatever system of accreditation is adopted. A lack of certainty in relation to expectations of accrediting bodies, combined with variation due to poorly selected and/or trained panel members is felt to be a major factor in undermining confidence in any system of accreditation by those being accredited. (Issue 4)

4. ACEM views the inclusion of a broad range of appropriately trained members from a range of stakeholders as being of benefit to accreditation teams. (Issue 5)

5. ACEM sees the fees charged from the assessment of overseas qualified practitioners and assessment of offshore competent authorities as distinct from accreditation activities and that one is not suitable for utilisation as a cross-subsidy for the other. (Issue 7)
6. As relevant to accreditation of providers under NRAS, ACEM views the use of process standards as being of utility in accreditation, in addition to outcomes-based standards. This felt to ensure the existence of internal processes that meet stakeholder expectations and ensure valid evidence is provided that demonstrates the attainment of appropriate outcomes. (Issue 8)

7. ACEM sees the clear articulation of requirements and the ensuring of consistent standards by accrediting bodies as important in the application of outcome-based standards. (Issue 9)

8. A common approach to the development of professional competency frameworks is considered desirable to the extent possible across professions, while the inclusion of consumers and others in that development is seen as desirable. (Issue 10)

9. ACEM considers the current approach to the embedding of healthcare priorities within curricula and clinical experiences to be appropriate in the accreditation standards to which it is subject. (Issue 14)

10. ACEM considers the current approach to the embedding of contemporary education practices to be appropriate in the accreditation standards to which it is subject. (Issue 15)

11. The risk associated with independent practice is felt to be a defensible rationale for a period of supervised practice as a pre-condition of general registration in medicine and health professions where similar direct patient contact is involved. (issue 16)

12. An additional national assessment represents a significant logistic and financial commitment that would need to be considered on the merits of the assessment used. A simple approach such as the administration of a low-level cognitive written assessment would likely have questionable utility in a profession where a wide range of affective, professional skills are required. (Issue 18)

13. The addressing of workforce needs of a rapidly evolving healthcare system in an environment such as that which exists in Australia requires collaboration of a range of stakeholders and the interaction of a range of factors and processes. The approval of accreditation standards by National Board is one aspect that is unlikely to be sufficient in and of itself. (Issue 19)

14. ACEM does not feel that greater independence of accreditation authorities in the development and approval of accreditation standards would necessarily prove constructive in regard to improvement of alignment of education and training with evolving needs of health consumers. (Issue 20)

15. ACEM views the current community representation in key accreditation decisions as appropriate. (Issue 21)

16. The current arrangements under NRAS are considered appropriate to ensure separation of commercial and other activities of councils from their accreditation activities. (Issue 23)

17. The governance model where a more consistent approach to accreditation through a smaller number of accreditation bodies conduct accreditation according to standards approved by a separate body, such as Boards, is preferred. (Issue 25)
18. Complaints and appeals in relation to accreditation bodies should be such that they enable the same degree of transparency, defensibility and natural justice as those expected to be in place by providers being accredited. (Issues 36 and 37).

Further, ACEM provides specific feedback in relation to the role of specialist medical colleges (p.66). It is correct that ‘no funding is provided by the Medical Board to medical specialist colleges’; however, ACEM wishes to correct the understanding outlined in the Discussion Paper, which indicates that the medical specialist colleges ‘charge health services for assessing and accrediting training posts’. This is, in fact, not the case.

The cost of accrediting training sites – in ACEM’s case, emergency departments or individual training posts - is borne fully by the medical specialist colleges. These costs are significant, involving site inspections at over 150 emergency departments across Australia, over a five-year cycle. At no stage, does ACEM charge health services for this activity. Furthermore, as ACEM understands, medical specialist colleges do not receive any additional funding to undertake accreditation activities, other than membership subscriptions and/or training fees. ACEM therefore requests that this information be corrected as part of the NRAS review process. ACEM would welcome further discussion with the reviewers regarding this topic, in order to more appropriately inform stakeholders on issues of accreditation of training positions as they relate to specialist training.

Thank you for the opportunity to provide this feedback.

Yours sincerely,

PROFESSOR ANTHONY LAWLER
PRESIDENT