The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) welcome the opportunity to provide this submission to COAG regarding the Independent Review of Accreditation Systems.

General Comments

RANZCOG is the lead standards body in women’s health in Australia and New Zealand, with responsibility for postgraduate education, accreditation, recertification and the continuing professional development of practitioners in women’s health, including both specialist obstetricians and gynaecologists, and GP obstetricians.

The Discussion Paper provides a comprehensive and cogent summary of the key issues relating to current national accreditation systems for health workforce education and training. The College supports the current review being undertaken by Professor Michael Woods; RANZCOG recognises the need for an accreditation system which ensures a consistent approach to health education and training in allied health and at the prevocational training level, but not at the postgraduate medical education and training level. RANZCOG agrees that graduates need to be equipped with the necessary knowledge, clinical skills and attributes to ensure to work safely in an efficient and effective health system.

As the Discussion Paper points out, while there is a level of commonality in accreditation standards across the professions, there is also considerable variance across specialist medical education and training programs. Each Specialist Medical College have developed their own training and assessment programs to meet the health needs of the community. The Colleges are responsible for the development of accreditation standards which vary in terms of structure, content and even terminology to match their training program requirements. Each Specialist Medical College have developed their own training and assessment programs. They are substantially different in delivery, duration of training, types of training (procedural versus consulting), rotation to different training sites (metropolitan, regional and rural), access to teaching and other resources, and the
assessments of clinical and non-clinical skills. The structural complexity of developing and applying a national accreditation system to 14 specialist Medical Colleges across more than 100 specialist streams and training programs is unlikely to be sufficiently agile to meet these variable requirements. Establishing close alignment of standards, assessment processes, methodologies, terminologies and timeframes across a diverse range of health professions would require considerable negotiation and a radical change in how specialists are trained.

There would also have to be agreement on the objectives of the accreditation process. For example, is the purpose to assess how well the relevant education/training provider conforms to standards which indicate how well it has performed, or, how well it could perform? How would good practice be defined across the professions? How frequently should education/training programs be monitored, as there are some health areas where annual monitoring may be necessary and others where monitoring could occur every 4 – 5 years? What would be the role of supervised practice in assessing standards of practice? For example, General Medicine requires a 12-month internship following graduation, but other allied healthcare areas do not. What emphasis would be given to simulation training and trainee placements in expanded settings (which are important components of the RANZCOG’s training programs, but may not be a priority in other health disciplines)?

The sheer scale of establishing a uniform national approach to accreditation is challenging, including the bureaucratic structure which would be required to support it. As health services have become more complex, so have the definitions of accountability and of the systems needed to regulate and monitor the provision of health care. Accreditation systems are beginning to provide solutions to the problems (and the current Review is a commendable example of this) but, as the Discussion Paper makes clear, the potential solutions are many and varied.

The Productivity Commission’s 2005 report recommended the establishment of a single national accreditation board for health workforce education and training. This was in the context of a national cross-profession approach to education which would ensure uniform national standards and an inter-disciplinary approach to education on which to base professional registration. It was argued that this approach could reduce duplication of accreditation processes, administrative and compliance costs. Basic accreditation processes are broadly consistent across the health professions (e.g. the application process for accreditation/reaccreditation, self-assessment by the education provider, consideration of the application by the accrediting authority, site visit by an accreditation team, development of the accreditation report, etc.). However, from RANZCOG’s perspective, there would be concerns about the degree to which such a model would be sensitive to the needs and priorities of individual specialties.
RANZCOG believes that it is desirable to reduce complexity and unnecessary duplication of accreditation processes at training sites. However, the RANZCOG would not support an initiative that reduces its ability to engage with its wide range of stakeholders. The RANZCOG accreditation process is a critical opportunity for RANZCOG to engage with Fellows, trainees, supervisors and the community. RANZCOG asserts that accreditation is an essential function for the College to engage and to advocate on behalf of its trainees. RANZCOG is concerned that the adoption of a national approach could limit its ability to respond and support trainees during their training. Accreditation visits enable the College to evaluate trainee wellbeing, identify trainees that may be in difficulty, and to initiate remedial actions that best supports a trainee to succeed.

What is difficult to gauge at this stage is where exactly the Specialist Medical Colleges like RANZCOG will fit into a new framework. The Discussion Paper acknowledges (p.67) that while the Review will consider decisions, processes and governance relating to areas like monitoring/reporting across the variety of accreditation arrangements, it will not consider in detail specialist medical graduate assessments. But, it is precisely in the detail of areas like specialist graduate assessment where difficulties in establishing a national model of accreditation may arise.

The Discussion Paper states that ‘Questions for the Review in relation to these entities [i.e. Specialist Medical Colleges and post-graduate medical councils] are focused on governance functions. Of particular interest is the extent to which accreditation standards developed by these bodies and their assessment processes are subject to public interest scrutiny, given that input requirements such as supervision, protected research time, etc. can have substantial impact on health service costs and delivery capability’ (p.67). However, it highlights the ongoing issue of the role of Specialist Medical Colleges’ as training providers versus the impact on cost and service delivery of training programs. Specialist Medical Colleges must necessarily be committed to maintaining high standards of performance/assessment. The College would welcome further clarification on this area by the Review team.

Further, under the current accreditation model, accreditation of medical specialist education programs and training sites has devolved to the Specialist Medical Colleges and the state-based medical councils. These bodies both accredit training posts and programs, as well as having a substantive role in training program delivery. This complex dual role is rather different from that of many other health education providers. It is as yet unclear how the Specialist Medical Colleges’ current role would be affected by a new national accreditation model. RANZCOG would have concerns about the degree of responsibility of a National Board/Boards would be afforded for determining accreditation standards and programs that best address health workforce needs. Would these bodies have the necessary educational expertise to make such decisions, as
opposed to the individual Specialist Medical Colleges? If not, what kind of consultation process would operate between individual Colleges and the National Board/Boards?

Funding is not provided by the Medical Board to the Specialist Medical Colleges for assessing and accrediting training posts. This is a cost borne by members of RANZCOG. Would a new funding model be developed under a national accreditation model or would the Colleges be expected to fund the process? RANZCOG members currently provide accreditation of RANZCOG sites on a non-paid volunteer basis. They do this as a way of giving back to the College. RANZCOG would therefore be unlikely to support an allocation of member funds to a process in which it is largely removed. A national accreditation model would need to consider other funding arrangements.

In summary, RANZCOG welcomes the Review and its focus on the extent to which current accreditation standards and processes facilitate flexibility and responsiveness in the development and delivery of education programs (from curricula design and clinical training arrangements to the use of simulation) – and how these standards and processes could be improved. RANZCOG agrees that the feasibility of establishing an efficient and consistent national approach to accreditation is desirable. However, RANZCOG does not believe that a national approach can address the unique accreditation standards of RANZCOG’s training programs. The Discussion Paper indicates that opportunities for further engagement and feedback from interested parties will be provided through a national consultation process, with forums scheduled in all states and territories. RANZCOG would welcome the opportunity to contribute further to this consultation process, as would all relevant stakeholders.