RANZCO submission to: Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions

The Royal Australian and New Zealand College of Ophthalmologists (RANZCO) welcomes the opportunity to comment on the Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions.

RANZCO’s mission is to drive improvements in eye health care in Australia, New Zealand and the Asia Pacific Region through continuing exceptional training, education, research and advocacy. Underpinning all of the College’s work is a commitment to best patient outcomes, providing contemporary education, training and continuing professional development, evidence-based decision making, collaboration and collegiality.

Below is RANZCO’s response to some of the discussion questions, as outlined in the discussion paper.

**Issue 2: Should accreditation authorities be required to incorporate the decisions of TEQSA/ASQA assessments and accreditations of education providers as part of their own reviews?**

TEQSA/ASQA assessments and accreditations do not align with standards by which medical specialty colleges are measured. The TEQSA standards decisions relate to governance, profit levels, grade arrays, and related areas.

Furthermore, the level of education and training in medical specialisation is above and beyond these sectors which base their jurisdiction on the Australian Qualification Framework (www.aqf.edu.au). In addition, the particular tripartite relationship of trainee, employer/training post and college (in medical specialisations) has inherent nuances which are not reflected in the provider/student paradigm of TEQSA/ASQA.

**Issue 3: What are the relative benefits and costs associated with adopting more open-ended and risk-managed accreditation cycles?**

Risk-managed accreditation cycles are far more timely and beneficial to both the regulatory system and the providers themselves. A benchmarking approach that compares medical specialty colleges with each other would give more credibility to the accreditation exercise and manage risk more effectively. This would also allow a continuous improvement framework in a collegiate environment with the added benefit of an economy of effort and resources.
**Issue 4: What changes could be made to current accreditation processes (such as selection, training, composition and remuneration of assessment teams) to increase efficiency, consistency and interprofessional collaboration?**

RANZCO is concerned with an apparent lack of consistency by accreditation teams within the Australian Medical Council in terms of training, which may lead to poorer outcomes. For example, the accreditation team for specialty medical colleges includes at least one overseas specialist (outside Australia and New Zealand) in the relevant area. However, it is not clear whether the person selected has any training in accreditation or whether they are fully briefed on the nuances of Australia’s healthcare and training systems.

An external or internal audit of the accreditation team may be appropriate, or having members of staff who are trained in adult education rather than in the area of medical specialty being accredited.

**Issue 5: Should the assessment teams include a broader range of stakeholders, such as consumers?**

Given the level of complexity involved in the accreditation process, consumers should only be added to the accreditation team if they have appropriate training and qualifications. Otherwise, there may be a risk of misinterpretation of accreditation for advocacy of consumer issues.

**Issue 10: Should there be a common approach to the development of professional competency frameworks and to the inclusion of consumers and possibly others in that development?**

In order to ensure consistency across medical professions with regards to professional competency, professional competency frameworks should be standardised where appropriate.

**Issue 13: How best could interprofessional education and the promotion of interdisciplinary practice be expressed in accreditation standards that would reflect the priority accorded to them?**

Given the increasingly interdisciplinary nature of medical practice, increased interprofessional education is important to ensure a cohesive approach to patient care. To ensure best practice for optimal outcomes for patients, such interprofessional education must be led by the most relevant professional bodies, with access to the most pertinent expertise to the relevant matter.

The discussion paper points in particular to “changing and broadening scope of practice for some professions including new skills development to reflect service demand” as one of the main emerging interprofessional models due to changing service demands (p. 40). RANZCO is concerned that changes to scope of practice are often led by accreditation bodies in response to oversupply of graduates in their respective workforce, rather than to address patient needs. When done without a proper interdisciplinary involvement, this may lead to inappropriate increase in scope of practice that is not in line with appropriate changes to of education and training.
A pertinent example to scope of practice changes that are clearly not in line with appropriate changes to education and training is the approval given by the Optometry Board of Australia (OBA) to permit optometrists to independently diagnose and manage the treatment of chronic glaucoma. Existing university courses in ocular therapeutics (offered by University of New South Wales and Melbourne University) offered to registered optometrists grants a Graduate Certificate which allows graduates to prescribe therapeutic agents after a single semester (full load) course. This compares with 12,000 hours of clinical training required for ophthalmologists to be allowed to prescribe therapeutic agents. Such inconsistencies in training due to scope of practice changes may ultimately impact patient outcomes.

Therefore, any changes to existing scope of practice must be carried with the full support and collaboration of all relevant professional and accreditation bodies, and must remain focused on ensuring that patients receive the best quality of care from the most appropriately trained professionals to ensure best patient outcomes. This can be expressed in accreditation standards by formalising the need for full support from all relevant professional organisations (such as specialist medical colleges) when considering any changes to existing scope of practice.

**Issue 14: How could the embedding of healthcare priorities within curricula and clinical experiences be improved, while retaining outcome-based standards?**

RANZCO is of the opinion that, while being aware of healthcare priorities is important for health professionals, formally embedding healthcare priorities in the medical training process may be problematic, particularly given that healthcare priorities can be highly dynamic as well as differ between States / Territories and urban / rural / remote areas.

It should also be noted that procedural training happens mostly within the public system. Such exposure to public settings as part of the training process exposes candidates to healthcare priorities in an appropriate, “real-life” context.

**Issue 19: Do National Boards as currently constituted have appropriate knowledge, skills and incentives to determine accreditation standards and programs of study which best address the workforce needs of a rapidly evolving health system?**

Given the rapidly evolving health system landscape, RANZCO is concerned that National Boards (including the Medical Board of Australia and the Australian Medical Council) may not have sufficiently detailed knowledge to find ways to address workforce needs with respect to the specialist medical colleges. Furthermore, National Boards may not have the means to influence the many different aspects of public and private health needed to solve dynamic workforce issues.

One example of the lack of appropriate capacity of Medical Boards to determine accreditation standards and programs of study is that, since the introduction of the Scheme, most accreditation Boards have reoriented their focus towards workforce dynamics, rather than maintaining the required standards for patient safety. In practice, this has shifted traditional medical scope of practice to the non-MBA National Boards without appropriate oversight.
Therefore, RANZCO is of the view that National Boards as currently constituted may not be best positioned to address workforce needs. It is concerning that some National Boards may be focusing their efforts on accommodating an unsustainable increase in their respective workforce, which may result in ill-conceived changes to scope of practice without proper interprofessional collaboration to ensure a robust assessment of need, appropriate education and training, patient safety, or health system costs.

**Issue 20: Would greater independence of accreditation authorities, in the development and approval of accreditation standards and/or approval of programs of study and providers, improve alignment of education and training with evolving needs of health consumers?**

RANZCO is of the opinion that the details of curriculums should remain within the autonomy of the providers, rather than being dictated by accreditation bodies. The existing levels of independence are appropriate, however greater independence may breach the autonomy of existing education providers, which remain the authority in their respective areas.

**Issue 21: Is there adequate community representation in key accreditation decisions?**

Similar to our response to issue 5, given the level of complexity involved in the accreditation process and accreditation-related decisions, community representation may not be appropriate. Accreditation processes should be led by the most relevant experts in a given field. This will ensure a long-term view based on their expertise and years of accumulated experience.

**Issue 22: What changes are required to current governance arrangements to allow accreditation authorities to source professional expertise without creating real or perceived conflicts of interest?**

Managing conflict of interest should always be a priority for accreditation authorities when sourcing professional expertise. RANZCO is of the opinion that existing tried and tested methods of avoiding conflicts of interest are appropriate, and particular arrangements should remain up to the accreditation bodies to decide on the most appropriate mechanism of handling conflicts of interest.

**Issue 31: Do the multi-layered assignment arrangements involving the National Boards, specialist colleges and post-graduate medical councils provide mechanisms for sufficient scrutiny of the operations and performance of these functions?**

RANZCO believes that the existing model for multi-layered assignment arrangements works well, and provides the independence needed with enough oversight. It is imperative that the governance of specialist colleges retain the existing level of independence, reflecting their specialist expertise and clinical authority.
Issue 32: Are there any reasons why processes for having qualifications assessed for skilled migration visas cannot be aligned with those for registration that are conducted under NRAS?

Given the highly varied levels and quality of education in different countries, qualification assessment for skilled migrants is a difficult process and requires particular expertise. Alignment may be appropriate as long as it remains the remit of the specialist colleges to undertake assessment.

Issue 33: Is there is a defensible justification for the bodies who have been assigned responsibility for accreditation of Australian programs not being assigned the function to assess overseas trained practitioners?

It is important to note that accreditation and assessment are quite different. The AMC accredits colleges, however the particular expertise required to assess overseas trained practitioners remains firmly within the remit of specialist colleges. The AMC does not have the particular expertise to assess overseas trained practitioners, which specialist colleges possess.

Issue 34: Should there be consistency across the National Boards in assessment pathways, assessment approaches and subsequent granting of registration status for overseas trained practitioners?

While consistency across the National Board in assessment pathways and approaches is important, given the level of particular expertise required, individual specialist colleges need to provide the expertise for assessment based on its specific context.

Yours sincerely,

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RANZCO CEO