Mr Kim Snowball
Independent Reviewer
Australian Health Ministers’ Advisory Council
E: nras.review@health.vic.gov.au

10 October, 2014

Dear Mr Snowball,

The Committee of Presidents of Medical Colleges (CPMC) welcomes the opportunity to provide a submission to the Independent Review of the National Registration and Accreditation Scheme for Health Professions, following release of the Consultation Paper on 29 August, 2014. A separate submission will be provided by the Royal Australasian College of Surgeons.

CPMC has consistently supported the concept of a national registration and accreditation scheme, however from the outset we have strongly emphasised that the basic underlying principle must be that patient safety and the quality of care provided to all Australians must not be compromised or reduced in any way. To this end CPMC is strongly supportive of the need to retain the Australian Medical Council as the independent accrediting body rather than a range of independent accreditation committees appointed by the Board, or government authority.

CPMC is committed to working productively with other professional groups but is concerned about the absence of regulation around the expansion of scope of practice by non-medical groups.

CPMC would be pleased to discuss these and other matters in depth with you at your earliest convenience. A submission covering the areas of interest in the Consultation Paper is attached.

Should you wish to contact me please do so via the CPMC Secretariat on telephone (02) 6282 8269, or via email at: secretariat@cpmc.edu.au

Yours sincerely,

Professor Michael Hollands
Chairman, CPMC
1. Introduction
The Committee of Presidents of Medical Colleges (CPMC) is the peak body representing the interests of specialist Medical Colleges in Australia. CPMC works to ensure that individual medical specialties have a broad base of intercollegiate knowledge so as to enable them to provide for the Australian community the highest quality of medical care, delivered in accordance with accepted clinical principles, and to improve, protect and promote the health of the Australian public.

The individual Member Colleges are responsible for the determination and maintenance of standards for their respective disciplines and for the training and education of medical specialists in that particular discipline, and are free to provide their own submission to the review accordingly. A separate submission will be provided by the Royal Australasian College of Surgeons.

CPMC is involved in policy development, and as the peak specialist medical body in Australia provides objective advice on health issues to Government and the wider community.

2. Background
The National Registration and Accreditation Scheme (NRAS) for the health professions was established in 2008 and since then has overseen and regulated approximately 618,000 health professionals across Australia. It was established to achieve six key objectives:

- Protection of public safety;
- Facilitation of workforce mobility;
- Facilitation of high-quality education and training;
- Facilitation of assessment of overseas-trained health practitioners;
- Promotion of access to health services, and
- Development of a flexible, responsive and sustainable workforce.

Further to the above objectives it has guiding principles that state that it must:

- Operate in a transparent, accountable, efficient and fair way;
- Fees payable by practitioners must be reasonable, and that,

Restrictions on the practice of a health profession are only to be imposed if that is what is required to ensure that health services provided to the public are safe and of the quality expected in Australia. CPMC understands this to mean that the National Scheme seeks to achieve a balance between safety and quality through protection of title, without restricting competition or limiting access to health services.
The Australian Health Workforce Ministerial Council has asked for an assessment of the National Scheme’s future sustainability, its administration and to look at how it works at the points it interacts against other regulatory systems operating in States and Territories.

An independent reviewer has commissioned a Consultation Paper which was released on 29 August, 2014 containing eight areas of focus for which input from stakeholders is requested.

3. CPMC Response to the Independent Review

CPMC has long supported the concept of a national regulation system for health professions which would ensure:

- there is no reduction or compromise in the quality of care provided to all Australians;
- a ready movement of registered practitioners across Australian jurisdictional boundaries, supported by nationally uniform policies and regulatory guidelines without having to rely on mutual recognition of jurisdiction-based registration, and
- a level of protection against unilateral departures from uniformity over time by individual jurisdictions as political responses to subsequent events within those jurisdictions.

College Presidents remain committed to the existing regulatory system, and acknowledge the initial establishment issues involving the consolidation of seventy-five (75) Acts of Parliament and ninety-seven (97) separate health profession boards across eight States and Territories into a single National Scheme.

It should be noted that in the period between 2004 and 2009 there was considerable discussion regarding the linking of medical practitioner registration to the accreditation of medical school and college training programs, as part of the original design and establishment of a national registration and accreditation scheme. The concern was based on the risk any linkage would play in the independence of the training programs. It is unfortunate the Consultation paper is silent on these concerns because the profession strongly supported the retention of the Australian Medical Council due to it being an independent accrediting body.

The effect of the introduction of NRAS was to group the Medical Board of Australia as one of the fourteen separate National Boards. While not acknowledged in the Consultation Paper, it is clear that each of the Boards operate independently in pursuit of the aims of the National Scheme. The National Scheme has no overarching accountability layer to ensure decisions of individual Boards are made in the interests of public safety. The National Scheme must be accountable on a national level and also to individual State and Territory Health Ministers, and a mechanism must be put in place to measure performance in relation to how it operates to deliver on the four key objectives set out in the National Law.
Q1. Should the Australian Health Workforce Advisory Council be reconstituted to provide independent reporting on the operation of the National Scheme?

CPMC supports in-principle the option to strengthen accountability however whether this requires the reconstitution of the Australian Health Workforce Advisory Council (AHWAC) is not argued sufficiently in the Consultation Paper. There are other ways in which accountability may be strengthened without introducing a new layer of regulation, however if this option will have the effect of allowing existing agencies to continue improving within their administrative and legislative boundaries while also enabling the broader oversight then it is a reasonable option to consider from a public safety perspective.

CPMC is concerned that in reconstituting the ‘AHWAC’, it will still reflect the provisions in the National Law which states that of the seven members, the Chair cannot be a practising health practitioner, or one who has worked within the last five years, and at least three other members must have expertise in health, or education and training, or both.

CPMC is of the view that in order to properly provide independent advice to Ministers regarding all proposals for changes in the standards being proposed to the Ministerial Council and, a report on actions taken within the National Scheme to improve access to services and delivery measured against workforce reform including cross-profession initiatives, AHWAC membership must more adequately reflect persons with recent skills and experience of the complexities associated with health practitioner groupings.

It is a risk expecting a Chair to have to rely on a committee membership without the necessary knowledge base required to understand the practical difference between skill and competence of medicine, the specialties and indeed, any other groups. Therefore it is vitally important that any reconstituted AHWAC comprise membership of a Chair with or without health practitioner experience, but there are at least three members from the medical profession on the committee, at least one from the nursing profession and two from the community (with experience in legal and financing areas) as well as a person with non-registrant health practitioner status.

Q2. Should the Health Workforce Advisory Council be the vehicle through which any unresolved cross professional issues are addressed?

Should there be a reconstituted AHWAC, it must be comprised of a membership which the other agencies acknowledge as having sufficient skills and expertise to provide the overarching authority necessary to adjudicate on matters when workforce priorities result in decisions which create cross-professional disputation. If enabled, AHWAC could be the vehicle through which any unresolved cross-professional issues are addressed. Importantly, CPMC is concerned that there is currently an absence of regulation around expansion of scope of practice by non-medical groups.

Q3. Should a single Health Professions Australia Board be established to manage the regulatory functions that oversee the nine low regulatory workload professions? Estimated cost saving $11m per annum

Q4. Alternatively, should the nine National Boards overseeing the low regulatory workload professions be required to share regulatory functions of notifications and registration through a single service? Estimated cost saving $7.4m pa.
Q5. Should the savings achieved through shared regulation under options 1 or 2 be returned to registrants through lower fees?
CPMC is concerned the proposal to establish a single health professions board will undermine the spirit and intent of the NRAS where the protection of the public is at the base of the regulatory scheme. Low numbers of registrants does not necessarily equate to lower potential risk of harm, and the professions identified in the Consultation Paper are different health care disciplines as distinct by virtue of what they seek to do. For example, a chiropractor conducts his/her work in a vastly different manner to a psychologist and if the NRAS deemed these groups worthy of registration, then equally the oversight necessary to protect the public from harm ought to be reflective of Boards with the skills and attributes to do so. Therefore, CPMC rejects any proposal which is based on consolidating functions solely for cost savings purposes which in fact results in having insufficient expertise to safely govern all the health professions.

Q6. Should future proposals for professions to be included in the National Scheme continue to require achievement of a threshold based on risk to the public and an associated cost benefit analysis?
All proposals should be based on scientific evidence to prove there is a case to be considered, for example, a change which would address a gap in service or an improvement in care delivery.

Q7. Should the National Law be amended to recognise those professions that provide adequate public protection through other regulatory means?
CPMC agrees with this proposal in-principle because if there are other regulatory means currently available which properly assess recognition against public protection then this meets with the aims and objectives of the National Law. However, in keeping with the spirit and the intent of the National Law, those professions that provide adequate public protection through other regulatory means should still be required to put that evidence through the newly reconstituted AHWAC. This will then provide added transparency.

Q8. Should a reconstituted Australian Health Workforce Advisory Council be the vehicle to provide expert advice on threshold measures for entry to the National Scheme to the Health Workforce Ministerial Council?
A reconstituted AHWAC with a membership properly comprised of persons skilled and trained to review safety, would be the appropriate vehicle to provide expert advice on threshold measures for entry to the National Scheme to the Health Workforce Ministerial Council. The critical issue is whether the system is supported by a governing regulatory authority with the ability to properly assess evidence and quality measures so that decisions are made which are not aimed solely at widening scope of practice for workforce shortage requirements, but for the protection of the public.

Q11. Should there be a single entry point for complaints and notifications in each State and Territory?
At present the multiplicity of pathways leads to excessive delays and cost in resolving complaints and disputes. There is a need for more expeditious resolution of whether a complaint represents a genuine risk to public safety.

Q12. Should performance measures and prescribed timeframes for dealing with complaints and notifications be adopted nationally?
There is significant difference across different jurisdictions in addressing complaints in terms of process, transparency and promptness.
**Q21. Should the proposed reconstituted AHWAC carry responsibility for informing regulators about health workforce reform priorities and key health service access gaps?**

A properly reconstituted AHWAC would need to receive information from health departments in each jurisdiction in order to be informed, since gaps in access to health services is information which rests mainly there. With the abolition of Health Workforce Australia, there is an opportunity for AHWAC to develop a future priorities workforce plan. CPMC recommends that occurs in concert with the Medical Colleges, University Medical Deans and Department of Health amongst the range of other stakeholders involved in education and training for the health workforce.

**Q24. Should the appointment of Chairperson of a National Board be on the basis of merit?**

CPMC supports merit-based appointments.

**Q25. Is there an effective division of roles and functions between National Boards and accrediting authorities to meet the objectives of the National Law? If not, what changes are required?**

The Australian Medical Council is the accrediting authority for the Specialist Medical Colleges and has undertaken this role using a rigorous and well-respected approach. There is merit in using the AMC accreditation system as the best practice model for application across all the National Boards.

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**4. Concluding Remarks**

CPMC is supportive of national regulation, and remains committed to participating in the system however the current system’s structure acts as a barrier to effective regulation because there is no overarching accountability layer to ensure decisions of individual Boards are made in the interests of public safety.

CPMC supports in-principle the option to strengthen accountability via the reconstitution of the Australian Health Workforce Advisory Council (AHWAC) but in reconstituting the council, the membership must also be revised to ensure advice to Ministers is independent and reflective of persons with recent skills and experience of the complexities associated with health practitioner groupings. For the sake of public safety alone, the newly reconstituted AHWAC must comprise persons who understand the practical difference between skill and competence of medicine, the specialties (and indeed, any other groups) and have the perspective to balance the demands of accessibility to care, while still maintaining the degree of excellence the patients demand.

CPMC supports the retention of the Australian Medical Council as an independent accrediting body, rather than any option of introducing ‘independent accreditation committees’ which may be appointed by government.

CPMC appreciates the opportunity to provide a submission to this important review and looks forward to the next phase of the consultation process.