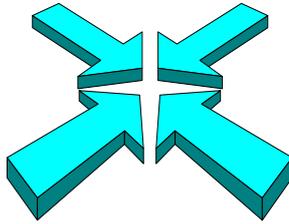


Confederation of Postgraduate Medical Education Councils



CPMEC recognises that there are number of issues which impact on national registration and accreditation. In this submission we have focused on identification of some of the key issues that should shape the approach to the development of national health registration and accreditation schemes.

1. National Registration Scheme for Health Professionals

CPMEC supports a national registration scheme for health professionals that would have as its primary objective the protection of the public. For such a system to work it is imperative that years of expertise build in the registration of professions is not eroded. CPMEC considers the following to be important in designing the preferred model for national registration:

- a. All health professional regulation bodies could sit under a national peak regulatory body to oversee a single register for all health professionals. It is anticipated that the peak organisation would include consumer, legal and health professional representation.
- b. Such a body should be seen as independent of the government and the professional groupings.
- c. CPMEC considers that this model would work best if there is a medical sub-group that deals specifically with the regulation of doctors (alongside similar arrangements for other professions) operating under the umbrella group.
- d. CPMEC suggests this medical profession sub-group includes state branches representation to continue the work of the state and territory medical boards which should not be dismantled because this would result in a loss of expertise and corporate knowledge.
- e. If the scheme is to be national, then all state/territory branches would be required to operate under national standards for registration.
- f. New health professions could be dealt with under a separate structure or grouping within a cross-health professional registration body.

2. Transition to National Registration

In considering the transition to a national registration scheme the following need consideration in relation to doctors:

- a. The role of current state boards will need to be redefined vis-a-viz a national structure. There is a need to have a state based structure

to manage issues other than registration such as the management of conduct, health and disciplinary matters, and under-performing doctors.

- b. Issues surrounding the conditions for registration of interns will also need to be explored, e.g., will this still be linked to accreditation of hospitals for education and training of pre-vocational doctors or require some new arrangement?
- c. The registration of International Medical Graduates will require careful consideration and CPMEC's preferred position is that this is linked to accreditation of training positions for all prevocational trainees.
- d. A further question relates to the proposed format of the registration. If there is general registration by title as is the current practice, there would be minimal transitional issues. However, if the plan is to introduce limited registration based on area of practice, this could create problems categorising many doctors who work across a range of disciplines e.g. rural procedural general practice.
- e. If a cross-professional model is adopted, there will need to be agreement on professional standards and how these will be met. For example, will all registered health professionals be required to meet the current medical regulation standards such as compulsory professional indemnity, and how will professional misconduct and complaints be handled?
- f. Another significant issue would be the registration of complementary therapists who are needed but their registration would be seen as highly contentious politically.

3. National Accreditation Scheme for Health Professionals

The purpose of accreditation of health professional education and training is to ensure appropriate training and supervision standards are met. These standards are integral to the provision of high quality and safe patient care. Hence registration and accreditation are linked through ensuring that training has occurred in an approved manner under approved supervision. In the medical domain there are currently robust accreditation processes covering medical schools, prevocational trainees and specialist medical colleges.

CPMEC is particularly concerned about changes in arrangements for a national health accreditation scheme given the expertise that has been built up in postgraduate medical councils throughout Australia in the accreditation of hospital training positions. As with national registration, CPMEC is not opposed to a single accrediting body for all health professionals. Should this option be pursued, it would be important to have representation from all health professional education and training accreditation agencies on this peak national accreditation body. As with national registration, for this model to work effectively for medical education and training, there has to be a sub-group constituted with expertise in the accreditation of medical education and training under that peak body. Whilst

the Australian Medical Council would be a logical choice for situating this sub-group, it is important that any such sub-group should not only have medical schools and Colleges represented but include CPMEC, and state and territory PMCs to ensure continuity of expertise that underpins medical accreditation and, that the relevant standards for **each phase** of medical education and training continues to be applied and monitored in a meaningful way.

CPMEC is of the view that optimal accreditation arrangements for prevocational doctors do include a range of professionals including hospital managers, medical education officers (non-medical) and strongly supports the continued involvement of prevocational trainees on accreditation visits. Extending the accreditation teams to involve other professional sub-groups would raise significant logistic and resourcing issues.

4. Transition to national accreditation

CPMEC would like to advise COAG members that it is currently overseeing a process of development of a National Accreditation Framework for prevocational medical training and this is supported as a national priority for medical education and training by the Medical Training Review Panel.

In considering the transition to national accreditation arrangements, CPMEC would like to highlight the following issues:

- a. A very significant risk of loss of extremely valuable expertise and corporate knowledge will occur if the individuals and bodies participating in current accreditation processes are partly or fully lost.
- b. The scope of the scheme should be defined and perhaps focus on the accreditation of institutions (such as hospitals, GP practices etc) for the training and education of medical doctors (i.e. institutional accreditation). To do this would involve development and agreement of a set of standards which institutions would need to meet in order to employ doctors in training across the training continuum - prevocational trainees through to trainees completing a fellowship. This set of standards would need to ensure:
 - i. Trainees have the appropriate knowledge, skills and supervision to provide quality patient care
 - ii. Trainees receive a wide range of educational and training opportunities to ensure that they are competent and safe
 - iii. The welfare and interests of trainees are promoted.
- c. If there are any standards which are generic across the health professions (e.g. access to a library and appropriate physical

- amenities) consideration could be given to whether these can be included within a wider health system accreditation process e.g. ACHS or equivalent, to prevent unnecessary duplication.
- d. The accreditation standards and process should build on work already done as well as utilise findings from current medical education studies in progress.
 - e. The accreditation process should involve a peer survey team to ensure the process is robust and meaningful.
 - f. Relevant groups and individuals would need to be involved in the development and ongoing governance of the standards and the process. In this regard, CPMEC currently has a National Accreditation Network which, *inter alia*, is working towards developing a National Accreditation Framework in the prevocational years of medical training and education. This will build on the Australian Curriculum Framework for Junior Doctors that was produced by the CPMEC through an extensive consultation process earlier this year (see www.cpmecc.org.au).
 - g. State jurisdictions would need to recognise the importance of professional input in the process and support it as necessary, e.g., protected time to participate in accreditation surveys.
 - h. Although there is some overlap in certain areas of the accreditation standards there may be problems getting agreement on the breadth and depth of standards across the medical training continuum – due to the number of relevant groups involved and the slightly different focus of each group. There may also be some concern regarding introduction of generic standards which no longer allow for such a detailed focus on specific areas of interest. For example Postgraduate Medical Councils have an accreditation process which focuses on the needs of prevocational trainees. As alluded to earlier, if the focus is broadened to medical trainees generally, some of the specific problems faced by prevocational trainees may be overlooked, for example; supervision.
 - i. The issue of accreditation of international medical graduates (IMGs) is an issue that affects all jurisdictions. Devising a national scheme to assess, educate, support and accredit international medical graduates (IMGs) is an issue that requires a national process. We understand that significant level of work is already being done in this area.

5. Time Frames

Given the importance of a national registration and accreditation health system, CPMEC would also like to highlight the importance of not rushing prematurely into any arrangements simply to accommodate the July 2008 deadline. If deemed necessary to 'get it right', this time frame should be extended.