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From the President

13 October 2017

Professor Michael Woods
Independent Reviewer
Independent Review of Accreditation Systems within the
National Registration and Accreditation Scheme for Health Professions
PO Box 3410
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Via Email: admin@asreview.org.au

Dear Professor Woods

Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions - feedback on Draft Report

Thank you for the opportunity to provide feedback in response to your Draft Report, "Australia's Health Workforce: strengthening the education foundation," commissioned by the Australian Health Ministers' Advisory Council.

The Royal Australasian College of Physicians (RACP) has a membership of over 16,000 physicians and over 8,000 trainees in Australia and New Zealand. We are the largest specialist medical education provider accredited by the Australian Medical Council (AMC), in terms of number of trainees, discrete training programs, and the number of fields of specialty practice and number of specialties covered.

The RACP is accredited to provide postgraduate education and training for medical specialists across 8 specialties and 34 fields of specialty practice.

The RACP also provides continuing professional development programs and resources to its membership on topics as diverse and wide-ranging as Indigenous cultural competency, countering cognitive bias, migrant health, and new diagnostic technologies.

General remarks

The RACP supports the National Registration and Accreditation Scheme (NRAS), including its legislated objectives and guiding principles. The safety and protection of the public is at the core of the NRAS, ensuring that only suitably trained and qualified health practitioners are registered and allowed to practice, and the RACP considers, and all indications are, that the NRAS is working largely as designed and intended and is serving the public well. Facilitating workforce mobility and enabling a flexible, responsive and sustainable health workforce are also principal aims of the NRAS. Whilst we feel that more could be done to support effective workforce development and innovation, we do not agree that the changes proposed in this draft report will lead to this. Indeed we are concerned that the result would

be the opposite, and that current and future developments and innovation could be stymied by a one-size-fits-all accreditation governance structure.

A more effective approach would be to remove barriers to emerging health professional roles and associated education programs by establishing an alternative registration and accreditation category for trialed and approved proposals. This approach would not need to involve disruption to the registration and accreditation structures that are working well.

As clearly stated in our submission of 1 May 2017, we strongly support regular reviews of the NRAS - both how it operates and its strategic direction - to ensure it remains effective, efficient, supportive of innovation, and protective of the public. However, it is vital that reforms are fully considered and consulted on, to ensure that any changes implemented will lead to the outcomes being sought and that potential unintended consequences are fully considered and preempted.

We concur with the Review's view on the importance of transparency and appropriate consumer input. Continuous improvement in these areas will be highly beneficial.

Consultation process - insufficient time allowed

The period for consultation, even with the extension that was granted, has been insufficient to enable the level of analysis and internal consultation that the subject warrants. The risk of unintended consequences caused by reform in such a complex area is high. We recommend ongoing constructive engagement with all involved parties, including specialist medical colleges, throughout and beyond the lifespan of this review with more appropriate timeframes.

Concerns about the preferred option

We are concerned that the Review may be taking an unanticipated direction towards more regulation of the medical accreditation system, and believe that this may inadvertently affect patient safety and impede, rather than accelerate, progress on workforce innovation.

The RACP does not support the proposal to establish a single, national cross-profession accreditation framework and Health Education Accreditation Board. We cannot envisage how this additional level of bureaucracy, cost and decision-making would drive any improved effectiveness or efficiencies in the scheme, nor how this could appropriately support the diversity of needs and training contexts across the different health professions. Indeed we foresee that this restructure would drive an inappropriate level of uniformity, impacting at both the level of standards and decisions, and ultimately impacting the quality of patient care.

The current NRAS structure and design appropriately recognises that health professions are very different, with very different needs. Of core concern for the RACP is that the accreditation needs and standards for postgraduate medical specialist training, which is undertaken in workplaces under an apprenticeship model with an overlaid formal educational program, are very different from those for other health professions.

Unlike other health professions, doctors require extended periods of supervised postgraduate workplace based training in order to achieve specialist recognition with AHPRA and associated recognition under Commonwealth programs such as Medicare and with employers of specialist medical staff. The draft report does not clearly articulate the rationale for recommending this substantial change.

The centralised accreditation model that is proposed risks undermining the necessary differences in accreditation required by the different professions. A more effective approach would be to focus on improving the alignment and consistency between standards where appropriate, and supporting more cross-profession collaboration - all entirely possible under the current structure.

We strongly support the move over the last few years to outcomes-based accreditation standards; reflecting their correlation to health professionals' skills and practice, and therefore, patient outcomes. However, this is not *ipso facto* an argument for a single accreditation agency. The outcomes-based standards must be able to be developed as appropriate for each profession and it is very unclear how the creation of a single overarching accreditation agency would be of benefit.

The Australian Medical Council has adopted this approach to its accreditations standards for Specialist Medical Education. A homogenous approach to accreditation could risk stalling this - dragging some professions back to a process-driven approach for the sake of mandated uniformity. This would be a retrograde step.

The RACP does not agree with the statement made by the Review "*The Review concludes that the accreditation and assessment activities undertaken by specialist colleges within the National Scheme are similar to that being undertaken by the 14 accreditation authorities*" (pg148). College accreditation and assessment activities are separate and distinct from the role of accreditation authorities such as the Australian Medical Council.

The RACP has concerns about the proposal to have the Health Practitioner Ombudsman and Privacy Commissioner take on a role of reviewing College accreditation decisions, as this appears to be based on the misunderstanding of the College's role. The proposal is both impractical and unnecessary for the following reasons:

1. Accreditation is integral to and not separate from other aspects of College training programs. Accreditation undertaken by Colleges is an assessment of the training environment in which the curriculum is delivered and the workplace learning takes place. In this sense, it is no different from the College's assessment of requirements and standards related to the learning, teaching and assessment of individual trainees. All are important for ensuring the highest professional standards are maintained for specialist medical practice in the service of the community.
2. The Australian Medical Council assesses Colleges across all of its education functions (including accreditation of training settings) against the standards, which were recently revised. The standards relating to accreditation (Attachment 1) set out the expectation of Colleges and specifically address issues of transparency and consistency. The standards also reference the Accreditation of Specialist Medical Training Sites Project.
3. The RACP already has a three-stage process for reconsideration, review and appeal that applies to accreditation decisions made by the College.

The right health workforce for Australia's future

Health services are a driving force in workforce innovation and change; particularly changes relating to models of care and the health professional roles needed to support them. Fostering closer connections with the quality improvement work of clinical services and organisations would likely result in far greater benefits than attempts to encourage innovation by increased centralisation or regulatory uniformity.

The Draft Report appears to equate inter-professional learning with workforce innovation. Whilst the two are often inter-related, they are distinctly different issues. Inter-professional

learning is a fundamental aspect of health care, and more needs to be done to drive and support this in all health professional training and education. Whilst we suggest there is clear room to develop aligned standards in this area, these need to be able to fit into the appropriate context for each profession.

As stated in our earlier submission to this review, a cornerstone in fostering inter-professional learning is the development of improved learning environments and training infrastructure. The benefits of this have been demonstrated to great effect in the Specialist Training Program (STP), which supports specialist training positions in settings outside of the traditional large urban teaching hospital. Many STP funded settings often have diverse multidisciplinary teams comprising health professions who do not necessarily work in a traditional teaching hospital setting.

This program has not been led by nor needed any change to the accreditation bodies, and has been well supported from a basis of strong professional education *within* each profession, covering training on multidisciplinary teamwork and inter-professional learning and communications.

Opportunities for improvements under the current structure

Undertaking a substantial restructure, without a clear rationale and plan as to how this will deliver improved effectiveness or reduce costs, would be ill-informed and risky. It would also stall the progress currently being made in many areas and distract from the potential to leverage and further improve on this progress.

We see significant opportunity to improve and streamline a number of processes involved with accreditation, and accelerate the move for professions to move to a more outcomes-oriented system. This is where we urge this review to focus; leveraging the work done thus far by accreditation bodies such as the AMC.

We also advocate for greater focus on collaboration with health services to leverage their interest, and often need, to drive workforce innovation. This would be well informed by a greater national focus on understanding the needs of Australia's future health workforce. However we see no advantage, and only increased cost and bureaucracy, in installing a single centralised accreditation agency.

We view the Draft Report as a useful contribution to the debate however further and more detailed consultations - on the problems, challenges and future needs – are required before any decisions could or should be made. It is vital that all those involved, including specialist medical colleges, be more involved in these consultations.

Should you require any further information, please contact Helen Craig, Manager Strategic Policy & Advocacy, on +61 2 9256 9627 or Helen.Craig@racp.edu.au.

Yours sincerely



Dr Catherine Yelland PSM

Enc: Attachment 1: AMC Standards relating to accreditation of training settings

8.2 Training sites and posts

Accreditation standards

8.2.1 The education provider has a clear process and criteria to assess, accredit and monitor facilities and posts as training sites. The education provider:

- applies its published accreditation criteria when assessing, accrediting and monitoring training sites
- makes publicly available the accreditation criteria and the accreditation procedures
- is transparent and consistent in applying the accreditation process.

8.2.2 The education provider's criteria for accreditation of training sites link to the outcomes of the specialist medical program and:

- promote the health, welfare and interests of trainees
- ensure trainees receive the supervision and opportunities to develop the appropriate knowledge and skills to deliver high-quality and safe patient care, in a culturally safe manner
- support training and education opportunities in diverse settings aligned to the curriculum requirements including rural and regional locations, and settings which provide experience of the provisions of health care to Aboriginal and Torres Strait Islander peoples in Australia and/or Māori in New Zealand
- ensure trainees have access to educational resources, including information communication technology applications, required to facilitate their learning in the clinical environment.

8.2.3 The education provider works with jurisdictions, as well as the private health system, to effectively use the capacity of the health care system for work-based training, and to give trainees experience of the breadth of the discipline.

8.2.4 The education provider actively engages with other education providers to support common accreditation approaches and sharing of relevant information.

Notes

Since training and education in most specialties takes place in health services, specialist medical training is a shared responsibility between the education providers and these training sites. The quality of the learning experience depends on the support the unit or service provides.

Education providers have formal processes to select and accredit training sites, and the process and requirements for accreditation vary depending on the medical specialty. Many commonalities exist between education providers' processes but so do inconsistencies. The AMC recognises the significant interest of training sites and education providers in ongoing quality improvements in and streamlining of these processes, including where relevant, greater sharing of information or processes between providers. The AMC endorses work to develop tools to support consistent approaches to accreditation, such as the Accreditation of Specialist Medical Training Sites Project. The accreditation standards under 8.2.2 draw on the domains for accreditation in that report and education providers are encouraged to use these standards.

Education providers define the range of experience to be gained during training. Education providers should make as explicit as possible the expectations of training sites seeking accreditation, including clinical and other experience, education activities and resources, and expectations for flexible training options. Education provider accreditation processes must verify that this experience is available in training sites seeking accreditation and once accredited must evaluate the trainees' experience in those sites.

The accreditation process should result in a report to the training site. Where accreditation criteria are not met, the report should give guidance so that the training site may address any unmet requirements.

Trainees are likely to gain experience in multiple locations each providing a varying range of experiences of the specialist discipline. For this reason, education providers are increasingly accrediting networks of training sites rather than expecting a single training site to provide all the required training experience, and while all training sites should satisfy the education provider's accreditation criteria, the AMC encourages flexible rather than restrictive approaches that enable the capacity of the health care system to be used most effectively for training.