



9 May 2018

Mr Martin Fletcher
Chief Executive Officer
Australian Health Practitioner Regulation Agency
GPO Box 9958
Melbourne
VIC 3001

via email: accreditationreview@aphra.gov.au

Dear Mr Fletcher

Re: Review of accreditation arrangements – assignment of accreditation functions

Thank you for the opportunity to comment on the review of accreditation arrangements for the health professions which covers a range of issues relating to the National Boards' functions, the commonalities and diversity across the current accreditation entities and the performance and future directions of these.

The Royal Australasian College of Physicians (RACP) educates and trains doctors to develop the specialist expertise and skills to diagnose and manage complex medical problems. We are necessarily focussed on the specialised end of the health profession spectrum and therefore limit our comments on the consultation to this.

We are pleased to make the following comments in relation to the accreditation arrangements for the medical profession.

General experience of the accreditation functions under the National Law

The Australian Medical Council (AMC) has assessed and accredited specialist medical education and training and professional development programs since its introduction as a voluntary quality improvement process in 2002 and then from 2010 when the process became mandatory under the National Law for the purposes of specialist registration.

Over the last 16 years the AMC has effectively established its credentials as an accrediting authority within the medical profession working closely with its stakeholders, including the RACP, to foster the benefits of a collegial approach to accreditation with a strong focus on quality improvement. This focus on quality improvement together with a steady refinement of standards towards a more outcomes-based approach is well suited to speciality medical training programs. The inclusion of a range of peer organisations, medical education specialists and consumers in accreditation teams is effective in supporting mutual learning and the sharing of good practice and educational innovations across the medical profession.

Notwithstanding opportunities for improvement to the AMC's accreditation processes, we strongly support the continuation of the AMC as the accreditation authority for the medical profession. There is also a cogent argument for retaining a separate regulatory and

accrediting authority for the medical profession. Prevocational medical training, specialty training, assessment of international medical graduates and assessment of overseas trained specialists are all challenging tasks individually. The workload of the accreditation function for the medical profession is sizeable and complex, as evidenced in the number of AMC accredited training programs. We recognise that a single accreditation authority may be appropriate for other health professions but feel this is not the case for medicine. We strongly support the continuance of a separate accreditation authority.

Comments about the performance of the AMC against the Quality Framework domains

The AMC governs itself effectively and demonstrates competence and professionalism in the performance of its accreditation role.

Our experience of the accreditation process under the National Law has been largely positive. The AMC demonstrates competence in operational management, and administering the accreditation process. Stakeholders, including the RACP, are routinely asked to provide input to the review of standards and processes. More recently the AMC has run stakeholder workshops to support medical schools and colleges undergoing accreditation and to identify efficiencies and opportunities for improvements to the process. The AMC's Chief Executive has also recently visited the RACP to discuss our experience of the accreditation process and seek feedback about areas for possible improvement.

We consider the retention of functional independence of the accreditation function from the regulatory function to be essential. The AMC carries out its accreditation operations independently from the regulatory authority of the Medical Board of Australia, protected from the influence of regulatory agendas relating to workforce or other matters.

In relation to health workforce issues, our position is quite separate from the accreditation of our training programs though we do support the inward movement of international medical graduates through our involvement in the assessment of international medical specialists. The MBA, through the Australian Health Practitioner Regulation Agency (AHPRA), has assigned to the relevant medical colleges the assessment function for international medical graduates seeking registration as a medical specialist. However, we are not able to comment on the process for assessment of international medical graduates for general medical registration in Australia which is managed solely by the AMC.

Comments about future accreditation arrangements in the National Scheme

The RACP supports a focus within the National Scheme on flexibility, consideration of emerging new fields of practice, and supporting appropriate transitions between health professions and multi-profession approaches. Although these can facilitate greater effectiveness in the health professions and address health workforce issues, the National Scheme does not have an effective mechanism currently to facilitate the transition of a practitioner from one profession to another. Nor does it identify and support development of a new profession, especially one for which the scope of practice straddles those of two or more existing health professions.

Beyond the mechanical and transactional thinking of these issues it is important to remember, however, that the various health professions, quite reasonably, do have very different training needs. The RACP, for example, trains medical specialists at one of the further ends of the health profession spectrum. The focus in specialist training is necessarily

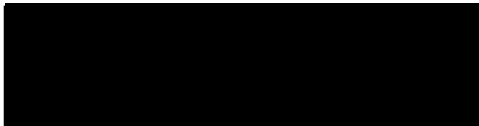
on specific medical expertise. Multi-profession approaches to education with primary health care professions, for example nursing and medical schools, have limited application in this setting.

We do feel that there is scope for greater collaboration and commonality between the accrediting entities in common areas such as trainee well-being, a focus on patient safety and patient centred care, as well as issues concerning Indigenous health.

There may also be an opportunity to minimise the accreditation fatigue across stakeholder groups involved in health profession training programs through the sharing of information through, for example, the establishment of a common accreditation database. This would require interaction and collaboration between the accrediting entities but could yield some tangible benefits for everyone involved in these important processes.

Thank you again for the opportunity to provide comments on the review of the National Accreditation Scheme. In summary, the RACP supports the preservation of the independence of the accreditation function and strongly supports that the AMC continue to fulfil this role for the medical profession.

Yours sincerely



Linda Smith
Chief Executive Officer