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## **Inquiry into the Performance of the Australian Health Practitioner Regulation Agency**

February 2013

Thank you for inviting the Australian Medical Council to make a submission to the Legal and Social Issues Committee of the Legislative Council concerning its Inquiry into the Performance of the Australian Health Practitioner Regulation Agency.

The AMC considers that overall AHPRA is performing efficiently and effectively in implementing a complex and large scale reform process.

### **Role of the Australian Medical Council and relationship with the Australian Health Practitioner Regulation Agency**

The Australian Medical Council Limited (AMC) is an independent national standards and assessment body for medical education and training. Its purpose is to ensure that standards of education, training and assessment of the medical profession promote and protect the health of the Australian community.

The Australian Medical Council was established in 1985. Its initial functions were to advise and to make recommendations to the state and territory medical boards on accreditation of medical schools and of courses leading to basic medical qualifications; assessment of suitability for practice in Australia of international medical graduates; and uniform approaches to registration. The AMC has taken on new functions over time, such as specialist medical education accreditation and advising on the recognition of new specialties.

The AMC is the designated accreditation authority for medicine under the Health Practitioner Regulation National Law Act 2009. The AMC undertakes the following defined accreditation functions under the National Law:

- Assessing and accrediting medical education programs based principally in Australia and New Zealand, including University medical courses, specialist medical education programs, and continuing professional development programs.
- Developing accreditation standards.
- Administering assessments of international medical graduates for non-specialist (general) registration.
- Facilitating the assessment of overseas trained specialists by the specialist medical colleges.
- Assessing authorities in other countries which conduct examinations or which accredit programs of study relevant to registration in the medical profession to decide whether persons who successfully complete these processes are appropriately qualified for general medical registration under the National Law.

Before the National Registration and Accreditation Scheme began, the AMC also worked with the former state and territory medical boards on developing consistent national approaches to the registration of medical practitioners in Australia. In this role, the AMC was also involved in the implementation of the 1992 mutual recognition scheme for medicine, the last major regulatory reform addressing registration issues prior to the NRAS initiative.

The AMC works closely with the staff of the Australian Health Practitioner Regulation Agency and with the Medical Board of Australia, which receives its support from AHPRA. It works with the national AHPRA office on policy and national procedures, and matters relating to the contractual relationship between the AMC and AHPRA for the performance of accreditation functions. It works with the AHPRA staff who support the Medical Board of Australia on a weekly basis. AMC staff work on a daily basis with staff of state and territory offices on matters to do with the status and qualifications of international medical graduates undertaking an AMC assessment.

The AMC is also a member of the Health Professions Accreditation Councils' Forum, 'the Forum', a coalition of the accreditation councils of the regulated professions.

The AMC and the other accreditation authorities have a formal contractual relationship with AHPRA under the National Law. The terms of this agreement were negotiated between AHPRA and the national boards and the accreditation authorities, and agreed to by the National Board for each profession in 2011.

Accreditation authorities report annually to the relevant national board and AHPRA about their accreditation functions under the National Law.

Accreditation is funded partly through fees charged for accreditation functions and subsidised by registration fees at a level negotiated each year with AHPRA and national boards under the accreditation agreements.

### **Progress since the introduction of the National Law**

The AMC supports the National Registration and Accreditation Scheme. As a standards body, the AMC endorses the adoption of uniform national registration standards and the operation of a national scheme to streamline the provision of services across State boundaries and to promote and protect the health of the Australian community.

It is important to put in context the magnitude of the work by the Australian Health Practitioner Regulation Agency and others under the National Health Practitioner Regulation Law Act. The National Registration and Accreditation Scheme is the most radical national reform of the regulation of the health professions since the first Act of Parliament to regulate the practice of medicine in the British dominions was passed in 1837.

In introducing the Scheme, over 80 State and Territory regulatory authorities covering 10 health professions and multiple pieces of State and Territory legislation dealing with over 500,000 health practitioners were dismantled. This structure was replaced with a single piece of national legislation, administered through National Boards which are supported by a national agency operating through local offices in each State and Territory.

Any national reform agenda will face challenges. Two and a half years into the operation of the Scheme, many of these challenges have been addressed and many of the elements of the Scheme are now established. In the areas in which the AMC operates, it has observed progress in:

- Operational management including available data, improvement of data quality and information management, stakeholder communication, and increasing clarity and transparency about processes and funding.
- Redesigning processes to operate efficiently in a national system, for example in medicine there has been significant work to address concerns with the Pre-Employment Structured Clinical Interview (PESCI) assessment, to streamline the competent authority and specialist IMG assessment processes and to respond to the recommendations of the House of Representatives Standing Committee on Health and Ageing Report *Lost in the Labyrinth*, March 2012.
- Sharing experience and good practice in accreditation and regulation across the professions covered by the national Scheme, for example the accreditation councils, AHPRA and the National Boards have an Accreditation Liaison Group that meets regularly to discuss matters related to the accreditation functions under the National Law. The work of this Group, and the annual joint meetings of the AHPRA staff, National Boards, and the accreditation authorities has led to significant advances, for example in clarifying communications, roles and the processes for accreditation authorities to report on the performance of the accreditation functions.
- Ensuring that the objectives of the national Scheme, agreed to by Ministers, are known and reflected in accreditation functions operating under the National Law.
- Review of registration categories operating in place in different states and territories and the introduction of national registration standards.

This progress is a credit to the staff of AHPRA, and to the other organisations and health professions' bodies that have worked with AHPRA to progress the national regulatory structure in health.

## **Relationship between the Australian Medical Council and the Australian Health Practitioner Regulation Agency**

As AHPRA, the National Boards and the accreditation authorities have shared responsibilities under the National Law, they work cooperatively to meet the objectives of the Scheme.

The National Law establishes roles and responsibilities for AHPRA, the National Boards and the accreditation authorities. For established accreditation authorities such as the AMC, which operated national processes for accreditation of medical programs and national assessment of international medical graduates before the National Law was implemented, the responsibilities and authority has changed but the overall processes and expected outcomes have not.

There has been considerable work to clarify the requirements under the new National Law. This work has not always been straightforward, since the experience and perspectives of bodies such as the AMC and of AHPRA have sometimes diverged. Nevertheless there has always been professional respect and a strong desire to reach appropriate solutions.

## **Performance of the Australian Health Practitioner Regulation Agency**

The objectives of the national Scheme include “to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered”. This links protection of the public very closely to the work of the accreditation councils, which develop accreditation standards and assess programs against those standards to ensure that the graduates have the knowledge, skills and professional attributes necessary to practise the profession in Australia.

The protection of the public under the Scheme relies on cooperation between national registration boards, the accreditation councils and other bodies with roles in the Scheme. AHPRA’s roles in the development of guidelines, liaison between bodies, communication about requirements, and administration of registration and program approval processes are critical. The AMC considers that on establishment of the Scheme AHPRA staff undertook these roles as efficiently as they were able to. As the Scheme has evolved, AHPRA has consulted and worked with the accreditation councils to improve the effective operations of the Scheme and understanding of the Scheme’s requirements.

Another objective of the Scheme of particular interest to the AMC is “to facilitate the rigorous and responsive assessment of overseas-trained health practitioners”. The AMC’s experience in working with AHPRA and the national board on matters relating to assessment of international medical graduates has been of strong interest in improving the efficiency and effectiveness of processes.

From the AMC’s experience in working with the state and territory medical boards over a period of more than 20 years to develop uniform approaches to the registration of medical practitioners, the AMC understands that introducing national standards and requirements is difficult. Introducing national standards applicable to multiple professions is even more complex and creates additional difficulties. The AMC has observed a willingness to consult and to listen to concerns raised about the potential impact of standards and to reach agreement on alternate approaches. The work to develop an acceptable definition of practice is an example of this.

## **Budget and Financial Capacity**

In 2011, when it made a submission to the Senate Enquiry into AHPRA, the AMC commented on the substantial cost of establishing a single national authority to support the registration functions of then 10 and now 14 health professions ranging in complexity and scale from small health professions to large professions such as nursing and medicine. It also commented on the initial lack of appreciation of those costs.

Establishing the Scheme's systems and infrastructure is not a short term project. The considerable progress in establishing effective systems, must continue to be supported.

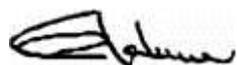
The National Registration and Accreditation Scheme has been established on a "user pays" principle, with the ongoing operational costs of the system funded from registration fees for each of the professions in the Scheme. The Scheme covers both registration and accreditation activities, with the professions now responsible for funding both the regulatory activities and the monitoring of standards of education through accreditation processes.

Registrants become eligible for registration under the Scheme by completing a program of study accredited by the relevant accreditation authority and approved as a qualification for registration purposes by the relevant national board (or in the case of medicine completion of one of the national pathways for assessment of international medical graduates). Thus, the accreditation and registration functions are interlinked.

In this situation, appropriate resourcing of the accreditation functions is essential to achieve the objectives of the Scheme. The operating costs of the accreditation functions represent a small percentage of the overall funding of the Scheme, with many unfunded or underfunded contributions by members of the professions to the development of standards, assessment of programs, and the governance of these processes both within specific professions and across professions through the Forum. The additional requirements of the National Law have added to the costs of administering these functions.

The Scheme expects all accreditation authorities to meet the same performance standards. These are set out in the indicators attached to the formal agreements with AHPRA. For those accreditation authorities and professions new to national registration and accreditation, this will require additional work to meet the prescribed indicators. The need for these additional resources was not included in the original planning of the scheme.

The AMC has expressed concern in previous submissions on the Scheme that the initial under-resourcing of AHPRA and the reliance on registration fees to cover both registration and accreditation activities may have a negative impact, in the long term, on the effectiveness of accreditation processes for medical education in Australia and the capacity to continue to maintain standards that reflect developments in professional practice, and changes in community need and government policy. Through ongoing work with the National Boards and AHPRA, the AMC looks forward to a deepening appreciation of the resource requirements for effective accreditation functions.



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