



National Association of Practising Psychiatrists

SUBMISSION TO THE DRAFT REPORT – SEPTEMBER 2017 INDEPENDENT REVIEW OF ACCREDITATION SYSTEMS WITHIN THE NATIONAL REGISTRATION AND ACCREDITATION SCHEME FOR HEALTH PROFESSIONS’ (THE REVIEW)

1. NAPP opposes the proposal to establish a Health Education and Accreditation Board, which would supervise the current independent Australian Medical Council, as well as produce directives to drive medical education and training.
2. The Governance reform goals contained in the Review lack the following essential goals and demonstrate the failure to consider the dangers of change and failure to include measurable outcomes of morbidity and mortality.
 - a. Any change to the current system must not increase the mortality of the Australian population.
 - b. Any change to the current system must not increase the mental ill health and physical health of the Australian population.
 - c. Any change to the current system must not reduce the scientific knowledge and professional skills attained by the Medical and other health professionals under the current system of education and accreditation.
 - d. Any change to the current system should be aimed at the outcome of increasing the longevity of the population.
 - e. Any change to the current system should be aimed at the outcomes of increasing the mental health and physical health of the population.
 - f. Any change to the current system must aim at the outcomes of increasing scientific knowledge and professional skills of medical and other health professionals.
 - g. Any change to the current system should not devalue the benefit of difference in scientific knowledge and professional skills in different medical specialties and other health professions.
 - h. Lessons learned from previous flawed legislation e.g. mandatory reporting should be applied here. Failure to listen to warnings from organisations has resulted in preventable tragedies.
3. The belief that a single committee can accredit a wide ranging, diverse and complex set of education and training objectives by controlling a number of subcommittees which then exercise supervision over a number of colleges and training organisations is perplexing. No evidence is advanced as to why this structure is necessary and how it would improve patient care. To the contrary, it appears to be an ambition of health economists based on non-scientific principles and workforce experimentation.
4. NAPP is concerned and alarmed at the following statement in the Review. *“Although not referenced in the National Law, one of the principles is that “While we balance all the objectives of the National Registration and Accreditation Scheme, our primary consideration is to protect the public. The Review considers that this is a retrograde step, with safety and*



quality potentially being offered as reasons to resist beneficial innovation and the development of a flexible, responsive and sustainable workforce”¹ (ASR Review, p.95)

5. For the review to state that it considers the safety of the public as a “retrograde step” can only mean that it intends or recommends the sacrificing of safety and quality goals on the mistaken belief that by doing so, there will be beneficial innovation and the development of a flexible, responsive and sustainable workforce.
6. The critical question arising from this claim is ‘who will benefit if the public suffers increased morbidity and mortality because of a lower standard of medical education and a less competent medical profession?’.
7. The reality is that when clinical standards of education and training are compromised and confounded with other objectives (economic or social), the vulnerable suffer. Quality medical care becomes more expensive and less accessible as the pool of those with greater clinical expertise declines. Furthermore, those wishing to pursue a more science based education in medicine will pursue opportunities overseas and Australia will lose valuable talent.

Conclusion

8. Weakening medical education by the establishment of a government appointed accreditation board over the medical profession and the gutting of the current role and independence of the Australian Medical Council will be seen as a ‘dumbing down’ of Australian medical standards by doctors in current practice, medical students and most importantly the Australian public.

Recommendation

9. The National Association of Practising Psychiatrists calls on all Federal and State Health Ministers to reject any move to change the current role and independence of the Australian Medical Council in the interest of the welfare and wellbeing of all Australians.

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Vice President
National Association of Practising Psychiatrists
16 October 2017

¹ Australia’s Health Workforce: strengthening the education foundation. Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions. September 2017



Appendix

The extracts in this appendix are from the draft report 2017 'Independent Review of the Accreditation System within the National Registration and Accreditation Scheme for Health Professions'

From page 1

Executive Summary

There are six National Law objectives which guide the Scheme and therefore the accreditation functions. They include: protecting the public through the registration of health practitioners who are suitably trained and qualified to practise in a competent and ethical manner; facilitating the provision of high quality education and training of health practitioners; facilitating access to services in accordance with the public interest; enabling the continuous development of a flexible, responsive and sustainable health workforce and enabling innovation in the education of, and service delivery by, health practitioners. As an aside, the Reviewer considers that terms such as 'innovation in education' (National Law s3(f)), as with 'reform', should not imply endorsement of change for change's sake, but should be read as change which results in higher quality education and training of health practitioners (National Law s3(c)).

From page 2

1. In this context, a guiding principle for the education and utilisation of scarce health workforce resources was stated succinctly by the Australian Health Ministers' Advisory Council (AHMAC) a decade ago to the Health Workforce Productivity Commission Inquiry:

"... wherever possible, services should be delivered by staff with the most cost effective training and qualification to provide safe, quality care." (p14)

From page 14

Objectives and guiding principles of the National Scheme

The National Law s3 identifies six objectives and three guiding principles for the National Scheme as a whole:

(2) The objectives of the national registration and accreditation scheme are—

(a) 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; and

(b) to facilitate workforce mobility across Australia by reducing the administrative burden for health practitioners wishing to move between participating jurisdictions or to practise in more than one participating jurisdiction; and



(c) to facilitate the provision of high quality education and training of health practitioners; and

(d) to facilitate the rigorous and responsive assessment of overseas-trained health practitioners; and

(e) to facilitate access to services provided by health practitioners in accordance with the public interest; and

(f) to enable the continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivery by, health practitioners.

(3) The guiding principles of the national registration and accreditation scheme are as follows—

(a) the scheme is to operate in a transparent, accountable, efficient, effective and fair way;

(b) fees required to be paid under the scheme are to be reasonable having regard to the efficient and effective operation of the scheme;

(c) restrictions on the practice of a health profession are to be imposed under the scheme only if it is necessary to ensure health services are provided safely and are of an appropriate quality.

As specified in s4 of the National Law, “an entity that has functions under this Law is to exercise its functions having regard to the objectives and guiding principles of the national registration and accreditation scheme set out in section 3.” Accordingly, entities exercising accreditation functions are to have regard to the six National Scheme objectives.

From page 73

Australian Private Hospitals Association and Catholic Health Australia

Simulation-based learning is essential, and should be included as a tool in curricula and clinical experience provision to students. It is especially valuable to provide multidisciplinary training opportunities. Having said that, it is important to stress simulation should be one of the tools, and should not be the only way students receive clinical experience. It is not acceptable to rely on simulated learning as a substitution for adequate clinical placement.
(p6)

From page 119

Governance reform goals

As the basis for determining the most appropriate governance arrangements for the accreditation function, the Review has identified four broad goals which reforms should target.



- Planning for the future workforce must be embedded within overall health system reform priorities. The role of education and its accreditation is to provide a foundation for a workforce that is more flexible, responsive and sustainable and which enables innovative improvement in service delivery.
- Health services and the education of the workforce that delivers those services must be developed to foster collaboration between health interventions and related social and other services in responding to community needs. The delivery of such integrated service responses is aimed at having a greater client focus, improving health and wellbeing, assisting individuals and households with multiple and complex health and social needs and making cost-effective use of technological innovations.
- Joined up service delivery needs to connect many professions both within and outside the remit of the National Scheme. Whilst there are important additional requirements and standards that registered health practitioners are required to meet, the various National Scheme functions should not become a silo in themselves by virtue of only considering the education and practice of the registered health professions.
- The regulation of health professionals does not exist in a vacuum and must better link into related national systems and initiatives both within health and beyond. The functions of the regulators frequently cross organisational and legal boundaries and the same function or a similar function is often undertaken by different organisations.