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The Hon. Greg Hunt MP
Minister for Health
Parliament House
CANBERRA ACT 2600

E-mail: Greg.hunt.mp@aph.gov.au

Dear Minister Hunt,

Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions

We are writing to you in response to the call for submissions on the Draft Report prepared for the Australian Health Minister's Advisory Council following a review of accreditation systems for health professionals.

The Royal Australasian College of Surgeons (RACS) appreciates the opportunity to provide feedback to the COAG Health Council on this consultation, however we felt that the template and options for consideration provided were problematic, hence we are writing to you directly with our concerns. In particular we are concerned about the potential cost of a new model of accreditation as proposed in the Draft Report, in the absence of any obvious benefits to patient care.

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

RACS acknowledges the importance of ensuring that appropriate oversight and mechanisms are in place to allow scrutiny of accreditation processes and costs. While there is scope for improvement, RACS considers the AMC accreditation model to be efficient and cost effective while retaining a high degree of rigor and quality assurance. It is a trusted and respected model of regulation.

Any move to introduce additional tiers of bureaucracy, as proposed in the Draft Report, will result in increased cost, and any changes to the AMC's academic independence could result in a lowering of professional standards.

Consistent approaches across the National Boards are to be encouraged where they are relevant and workable, however there are differences in the way that the specialties are practiced, and consequently there are valid differences in processes for assessment. Processes should be designed to ensure that the best assessment outcome is achieved for the clinician and the patient, even if that means there are differences between National Boards.

As one of the first specialist medical colleges to undergo voluntary accreditation by the AMC in 2001, RACS is committed to ongoing and transparent review of our educational programs so as to deliver a flexible, responsive and sustainable surgical workforce. We are currently in the process of full re-accreditation with the AMC and are working through a number of recommendations for improvement across our education and training programs.

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We aim to deliver safe, comprehensive surgical care of the highest standard to the communities we serve, and to meet this standard our Trainees and International Medical Graduates undergo rigorous certification in nine core competencies. The standards and processes in place provide quality assurance in the Surgical Education Training program, making it one of the most defined medical training programs in its oversight of outcomes.

RACS has observed many improvements to the AMC accreditation model since the program's inception, including greater consistency in the implementation of the standards and a commitment to continuous improvement aligned with the expectations of the broader community. The AMC's staged and ongoing engagement promotes active collaboration and participation among all stakeholders engaged in providing surgical education and training.

At a strategic and policy level, there is a very close working relationship between the Medical Board of Australia (MBA), the Medical Council of New Zealand (MCNZ) and the AMC. Those relationships support consistency in accreditation processes to ensure training and revalidation/recertification programs produce competent and proficient doctors of an international standard.

The Medical Council of New Zealand, like RACS, is keen to ensure that any proposed changes to the standards and processes for accreditation do not negatively impact on the high quality of Australian and New Zealand medical graduates and consequently the health and safety of the public. For the bi-national specialist medical colleges, having consistent quality assurance processes for Australia and New Zealand supports quality improvement within the profession itself.

There is little evidence available within the Australian context that suggests accreditation of specialist medical colleges by other agencies or boards such as those proposed in the Draft Report would improve compliance with standards, increase efficiencies or improve patient outcomes.

The options proposed do not take into account the case load of various hospitals, the complexity of various training programs or the availability of trainers and may have an undesired effect on placement opportunities, areas of need, and professional standards in some jurisdictions. The maintenance and adjustment of Australia's medical health workforce is not to be addressed or corrected by changing or influencing accreditation standards, but rather in the resourcing of and planning of employment opportunities to address geopolitical and future population health needs.

In the absence of adequate evidence demonstrating the need or benefit of moving towards an alternative model, we request your support in maintaining the AMC as the accreditation body for specialist medical colleges. The ongoing review of revalidation also has the potential to improve existing processes within the healthcare system.

Yours sincerely,

Mr John Batten
President

C.c.:   Minister Meegan Fitzharris, COAG Health Council Chair (admin@asreview.org.au)
        Mr Michael Walsh, AHMAC Chair (HealthCHCSecretariat@sa.gov.au)

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