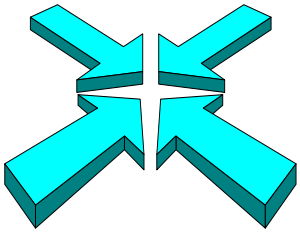


Confederation of Postgraduate Medical Education Councils

Submission to COAG Health Working Group on Preferred National Registration for the Medical Profession

The following response summarises the views of CPMEC on the key issues outlined in the consultation document regarding preferred national registration arrangements for medicine. As requested in the document, we have tried to keep our response brief and focused on broader issues. In relation to the questions posed, we note the following:

1. Which professional titles need to be reserved for the medical profession?

Reservation of the title of doctor is considered appropriate for the medical profession. CPMEC would be very concerned if there were attempts to cause any atrophying of this arrangement given the rigour underpinning medical education and training.

2. Is there a public interest case for reserving, in the new national registration legislation, specific practices for the medical profession? If so, what is it?

Public interest is best served by reserving specific practices which require the level of education and training which is only provided to the medical profession, particularly where the public might be at risk through misdiagnosis or poorly performed procedures.

CPMEC recognises the reality that workforce shortages have already caused some shifts in practices with the use of nurse practitioners who are trained to work in a range of areas such as making diagnoses and providing some therapies in Emergency Departments and Community Health Centres to perform some procedures (e.g. endoscopy, sedation). Should these arrangements prove effective, it may be difficult to use traditional demarcations to exclude other professions carrying out some practices which have previously been restricted to doctors. CPMEC also acknowledges the importance of the development of multidisciplinary health care teams to deal with the complexities of clinical practice.

3. If you believe there is a public interest case for reserving specific practices:
   a. How should these practices be defined; and
   b. Which other professions/group should be allowed to carry out these practices and under what circumstances?

These are very broad questions and it is not easy to develop a comprehensive list of practices. As indicated in our responses to the earlier questions, the guiding principles should be certification of adequate training and ensuring that patients get safe, high quality care.

CPMEC is of the view that specialist medical colleges are probably in the best position to respond to the need to answer that question about reserving specific practices for the medical profession. It is recognised that patient consumer groups and junior doctor groups could also provide useful inputs.

4. Within the medical profession, how should a register be structured, for example, would there be different lists for subgroups within the profession?

As a general comment, the concept of registration needs to be considered in the context of changes in training programs and the practice of medicine over the last two decades. Registration initially served to provide some validation that a junior medical officer (JMO) completing the intern year was going to be safe to commence practice in the community. However, the reality is now that almost all JMOs have to proceed into a vocational training program before they can be unsupervised in clinical practice in the community. It is only the career medical officers (CMOs) in hospitals who do not enter vocational training programs. Therefore the current purpose that registration serves at the end of the first year serves needs to be scrutinised in terms of whether it is designed to certify fitness to practice or to provide a better understanding of the medical workforce numbers and the number of doctors who are likely to continue in practice.

As a general principle, the register should have information that would assist the community to establish the qualifications, credentials, training and experience. Information about any conditions on registration should also be provided.

In considering the structure for medical registration, two broad categories need to be addressed. The first relates to those doctors with 'limited' registration including interns and international medical graduates, and the second deals with medical specialists. Some jurisdictions also have arrangements that include medical students.

Medical specialists

In relation to the medical specialists, a national register that includes postgraduate qualifications might be useful. A register could be constructed according to the major subgroups that are involved. It is recognised that some difficulties may arise about where some groups such as intensive care physicians may fit and it is also likely that within the specialist areas medicine would be a very large group.

For those doctors in the 'limited' registration category, there are several sub-categories involved:

Interns

Limited registration pertaining to JMOs in Postgraduate Year 1 is the national norm as medical graduates develop their practical skills. There should be a high degree of uniformity of the internship structure across the jurisdictions with respect to supervision, and training activities to meet required competencies in clinical management, communication and professionalism as outlined in our Australian Curriculum Framework for Junior Doctors. Resources and the assessment process will need to be provided to support the process. Conversion to full registration should be aligned with meeting predefined competencies and should not be automatic. It is recognised that some graduates may need to undertake a further period of internship before the Board is satisfied that they should be granted unconditional registration. Interns who have struggled may need specific remediation programs or, if there is a physical or mental health problem, they may need to be placed on some special program.

International Medical Graduates (IMGs)

At the outset, CPMEC recognises that other work proceeding under the auspices of the AMC in relation to the Competent Authorities model and assessment of IMGs will impact on registration issues.

International Medical Graduates (IMGs) who have passed their AMC clinical exams and who require a period of supervised training in a PGY1 or general trainee position can also be registered under the sub-category with interns. Some jurisdictions have more rigorous supervisory arrangements for this group compared to the interns coming out from Australian medical schools.

For IMGs without the AMC clinical examination who are employed in intern or general training positions, requirements for supervised work, training and performance assessment would be similar to the above sub-category. This sub-category is, however, defined separately to acknowledge the increased resources generally required to support these doctors through this period of training, and that some clinical terms may not be appropriate for this level of training. Training under this sub-category should be available for consideration towards conversion to full registration once other requirements have been met (such as AMC clinical exams) and if satisfactory competencies have been demonstrated. This pays heed to the principle of recognition of recent prior learning.

A further category of limited registration pertains to IMGs in a period of supervised research or study, or in observational positions where there is minimal or no clinical contact. This sub-category recognises that different resources are required to support these doctors in their activities, which may be in preparation for greater clinical contact.

Medical students

In relation to registration of medical students, it is acknowledged that this is not national practice and the views of Medical Deans on the value of this practice are essential before mandating it nationally.

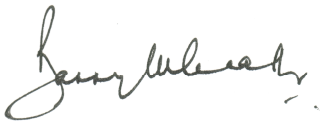
5. Should maintenance of professional competence be reflected in the registration legislation and if so, how?

The maintenance of professional competence needs to be an undertaking. However, establishing a mechanism for doing this would be complex. In principle, there would be no reason not to have re-registration requiring validation of professional competence.

Whilst CPMEC recognises the need for ongoing professional competence, monitoring compliance with continuing education and credentialing will require a lot more resources than are currently available.

If you need any clarification on the issues raised in this submission, please contact the undersigned.

Yours sincerely



Professor Barry McGrath
Chair
28 February 2007.