



## **JOINT MEDICAL BOARDS ADVISORY COMMITTEE**

Our ref: MJHH:ama:1276:05 (JMBAC)

16 November 2005

The Commissioner  
Health Workforce Study  
Productivity Commission  
PO Box 80  
BELCONNEN ACT 2616

Dear Commissioner,

**Re: Response to the Productivity Commission's Position Paper on the Health Workforce Study**

This report has focused on Chapters 6 and 7 of the Productivity Commission's paper on Australia's Health Workforce.

The Joint Medical Boards Advisory Committee (JMBAC) of the Australian Medical Council (AMC) is not opposed to change, however, any change has to have benefits and those benefits have to be greater than any negative consequences.

The JMBAC does not believe that the Productivity Commission paper addresses this.

Health workforce problems are currently with us because of inadequate numbers of health care workers, mal-distribution of health care workers and because of Government decisions. These problems are largely outside the control of health professionals.

Various committees and organizations have recommended increased numbers of training positions, however, Governments have not always provided the necessary funds to create these extra positions.

It was a Government decision to reduce the number of medical students until recently.

The current division over Commonwealth and State responsibility for health care is a significant factor in these problems.

The medical profession, through self regulation, including self-funding, have developed best practice in registration, standards and accreditation.

This has been done in cooperation with Government, jurisdictions, health professionals, trainees and the community.

There have been significant improvements made in the registration of medical practitioners. Uniformity in State and Territory requirements for registration is progressing, particularly in the area of educational standards, assessment and monitoring. Delays in progressing uniformity cannot be blamed on the regulatory bodies.

Recent initiatives taken by the JMBAC have included:

- delegation to the Registrar's sub-group of the JMBAC, the development of the Australian Index of Medical Practitioners (AIMP). This is a refinement of the current National Compendium of Medical Registrants (NCMR) and will provide a virtual national register of medical practitioners. This will provide accurate, national medical workforce numbers, something which is not currently available.
- collaboration to develop national policies to supplement medical registration legislation such as the development of a uniform English language assessment; and
- establishment of a uniform points system for the validation of the identity of a medical practitioner.

It has been the aim of the medical profession to have a continuum of medical education through undergraduate, prevocational, vocational and post-graduate training.

This has been actively pursued and real progress has been achieved.

Accreditation of education programs in medical schools and professional colleges in Australia are internationally recognised as best practice and accepted by the medical schools and professional colleges as a stimulus for continued improvement in their educational roles and the raising of standards.

A large part of the work involved in registration, standards and accreditation is a result of pro-bono work by medical practitioners. The proposed changes have significant financial implications which do not appear to have been considered.

Any changes must be costed.

It has taken several decades to get to where we are now with registration, standards and accreditation. To dismantle the well thought out, well recognized registration, standards and accreditation process without strong reasons, a clear benefit and the financial implications being understood, would be unnecessary and will be very disruptive.

With regard to registration of medical practitioners, it is most important that entry standards be developed by medical practitioners with input from the community, based on public safety and good quality care.

These standards should be applied and monitored by the regulatory body, free of interference.

Specifically, Government should not interfere with or bypass the agreed registration process.

Where there has been interference, or bypassing of the agreed registration process, there have been problems.

It was through the bypassing of the nationally agreed process for the registration of overseas-trained specialists that the Dr Patel situation arose.

Interference in the registration process by the Tasmanian Government compromised and threatened the continuation of Mutual Recognition.

Whilst it is accepted that there are at times pressing service needs, they should not be addressed by interference with, or the bypassing of, accepted registration requirements.

The other issue, that of registration restricting the scope of practice of health professionals, and so not allowing for restructuring of the health workforce is not accepted. There are currently innumerable other legislative restrictions which restrict scope of practice of health professionals.

### **National Uniformity**

The JMBAC believes in and has actively promoted the development of greater national uniformity in practices and procedures involved in the assessment and regulation of medical practitioners. It notes that there is a well established national accreditation system in the form of the Australian Medical Council which sets a common standard for the majority of medical practitioners in Australia.

The JMBAC recognises that there are differences of approach in relation to the assessment and registration of International Medical Graduates (IMGs) on a conditional basis who have not passed through the uniform AMC process. The JMBAC considers that there should be minimum agreed national standards for independent assessment of the suitability of IMGs for registration under the auspices of the state medical boards. These matters are currently being progressed through the JMBAC.

The JMBAC supports continued efforts to enhance portability and mutual recognition.

### **A national accreditation body**

On the other hand, the JMBAC's view is that the Productivity Commission's attempt to place a "one size fits all" template over the health workforce is unrealistic, and fails to recognise the enormous diversity both in terms of the different types of health practitioners, and the different circumstances in different jurisdictions. The JMBAC considers that other than in the most general terms, there is little to be gained from attempting to create an overarching body which will set standards for the entire spectrum of health care workers in all jurisdictions.

### **Delegation**

The report specifically refers to the introduction of formal legal backing to delegation by health care workers. The significance and meaning of this is not clear to the JMBAC. If the purpose of this proposal is to codify common law relating to responsibilities and legal liability in situations where delegation occurs, then this should be made more explicit and more detailed discussion would be required.

### **Credentialing of IMGs by employers**

In relation to national standards, the report suggests that credentialing by employers would be a way in which State or location-specific requirements can be met when recruiting health professionals. The JMBAC considers that this fails to recognise the significant potential for conflict of interest and lack of objectivity. Particularly in areas of workforce shortage, there must be transparent, independent and objective assessment of potential registrants, rather than leaving this important task to sometimes desperate employers.

### **A national health registration board**

A proposal for a national health board is considered. As previously indicated, the JMBAC does not consider that an umbrella organisation covering all health professionals would be practical or would achieve any substantial positive benefits.

### **Characteristics of Board members**

The JMBAC agrees with the general principles concerning desirable characteristics of Boards including specification of roles and responsibilities, accountability, independent chair and appointment of members as nominees rather than as representatives. While recognising and supporting the importance of consumer members on the Board, the JMBAC does not support the suggestion that consumers form a majority of Board members. The task of a Board is to ensure the fitness to practise of registrants by applying appropriate professional standards in the public interest. Consumer input into discussion about these standards is valuable, but in a system of professional regulation, professional opinion about clinical issues and standards is the key determinant.

The JMBAC welcomes discussion on the Health Workforce and will, as always, cooperate and play its part in promoting and assisting change for the benefit of the Australian public.

If you have any queries, please contact me by telephone on 03.6233.5499, by facsimile on 03.6233.7986 or by email ([mct@medicalcounciltas.com.au](mailto:mct@medicalcounciltas.com.au)).

Yours sincerely,



**Dr Mike Hodgson AM**  
as Chair of the JMBAC