ACRRM

College Submission

November 2024

Feedback to the Review of Complexity in the National Registration and Accreditation Scheme

Thank you for the opportunity to provide written advice to this consultation in addition to our earlier advice and our feedback in discussions with the consultancy team. ACRRM is dedicated to supporting our members and their work to provide high-quality medical services to people in remote, rural, and First Nations communities and our feedback is focussed on the issues pertinent to these perspectives.

1. Considerations for rural and remote contexts

The college's key concern is that the review outcomes serve to promote and do not inadvertently undermine the vital work of our skilled doctors practicing in remote and rural areas including in remote Aboriginal and Torres Strait Islander communities.

There is an unacceptable national rural-urban medical workforce maldistribution. This contributes to the equity gap between the people living outside major cities and their urban counterparts in health services access, funded health services received, and ultimately to a disparity in health status and outcomes.[1,2] Our college views provision of a strong national workforce providing the rural generalist model of practice as a critical element to bringing excellent medical care to people in these communities.

As previously recommended, in considering changes to the current NRAS framework, key considerations should therefore include:

- that quality-assured high standards of professional practice are maintained irrespective of geography or socio-economic status of the patients receiving care,
- that frameworks do not inadvertently undermine policy levers designed to address the workforce maldistribution and deliver doctors to areas of workforce shortage,
- that the burden upon these practitioners related to their educational and clinical compliance is not prohibitive, (particularly noting that these doctors are time-constrained, remote, and working in areas of workforce shortage),

[1] Australian Institute of Health and Welfare. (2024). Rural and remote health. Retrieved from https://www.aihw.gov.au/reports/ruralremote-australians/rural-and-remote-health

[2] NRHA (2023) Evidence base for additional investment in rural health in Australia – National Rural Health Alliance 23 June 2023, Nous Consultants https://www.ruralhealth.org.au/document/evidence-base-additional-investment-rural-health-australia

- that compliance frameworks can support the unique and diverse models of practice that support best practice in remote and rural contexts,
- that strong professional peer networks are supported,
- that the framework does not create undue professional pressures upon doctors already working in stressful environments with limited access to professional and wellbeing support,
- that the framework enables an attractive value proposition for current rural doctors to stay in remote and rural areas and for emerging doctors to pursue remote and rural careers.

2. Preserving the contribution of medical colleges and health professional organisations

The review findings must be underpinned by recognition that the contribution of medical colleges and health professional organisations is essential to the fabric of affordable, safe, quality care. Australia enjoys exceptional clinical and healthcare standards. We contend that these have been made possible by these organisations (and their associations with universities and training programs), collectively upholding their respective standards of professional safety and quality, while keeping costs and bureaucracy associated with teaching, certifying, and upholding these standards to a minimum.

While the review seeks to identify opportunities for improvement through changes in the NRAS, we would urge a precautionary approach that also recognises what could be lost. The benefits from professional organisations are more than the sum of their parts, and divesting key functions from them may fundamentally undermine their role and contribution.

The colleges over generations, have established professional communities which prize clinical excellence, scientific enquiry, education, peer support, and service within their respective disciplines. The culture of these communities asserts the highest professional standards upon its members, and, within these communities' members are motivated to exhibit excellence, and contribute their time, energy and expertise to these goals in both paid and unpaid capacities. By way of example, ACRRM's nationally accredited standards, curricula, and training programs have been built largely through the contributions of our Fellows providing services pro bono or on an honorarium basis. Hundreds of ours Fellows continue to represent the college in development of clinical standards and national policies, and to contribute to teaching, mentoring and assessment in these capacities.

Furthermore, the comprehensive internal structures of colleges enable the NRAS to minimise its own administrative complexity. ACRRM as with all colleges, manages its nationally accredited internal governance and quality assurance structures that allow it to uphold robust educational and professional standards. These structures provide the robust building blocks from which a relatively simple overarching NRAS can be achieved.

The review must give serious consideration to the complexity and other potential national costs of undermining these functions and their quality outcomes.

3. Clinical stewardship must reflect knowledge and professional expertise

Stewardship of standards for clinical safety and quality if it is to reflect the best, evidence-based outcomes for patient care, should rest with the bodies that hold the relevant knowledge and

active professional expertise in delivering clinical care to patients and their families. Delegating stewardship to a bureaucratic third party would decouple decision-making from knowledge and understanding of the science and its human application.

The review paper's references to 'clinical stewardship' resting with the national scheme raises some key concerns that bureaucracies rather than clinical experts may assume the core function of determining patient safety standards.

Clear recognition must exist within the NRAS that the accredited medical and health professional bodies are the 'arbiters' of expertise in their respective disciplines and the "experts" in how best to set quality and safety standards within it. In the absence of this clarity, we see risk to the colleges' capacity to impact development of standards that reflect clinical best practice. We also see risk that over time, doctors will come to view their own professions' standards as having been superseded by the nation's regulatory authorities and as such, colleges may lose their capacity to function effectively as a mechanism for upholding standards.

From ACRRM's perspective, there is a particular risk that minimum quality and safety thresholds appropriate for urban settings would be extended to rural and remote settings where they do not represent the best practice standards. ACRRM doctors work in some of the most unique and diverse work settings in the country and this has complex and nuanced implications for best practice care. One key distinction in these settings, for example, is that 'access to care', (which may involve extensive travel, time delays and costs), is always a core consideration in formulating the quality and safety merits of any care standard. It is therefore essential that our college would have the opportunity, capacity and standing to contribute to national standards development and with which to uphold the best-fit standards among our members for the benefit of their communities.

4. Best practice partnership approaches to practitioners and accreditation systems

The College is pleased to work collaboratively to achieve the best possible functioning of the NRAS. Positive partnerships should be characterised by mutual trust, and transparent, constructive collaboration. The increasing complexity of healthcare systems underscores the importance of establishing effective relationships and structures for collaboration. An appropriate starting point should be a recognition that all parties have a shared goal of providing safe, effective healthcare systems and all bring important and unique perspectives.

There is currently an unhelpful distance between colleges and decision makers in many NRAS processes. In the context of rural and remote heath services, this has been an issue for decades. We would see opportunity to create better structures for professional organisations and other key stakeholders and the NRAS authorities to engage constructively on key issues particularly where there is a need for urgency. It is important that forums include appropriate people with the practical on-ground knowledge and expertise to drive policies and solutions. These should provide mechanisms to consider particular issues and provide a middle ground with which governance pieces can be linked up.

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About the Australian College of Rural and Remote Medicine (ACRRM)

ACRRM's vision is ***healthy rural, remote and First Nations communities through excellence, social accountability, and innovation***.

The College works to *define, promote and deliver quality standards of medical practice for rural, remote and First Nations communities through a skilled and dedicated Rural Generalist profession*. It provides a quality Fellowship program including training, professional development, and clinical practice standards; and support and advocacy services for rural doctors and the communities they serve.

ACRRM has more than five thousand rural doctor members including one thousand registrars, living and working in rural, remote, and Aboriginal and Torres Strait Islander communities across Australia and further afield. College members deliver expert front line medical care in a diverse range of settings including general practices, hospitals, emergency departments, Aboriginal Medical Services, and other remote settings such as the Royal Flying Doctor Service and the Australian Antarctic Division.

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ACRRM acknowledges Aboriginal and Torres Strait Islander peoples as the custodians of the lands and waters where our members and staff work and live across Australia. We pay respect to their elders, lores, customs and dreamings. We recognise these lands and waters have always been a place of teaching, learning, and healing.