



Australian
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AHWOC

AUSTRALIAN HEALTH WORKFORCE OFFICIALS' COMMITTEE

Australian Competition & Consumer Commission
and
Australian Health Workforce Officials' Committee

REPORT TO AUSTRALIAN HEALTH MINISTERS

Review of Australian specialist medical colleges

July 2005

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Abbreviations list

ACA	Australian Consumers Association
ACCC	Australian Competition and Consumer Commission
ACD	Australasian College of Dermatologists
ACEM	Australasian College for Emergency Medicine
AHMAC	Australian Health Ministers' Advisory Council
AHMC	Australian Health Ministers' Conference
AHWOC	Australian Health Workforce Officials Committee
AIHW	Australian Institute of Health and Welfare
AMA	Australian Medical Association
AMC	Australian Medical Council
AMWAC	Australian Medical Workforce Advisory Committee
ANZCA	Australian and New Zealand College of Anaesthetists
AON	area of need
CEO	Chief Executive Officer
COAG	Council of Australian Governments
CPD	Continuing Professional Development
CPMC	Committee of Presidents of Medical Colleges
CPMEC	Confederation of Postgraduate Medical Education Councils
GP	general practitioner
GPET	General Practice Education and Training Ltd
Health Insurance Act	<i>Health Insurance Act 1974 (Commonwealth)</i>
HIC	Health Insurance Commission
HSAC	Health Services Advisory Committee
MTRP	Medical Training Review Panel
OTS	overseas trained specialist
RACGP	Royal Australian College of General Practitioners
RACMA	Royal Australasian College of Medical Administrators
RACP	Royal Australasian College of Physicians
RACS	Royal Australasian College of Surgeons
RANZCO	Royal Australian and New Zealand College of Ophthalmologists
RANZCOG	Royal Australian and New Zealand College of Obstetricians and Gynaecologists
RANZCP	Royal Australian and New Zealand College of Psychiatrists
RANZCR	Royal Australian and New Zealand College of Radiologists
RCPA	Royal College of Pathologists of Australasia
SRACS	Specialist recognition advisory/appeals committees
TPA	<i>Trade Practices Act 1974 (Commonwealth)</i>

Summary

Background

On 23 April 2004 Health Ministers announced that the Australian Competition and Consumer Commission would conduct, jointly with the Australian Health Workforce Officials Committee (AHWOC), a review of the selection, training and accreditation arrangements of all specialist medical colleges (including overseas trained doctors). Throughout this document 'the review' will refer to the joint evaluation of college policies and processes undertaken jointly by the ACCC and AHWOC.

The aim of the review was to explore the extent to which specialist medical colleges are operating according to the general principles of transparency, accountability, stakeholder participation and procedural fairness underlying the conditions within the ACCC Royal Australasian College of Surgeons (RACS) authorisation granted in June 2003. The review examined issues of mutual concern to colleges and health authorities, such as education and training, health workforce planning and policy, where they were considered to be linked to the principles underlying the RACS authorisation.

The ACCC Chairman, Mr Graeme Samuel, wrote to specialist medical colleges on 24 August 2004 initiating the review process, and seeking information to assist the ACCC/AHWOC working group in conducting the review.

Colleges covered by the review

- Australian and New Zealand College of Anaesthetists
- Australasian College of Dermatologists
- Australasian College for Emergency Medicine
- Royal Australian College of General Practitioners
- Royal Australasian College of Medical Administrators
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists
- Royal Australian and New Zealand College of Ophthalmologists
- Royal College of Pathologists of Australasia
- Royal Australasian College of Physicians
- Royal Australian and New Zealand College of Psychiatrists
- Royal Australian and New Zealand College of Radiologists

Process

The ACCC and AHWOC developed a number of joint collaborative structures to maximise the benefits of having a review process endorsed by Health Ministers. A steering committee initially chaired by ACCC Commissioner Jennifer McNeill and then by ACCC Commissioner John Martin, and including the AHWOC Chair, Mr John Ramsay, and senior state (NSW, WA, SA, Qld) and Commonwealth officials, provided strategic direction for a working group of health department officials.

Findings

Overall the review considers that the selection, accreditation and assessment processes of all colleges should incorporate the principles underlying the conditions in the RACS authorisation—that is, transparency and accountability, procedural fairness and stakeholder participation. The review found that many colleges had implemented, or were intending to establish, approaches similar to those outlined in the recommendations either as part of a broader move towards adopting best practice governance mechanisms or as a result of recommendations made by the AMC as part of its accreditation process. While there have been some commitments as a matter of college policy, practical implementation is at very early stages. This was especially evident in training and selection processes. Issues still remain, however, for many colleges

particularly in developing processes for the involvement of stakeholders, principally jurisdictions, in key decisions affecting the size of the workforce. Other key issues were the lack of transparent processes and objective guidelines for the accreditation of training sites and the assessment of overseas trained doctors.

In recognition of the fact that circumstances facing individual colleges differ, recommendations have been couched in terms of general principles. This approach allows colleges to assess whether they individually meet the review's recommendations and provides an opportunity for colleges to develop approaches tailored to their individual circumstances.

The review also sought to apply lessons learnt from the implementation of the RACS authorisation conditions. A key issue for jurisdictions has been the difficulty in achieving effective collaboration with the RACS on numbers of trainees (condition C12 of the RACS determination). The review recommends that jurisdictions and colleges discuss an efficient and productive mechanism for achieving this. Agreeing on such a mechanism or a way forward would ideally be achieved before the end of 2005. The review considers that jurisdictions are responsible for delivering optimum workforce numbers to the community and the colleges are responsible for setting standards and developing training curricula.

Given the experience of implementing RACS, the review considers that colleges are obliged to consult widely with jurisdictions and achieve agreement on workforce numbers. There is an immediate need to establish a mechanism for achieving effective consultation across all colleges which adequately reflects the responsibilities of jurisdictions in service delivery and workforce planning, and the colleges in setting standards and developing training curricula. The review believes that the mechanism should recognise that jurisdictions have a primary responsibility for determining workforce numbers.

Recommendations

Recommendation 1: Mechanisms for consultation with jurisdictions

The review identified a need for colleges and jurisdictions to develop mechanisms for effective, meaningful and regular consultation on matters affecting workforce size and distribution nationally and across states and territories. These mechanisms should reflect that it is jurisdictions' responsibility to make decisions about national and state workforce planning to determine optimum workforce numbers and colleges' responsibility to advise about capacity to train. Mechanisms should be established in time for the next clinical year intake.

Recommendation 2: Reporting

- Colleges should monitor and report publicly on their selection, accreditation and assessment processes and outcomes nationally.
- The annual reporting requirements specified for RACS in the June 2003 determination should apply to all colleges.
 - Colleges and jurisdictions need to work towards developing a standardised data collection methodology (e.g. for timing, format and publication of the data).
 - The review recognises that there may be cases where colleges consider that those data requirements are not relevant or not collectable. These should be subject to further discussion between jurisdictions and colleges.
- Attachment 5 outlines the data requirements for colleges. They are consistent with those specified in the conditions of the RACS determination.

Recommendation 3: Jurisdictional involvement in college processes

Meaningful and effective mechanisms need to be developed within 12 months for jurisdictions to be involved in key decisions of the college affecting issues of mutual concern. This may involve representation on key college committees, boards and panels that have primary responsibility for issues such as education and training, accreditation, trainee selection and assessment of overseas trained doctors; and consultation before finalising decisions on the criteria for selection, assessment and accreditation. These mechanisms should reflect the respective responsibilities of jurisdictions and colleges outlined in Recommendation 1.

Recommendation 4: Support for panel members

Panel members involved in selection of trainees, accreditation of training posts, hospitals or networks; or assessment of overseas trained doctors, should be supported by:

- appropriate training, to ensure consistency in processes
- a clear statement of policy and procedures that govern their decision-making processes.

Recommendation 5: Access to college information

All colleges should develop a standardised process for readily accessing specified information for all interested parties. This would address concerns that college policies and processes are not always publicly available through their websites.

Recommendation 6: Provision of information to trainees

Colleges are expected to deal with trainees participating in the processes of the college in an open and transparent way. To ensure this occurs, colleges should have in place mechanisms that inform trainees of the processes, requirements, criteria and expected outcomes. This would include, but not be limited to:

- access to information on selection, training programs and assessment requirements, including criteria for selection of trainees and any weighting of criteria in college processes
- publishing a timetable of the dates colleges anticipate advertising, recruiting and offering positions so that jurisdictions and trainees are aware of these, where this is a college responsibility
- advice in writing of college decisions
- providing information to trainees about their rights and obligations, including access to a timely appeals process.

Recommendation 7: Trainee participation

Colleges should consider how the views of trainees can be represented on decision-making committees and boards, and when not represented, mechanisms for their views to be incorporated into the decision-making process should be developed.

Recommendation 8: Educational basis for training programs

College-based specialist training program curricula should be based on sound educational training principles and concepts, and be moving towards competency-based training models within timeframes agreed with jurisdictions.

Recommendation 9: Stakeholder participation in trainee selection

Colleges and jurisdictions should develop trainee selection processes that recognise the responsibility of the college to identify doctors who are eligible to participate in their training program and the responsibility of the employer to determine who it will employ. College processes should not limit the ability of the employer to exercise its responsibility.

Colleges selecting trainees that are then eligible for employment in vocational training should involve a wide range of stakeholders. Selection should reflect the team nature of specialist practice in hospitals. Stakeholders may include representatives of health authorities, hospital administrators and nurses etc.— people with whom the trainee will interact on a regular basis.

Recommendation 10: Standardising selection timeframes

Jurisdictions are seeking to align the recruitment timeframes and processes across colleges, for the selection of trainees, where appropriate. Colleges should work with jurisdictions to achieve this.

Recommendation 11: Accreditation criteria development

Criteria for accrediting hospitals and training networks, assessing overseas trained doctors and selecting trainees are not always widely available and, in some cases, have not been developed by colleges. Meaningful involvement of jurisdictions in the timely development of accreditation criteria is fundamental to decisions affecting workforce numbers and distribution.

- Criteria should be endorsed by jurisdictions.
- Criteria need to be objective, measurable and related to training.
- Where criteria do not currently exist, timeframes for their development should be negotiated with jurisdictions.
- Where criteria exist, timeframes to review and update them should be developed in consultation with jurisdictions.
- Colleges should facilitate easy access to their documentation supporting accreditation processes.

Colleges should work collaboratively with other bodies to develop common accreditation criteria and processes.

Recommendation 12: Reporting accreditation outcomes

Accreditation reports and a forward program for reaccreditation should be provided to jurisdictions/health authorities/health services together with an opportunity to discuss the report where it is recommended accreditation be refused or substantially altered. Final outcomes of all accreditation processes should be provided to the relevant health authority/state health department.

Recommendation 13: Jurisdictional involvement in setting criteria and assessing overseas trained specialists

Meaningful involvement of jurisdictions in the timely development of criteria for assessing overseas trained specialists is fundamental to implementing processes that are procedurally fair and transparent. It would also allow more certainty for jurisdictions around workforce planning and recruitment, which may include processes for recognition for the purposes of Medicare. This involvement should be informed by the recommendations of the current review of overseas trained surgeons and any subsequent processes.

- Criteria should be endorsed by jurisdictions.
- Criteria need to be objective and measurable.
- Where criteria do not currently exist, timeframes for developing criteria should be negotiated with jurisdictions.
- Where criteria exist, timeframes to review and update these should be developed in consultation with jurisdictions.
- Colleges should facilitate easy access to clear documentation regarding assessment of overseas trained doctors including: the requirements to be met and the reasons why they are imposed; the steps in the assessment process; the meaning of key terms in the Australian context; the standards and criteria that will be used to assess the applicant; the possible outcomes of assessment; and information about how to access appeals processes.

Recommendation 14: Recognition of prior overseas training

Further consideration should be given to the options for streamlining and making more accessible mutual recognition, advanced standing and access to training resources which would take into account the stage of the career of the overseas trained specialist and the nature of their practice and experience.

This would include colleges assessing and publishing a list of training programs from countries whose training programs are substantially comparable with Australia to facilitate access to employment and skills recognition for practitioners completing nominated comparable training programs.

- Colleges should work with jurisdictions to implement assessment processes that are consistent with the model proposed in the independent review of RACS assessment of overseas trained surgeons. This includes the specified timeframes for assessment of a maximum of eight weeks for AoN and three months for assessment to practise independently.

In addition, colleges should identify competencies required for practise in a specialty area in Australia and consider methods of assessing those competencies that do not solely rely on examinations.

Recommendation 15: Competency based training and overseas trained specialists

When colleges have developed competency-based curricula and assessment, these should be used for assessing overseas trained specialists as soon as practicable after their development.

When colleges do not have a competency-based curriculum, agreement should be reached with jurisdictions on a timeframe for its development.

Recommendation 16: Development and publication of overseas trained specialists assessment criteria

Colleges should make available to jurisdictions their criteria for assessing overseas trained specialists. If such criteria are not available, the college will work to develop transparent criteria within 12 months, with input from jurisdictions and the AMC.

Recommendation 17: Access to continuing professional development by overseas trained specialists

Overseas trained specialists employed in either area of need positions or working towards recognition as a specialist should have access to continuing professional development provided by the college. Colleges could facilitate this by establishing a category of college membership, or another mechanism that allows access to training materials and information on professional development opportunities. Colleges could also assist in developing and implementing individual training plans and monitor and support individuals' progress through required training and assessment.

Recommendation 18: Extension of structures to oversight RACS to other colleges

Consideration should be given to the possible extension of any AMC structures currently being developed to monitor and oversight the implementation of reforms from the RACS authorisation to include oversight of reform processes across all colleges around overseas trained specialists.

Recommendation 19: Appeals processes

- All colleges should amend their appeals policies to include principles, rules and grounds for appeals specified in the RACS determination.
- Jurisdictions should be given the opportunity to provide comment on the appeals policy before the policy is finalised and published.
- Appeals policies should be publicly available and be easily located on college websites.

Recommendation 20: Consumer representation

All colleges should consider how consumers could play a role in their decision making with a view to expanding consumer/community input.

I Introduction

Background to the review

The Australian health workforce delivers safe, effective and high quality health care to the Australian community. Access to adequate health services according to need is a fundamental social objective. Human services such as health are concerned with the physical and emotional wellbeing of individuals, families and the community. The key role played by governments in funding health services reflects the importance of these social objectives and the limitations of markets in delivering on them.

Governments fund about 80 per cent of annual health expenditure through Medicare payments and grant funding. A proportion is used for the operation of hospitals and other health service providers, including education of health workforce providers.

Achieving a sustainable health workforce has emerged as a significant issue for Commonwealth, state and territory jurisdictions over the last five years. All jurisdictions have devoted additional resources to health workforce issues in that period, recognising that significant workforce shortages are emerging in some areas. The release of the National Health Workforce Strategic Framework in April 2004 reflects the high priority given to health workforce issues by Australian Health Ministers. The framework recognised that a key issue for the workforce is the tightening national labour market in the health sector.

Workforce planning by jurisdictions and national organisations such as the Australian Medical Workforce Advisory Committee (AMWAC) indicates an increasing shortage of medical practitioners across almost all specialities in coming years. Factors responsible for this include: an ageing Australian population that reduces the available pool of health workers while the demand for services increases; the ageing Australian medical specialist workforce reducing or ceasing their participation in the workforce; increased demand for Australian specialists overseas temporarily or permanently reducing the available pool of specialist practitioners in Australia; the declining rate of participation of younger specialists in the workforce; and increasing demand for specialist medical services arising partly from developments in technology and higher expectations from better informed consumers.

The role of specialist medical colleges

Specialist vocational medical training in Australia is organised, supervised and examined by the relevant medical college and usually occurs within defined training positions, programs, departments or institutions approved by the relevant college. The colleges have multiple functions including:

- selecting and then providing training to medical graduates who wish to become specialists in that college's field
- assessing applications from specialists trained overseas who wish to practise in Australia
- determining which candidates are eligible for fellowship
- providing continuing professional education and other educational opportunities for fellows
- representing fellows' interests in various forums, including to government bodies and other organisations.

These processes generate significant public benefits, particularly in maintaining high standards across each speciality. The review recognises the colleges' key role in setting standards and developing training curricula, and that aspects of college activities are supported by the contribution of college fellows in the form of pro bono training.

The role of the ACCC

The Australian Competition and Consumer Commission is an independent Commonwealth statutory authority, formed in 1995 to administer the *Trade Practices Act 1974* and the *Prices Surveillance Act 1983*. A key objective of the Trade Practices Act is to prevent anti-competitive arrangements or conduct, thereby encouraging competition and efficiency in business, resulting in greater choice for consumers in price, quality and service. However, the Act also recognises that compliance with the competition provisions may not always be in the public interest. It therefore allows the ACCC to grant immunity from legal action for many of the restrictive trade practices provisions of the Act in certain circumstances. Parties can seek immunity by lodging either an ‘authorisation’ or a ‘notification’ depending on the conduct for which they are seeking immunity. Generally speaking, immunity will be granted if the public benefit of proposed conduct outweighs associated detriments including those resulting from any lessening of competition.

The ACCC recently considered the competition and public benefit issues arising from the role that the processes of one specialist college—the Royal Australasian College of Surgeons (RACS)—played in the health sector. In June 2003 the ACCC authorised RACS’ processes for the selection of trainees, accreditation of training facilities and assessing trainees and overseas trained surgeons, subject to a number of important conditions.

These conditions recommended reforms to RACS policies and processes. The aim of this was to balance the need for RACS to remain substantially involved in the setting of surgical training, education and assessment standards to ensure a safe and competent surgical workforce, while addressing competition concerns. The key principles underlying the conditions in the RACS authorisation were designed to establish effective stakeholder participation, accountability, transparency and procedural fairness across certain college processes. Implementing the conditions has been underway since the release of the determination.

Following the release of the RACS final determination, in December 2003 the ACCC wrote to each of the other specialist medical colleges indicating that it would work with the Australian Health Workforce Officials Committee (AHWOC) to develop an approach and examine the extent to which other colleges had in place processes consistent with the principles in the RACS authorisation of June 2003.

Health Ministers announced on 23 April 2004 that the ACCC would conduct a joint review with AHWOC of the selection, training, assessment and accreditation arrangements of all specialist medical colleges. Throughout this document ‘the review’ will refer to this joint evaluation of college policies and processes.

The review takes place against a background of identified shortages in many specialities and continued complaints to the ACCC from either graduating doctors seeking selection into college training programs or overseas trained specialists encountering difficulties in gaining recognition of their qualifications by colleges.

Aims of the joint review

The aim of the review was to explore the extent to which specialist medical colleges (other than RACS) are operating according to the general principles of transparency, accountability, stakeholder participation and procedural fairness underlying the conditions in the RACS authorisation. The review examined issues of mutual concern to colleges and health authorities, such as education and training, health workforce planning and policy when they were considered to be linked to the principles underlying the RACS authorisation.

The ACCC’s key interest was in addressing competition concerns associated with selection, assessment and accreditation processes of the colleges.

AHWOC’s key interest was on issues which affect the availability of medical specialists. AHWOC thus sought through the review to identify mechanisms to allow jurisdictions to effectively participate in the activities of colleges, to enable publication of data around these activities and promote consultation with colleges on policies and processes that could be implemented to address issues such as education and training, and workforce planning and policy, where there are joint responsibilities between colleges and jurisdictions.

It was not the intention of the review to impose all the conditions of the RACS authorisation on all colleges, as it recognised that different policy, organisational and operational structures exist in each. However,

the review did seek to examine whether colleges were adopting the principles underlying the RACS authorisation. It was also not the intention of the review to identify and address all competition issues that might be present. The review's focus was rather on the issues identified in the RACS authorisation.

ACCC perspective

The ACCC has recognised that consulting with the medical profession can potentially minimise the likelihood of contraventions of the Trade Practices Act. The establishment of the Health Services Advisory Committee (HSAC) and the subsequent publication of the ACCC Info Kit for the Medical Profession, in conjunction with HSAC, were important first steps in providing clearer guidance to help individual doctors comply with the Act. More generally, the ACCC has had wide ranging contact with various medical groups in Australia. The review offered a unique opportunity for tailored, targeted and consultative change in college processes where such a need was identified.

The selection, assessment, training and accreditation processes of specialist medical colleges may give rise to competition concerns if they unduly restrict entry into specialist medical practice. Increasing the transparency of, and external participation in, college processes of selection, assessment, training and accreditation both minimises the likelihood of a breach of competition laws and has the potential to enhance public benefits associated with college processes.

The ACCC receives complaints on a range of matters related to college activities (see chapter 2). A recurring theme is that at times colleges' processes appear to lack procedural fairness and transparency, and that they 'unreasonably' restrict entry to college fellowship. This can give rise to claims that college processes lessen competition. This may also give rise to claims that by restricting entry, college processes can effectively limit access to higher remuneration attached to specialist consulting rebates under the Australian health system.

The ACCC does not generally become involved in individual disputes over the relative merits of candidates for specialist training positions or the merits of individual overseas trained specialists seeking fellowship accreditation. The ACCC acknowledges the role of colleges in setting standards for fellowship and to develop curricula for the training of specialists. The ACCC does, however, have an interest in colleges applying the general principles as set out in the RACS authorisation.

The ACCC recognises that specialist medical colleges play an important role in the accreditation and training of medical specialists, the provision of ongoing education and training to recognised specialists and the maintenance of high standards of medical care in Australia. Therefore, it is important that a balance is struck between maintaining high standards of medical care in Australia and ensuring access to medical care. A key concern is to ensure that consumers and the broader Australian community in general are not disadvantaged by anti-competitive behaviour by medical practitioners or associated bodies such as specialist medical colleges.

AHWOC perspective

AHWOC accepts the importance of medical colleges in the training and education of the specialist workforce in the health system. Jurisdictions (that is, Commonwealth, state and territory governments) recognise the need to formalise their relationships with colleges to maximise the effectiveness of joint work on key issues of mutual concern such as specialist training.

Jurisdictions began working with RACS on process and policy reform during the implementation of the ACCC's RACS authorisation. This experience has shown that opportunities exist to improve the operational efficiency and effectiveness of the health system through closer cooperation and participation with medical colleges.

The authorisation conditions imposed on RACS have had significant resource implications for jurisdictions, both in relation to direct costs and time. Jurisdictions are using the experience and knowledge gained through initial participation in RACS processes to identify those areas with most value from continued participation. Jurisdictional participation in key areas allows service needs of the community to be better linked to the processes of RACS (for example, decisions about the number of surgical trainees, location of

training and standards of assessment), and so jurisdictions are more likely to achieve the specialist surgical workforce that will be required in future.

Jurisdictions recognise the potential benefits that exist from implementing appropriate policy and process reforms broadly across all medical colleges. In some cases, these benefits are increased where standardisation can be achieved. For example, standardising reporting to allow meaningful comparisons across colleges and providing timely data on intakes and graduate numbers will assist in workforce planning. Also, access to information such as accreditation criteria allows health services to better understand the requirements colleges specify for training.

In other cases, reforms need to be tailored to the particular characteristics of the college. Colleges vary in their operational and management structures and are at different stages of implementation of reform. Jurisdictions therefore recognise that there can not be a 'one size fits all' approach to collaborative work. However, jurisdictions anticipate that as an outcome of this review, they will be able to influence decision making relating to workforce supply, and the criteria being used to select trainees, accredit health services and assess overseas trained doctors.

The Australian Government through the Health Insurance Commission is responsible for regulating access to Medicare rebates at specialists' rates and influences workforce distribution of specialists through legislative controls (section 19AA of the *Health Insurance Act 1973*) and incentive programs.

State and territory jurisdictions are responsible for providing health services to communities. This includes responsibility for both service and workforce planning. For jurisdictions, influencing the supply, mix and location of the workforce is critical to providing optimal health services.

An overview of areas of college policies and processes where increased cooperation and participation by jurisdictions in college activities can be most effective is included in chapter 3.

Colleges considered in the review process

Following the announcement by Australian Health Ministers on 23 April 2004, the ACCC Chairman, Mr Graeme Samuel, wrote to specialist medical colleges on 24 August 2004 seeking information to help the ACCC/AHWOC review team conduct the review. Colleges were asked to respond by 30 October 2004.

Currently accredited colleges or those eligible for accreditation by the Australian Medical Council (AMC) fell within the scope of the review. Consistent with the approach taken in the RACS determination, the review has not examined in detail the societies, faculties, chapters and sub-specialty groups affiliated with each of the accredited colleges. For the purposes of the review, each eligible college was considered to be responsible for ensuring that societies, faculties, chapters, sub specialties and affiliated societies adopt the administrative arrangements, processes and practices agreed to by the relevant college. Arrangements for achieving this may vary but could include memoranda of understanding, contractual agreements and/or service agreements.

Included in the review process were:

- Australian and New Zealand College of Anaesthetists
- Australasian College of Dermatologists
- Australasian College for Emergency Medicine
- Royal Australian College of General Practitioners
- Royal Australasian College of Medical Administrators
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists
- Royal Australian and New Zealand College of Ophthalmologists
- Royal College of Pathologists of Australasia
- Royal Australasian College of Physicians
- Royal Australian and New Zealand College of Psychiatrists
- Royal Australian and New Zealand College of Radiologists

Operational arrangements for the review

Two committees and a review team were established to coordinate and oversee this review. A steering committee chaired by an ACCC commissioner, with members drawn from senior executive health department officials and the chair of AHWOC, was established to provide oversight and strategic direction of the review and determine matters to be progressed by the ACCC or referred to the Australian Health Ministers Advisory Council (AHMAC). The steering committee was supported by a working group with members drawn from the ACCC and health authorities in each state and territory (membership of the steering committee and working group are listed at attachment 4).

The functions of the working group were to:

- facilitate information exchange regarding colleges and workforce issues relevant to the review
- undertake review of information provided by colleges
- make recommendations to the steering committee.

A temporary unit of three to four project officers, the Medical Colleges Review Unit, was established within the ACCC providing secretariat support. Also, an AHWOC project director was appointed with responsibility for liaison between the ACCC and AHWOC and jurisdictions.

Meetings of committees were primarily held via teleconference, with out-of-session matters dealt with electronically.

Consultation

As outlined above, the ACCC wrote to all colleges identified as part of the review in August 2004 seeking information about selection, training, assessment and accreditation processes.

Colleges were asked to provide information on five areas of college activity. Responses to the initial letter were received from all colleges by late November 2004.

The ACCC/AHWOC review team met with college representatives twice, in November–December 2004 and again in February–March 2005. The meetings were very positive and constructive for colleges and the review team to discuss issues arising from the review.

The first round of meetings allowed colleges and the review team to:

- discuss the background and approach to the review by AHWOC and the ACCC
- address concerns that colleges may have regarding the process
- seek additional information where necessary.

The second round of meetings enabled the review team to provide advice on the direction of the review's findings, and discuss with colleges areas where there may have been specific areas of concern.

In addition to representatives from individual colleges, ACCC Commissioners, Jennifer McNeill and John Martin attended the first and second rounds respectively, along with the AHWOC project director, Margaret Banks, and members of the ACCC review secretariat, Sue Murphy, Bronwyn Davis and Sarah McCarthy.

Key stakeholder groups were kept informed of the progress of the review via formal updates from the ACCC. Letters were sent on 21 February 2005 to:

- Australian Medical Association
- Australian Medical Council
- Committee of Presidents of Medical Colleges
- General Practice Education and Training Ltd
- Consumers' Health Forum of Australia
- Australian Doctors Trained Overseas Association
- Confederation of Postgraduate Medical Education Councils
- Australian Consumers Association
- Australian Healthcare Reform Alliance
- Australian Medical Association Doctors in Training Committee.

The Health Services Advisory Committee (HSAC), chaired initially by the Hon. Tim Fischer (and subsequently by the Hon. Michael Wooldridge); the AMA, the AMC and GPET were also briefed separately, on request. Attachment 1 outlines the stakeholders that were consulted during the review.

Institutional framework

The Australian health care system, in which specialist training is provided, is complex. Government agencies largely fund the planning and delivery of specialist health service which is an integral part of training. Colleges set training program curricula and the standards to be achieved by specialist practitioners.

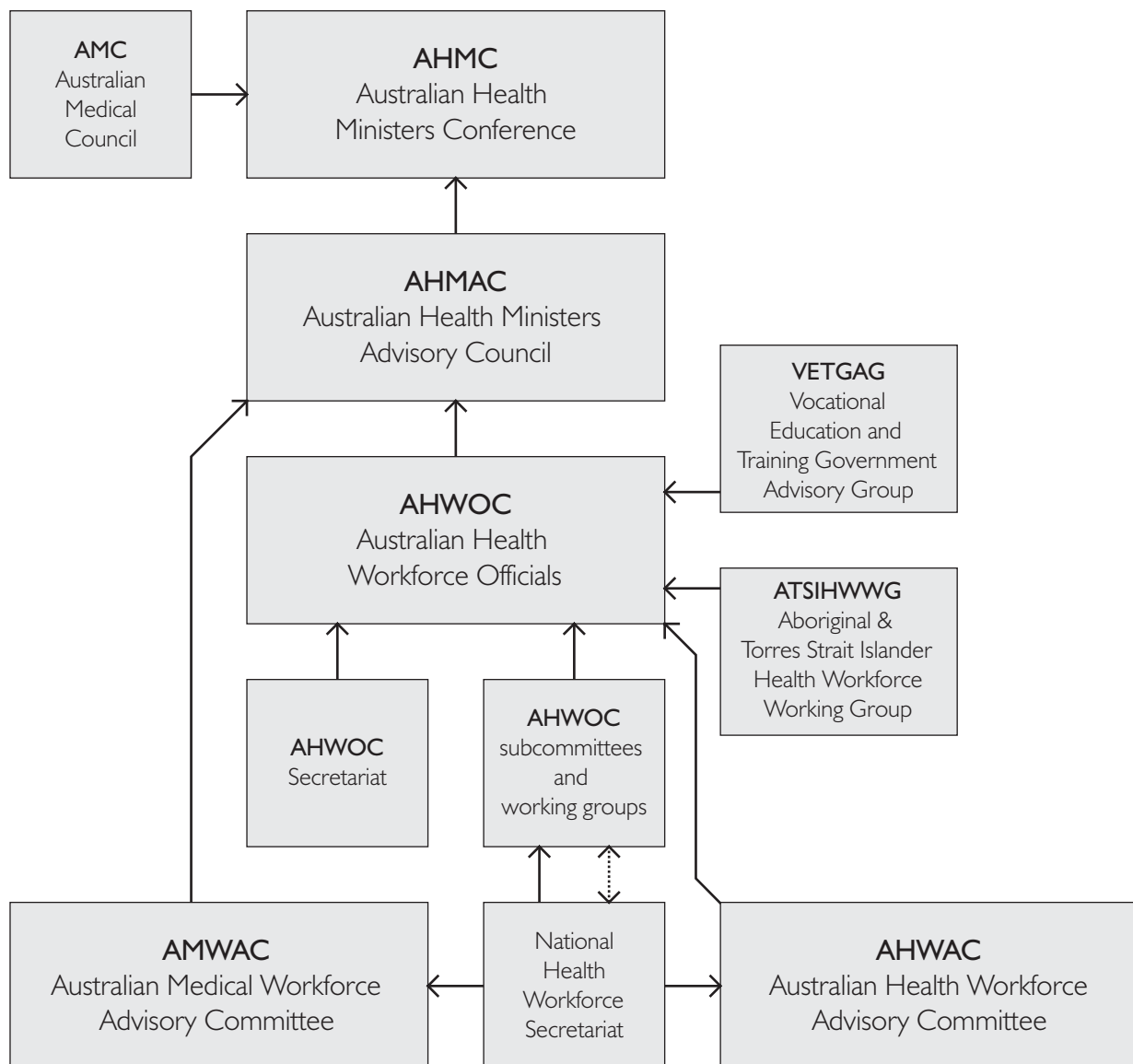
Colleges are established as national bodies, although there may be significant regional autonomy and/or significant operational differences between sub-specialty groupings within a college. The AMC is responsible for the accreditation of medical schools and specialist recognition and accreditation. It also administers a voluntary process of review and accreditation of specialist college medical education and training and professional development programs. While the colleges participating in this review are all well established, the number of colleges is not static and the AMC is currently reviewing applications from organisations seeking recognition as a specialist medical college.

Similarly, within colleges, the number and type of sub-specialties do not remain static. The Australian Government, through the AMC, has instituted a mechanism to consider applications from the profession for new sub-specialty areas seeking recognition as a separate sub-specialty with a discrete body of knowledge and skill.

In Australia, health workforce planning and research occurs at both the national and state/territory levels and is overseen by several advisory committees, with AHWOC coordinating national level planning and providing health workforce policy advice to the Australian Health Ministers' Advisory Council (AHMAC).

With overseas trained specialists, it is worth noting that there is currently no single body which assesses all overseas specialist qualifications. The AMC has a process for assessment, however, Colleges assess individual overseas trained specialists. Since the disbanding of the National Specialist Qualifications Advisory Committee (NSQAC) in 1996, there is no longer one national group responsible for standards for overseas qualifications. Currently, this role rests with the colleges with the result that points in the decision-making process are not standardised. To date colleges have been reluctant to nominate qualifications which would be automatically accepted due to their perceived risks of discrimination and legal liability.

There is also potential to clarify a new role for the AMC to take on the role of assessing overseas qualifications, maintaining schedules of acceptable overseas qualifications or, through the existing accreditation process, to take a stronger role in aligning accreditation standards. This will necessarily have an impact on the funding and funding sources for the AMC.

Figure 1 National health workforce structure and organisations

Australian Health Ministers Conference (AHMC) provides a mechanism for regular consultation between the Australian, state, territory and New Zealand Health Ministers on matters of mutual interest concerning health policy, services and programs. It promotes a consistent and coordinated national approach to health policy development and implementation.

Australian Health Ministers' Advisory Council (AHMAC) was established to provide support to AHMC and advises on strategic issues relating to the coordination of health services across Australia.

Australian Health Workforce Officials Committee (AHWOC) was established as a subcommittee of AHMAC in 2001 as a forum for reaching agreement on key health workforce issues that require collaborative action, and providing health workforce policy advice to assist AHMAC. It comprises senior health officials from the Australian Government and each state and territory, and the Australian Government Department of Education, Science and Training. AHWOC plays a central role in coordinating the implementation of the recommendations arising from national level workforce planning, including the recommendations from the workforce reports completed by the Australian Health Workforce Advisory Committee and the Australian Medical Workforce Advisory Committee.

Australian Medical Workforce Advisory Committee (AMWAC) was established in 1995 to help develop a strategic focus on medical workforce planning in Australia, and advise on national medical workforce matters, including workforce supply, distribution and future requirements. AMWAC has undertaken a large number of medical workforce planning reports.¹ Its role in advancing medical workforce planning was endorsed in a 2002 review.²

Australian Health Workforce Advisory Committee (AHWAC) was formed in December 2000 to help develop a strategic focus on non-medical health workforce planning in Australia, including nursing and allied health.

Australian Medical Council (AMC) was established by AHMC in 1984. It is primarily funded through examination and accreditation fees, and the Australian Government Department of Health and Ageing grants. Some funding is allocated through jurisdictions via medical boards.

AMC reviews of specialist medical college accreditation

The AMC is a national standards advisory body that reports to Health Ministers and is responsible for medical education and training. Its role includes:

- accreditation of Australian and New Zealand medical schools and courses
- accreditation of Australian/Australasian programs of specialist medical training
- advice on the recognition of medical specialties and sub-specialties
- assessing overseas trained medical doctors for non-specialist or general registration in Australia
- advising state and territory medical boards on uniform approaches to the registration of medical practitioners and maintaining a national network of state and territory medical registers
- advising Health Ministers on the registration of doctors.

Particularly relevant to the ACCC/AHWOC review is the ongoing role of the AMC in the accreditation of specialist medical colleges. This role includes the initial accreditation, a rolling program of reaccreditation of colleges, and an annual review through reporting by colleges to the AMC. Where the AMC has made recommendations as part of the college's accreditation report, colleges are required to report on progress against these specific recommendations and ongoing accreditation of the training program may be linked to satisfactory progress.

The review recognises that there is overlap between some of the requirements of the AMC assessment process and the information requested of colleges in the current ACCC/AHWOC review. Indeed, colleges which had completed the AMC accreditation process or were well advanced in it found little difficulty in providing the material requested by the ACCC and AHWOC. This was especially evident in demonstrating transparent and accountable processes and policies for trainee selection and curriculum development and assessment.

However, with assessment of overseas trained specialists, the AMC has emphasised process. As the *Review of the Assessment of Overseas Trained Surgeons* suggests, standards set by colleges for assessing overseas trained specialists may be inconsistent and/or may differ to those used to assess Australian-trained specialists.

However, while there is some overlap, the two processes have different purposes and the balance and focus of requirements placed on colleges differs. The current review, for example, places a greater emphasis on jurisdictional/stakeholder participation in processes through consultation at an early stage in the development of criteria for accreditation, selection and assessment, and also emphasises establishing processes that will facilitate efficient and effective health workforce planning by jurisdictions. The AMC, on the other hand, is mainly concerned with standard setting and curriculum development and review.

The AMC has reviewed six colleges—its program for reviewing the training programs of colleges is set out in table 1. During 2001 the Royal Australian and New Zealand College of Radiologists and the Royal Australasian College of Surgeons were assessed. They will be reassessed in 2007 and 2008.

1 see Health Workforce Australia website: <http://www.healthworkforce.health.nsw.gov.au/>

2 *Tomorrow's Doctors—Review of the Australian Medical Workforce Advisory Committee* (Australian Health Ministers Advisory Council), 2002.

Table I Australian Medical Council**Program of review of medical colleges 2005**

Year	Review
Sept 2003	Australian and New Zealand College of Anaesthetists
May 2003	The Royal Australian College of General Practitioners
August 2003	The Royal Australian and New Zealand College of Obstetricians and Gynaecologists
August 2004	The Royal Australasian College of Physicians Adult Medicine Division Division of Paediatrics and Child Health Australasian Faculty of Occupational Medicine Australasian Faculty of Public Health Medicine Australasian Faculty of Rehabilitation Medicine Australasian Chapter of Palliative Medicine Australasian Chapter of Addiction Medicine
2nd Semester 2005	Royal Australian and New Zealand College of Psychiatrists

Provisional program 2006 and beyond

Year	Review
2006	Royal Australian College of General Practitioners (review) Royal Australian and New Zealand College of Ophthalmologists Royal College of Pathologists of Australasia
2007	Australasian College for Emergency Medicine Australian College of Dermatologists The Royal Australian and New Zealand College of Radiologists
2008	Royal Australasian College of Surgeons Royal Australasian College of Medical Administrators

2 Competition and the Australian specialist medical workforce

Interaction between college and jurisdiction decisions affecting the specialist workforce

Many professions are subject to government regulation in Australia. The Australian health sector is characterised by a high degree of government intervention. There are complex relationships between the regulatory framework and the medical profession, the consumer and state and territory governments. Generally speaking, the purpose of the regulatory activity is to maximise social/public benefit from such regulation and protect the consumers of these professional services.

The regulatory framework in the medical sector is a complex array of restrictions administered by the state and the medical profession which pertain to:

- entry qualifications
- registration requirements
- reservation of title (i.e. only people with an appropriate title or on the register may use the professional title)
- reservations of practice (certain areas of practice are not allowed to be performed by people other than certified practitioners)
- disciplinary processes
- conduct of business and business licensing.

These barriers to entry to the profession have been established to protect the community from adverse outcomes which could arise in the absence of such regulation. A key question is what level of involvement from the medical sector is necessary to maximise the public benefits while minimising restrictions on competition.

The Australian Government regulates access to Medicare rebates at the specialist and consultant physician level through the Health Insurance Commission's (HIC) application of sections 19AA and 19AB of the *Health Insurance Act 1973*. The legislation has the purpose of ensuring high standards for specialists and also addressing maldistribution in the workforce. Access to Medicare benefits at specialist remuneration rates is currently the sphere of the colleges by virtue of their advice to the HIC and medical boards based on their assessment of overseas trained specialists.

The self regulatory framework in the specialist medical profession does mean that professional bodies such as specialist medical colleges have a dual role—one as a standard setter for the profession in education and accreditation and another as an advocate of the interests of the profession. Colleges could be subject to criticism that they are unduly restrictive when situations develop where the interests of the colleges and consumers and the general public (and therefore governments) are not aligned, and the college's focus is on the interests of its members. This situation is most likely to develop when there is a lack of transparency and accountability of processes, and representation from outside the profession in its decision making is limited.

Role of competition law

Governments regulate medical service providers through state/territory medical registration boards and Commonwealth arrangements for general practitioners and overseas trained doctors. These bodies work closely with the medical profession, and specifically the medical colleges, to determine appropriate standards for medical practitioners and eligibility to practise.

In deciding those standards and the numbers of trainees and specialists, either locally or overseas trained, the colleges indirectly have a significant role in determining the size of the Australian medical specialist workforce.

This can give rise to anti-competitive concerns when recommendations for registration as a specialist practitioner are made solely or primarily by members of the profession and if those decisions are not subject to adequate scrutiny and appeals processes. Such concerns must be balanced against the social benefits arising from the medical profession's involvement in regulating standards in the medical sector. These benefits stem from having a medical workforce which is safe and competent and provides a standard of care consistent with the wider community's expectations.

The Treasurer announced on 15 March 2005 that the Productivity Commission will undertake a research study into health workforce issues. The study has been commissioned by the Council of Australian Governments (COAG). The Treasurer noted that, in establishing the study, all governments have demonstrated a willingness to collaborate in addressing important health workforce issues which require a national approach. The Productivity Commission will examine issues affecting the health workforce including the supply of, and demand for, health professionals. The study will look at issues such as: institutional, regulatory and other factors across the health and education sectors affecting the supply of health workforce professionals; the structure and distribution of the health workforce; and factors affecting the demand for services. It is due to report in February 2006.

The *Trade Practices Act 1974* (the Act) is an important element of the Australian Government's competition framework. Its objective is to enhance the welfare of Australians by promoting competition and fair trading and protecting consumers by prohibiting certain anti-competitive practices and misleading or deceptive conduct, thereby encouraging competition and efficiency in business, resulting in greater choice for consumers in price, quality and service. The competition provisions of the Act apply to virtually all areas of Australian business, including medical practices.

The Act also recognises that complying with the competition provisions may not always be in the public interest. It therefore allows the ACCC to grant immunity from legal action for many of the restrictive trade practices provisions of the Act in certain circumstances. Parties can seek immunity by lodging either an 'authorisation' or a 'notification' depending on the conduct for which they are seeking immunity. Usually immunity will be granted when the public benefit of proposed arrangements or conduct outweighs associated detriments including those constituted by any lessening of competition.

When it was first enacted, the Act generally only applied to incorporated businesses because of constitutional restrictions. However, in 1995 COAG agreed to implement a national competition policy. Part of this agreement extended the application of Part IV of the Act to all unincorporated businesses. This was achieved by each state and territory enacting a competition code which mirrored the provisions contained in Part IV of the Act. This meant that medical specialists operating in partnerships or as sole practitioners were now subject to the Act for the first time.

The key roles of specialist medical colleges include conducting training programs and assessing applications from overseas trained specialists seeking to practise in Australia. An effect of both of these roles is that colleges can determine, and potentially restrict, the number of practitioners who are able to practise in that speciality. This influence can be both direct, for example when colleges conduct selection processes for trainees or when they assess overseas trained specialists, and indirect, for example when colleges determine how many training positions they will accredit at a training site.

Specialists working in the same specialty could be considered to be competitors, in that they compete in providing medical services to members of the public. When acting together under the auspices of a college to select trainees, assess overseas trained specialists or accredit training sites, they could be considered parties to an agreement among competitors to restrict how many people can practise in that specialty. In some cases, such restrictions could be considered to have the purpose or effect of substantially lessening competition, or in some circumstances constitute an exclusionary provision.

RACS authorisation

In June 2003 the ACCC granted authorisation to the Royal Australasian College of Surgeons (RACS) for its selection, training and accreditation processes (including accreditation of overseas trained surgeons) subject to 21 conditions.³

Different elements of the conduct were authorised for different periods of time. Authorisation to select, train and examine basic and advanced surgical trainees was granted for six years, while authorisation to assess overseas trained surgeons and accredit hospitals for basic surgical training and hospital posts for advanced surgical trainees was granted for four years.

Subject to compliance with the conditions, RACS can now continue to engage in the authorised conduct processes with immunity from legal action under the competition provisions of the Act. Jurisdictions have been working with the RACS to implement these conditions through AHWOC and directly at state and territory level.

The ACCC authorisation of RACS processes acknowledged the important role that specialist medical colleges play in accreditation, assessment and training of medical specialists and maintaining high standards of patient care in Australia. The authorisation also acknowledged that greater public benefit can be derived from increased transparency, procedural fairness, clarity around accountability and participation of jurisdictions in the process.

Most of the conditions were imposed to increase participation by stakeholders (including jurisdictions and consumers) and improve the transparency and accountability of RACS' processes, including requiring it to amend its appeals process and report publicly on its activities. The ACCC also imposed conditions requiring independent reviews of:

- RACS' criteria for accrediting hospital training posts for advanced surgical training and hospitals for basic surgical training
- its assessment of overseas trained surgeons.

Substantial progress has been made in implementing these conditions although some further work remains to be done on the recommendations of the reviews.

Complaints received by the ACCC about specialist medical colleges

Since 1 July 2004 the ACCC has received around 30 complaints about a number of Australian specialist medical colleges. They relate to a broad range of issues, including:

- the non-recognition of specialist qualifications and experience obtained overseas
- restrictions on numbers of training placements
- restrictive quotas on college examinations and
- the consequences of college membership or non-membership for specialists.

Complaints relating to processes for assessing overseas trained specialists are varied. A number pertain to a perceived lack of transparency in colleges' assessment processes, including the failure to provide written reasons for decisions to unsuccessful applicants. Other complaints concern the length of time taken to assess applications for specialist recognition. Many complaints relate to the apparent inflexibility of colleges' assessment processes, whereby applicants are required to complete further training and assessment, regardless of the specialist qualifications and level of experience gained overseas. Such complaints emanate predominantly from practitioners who have trained in the United Kingdom and the United States of America.

A small number of complaints concern the high cost of the application process, as applicants may be required to pay fees at each stage of the assessment process, for example to submit applications, to attend interviews, to participate in training programs, to attempt examinations and to appeal unfavourable decisions. While there is some potential for excessive fees for application/assessment could act as a barrier

³ ACCC, authorisation A90765 30 June 2003.

to entry, the review did not examine this matter in detail. Levels of fees differ between colleges. The review acknowledges that training, selection and accreditation processes are resource intensive exercises for colleges and can involve significant input from senior college fellows.

There have also been a number of complaints about the restrictions placed by some colleges on the numbers of training positions offered. Some complainants claim that, despite having passed college examinations, they have waited years before being allocated to a training position. Based on the complaints received, shortages of training positions appear to be greater in some states than in others. Many complainants note that restrictions on training posts artificially reduce numbers of trainees. This ultimately affects the size of the specialist workforce.

A further issue of concern relates to examination processes. Some complainants claim that examinations are too rigorous and colleges' pass rates are alarmingly low. Other complainants are concerned about being forced to wait long periods, of up to one year, before being permitted to re-sit college examinations. A number of complaints also relate to insufficient numbers of places being offered to candidates who are otherwise eligible to sit college examinations.

The final area of concern is the consequences of college membership or non-membership for specialists. For example, some complainants claim that they have experienced great difficulty obtaining employment at certain hospitals because they are not members of particular specialist colleges. Other complainants state that hospitals are placed under significant pressure by some colleges to refuse employment to non-members and non-fellows.

Since 1 July 2004 the ACCC has handled most complaints in the context of the review process and has advised complainants accordingly. Information about the complaints has been used to inform the review process. Where possible and when complainants have not requested confidentiality, these issues have been raised with colleges in discussions in 2005.

3 Jurisdiction involvement in college processes

Implementation of RACS conditions

Jurisdictions have now been working with the Royal Australasian College of Surgeons (RACS) to implement the conditions imposed in the authorisation for about two years.

In that time, it has become clear to jurisdictions that the transfer to other medical colleges of specific aspects of the model of participation spelled out in the RACS authorisation conditions is not sustainable without modification. The resource requirements mean that jurisdictions need to identify key areas of influence which maximise the effect of participation. In addition, the ACCC authorisation specified government participation at some points of influence in RACS processes. However it did not specifically provide for access to a number of key committees such as the Education Policy Board, although this has now been achieved through agreement with RACS.

While the ACCC's RACS authorisation provided direction for reform of other medical colleges, it did not address some areas of concern to jurisdictions, in particular:

- the link between workforce and service planning and community health needs and jurisdictional responsibility for determining workforce numbers to ensure service delivery
- the impact of changes in college policy on the health system, particularly when changes occur without consultation with health authorities
- workforce distribution issues relating to the participation of trainees in rural and regional practice.

Lessons from RACS implementation for the current review

It is acknowledged that not all of the above issues fall within the responsibility of the ACCC. The benefit of a joint review process is that it provides an opportunity for jurisdictions to explore issues of mutual interest with the medical colleges and to develop collaborative solutions/approaches to improve health workforce outcomes. For the ACCC it provides an opportunity to address competition issues in selection, accreditation and assessment processes across the specialist medical sector, which were identified initially in the RACS authorisation.

A wide range of issues have been identified by jurisdictions in implementing the RACS conditions.

Role of jurisdictional representatives in college activities

Following negotiations with RACS, jurisdictional representatives now sit on a range of key committees, including the Education Policy Board. Preliminary evaluation of participation on these boards shows jurisdictions rate their involvement in these RACS activities as useful. Jurisdictions anticipate that this review process will provide a mechanism for determining key areas where they would benefit from collaboration with the medical colleges, through jurisdictional participation on key committees, boards and panels.

Jurisdictions expect that nominees participating in college activities do so as equal members of any panel or process. The role and status of jurisdictional representatives as full members of committees, boards and panels should be clearly articulated in relevant college documentation.

The ACCC authorisation provides for jurisdictional representation on interview panels for the selection of trainees. However, a number of RACS processes, such as selecting trainees and assessing overseas trained doctors have multiple components, and jurisdictions have not sought to be represented at all points in the process.

Through the RACS implementation process, jurisdictions have developed a better understanding of the stages involved in these processes, and are reaching agreement with RACS about the appropriate level of their involvement. Along with this agreement will come clarification of the information to be provided to the jurisdictions at each stage in the process. For example, jurisdictions have indicated they do not need

to participate in all parts of the assessment of overseas trained specialist applications, as long as they are advised of the criteria being applied (and agree they are appropriate), receive copies of documentation and are advised of decisions and reasons for those decisions once they are finalised.

However, progress towards agreement is slow. The review considers that a key principle underlying the conditions within RACS was that the college should consult with jurisdictions on key decisions concerning workforce numbers. In developing the conditions there was an expectation that there would be progress towards an effective consultation mechanism with jurisdictions in a timely way, recognising jurisdictions' key responsibilities for delivery of an optimal medical workforce. Some conditions also stipulate where that consultation might take place. The authorisation also recognised the role of the college in setting standards and developing curricula.

There have been delays in reporting by two reviews, required by the conditions of the authorisation, into key issues of the development of guidelines for the accreditation of hospitals and posts, and the assessment of overseas trained doctors. These delays reflect the complex nature of the issues faced by jurisdictions and colleges.

Jurisdictions and the ACCC wish to ensure that there is clarity and a common expectation about their role and the objectives of their participation from the outset with the other colleges. For activities where it is agreed that jurisdictions will not directly participate but that impact on health care service provision and/or are of interest to governments, an effective way for jurisdictions to provide advice and comment needs to be established.

Consultation with jurisdictions about trainee numbers

Jurisdictions are responsible for determining the location and volume of health services to be delivered and therefore the location and number of workforce, including trainees. Colleges' primary roles are to set and maintain standards, set curricula and facilitate the education and training activities for trainees in their vocational program.

The conditions of the RACS authorisation require annual consultation between RACS and jurisdictions about the number of trainees and distribution by jurisdiction before finalising numbers. Jurisdictions expect that this participation will extend to developing and testing the methodology for trainee selection, considering distribution options and testing the limiting factors to changes in training numbers.

Consultation with jurisdictions about trainee selection

College involvement in selecting trainees varies, although most colleges have developed broad criteria. Clarity is required about the roles and responsibilities of colleges, jurisdictions and employing bodies in the selection and employment of trainees.

Initial evaluation of jurisdictions' involvement in trainee selection shows participation is not universal across all states and territories even though jurisdictions have expressed concern about basic and advanced surgical selection processes.

Administrative management of jurisdictional participation

The different environment and culture of jurisdictions and RACS have meant that common understandings have taken some time to develop. In some cases, there have initially been different expectations about issues such as the notice required for nominating participants for various processes. However, a cooperative approach and gradual clarification of expectations has helped to achieve better mutual understanding.

It has been recommended that in general, notice of about four weeks be given for metropolitan panels and eight weeks for panels outside metropolitan areas. When a schedule of events is prepared in advance, as with accreditation visits, selection panels etc., it is reasonable that jurisdictions be given longer than eight weeks notice.

Feedback and evaluation

Given the significant investment by governments and colleges in colleges' activities and processes, government agencies are obliged to ensure the outcomes of jurisdiction participation are comprehensively evaluated. Preliminary feedback from jurisdictions indicates that a range of issues—including the role of the college and specialty boards, the content and purpose of assessment processes, and the need for competencies and clear criteria—are being addressed because of jurisdictional participation. However, jurisdictions also note that the capacity of their committee representatives to influence change is limited, and in some areas change is slow.

Jurisdictional representatives have identified the need for a mechanism to provide feedback to jurisdictions on issues identified as part of their participation. Jurisdictions expect to be able to independently collect the comments and views of jurisdictional representatives and feed these back into the college process.

Mechanisms also need to be identified that ensure the acquired knowledge is fed back to AHMAC, AHMC, jurisdictions and colleges to inform future investment and participation. In light of the outcomes of the evaluation of this review, jurisdictions and each college will consider ways in which their collaboration can be enhanced to benefit the medical specialist workforce. This may mean jurisdictions ceasing participation in some activities and starting participation in others, changes to the information colleges are to maintain and publish, etc.

4 Review findings and recommendations

Introduction

The review has developed about 20 recommendations which draw on the principles underlying the conditions in the RACS authorisation of transparency, accountability, procedural fairness and stakeholder participation. These principles are consistent with those of good governance practice. The review notes that many colleges have implemented, or are taking steps to establish, approaches along the lines of those outlined in these recommendations, either as part of a broader move towards adopting best practice governance mechanisms or as a result of recommendations made by the AMC as part of its accreditation process. This is particularly evident in training and selection processes.

In recognition of the fact that circumstances facing individual colleges differ, recommendations have been couched in terms of general principles. This enables each college to assess whether its processes meet the recommendations of the review and provides an opportunity for colleges to develop approaches tailored to their individual circumstances. Chapter 5 includes a table setting out features of individual college processes against key aspects of the framework adopted in the review.

Colleges were asked as part of the final consultation process to consider whether they are able to implement the recommendations and how they might do this if they do not already have in place processes consistent with the recommendations. The review recognised that there are some situations where colleges may not be able to implement particular recommendations (for example, reporting on numbers of applicants for training positions where this process is coordinated by the relevant health authority rather than the relevant college). The review considers that these situations could be resolved through discussions with jurisdictions or other stakeholders where necessary.

Workforce planning

The Australian specialist medical workforce is mainly made up of doctors who received primary and any subsequent medical training in Australia. However, overseas trained specialists are also an integral part of the medical workforce and their numbers are increasing.

A specialist is a medical practitioner who has undertaken a period of formal training in addition to their primary medical degree, to practise in a distinct and limited area of medicine. A specialist has a greater depth of knowledge and skill in their area of practice. While specialty practice is largely confined to a specific area of medicine, the growth in the number of colleges and sub-specialties training programs means overlaps exist. For example, the Royal Australasian College of Physicians (RACP) conducts joint or dual fellowship training programs with the Royal College of Pathologists of Australasia (RCPA) and the Australasian College for Emergency Medicine (ACEM), and the Australian and New Zealand College of Anaesthetists (ANZCA) also run a joint training program. Attachment 2 outlines the areas of medical practise assessed by each specialist medical college.

Around one-third of the 49 895 registered medical practitioners employed as clinicians in Australia in 2002⁴ were medical specialists. When combined with specialists-in-training who are also working in public hospitals, this group accounts for around one-half of medical practitioners in Australia.

Table 2 Clinicians practising in Australia: 2002

Primary care physicians (primarily GPs)	41.5%	20 735
Specialists	35.6%	17 762
GPs and specialists-in-training	13.2%	6554
Hospital non-specialists	9.7%	4845

⁴ AIHW, *Medical labour force 2002*, p. 4.

The Australian Institute of Health and Welfare (AIHW) reported that the number of specialists increased by 17.2 per cent between 1997 and 2002.⁵ While the numbers have been slowly increasing, participation rates are declining. This trend is expected to continue influenced by reduced working hours for individual practitioners and the ageing of the specialist workforce. On the demand side, improvements in diagnostic and treatment technology mean that there is increased demand from the community and other medical practitioners for many specialist services. These influences mean that shortages are emerging across specialties. Workforce distribution, particularly in rural and remote areas, will also continue to be a challenging issue for health planning authorities.

Table 3 Number of specialists practising (clinicians and non clinicians) in Australia⁶

College	Number of specialists
Australian and New Zealand College of Anaesthetists	1985
Intensive Care	561
Australasian College of Dermatologists	330
Australasian College for Emergency Medicine	507
Royal Australian College of General Practitioners	22 246
Royal Australasian College of Medical Administrators	239
Royal Australian and New Zealand College of Radiologists	
Radiodiagnosis	1219
Radiation Oncology	196
Royal Australian and New Zealand College of Obstetricians and Gynaecologists	1172
Royal Australian and New Zealand College of Ophthalmologists	710
Royal College of Pathologists of Australia	962
Royal Australasian College of Physicians	5395
Occupational Medicine	199
Public Health	205
Rehabilitation Medicine	233
Royal Australian and New Zealand College of Psychiatrists	2367
Royal Australasian College of Surgeons	3249
Other	325
TOTAL	42 100

Source: Australian Institute of Health and Welfare, Labour Force Statistics 2002, p. 20
<http://www.aihw.gov.au/datacat/index.cfm/action/showall/id/5044>

5 AIHW Medical labour force 2002, National Health Labour Force, p. 5.

6 NB: the review notes that it appears the data on the Royal Australasian College of Medical Administrators (RACMA) and the Faculties of Occupational and Public Health Medicine may not accurately reflect the number of practitioners in these fields. It is likely that this is due to collection methods for these data. The college and faculties report their fellowship numbers are: RACMA: 440 (source: RACMA Handbook 2004); Occupational Health Medicine: 327; Public Health Medicine: 531 (source: Royal Australasian College of Physicians Submission to the AMC 2004).

Medical workforce

The Australian Government is responsible for setting the supply of Australian medical graduates through funding of university medical places, which ultimately affects the number of Australian graduates available to enter vocational (specialist) training. It also influences the quality of services and distribution of medical practitioners through incentive programs and grants.

State and territory health authorities are responsible for service planning and determining the workforce requirement, including the number, mix and category of staff needed to provide services. A range of factors determines the number of specialty training places in each state and territory, including the number of college accredited training places/hospitals/services, the number of funded positions and the number of trainees applying for training.

The numbers of doctors in vocational training has increased in recent years. The Medical Training and Review Panel (MTRP) estimates that there were 6387 training placements in 2004, representing an increase of 722 or 12.7 per cent since 1997 when reporting began. Other key indicators of growth in vocational training include the numbers of advanced vocational training placements, new college fellows and candidates sitting final examinations, all of which have increased substantially in recent years. Despite this, workforce shortages are emerging and are expected to continue, due to factors such as reduced hours worked by specialists, the ageing of the specialist workforce and the increased demand for specialist services because of an ageing population and improvements in medical technology allowing a wider range of services to be delivered.

Of the 24 medical workforces examined in detail by AMWAC, in all but one, paediatrics, existing or emerging shortages have been reported.⁷ Key areas of shortage are:

- orthopaedic surgery
- ear, nose and throat surgery
- obstetrics
- pathology
- radiology
- oncology
- psychiatry
- geriatric medicine
- general practice.

Several colleges identified problems in filling training positions or establishing enough training positions to meet future projected workforce demand. RANZCP indicated there were ongoing difficulties in filling existing accredited positions. The ACD, RANZCR, RANZCOG and RCPA indicated they were seeking support from health authorities for additional training positions. In 2004 first year training positions for general practitioners increased from 450 to 600.

Training of specialists in Australia continues to be based on an apprenticeship model. The review found that some colleges are beginning to explore alternative training opportunities. In particular, RANZCR is discussing opportunities for modules of training to be provided via university style courses. Pathology is another specialty that may lend itself to a separation in course work and clinical based training. Changes to training programs such as these could significantly affect service delivery.

Therefore, the review considers that the public benefit generated by colleges' role in training Australian specialists is likely to be enhanced by improvements in national workforce planning which are likely to flow from effective consultation between jurisdictions and colleges.

⁷ National Health Workforce Strategic Framework, April 2004, p. 32.

Recommendation 1: Mechanisms for consultation with jurisdictions

The review identified a need for colleges and jurisdictions to develop mechanisms for effective, meaningful and regular consultation on matters affecting workforce size and distribution nationally and across states and territories. These mechanisms should reflect that it is jurisdictions' responsibility to make decisions about national and state workforce planning to determine optimum workforce numbers and colleges' responsibility to advise about capacity to train. Mechanisms should be established in time for the next clinical year intake.

For both jurisdictions and colleges to make informed decisions about the workforce, accurate and timely information is required. Colleges are currently required to report annually to a number of bodies, including the AMWAC, the MTRP and the AMC. It is anticipated that through discussions with these bodies and the colleges, agreement could be reached on a minimum data set, standardised format, and consistent timing to reduce the overall burden on colleges to report.

A coordinated and centralised approach through an existing body or forum such as the AMC, the MTRP or AMWAC would yield benefits and cost efficiencies for both jurisdictions and colleges.

The following recommendation would help ensure there is procedural fairness and public transparency in colleges' processes. As noted, it would probably increase the efficiency of the reporting process by improving the consistency of data reporting across colleges. This would facilitate comparisons of workforce data for each specialty and improve workforce planning, resulting in an increased public benefit.

Recommendation 2: Reporting

- Colleges should monitor and report publicly on their selection, accreditation and assessment processes and outcomes nationally.
- The annual reporting requirements specified for RACS in the June 2003 determination should apply to all colleges.
 - Colleges and jurisdictions need to work towards developing a standardised data collection methodology (e.g. for timing, format and publication of the data).
 - The review recognises that there may be cases where colleges consider that those data requirements are not relevant or not collectable. These should be subject to further discussion between jurisdictions and colleges.
- Attachment 5 outlines the data requirements for colleges. They are consistent with those specified in the conditions of the RACS determination.

Medical colleges

The central role played by the specialist medical colleges in training medical specialists has developed over the last 50 to 60 years in Australia. There are now 12 recognised medical colleges and a large number of affiliated societies and faculties representing sub-specialties within a college. While a number of colleges also operate in New Zealand and/or Asia, only their operations within Australia are subject to review.

Generally, the mission statements of colleges are consistent and include:

- promoting professional standards that support safe patient care
- promoting education, teaching and research in their specialty area.

Colleges seek to achieve these objectives in a number of ways, through:

- the development of curricula and learning objectives of training programs
- the examination of trainees to certify that they have reached a degree of skill and knowledge in their specialty which would enable them to practise independently
- the maintenance of professional standards programs

- the accreditation of hospitals and services in which trainees are training
- the assessment of overseas trained specialists seeking to practise in Australia.

While the objectives of the RACGP may be consistent with this mission, its role is not as broad. This college runs an extensive continuing professional development program, has input rather than control of the accreditation of training sites, and is responsible for the examination processes for trainees. It is not, however, responsible for the training program or selection of trainees. This responsibility lies with the General Practice Education and Training (GPET) program funded by the Australian Government.

Medical colleges are funded primarily through the fees of members and trainees. In addition, there are opportunities for cost recovery from training courses and a proportion of college income comes from government-funded projects.

College's governance structures are similar. In general, a council or board oversees the operation of each college and a range of committees, responsible for various activities of the college, report to the overarching committee.

The structure of larger colleges, such as RACP, is more complex and includes committees representing divisions, faculties and chapters which ultimately report to the College Council. The structure of RACS was similarly complex with a large number of associated faculties and sub-specialties. The ACCC's authorisation included a condition that RACS put in place agreements (such as memoranda of understanding) to ensure that RACS exercises full direction and control over affiliated sub-specialty societies relating to surgical training.

Jurisdictions and colleges have a joint role in the education and training of specialists in Australia. Colleges set standards and are responsible for training curricula and assessment. Jurisdictions employ both trainees and supervisors to provide services and through awards, employment contracts, or specific funding grants, allow for the training of specialists in hospitals, health services and laboratories. Matters of mutual concern include: formalising networking of training to maximise trainee exposure to different training environments and formalise training rotations within networks; providing retrospective accreditation of training that is occurring in currently unaccredited positions; examining opportunities for training in the private sector; developing accessible non-hospital-based education and training supports; and establishing agreed processes for the withdrawal of accreditation.

Currently, jurisdictions have limited opportunities to provide input into the decisions and activities of colleges. The conditions of the RACS authorisation specifically outlined ways in which jurisdictions might participate. The ACCC found that there are public benefits associated with the participation of external stakeholders in key decisions affecting the workforce. Increased transparency and accountability of the outcomes of these processes also enhances public benefit. However, there have been delays in implementing some of the conditions of the RACS authorisation resulting in less than optimal benefits from such reforms reflecting the complex nature of the issues faced by jurisdictions and colleges. While the review considers that jurisdictional involvement in key college processes affecting workforce is a critical principle underlying the RACS authorisation and that other specialist medical colleges should adopt it, it also considers that these mechanisms recognise that jurisdictions are primarily responsible for workforce numbers.

Recommendation 3: Jurisdictional involvement in college processes

Meaningful and effective mechanisms need to be developed within 12 months for jurisdictions to be involved in key decisions of the college affecting issues of mutual concern. This may involve representation on key college committees, boards and panels that have primary responsibility for issues such as education and training, accreditation, trainee selection and assessment of overseas trained doctors; and consultation before finalising decisions on the criteria for selection, assessment and accreditation. These mechanisms should reflect the respective responsibilities of jurisdictions and colleges outlined in Recommendation 1.

The review found that colleges such as ANZCA had in place detailed policy and procedural documentation providing clear guidance to members participating in college activities. RANZCO provides training for its members participating in selection and assessment panels. These measures make clear the roles and responsibilities of panel members and provide them with the skills to effectively fulfil these responsibilities.

The review considers that the decisions of people who participate in colleges' processes relating to trainee selection, training facility accreditation and the assessment of overseas trained doctors, have a direct impact on the specialist workforce in Australia. Providing clear policies and guidance to people who participate in key decision-making processes is likely to enhance the accountability of these activities and promote the public benefit generated by the colleges' activities.

Recommendation 4: Support for panel members

Panel members involved in selection of trainees, accreditation of training posts, hospitals or networks; or assessment of overseas trained doctors, should be supported by:

- appropriate training, to ensure consistency in processes
- a clear statement of policy and procedures that govern their decision-making processes.

Specialist training in Australia

The 12 colleges (including RACS) are responsible for 18 vocational training programs that expand into around 70 sub-specialty programs.⁸

The main part of specialist vocational training usually occurs in public sector hospitals or services, except general practice training. Training occurs in defined training positions, programs, departments or institutions approved or accredited by the relevant college.

The principal source of funding for the training is government—primarily state/territory governments by employing practitioners in public hospitals and health services. Funding for general practice training is provided by the Australian Government through GPET and Medicare rebates. In a number of disciplines, for example dermatology and pathology, training places are also provided in the private sector as part of a training network.

Trainees also fund training through payment of college membership fees, training courses fees and payment to undertake assessment activities. College fellows support training through, for example, in kind or pro bono support of training courses, mentoring and supervision programs.

To be eligible to access specialist medical training, applicants must have completed an AMC accredited basic medical degree in Australia or New Zealand or successfully completed the AMC examination process for overseas trained doctors. Graduates must also complete one year of supervised training or internship. Some colleges require an additional year of generalist training (for example, the RACP and ACEM). The college may apply additional eligibility criteria, for example, that applicants demonstrate an interest in that speciality through extracurricular or research activity, or in the case of the ophthalmology trainees, that they undertake a behavioural capability assessment before applying for a training position.

Training programs vary in length—from three years for general practice to up to six years for other programs such as obstetrics and gynaecology and surgery. Most programs are for five years. Entry processes for training programs differ between colleges, with some colleges, such as the RCPA, accepting trainees who have completed an intern year. Others, such as RACP and ACEM, accept trainees when they reach postgraduate year three, in which case part of all previous postgraduate years of practice may be accredited as part of training.

Colleges' description of the stages of training varies and may include basic, provisional and advanced training and provisional fellowship. The ACD, RANZCO, ANZCA, ACEM, RACS, RACP and RANZCP all require a period of basic training. ACEM requires provisional training, and ANZCA allows for provisional fellowship for up to 12 months.

⁸ AMC, *Areas of Medical Practice Assessed by Specialist Medical Colleges* (see attachment 2 of this Report).

Curricula, format and the assessment requirements diverge between college programs. For example, ANZCA describes its training program in terms of the knowledge, skills and attributes to be learned across 12 modules, with a barrier examination at the end of basic training in year two of the program. Conversely, general practice (GP) trainees undertake an examination after completing their training period. RCPA trainees sit three examinations during their training period: a sciences exam and Part I and II papers.

The size of training programs varies significantly across colleges. The *Medical Training Review Panel eighth report* provides detail on training numbers for 2004.

Table 4 Vocational training placements 2004

College	2004 All trainees
Australian and New Zealand College of Anaesthetists	465
Australasian College of Dermatologists	61
Australasian College for Emergency Medicine	471
Intensive Care	146
Royal Australian College of General Practitioners	1569
Royal Australasian College of Medical Administrators	96
Royal Australian and New Zealand College of Radiologists	
Radiodiagnosis	241
Radiation Oncology	68
Royal Australian and New Zealand College of Obstetricians and Gynaecologists	292
Royal Australian and New Zealand College of Ophthalmologists*	105
Royal College of Pathologists of Australia	273
Royal Australasian College of Physicians	
Adult Medicine	663
Paediatrics	258
Occupational Medicine	62
Public Health	65
Rehabilitation Medicine	118
Royal Australian and New Zealand College of Psychiatrists	725
Royal Australasian College of Surgeons	709
TOTAL	6387

* Trainee numbers disputed by college.

Source: Australian Government, Medical Training Review Panel, Eight Report, 2004, p11.

The review found that ease of access to information about training programs from the 11 colleges also varied. While information was sought directly from colleges, additional information was also found on college websites. For some colleges, comprehensive information on the training program requirements, expectations and processes was available. However, other colleges either did not have the information available, it was available only on the 'members only' part of the website, or the information had not been published.

The review team noted that when colleges had or were currently undergoing AMC accreditation, documentation was generally more readily available and more comprehensive than that of colleges yet to go through the process.

The following recommendation is intended to ensure that colleges' processes for trainee selection and assessment are publicly transparent and accountable.

Recommendation 5: Access to college information

All colleges should develop a standardised process for readily accessing specified information for all interested parties. This would address concerns that college policies and processes are not always publicly available through their websites.

The review notes that increasingly colleges are acknowledging that trainees are a key stakeholder group. Ensuring that trainees are both aware of their rights and responsibilities and are represented on key college decision-making bodies enhances the transparency of college processes for trainees.

Recommendation 6: Provision of information to trainees

Colleges are expected to deal with trainees participating in the processes of the college in an open and transparent way. To ensure this occurs, colleges should have in place mechanisms that inform trainees of the processes, requirements, criteria and expected outcomes. This would include, but not be limited to:

- access to information on selection, training programs and assessment requirements, including criteria for selection of trainees and any weighting of criteria in college processes
- publishing a timetable of the dates colleges anticipate advertising, recruiting and offering positions so that jurisdictions and trainees are aware of these, where this is a college responsibility
- advice in writing of college decisions
- providing information to trainees about their rights and obligations, including access to a timely appeals process.

The involvement of trainees in college processes varies. Some colleges have broad representation and involvement across all areas of college activity, while others have limited interaction except through the training program. It appeared to the review team that most colleges had recognised the need for, and benefits of, trainee involvement.

As discussed in recommendation 3, there are public benefits associated with external stakeholders participating in key decisions affecting the workforce, including increased transparency and accountability of the outcomes of colleges' processes.

Recommendation 7: Trainee participation

Colleges should consider how the views of trainees can be represented on decision-making committees and boards, and when not represented, mechanisms for their views to be incorporated into the decision-making process should be developed.

A number of colleges, including the RANZCR, indicated that they had recently or were currently reviewing their training curricula, aiming to develop competency-based training programs and to better define the learning objectives for the training programs.

There is an increasing recognition that a key function of colleges is providing training programs. Ensuring that these programs are of a high standard and based on sound educational principles is likely to enhance the public benefit they generate.

Recommendation 8: Educational basis for training programs

College-based specialist training program curricula should be based on sound educational training principles and concepts, and be moving towards competency-based training models within timeframes agreed with jurisdictions.

The review found the processes used for selecting trainees varied widely, partly reflecting the type of practice, whether principally hospital-based and the nature of its association with the delivery of other specialist services. RANZCR, ACEM and RACP accept trainees into their training programs only after they have gained employment in a vocational training position. However, colleges are usually involved in these processes since fellows would normally be part of a hospital selection process. Other colleges such as RANZCOG, select trainees and recommend candidates to employers for employment into an accredited training position. Still other colleges participate in an employer-based recruitment process, for example ANZCA and RANZCO, by providing principles for selection.

RACS is the only college that conducts a national selection processes. Five colleges, RACP, RANZCR, RCPA, ACEM and the RACMA, do not specify criteria for selecting trainees as employers are responsible for selection.

Three colleges, RANZCOG, ACD and RANZCP, coordinate selection nationally, undertake the selection at a regional or state level and then recommend preferred applications to employers for appointment. It is not apparent that any subsequent selection process is undertaken and it is not clear from the information provided how many of the recommended applicants are not employed. It is also not apparent from the information provided that employers have in place an additional or independent process to assess preferred candidates before employing them.

Two colleges, ANZCA and RANZCO, coordinate selection through the college at a national level, and select trainees through regional/state-based employer selection panels, which include college representatives.

The reality of specialist medical training (and indeed specialist medical practice) is that trainees will work with a range of groups. Having representatives from these groups involved in the trainee selection process is likely to enhance public benefit by ensuring that those trainees selected are the most suitable for working in that environment. Mechanisms for involvement can vary and may include participation in interviews, as compulsory referees and/or developing selection criteria.

Recommendation 9: Stakeholder participation in trainee selection

Colleges and jurisdictions should develop trainee selection processes that recognise the responsibility of the college to identify doctors who are eligible to participate in their training program and the responsibility of the employer to determine who it will employ. College processes should not limit the ability of the employer to exercise its responsibility.

Colleges selecting trainees that are then eligible for employment in vocational training should involve a wide range of stakeholders. Selection should reflect the team nature of specialist practice in hospitals. Stakeholders may include representatives of health authorities, hospital administrators and nurses etc.— people with whom the trainee will interact on a regular basis.

At present, there is limited coordination of the timing of trainee selection processes, both for different colleges and also within a college but in different jurisdictions. Having a coordinated approach to selection may improve the efficiency of the process by reducing the possibility that trainees will delay accepting or rejecting an offer of a place in a training program while they wait to see whether their application for another jurisdiction/college has been accepted.

Recommendation 10: Standardising selection timeframes

Jurisdictions are seeking to align the recruitment timeframes and processes across colleges, for the selection of trainees, where appropriate. Colleges should work with jurisdictions to achieve this.

Accreditation of specialist training programs

Accreditation allows for the review and monitoring of services, facilities, training programs etc., to ensure minimum requirements or standards are met and can be used as a mechanism to facilitate continuous quality improvement. An accreditation review is a mechanism for testing that policies and processes are in place, appropriate and are being applied. An accreditation process will also require evidence that infrastructure, equipment and resources are in place and that specified outcomes are being met. For medical colleges, these outcomes relate to the training of safe and competent specialists who are well prepared for independent practice.

Accredited training positions therefore should deliver quality education and training that is appropriate to prepare trainees for future independent practice. To achieve this, training should be provided across a broad range of educational and training experiences, in a range of training environments and be objectively assessed.

Accreditation standards for education and training programs would commonly incorporate criteria such as:

- role and skills required of trainees
- orientation requirements
- supervision requirements
- education program requirements
- education and information resources to be made available in the workplace
- access to clinical teachers and their roles and responsibilities
- assessment and feedback mechanisms, in particular management of poor performance
- service and training requirements
- medical administration of trainees
- issues related to safe practice
- communication and grievance mechanisms.

Accreditation criteria and requirements that are sufficiently flexible will allow accreditation standards to be applied across a range of training environments, including traditional teaching hospitals, other metropolitan general hospitals, regional hospitals and appropriate rural and remote hospitals.

RACS Review of accreditation of hospitals and hospital posts

The conditions of the ACCC's RACS determination specified the terms of reference for a public independent review of RACS's criteria for accrediting hospital training posts for advanced surgical training and hospitals for basic surgical training.

The review's final report released in April 2005 made 43 recommendations, including the following:

- The general aims of surgical training should be to ensure quality training and assessment, in a broad range of training environments.
- Accreditation criteria should be objective, transparent, justified, well documented and publicly available.
- RACS should review its processes to ensure that the accreditation process is properly overseen and jurisdictions are involved and are kept fully informed about decisions relating to their facilities or services.
- Jurisdictions should be involved in the accreditation process, including in monitoring outcomes and ensuring that issues are resolved.
- Jurisdictions should maintain and enhance communication mechanisms between themselves and RACS.
- Trainees should be involved in all aspects of the accreditation process, including by taking trainee feedback into consideration as part of the assessment of training posts.
- The team visiting a hospital which is seeking accreditation should include a senior surgeon with experience in a hospital similar to that seeking accreditation, a recently admitted fellow and a jurisdictional representative.

- Basic surgical trainees should have at least one placement in an outer metropolitan, regional or rural area, without extending the period of training overall. Exposure to hospitals in a variety of environments should also be strongly encouraged for advanced surgical trainees.
- RACS and the appropriate health authority should formalise training networks. Trainees should then rotate through the required variety of hospitals through a two-year appointment.
- Accreditation criteria should be sufficiently flexible to cover this variety of hospitals.
- RACS and jurisdictions should jointly decide the number and location of training posts. If they are unable to reach agreement, an agreed independent mediation process should be established.
- A common framework should be used for advanced surgical training criteria to ensure consistency and coordination of the development of standards by specialty boards, including the development of core common criteria.
- There should be an opportunity for retrospective accreditation of training posts and training experience undertaken by trainees.

Regarding the other colleges, the review considers that objective and transparent accreditation criteria specify what is required and provide a rating mechanism to evaluate how well these criteria are achieved. They may also detail the evidence that is required to support claims and may include review of trainee log books, articles reviewed in journal club, program of grand rounds, education forums, tutorials, copies of job descriptions, trainee feedback etc.

Medical colleges in Australia accredit health services, laboratories and hospitals for specialist medical programs to ensure minimum education and training requirements for trainees in specialist training programs. This is generally a peer review process, with members of the college reviewing facilities to determine if they meet college requirements.

There is variation between colleges about what is accredited. Colleges such as RACMA accredit individual learning plans of a trainee; ACD, RANZCO and RCPA accredit individual training posts, although they also accredit the facility in which that training occurs. Other colleges including ANZCA, ACEM, RANZCOG, and RANZCR only accredit the facility; however the accreditation standard on the ratio of supervisors to trainees has the capacity to determine training numbers.

Colleges generally have a three to five-year accreditation period and rolling programs of re-accreditation. There is some variation between colleges in the way that programs are accredited. Most colleges have developed detailed accreditation application forms that seek information on the services in which training is to be provided, including the availability of supervision, equipment, teaching programs and patient casemix.

ANZCA provided criteria for accreditation and detailed policy statements supporting these requirements for supervision, secretarial and support services to departments of anaesthesia, quality assurance etc. In contrast, RCPA indicated that it has not specified criteria as it considers these measurements fail to take into account factors such as complexity of case load or staffing levels. Most colleges provided some criteria, however these were often not specific or measurable. For example, colleges may require:

- ‘a commitment to quality patient care’
- ‘adequate’ numbers of patients
- ‘effective’ administrative structures
- an ‘appropriate’ person to supervise.

Where criteria existed, they were generally available publicly on websites although were sometimes difficult to locate. While a number of colleges published data on facilities, hospitals etc. with accreditation, information was not available on the forward accreditation program, and information on applications that had not been successful was not generally available. Information on the process for accreditation, including the composition of the survey team, the average time of survey visit and survey visit protocols were not generally available.

All but one college, RCPA, undertake site visits and conduct interviews of trainees, supervisors, clinical trainers and administrative and management representatives. RCPA accreditation is largely paper-based, although when there is thought to be concerns about training a site visit may be arranged. Survey teams are generally made up of fellows of the college and only recently have colleges involved or invited external representatives to participate in the process.

The response to a request from the review team for information on accreditation criteria for each college was mixed.

None of the 11 colleges examined included a consumer in the accreditation process and only ACD and RANZCO currently made provision for jurisdictions to be involved in the accreditation process.

The lack of objective and measurable criteria, which reflect current service delivery practices, continues to be an issue of concern for jurisdictions. The absence of criteria means health services cannot determine if they would meet colleges standards for training and means that colleges are not able to defend the accreditation decisions they make. The review considers this situation is not supportable.

Rather, involving jurisdictions in the development of criteria is likely to promote public confidence that such criteria are fair and reasonable, and promote the maintenance of sufficiently high standards. As service providers, jurisdictions are likely to have considerable knowledge of the specialist training facilities that undergo accreditation. Therefore, involving jurisdictions in the development of accreditation criteria may enhance the suitability of such criteria, thereby promoting the public benefit. Such public benefit is also likely to be enhanced by improvements in transparency generated by publishing accreditation criteria.

Opportunities exist for colleges to collaborate with other bodies, including other colleges that undertake accreditation, to develop common accreditation criteria and processes that will reduce duplication and standardise, where possible, educational support requirements.

Recommendation 11: Accreditation criteria development

Criteria for accrediting hospitals and training networks, assessing overseas trained doctors and selecting trainees are not always widely available and, in some cases, have not been developed by colleges. Meaningful involvement of jurisdictions in the timely development of accreditation criteria is fundamental to decisions affecting workforce numbers and distribution.

- Criteria should be endorsed by jurisdictions.
- Criteria need to be objective, measurable and related to training.
- Where criteria do not currently exist, timeframes for their development should be negotiated with jurisdictions.
- Where criteria exist, timeframes to review and update them should be developed in consultation with jurisdictions.
- Colleges should facilitate easy access to their documentation supporting accreditation processes.

Colleges should work collaboratively with other bodies to develop common accreditation criteria and processes.

An example of jurisdiction and college cooperation is the process being undertaken by the Medical Training and Education Council of NSW on behalf of NSW Health. Following a review of basic physician education and training in 2004, projects to enhance the quality of and access to psychiatry, emergency medicine and surgical training are now underway. By working with the colleges to address a range of education and training issues, NSW Health is seeking to influence the workforce distribution and training numbers.

Decisions about whether or not to accredit training facilities also affect the numbers of trainees able to receive specialist training, which in turn affect the size of the specialist workforce. Therefore, the review considers that the following recommendation will help ensure that decisions about accreditation are made for proper purposes. Further, providing jurisdictions/health authorities/health services with an opportunity to discuss accreditation outcomes promotes transparency and accountability of colleges' processes. It also facilitates health authorities' understanding of accreditation decisions, and provides opportunities for health authorities to rectify perceived deficiencies. For these reasons, the review considers that the following recommendation is likely to promote public benefit.

Recommendation 12: Reporting accreditation outcomes

Accreditation reports and a forward program for reaccreditation should be provided to jurisdictions/health authorities/health services together with an opportunity to discuss the report where it is recommended accreditation be refused or substantially altered. Final outcomes of all accreditation processes should be provided to the relevant health authority/state health department.

Overseas trained specialists

The overseas trained specialist workforce in Australia is growing, although a comprehensive data source that can provide timely and accurate data on this workforce group is not yet available.

A series of processes have been developed in states and territories to assess, employ, support and recognise medical qualifications obtained outside Australia. The aim is to ensure that all overseas trained specialists working in the Australian health care system provide a level of care consistent with Australian standards and community expectations, and to address shortages and distribution issues facing the health system. This contrasts with the basis for colleges' assessment decisions for overseas trained specialists for fellowship—'equivalence to an Australian trained specialist practitioner.'

The key elements of the assessment process for overseas trained specialists are:

- registration to practise medicine—either conditional registration to practise in a supervised position in a specific area of need location or conditional registration to practise unsupervised only within a specified area of specialist practice
- access to fellowship of a medical college
- access to Medicare provider numbers and recognition as a specialist for Medicare purposes
- immigration status.⁹

Colleges are involved in the first two processes. Registration boards typically rely on advice from specialist medical colleges in determining whether an applicant may be registered to practise and what, if any, conditions should be applied upon registration.

In determining the fitness of applicants to fill an area of need position, colleges are required to determine if the candidate has the skills, qualifications, experience and recency of practice to fill a position where the scope of practice is specified. The AMC has issued a guide for assessing overseas trained specialists in area of need positions which most colleges have implemented, although there is no standardisation of policy and process between colleges and no reporting on the appropriateness or effectiveness of these processes.

In determining the fitness of an applicant to practise independently as a specialist, candidates are assessed against their level of comparability with Australian practitioners. Colleges consider the skills, qualifications and experience of the overseas trained practitioner across the span of practice required by a specialist in that field. As described below, colleges typically have policies that allow for three outcomes of the assessment of comparability.

⁹ Department of Health and Ageing (2004), *Information for overseas trained doctors wishing to practice medicine in Australia – Access to Medicare*, <http://www.health.gov.au/workforce/workforce/informatio.htm>, 13 September 2004.

Table 5 Assessment outcomes for overseas trained specialists

College assessment	Likely outcome
The candidate does not have the experience, skills and qualifications required to be recognised as being a specialist practitioner.	Candidate is required to undertake the AMC general examination process to obtain registration.
The candidate has recognised qualifications, but requires additional training or orientation to be considered safe to provide medical services independently across the scope of practice required of an Australian specialist.	Candidates may be required to undertake formal training, examinations, and /or supervised practice for up to two years.
The candidate can be recognised as comparable to an Australian practitioner and is recommended for registration to practise independently as a specialist.	The candidate may register to practise independently and has access to appropriate Medicare provider numbers.

These categories are largely consistent with the reporting proforma developed by the AMC and the CPMC Joint Standing Committee on Overseas Trained Specialists.

Some colleges have a provision that as part of the assessment process an applicant must undergo a period of supervision, often up to 12 months, for the college to assess an applicant's skill and suitability to practise independently as a specialist. This college requirement is separate to any HIC determination on specialist standing for the purpose of receiving Medicare benefits.

This process relates to the assessment for registration. There may be additional requirements to be met if an overseas trained specialist with comparable skills and training seeks fellowship of a medical college. The review notes that standards for overseas trained specialists appears to be inconsistently applied when compared to Australian fellows.

The review notes that it appears difficult to obtain recognition of comparability across most colleges, in part reflecting the high standards of the Australian specialist workforce. One college's policies specifically state that overseas trained specialists could not be judged to be comparable without first completing the college assessment process. The issue is complex and jurisdictions are currently engaged in activities designed to simplify the process without compromising standards of service delivery. The review has been informed by these processes and a summary of recent government initiatives follows.

Government initiatives

Governments have recognised the important role that overseas trained doctors play in the medical workforce, particularly in addressing medical workforce shortages and distribution issues.

Governments acknowledge that supports need to be in place that allow for the transition of overseas trained doctors into the Australia health care system. A range of initiatives are being implemented that address barriers overseas trained doctors face in registration, assessment of their qualifications, access to employment and immigration policy,

These initiatives include:

- nationally consistent medical registration
 - supported in 2004 by Australian Health Ministers, facilitating greater mobility of the Australian medical workforce across state and territory boundaries—implementation issues are being addressed by the Department of Health and Ageing in conjunction with stakeholders
- strengthening Medicare initiatives for overseas trained doctors
- Initiatives specifically relating to overseas trained specialists:
 - Rapid Assessment Units—supporting medical colleges to develop policies and processes that will facilitate assessing most applicants within a specified period
 - up-skilling overseas trained specialists—joint funding by state/territory health departments and the Australian Department of Health and Ageing to establish training positions for overseas trained

specialists assessed as requiring less than two years' supervised practice to achieved comparability with an Australian specialist

- changes to immigration policy—this involves two separate strategies: first an increase in the period a temporary resident can obtain a visa to work as a doctor from two to four years; and second, listing medical practitioners on the skilled occupations in demand list, so medical practitioners can more easily meet the criteria for immigration to Australia and facilitate priority processing of visa applications
- learning support for OTSs out of the workforce—permanent residents not currently practising in medicine can have their skills development needs assessed to determine where they may require additional knowledge, skills or experience to gain employment, skills recognition and/or medical registration
- development of web based resources—to provide information, training resources and provide a preliminary orientation to working in the Australian health care system. This includes funding of specific college-based training projects for overseas trained doctors to address health issues specific to Australian conditions.

National Health Workforce Strategic Framework

Australian Health Ministers endorsed the National Health Workforce Strategic Framework in 2004, providing a national framework for investment in health workforce issues.

Royal Australian College of Surgeons—review of the assessment of overseas trained surgeons

The conditions of the ACCC's RACS determination specified the terms of reference for a public independent review of the processes surrounding overseas trained specialists.

The review's final report in April 2005 made 17 recommendations, including:

- assessment of overseas trained doctors should be 'competency for the scope of practice', taking into account education and training, recency of relevant practice, quality of experience and relevant professional skills and attributes
- assessment processes and policy should be fair, transparent, objective and valid, and incorporate external stakeholders
- clear and comprehensive information on all policies and processes should be publicly available and kept current
- the process should be monitored by an external oversight body established within the AMC framework
- panels assessing overseas trained surgeons should include college fellows with relevant surgical experience as well as staff of the college and jurisdictional and consumer representatives
- timeframes for assessing overseas trained specialists should be eight weeks for area of need assessments and a maximum of three months for all other assessments
- RACS and jurisdictions should establish mechanisms to facilitate liaison between themselves, the AMC and other external bodies, in relation to criteria, competencies, timeframes and processes of assessment
- outcomes of assessment should be 'substantial comparability' which would allow independent practise within the intended scope of practice; or 'partial comparability' allowing for conditional registration within a scope of practice that allows for top-up training and/or assessment.
- RACS should develop competencies for assessing skills in a timely manner, in consultation with jurisdictions and other relevant bodies
- RACS should develop, in consultation with jurisdictions and other relevant bodies, processes for offering streamlined assessment for overseas trained surgeons with recognised surgical qualifications through the employer selection process. RACS should complete a list of recognised overseas surgical qualifications and review it annually.

In addition, the review panel developed a single model of assessment that allowed for both area of need and overseas trained specialists seeking registration to practise independently to be assessed through a single process.

The current review considers that these recommendations are consistent with the principles underlying this review and are relevant to the processes of all other medical colleges.

Role of the AMC

The AMC facilitates and coordinates the application process for assessing overseas trained specialists. It acts as a central clearing house for information on the process, undertakes the initial vetting of applicants (to determine eligibility) and reports the outcome of college assessments to registration boards. However, overseas trained doctors seeking assessment, particularly area of need doctors, may not go via the AMC, but be referred directly to colleges by an employer, employment recruitment agency or other body such as the Health Insurance Commission or medical registration board.

The AMC does not have a formal role in the assessment of individual applicants. While it does have a role in assessing area of need specialists and may be the first point of contact for all overseas trained specialists, colleges may receive applications from a variety of sources which bypass the AMC. The AMC is responsible for verifying documentation to ensure documents are appropriately certified copies of original documentation for all overseas applicants (although it does not currently undertake primary validation of documentation from overseas sources) and it maintains statistics on the outcomes of overseas trained specialist assessments.

The Australian Government provides funding to the AMC for their work in accrediting training programs of specialist medical colleges through the AMC's Specialist Education Advisory Committee. This accreditation covers the colleges' procedures for assessing overseas trained specialists.

The RACS review of the assessment of overseas trained surgeons recommended an expanded role for the AMC. Within the AMC framework it is proposed a body be established to:

- monitor implementation of review recommendations
- monitor general outcomes of the colleges' overseas trained specialist assessment process (with reference to college reporting requirements)
- monitor the performance of the college assessment process against agreed standards
- encourage communication among interested parties regarding the process for assessing overseas trained surgeons and related matters.

The need to monitor the implementation of reforms across all colleges, ensure agreed standards of performance and facilitate communication has been identified in this review process. However, further consideration is needed about how this is to occur and jurisdictional representation needs to participate on any monitoring committee.

Assessment of overseas trained specialists continues to be an issue of concern for the ACCC and jurisdictions. In most colleges there is limited involvement of external participants in these assessments. With the notable exceptions of ANZCA and RACGP, colleges have had little information available on the process and possible outcomes of assessment and there appears to be limited access to assessment criteria for overseas trained specialists. Where criteria did exist, these were often broad and subjective.

Recommendation 13 relates to establishing mechanisms for meaningful involvement of jurisdictions in college processes. Jurisdictions consider participation in decision making around overseas trained specialists to be a high priority.

Recommendation 13: Jurisdictional involvement in setting criteria and assessing overseas trained specialists

Meaningful involvement of jurisdictions in the timely development of criteria for assessing overseas trained specialists is fundamental to implementing processes that are procedurally fair and transparent. It would also allow more certainty for jurisdictions around workforce planning and recruitment, which may include processes for recognition for the purposes of Medicare. This involvement should be informed by the recommendations of the current review of overseas trained surgeons and any subsequent processes.

- Criteria should be endorsed by jurisdictions.
- Criteria need to be objective and measurable.
- Where criteria do not currently exist, timeframes for developing criteria should be negotiated with jurisdictions.

- Where criteria exist, timeframes to review and update these should be developed in consultation with jurisdictions.
- Colleges should facilitate easy access to clear documentation regarding assessment of overseas trained doctors including: the requirements to be met and the reasons why they are imposed; the steps in the assessment process; the meaning of key terms in the Australian context; the standards and criteria that will be used to assess the applicant; the possible outcomes of assessment; and information about how to access appeals processes.

A number of countries have training programs in similar specialties to Australasian medical colleges. Where appropriate, mutual recognition or streamlined assessment for graduates of these programs is likely to result in more efficient processes, benefiting both overseas trained specialists and colleges.

Recommendation 14: Recognition of prior overseas training

Further consideration should be given to the options for streamlining and making more accessible mutual recognition, advanced standing and access to training resources which would take into account the stage of the career of the overseas trained specialist and the nature of their practice and experience.

This would include colleges assessing and publishing a list of training programs from countries whose training programs are substantially comparable with Australia to facilitate access to employment and skills recognition for practitioners completing nominated comparable training programs.

- Colleges should work with jurisdictions to implement assessment processes that are consistent with the model proposed in the independent review of RACS assessment of overseas trained surgeons. This includes the specified timeframes for assessment of a maximum of eight weeks for AoN and three months for assessment to practise independently.

In addition, colleges should identify competencies required for practise in a specialty area in Australia and consider methods of assessing those competencies that do not solely rely on examinations.

Several colleges are moving towards competency-based training systems. These provide greater flexibility in assessing overseas trained specialists than strict equivalency-based assessment processes, which is likely to result in a public benefit.

Recommendation 15: Competency-based training and overseas trained specialists

When colleges have developed competency-based curricula and assessment, these should be used for assessing overseas trained specialists as soon as practicable after their development.

When colleges do not have a competency-based curriculum, agreement should be reached with jurisdictions on a timeframe for its development.

College criteria for assessing applications from overseas trained specialists vary in their content, and some colleges do not currently have any stated criteria. Ensuring colleges have criteria and that they are fair and transparent is likely to enhance the public benefit flowing from the colleges' roles in assessing overseas trained specialists to practise in Australia.

Recommendation 16: Development and publication of overseas trained specialists' assessment criteria

Colleges should make available to jurisdictions their criteria for assessing overseas trained specialists. If such criteria are not available, the college will work to develop transparent criteria within 12 months, with input from jurisdictions and the AMC.

Overseas trained specialists and jurisdictions have raised a concern that some overseas trained specialists do not have access to, or are not encouraged to participate in, the continuing professional development (CPD) programs offered by colleges. This is of particular concern for overseas trained specialists working in area of need or other positions where access to resources and other support is already limited. Allowing overseas trained specialists access to CPD programs is likely to enhance public benefit by improving their ability to continually develop their skills.

Recommendation 17: Access to continuing professional development by overseas trained specialists

Overseas trained specialists employed in either area of need positions or working towards recognition as a specialist should have access to continuing professional development provided by the college. Colleges could facilitate this by establishing a category of college membership, or another mechanism that allows access to training materials and information on professional development opportunities. Colleges could also assist in developing and implementing individual training plans and monitor and support individuals' progress through required training and assessment.

The AMC structures that are currently being established following the RACS authorisation may provide a useful oversight mechanism for the other specialist medical colleges. However, this issue requires further consideration and discussion with stakeholders.

Recommendation 18: Extension of structures to oversight RACS to other colleges

Consideration should be given to the possible extension of any AMC structures currently being developed to monitor and oversight the implementation of reforms from the RACS authorisation to include oversight of reform processes across all colleges around overseas trained specialists.

Appeals processes

Appeals processes seeking an impartial review of a process or final decision exist for people adversely affected by a college decision. All medical colleges involved in this review had appeals policies that were consistent with the principles articulated in the RACS determination.

Only one college had a policy that stated the grounds for appeals were limited to decisions about the training program. This college however stated that its policy was under review and all decisions of the college could be appealed.

Colleges' appeals policies typically were silent on whether jurisdictions could appeal decisions relating to accreditation or on behalf of an overseas trained doctor.

The number of appeals for most colleges was small or nil. One college with a matter that is likely to go to appeal noted the high cost of defending an appeal against the college.

Having an appeals process that provides appellants with a fair and reasonable opportunity to challenge college decisions is likely to ensure that college decisions are ultimately correct and hence enhance the public benefit flowing from their existence.

Recommendation 19: Appeals processes

- All colleges should amend their appeals policies to include principles, rules and grounds for appeals specified in the RACS determination.
- Jurisdictions should be given the opportunity to provide comment on the appeals policy before the policy is finalised and published.
- Appeals policies should be publicly available and be easily located on college websites.

Consumer representation in college processes

Consumers of health care services are recognised as the key group that colleges are ultimately working to assist. Including appropriate consumer representation on college decision-making bodies may enhance the public benefit by enabling a key stakeholder group to engage in college processes.

The review found that a small number of colleges have included 'consumer representation' in certain key processes and noted there was a range of different ways that consumer representation was included. Those colleges noted the significant benefits from that input.

Recommendation 20: Consumer representation

All colleges should consider how consumers could play a role in their decision making with a view to expanding consumer/community input.

5 Framework and analysis of college responses

The following principles underlying the RACS determination were used to assess the information provided to the review by colleges in their responses and subsequent discussions. An associated framework was also developed to help analyse the responses (attachment 3). A checklist of colleges' operations compared with key conditions of the RACS determination is presented in the following table.

Transparency and accountability

Transparent processes are open to broad scrutiny and can be easily understood. To improve transparency, college processes should be supported by documentation that clearly sets out the procedural steps to be followed, the people who will be involved at each point in the process, and the decisions or outcomes that could result. For example, publishing criteria and outcomes, and involving external stakeholders are all measures that are likely to increase transparency of college processes.

Fundamental to ensuring transparency is the publication of college criteria on which decisions relating to trainee selection, assessment and admission, hospital accreditation and overseas trained specialist accreditation will be made. In addition, colleges should make clear who was involved in the decision making and provide reasons for their decisions.

Being accountable is to be held responsible by stakeholders for acts or omissions and the expected and/or actual outcomes of such actions. Accountability can be before the fact, that is, being responsible for carrying out actions in a specified time period, or after the fact, that is, being responsible for outcomes compared to expectations.

For colleges to ensure clear lines of accountability, policies and procedures need to clearly identify who is responsible for decisions, what decision a committee or body has the delegation to make and which need to be referred and specifying when decisions will be made.

Procedural fairness

The principles of procedural fairness are founded upon the ideas of fairness and the related concept of good administration and encompass the following:

- grievance procedures should be explicit and known to all
- those with grievances should have access to the stated grievance procedures
- complaints should be made as soon as practicable after the alleged behaviour/incident occurs
- the complaint should be clearly defined
- the complaint should be dealt with as soon as possible
- the principles of natural justice which include:
 - the right to know the allegations
 - the right to respond
 - the right for any inquiry to be free from bias.

To ensure procedural fairness, colleges' assessment processes should be free from bias, based on objective criteria to the greatest extent possible, consistently applied and should have adequate appeals processes. While the other elements of greater transparency, accountability and stakeholder participation are likely to, of themselves, increase fairness, adequate appeals processes for college decisions are vital to ensuring that applicants are given a fair and reasonable opportunity to challenge colleges' decisions.

Stakeholder participation

The benefits of stakeholder participation are numerous. Stakeholders provide greater diversity in the analysis of the decision-making process, and their involvement provides an opportunity for the outcome to be more innovative and effective. Involvement facilitates ownership and commitment to the solution, particularly when participants believe their views have been reasonably considered. The participation of stakeholders also increases the transparency of college processes and decision making.

Reforms to improve stakeholder participation recommended as part of the review focus on increasing the opportunities for jurisdictions and consumers to participate in college processes. This provides a greater level of confidence that college policies, processes and decision making are being applied in a fair and reasonable manner.

These reforms were not intended to create an expectation (either within colleges, jurisdictions or the community) that jurisdictions and/or consumers would be involved in every college process. Rather, they were designed to allow jurisdictions in particular to nominate areas where involvement would be most beneficial. The implicit assumption surrounding these criteria is that jurisdictions in discussion with colleges are better placed than the ACCC to determine the best forums for participation. This was the view of ACCC in the RACS authorisation where the focus was on RACS inviting participation in processes, and jurisdictions then determining where and to what extent they would do so.

Matrix of college activities

The following table provides a summary of the information on colleges in relation to their activities and allows for a comparison across colleges and functions.

The table summarises the information provided in November/December 2004 by colleges to the review and documentation that is publicly available. As information provided to the review was not exhaustive, there may be information that is available only within the college, that has not been included in the summary.

This information provides a snap shot of college activity at that time the information was collated. It is not intended that the table identify all areas of college reform currently underway.

It should be noted that direct comparisons cannot be made across all review items, for example, some colleges provided total membership numbers, others provided the number of fellows.

There is significant variation in terminology used to describe the stages of training by colleges. To allow comparison between colleges, the summary table attempts to standardise this terminology. In some cases the descriptions used in the table are the 'best fit' rather than the exact definition ascribed by the college. It should be noted that training may occur in PGY 2 or beyond, prior to a trainee being formally accepted onto a training program.

Colleges' comments on the table have largely been incorporated.

College activities

	Status of AMC accreditation	College reported membership or fellowship	Status against AMWAC trainee workforce targets
ANZCA Anaesthetists	Accredited 2002 Review 2008	2576 practising fellows (2005)	Below 2003 target for all trainees by 47
ACD Dermatologists	To be accredited 2007	300 fellows (2004)	Above 2002 minimum target for all trainees by 9 Note: target determined in 1998, likely to be conservative target
ACEM Emergency Med	To be accredited 2007	773 members (2005)	Below 2004 target for 1st year trainees by 22
RACGP GPs	Accredited 2003 Review 2006	<7000 fellows (2004)	Target under revision by AMWAC Note: not all 600 positions filled in 2005
RACMA Med Admin	To be accredited 2008	440 fellows (2004)	No specific workforce study, although national workforce planning identified shortages e.g. rural
RANZCOG Obstetrics & Gynaecology	Accredited 2003 Granted on condition college reports in 2006	1350 fellows (2004)	Meeting 2004 target for 1st year trainees
RANZCO Ophthalmologists	To be accredited 2006	1236 members (2003)	Above 2006 minimum target for all trainees by 14 (15%) Note: target determined in 1996
RCPA Pathologists	To be accredited 2006	1290 members (2002)	Below 2004 target for 1st year trainees by 88
RACP Physicians	Accredited 2004 Subject to meeting AMC implementation and reporting requirements	5277 fellows (2004)	Above targets for most subspecialties Below target gastroenterology
RANZCP Psychiatrists	To be accredited late 2005	2600 fellows (2004)	Below 2002 target for 1st year trainees by 16
RANZCR Radiologists	Accredited 2002 Review 2007	1847 fellows (2004)	Radiology below 2004 target for all trainees by 39 Radiation Oncology was 4 above the 2000 target in 2004

	College developed selection criteria for:		
	Trainee selection	Accreditation	OTS assessment
ANZCA Anaesthetists	Yes	Yes	Yes
ACD Dermatologists	Yes	Yes	No
ACEM Emergency Med	No employers select basic trainees Yes for advanced trainees	Yes	No criteria detail on assessment process available
RACGP GPs	Yes GPET selects trainees in accordance with College criteria	Yes	Yes
RACMA Med Admin	No employers select trainees	N/A College does not accredit positions or facilities. Rather, Censor-in-Chief accredits training experience	No
RANZCOG Obstetrics & Gynaecology	No College process varies between states, however the college is currently developing nationally consistent criteria for selection	Yes	No criteria detail on assessment process available
RANZCO Ophthalmologists	Yes	Yes	No information provided
RCPA Pathologists	No employers select trainees	No Broad requirements only. Pre-requisite is NATA/RACP accreditation	No criteria detail on assessment process available
RACP Physicians	No employers select both basic and advanced trainees	Yes	No criteria detail on assessment process available
RANZCP Psychiatrists	Yes	Yes - broad based criteria	No criteria detail on assessment process available
RANZCR Radiologists	Yes - employers select trainees in accordance with College criteria	Yes	No competency based criteria being developed

N/A Not applicable

	College criteria are publicly available for:		
	Trainee selection	Accreditation	OTS assessment
ANZCA Anaesthetists	Yes	Yes	Yes
ACD Dermatologists	Yes	Yes	No
ACEM Emergency Med	N/A basic Yes advanced	No	No criteria detail on assessment process available
RACGP GPs	Yes via GPET	Yes	Yes
RACMA Med Admin	N/A	N/A	No
RANZCOG Obstetrics & Gynaecology	No	Yes	No criteria detail on assessment process available
RANZCO Ophthalmologists	Yes	Yes	No criteria detail on assessment process available
RCPA Pathologists	N/A	No	Yes
RACP Physicians	No employers select basic trainees No information for advanced trainees	Yes	No criteria under development, detail on assessment process available
RANZCP Psychiatrists	Yes	No	No criteria detail on assessment process available
RANZCR Radiologists	Yes	Yes	No criteria detail on assessment process available

N/A Not applicable

	Accreditation:		
	Accreditation process	Accredits	Maximum period before accreditation
ANZCA Anaesthetists	Application + site visit assessment	Accredits hospital departments that are part of training network or rotation scheme	7 years
ACD Dermatologists	Application + site visit assessment	Accredits individual training programs	4 years
ACEM Emergency Med	Application + site visit assessment	Accredits hospital emergency departments	5 years
RACGP GPs	Application + site visit + stakeholder consultation assessment	Accredits practices, GP supervisors, hospital posts, special skills posts and O/S posts	3 years
RACMA Med Admin	Accredits individual learning plans	Accredits individual learning plans	N/A
RANZCOG Obstetrics & Gynaecology	Application + site visit assessment	Accredits hospitals and training networks	3–5 years
RANZCO Ophthalmologists	Application + site visit assessment	Accredits training, networks where training is provided and posts within each program	3 years
RCPA Pathologists	Application + site visit assessment if required	Accredits laboratories and training networks	5 years
RACP Physicians	Application + site visit assessment	Accredits hospitals, training sites and hospital networks	5 years
RANZCP Psychiatrists	Application + site visit assessment	Accredits training programs and networks	3 years
RANZCR Radiologists	Application + site visit assessment	Accredits radiology and radiation oncology departments and practices	3 years—Radiation Oncology 5 years—Radiology

N/A Not applicable

	College facilitates training for panel members involved in:		
	Trainee selection	Accreditation	OTS assessment
ANZCA Anaesthetists	Jurisdictions' training programs are followed if available, otherwise, the College provides formal briefing before participation. College is currently reviewing training for selection committee representatives	College provides formal briefing before participation, and is currently reviewing training for accreditors	No use apprenticeship model
ACD Dermatologists	No training procedures and guidelines being developed	No	No
ACEM Emergency Med	N/A employers select basic trainees No information for advanced trainees	No information	No information
RACGP GPs	N/A GPET / RTPs select trainees	Yes	No College to develop a manual for panel members
RACMA Med Admin	N/A employers select trainees	N/A	No panel from Board of Examiners
RANZCOG Obstetrics & Gynaecology	No	No	No information
RANZCO Ophthalmologists	Yes	Yes informal training	No external committee member has HR experience
RCPA Pathologists	N/A employers select trainees	Yes	No currently under review
RACP Physicians	N/A employers select trainees	No College plans to implement training	No under development
RANZCP Psychiatrists	No information	No information	No information
RANZCR Radiologists	N/A employers select trainees	Induction for new panel members is undertaken	Yes for conduct of interviews and of Part II examiners

N/A Not applicable

	College publicly publishes data on outcomes of:				
	Trainee selection	Trainee assessment	Accreditation	OTS assessment	
				Area of need	Comparability
ANZCA Anaesthetists	Limited information available *	No * members only access	Yes * accredited programs listed	No *	No *
ACD Dermatologists	Yes published data on website for 2005	Yes limited information	Yes published data on website for programs assessed in 2004	Yes reported no assessments	
ACEM Emergency Med	No	Yes	Yes	No	No
RACGP GPs	No information held by GPET	Yes limited information	No College states it could publish data on website	N/A Medical Boards assess AoN applicants	No
RACMA Med Admin	No	No	N/A	No	No
RANZCOG Obstetrics & Gynaecology	No	No	No	No	No
RANZCO Ophthalmologists	No some info published in annual report	No	Yes annual report, feedback provided to health authorities	Yes	Yes
RCPA Pathologists	No	No	Yes accredited programs listed	No	No
RACP Physicians	No	No	Yes accredited hospitals listed on website	No	No
RANZCP Psychiatrists	No	No	No	No	No
RANZCR Radiologists	N/A employers select trainees	No	Yes details of accredited sites are available	No	No

* College willing to publish data

N/A Not applicable

	Jurisdictions participate in college processes for:			
	Trainee selection	Accreditation	OTS assessment	Appeals mechanisms
ANZCA Anaesthetists	Yes employers select trainees in accordance with College's Guidelines	No College willing to include jurisdictional representatives if desired	No College willing to invite jurisdictional representatives	No College willing to invite jurisdictional representatives
ACD Dermatologists	No College is considering including jurisdictional representatives	Yes WA only to date	Yes a representative from the Cwth Dept of Health and Ageing sits on OTS assessment panel	No College considering jurisdictional representatives on Appeals Committee
ACEM Emergency Med	Yes employers select basic trainees No College is willing to invite an AHMC/AMC representative to participate in the selection of advanced trainees	No	No College willing to invite an AHMC/AMC representative to sit on the Interview Panel for OTS assessment	No
RACGP GPs	No GPET, RTP selects trainees	No jurisdictions to be invited to participate	No	No College willing to appoint external representatives as non-voting members
RACMA Med Admin	Yes employers select trainees	N/A	No	No
RANZCOG Obstetrics & Gynaecology	Yes hospital representative on panel, and could include jurisdictional representatives	No jurisdictions invited to participate	No	No jurisdictions invited to participate
RANZCO Ophthalmologists	Yes employers select trainees	Yes	No College considering jurisdictional representatives on OTS assessment panel	No
RCPA Pathologists	Yes employers select trainees	No	No College suggested this as an appropriate place for involvement	No
RACP Physicians	Yes employers select basic trainees. Colleges, hospitals and specialty societies jointly select advanced trainees	No	No	No
RANZCP Psychiatrists	Yes	No	No	Yes
RANZCR Radiologists	Yes employers select trainees	No College willing to invite jurisdictional representatives	No	No College reviewing implementation of RACS conditions

N/A Not applicable

	Consumers participate in college processes for:		
	Trainee selection	Trainee education	Accreditation
ANZCA Anaesthetists	No	Yes	No seeking representative
ACD Dermatologists	No #	No #	No #
ACEM Emergency Med	N/A basic trainee selection No § advanced trainee selection	No §	No §
RACGP GPs	Consumers sit on Ethics C'tee; Quality in General Practice C'tee; Expert Group on Practice Standards; and Nursing in General Practice Project. No GPET/RTPs select trainees	No	No
RACMA Med Admin	N/A	No §	No §
RANZCOG Obstetrics & Gynaecology	Yes	Yes	No
RANZCO Ophthalmologists	No	No	No
RCPA Pathologists	No	No	No
RACP Physicians	Consumers are involved in policy and program development No under negotiation	No	No
RANZCP Psychiatrists	No	No	No
RANZCR Radiologists	N/A	Consumers are involved in the College's Curriculum Development Advisory Committee. Patients are directly involved in the Radiation Oncology Part II examinations.	No §

College exploring ways to include consumer rep

§ College willing to include consumer rep

N/A Not applicable

	Consumers participate in college processes for:	
	OTS assessment	Appeals mechanisms
ANZCA Anaesthetists	Yes	Yes specifies legal professional + one other
ACD Dermatologists	Yes a layperson with HR background sits on OTS assessment c'tee	Yes
ACEM Emergency Med	No §	Yes specifies appropriately qualified person
RACGP GPs	No	No exploring ways to include consumer rep
RACMA Med Admin	No §	Yes specifies senior academic
RANZCOG Obstetrics & Gynaecology	Yes	Yes
RANZCO Ophthalmologists	Yes HR person on panel	Yes
RCPA Pathologists	No	Yes specifies legal professional + ACHSE representative
RACP Physicians	No	Yes specifies legal professional + one other
RANZCP Psychiatrists	No	No
RANZCR Radiologists	No §	No § appeals process being amended

§ College willing to include consumer rep

	Mechanism for coordination of selection of trainees	Mechanisms for selection of trainees	Training program formal assessment
ANZCA Anaesthetists	National coordination Regional selection	Employer selects trainees with College input	Primary examination Final examination Research project Successful completion of an anaesthesia or trauma course
ACD Dermatologists	National coordination Regional selection	College selects trainees and recommends candidates to employer for employment	Clinical Sciences examination Clinical Pharmacology examination Fellowship examination Clinical examination Satisfactory clinical performance appraisals Log books
ACEM Emergency Med	Regional or facility selection basic National coordination advanced	Employer selects basic trainees College selects advanced trainees and recommends candidates to employer for employment	Publication/ presentation of a research paper Primary examination Fellowship examination Satisfactory performance appraisals
RACGP GPs	National coordination Regional selection	GPET determines eligibility and RTPs approve applicants on training program and nominates trainees to employers	Fellowship examination Completion of required period of training Satisfactory completion of educational requirements specified in RACGP Standards
RACMA Med Admin	Individual application	Employer selects employee, College approves place on training program	Successful completion of an approved masters program Formal case study and presentation of findings to Censors Oral examination Participation in college run short courses
RANZCOG Obstetrics & Gynaecology	National coordination Regional selection	College selects trainees and recommends candidates to employer for employment	Clinical assessment Written examination Oral examination Successful completion of regular summative and formative assessment Maintenance of logbook, assessment record and feedback questionnaires
RANZCO Ophthalmologists	National coordination Regional selection	Employer selects trainees with College input	Successful completion of supervision and reporting requirements, and clinical and written assessment tasks for basic (Part 1) and advanced (Part 2) training Ophthalmic science and basic competency and knowledge examinations Final examination in Ophthalmology Pathology RANZCO Advanced Clinical Examination
RCPA Pathologists	Facility based College reviewing centralised coordination	Employer selects trainees then registers trainees on training program	Pathological Sciences Examination Part 1 Examination Part 2 Examination
RACP Physicians	Hospital based College is piloting state based coordination for advanced training	Employer selects basic trainees Joint College, facility and specialty society selection for advanced training	Written Fellowship Examination Clinical Fellowship Examination Advanced training: Satisfactory completion of supervisors' reports and other assessment
RANZCP Psychiatrists	Regional selection College reviewing national coordination	College selects trainees and recommends candidates to employer for employment	Successful completion of summative assessment for basic and advanced training Written and clinical examinations Research project (if relevant)
RANZCR Radiologists	Facility based or regional selection	Employer selects trainees with College input	Part 1 Examination Part 2 Examination Successful completion of clinical training component of program Annual formative assessment in Radiology

	Length of training program (years):				
	Basic training	Provisional training	Advanced training or ITP	Provisional fellowship/elective	TOTAL
ANZCA Anaesthetists	2	–	3 ‡	Up to 1 year NB: included in advanced training	5
ACD Dermatologists	2	–	2	1	5
ACEM Emergency Med	(2) ‡	1	4	–	5
RACGP GPs	–	–	3	–	3
RACMA Med Admin	(3) ‡	–	3	–	3
RANZCOG Obstetrics & Gynaecology	–	–	4	2	6
RANZCO Ophthalmologists	2	–	2	1	5
RCPA Pathologists	–	–	5	–	5
RACP Physicians	2 (+1) ‡	–	3	–	5
RANZCP Psychiatrists	3	–	2	–	5
RANZCR Radiologists	–	–	5	–	5

‡ Training that occurs in PGY 2 or beyond and may occur before formal acceptance onto the training program.

Comment from colleges on implementing draft recommendations

In April 2005 a draft report was circulated to jurisdictions through the steering committee and working group for consultation and for consideration by the ACCC. The draft recommendations were subsequently forwarded to colleges and they were invited to provide their views about the potential for implementing the draft recommendations in their college. Where reform processes were already underway, colleges were asked to provide a preliminary timetable for implementation.

All colleges responded to this request. Five colleges supplied detailed responses addressing implementation issues. The remaining respondents gave general or in principle support and comment. Several colleges, while agreeing in principle to the need for consultation with jurisdictions on workforce numbers, were uncertain about how this might be achieved.

The colleges varied in how they interpreted some of the terminology in the draft recommendations, for example 'accreditation guidelines' or 'assessment criteria'. Some colleges indicated that in their view they complied with the draft recommendation, when the review had found that policy, criteria or procedures were not available or did not meet the requirements of the draft recommendation. This highlights the need for open discussion and effective communication between colleges and jurisdictions so that they reach a common understanding of requirements and expectations.

Colleges identified a number of areas where reform was underway. The review did not collect detail on the scope, timeframes and expected outcome of individual processes. Collating and sharing this information may benefit all colleges by reducing duplication. It could also give jurisdictions an understanding of the extent and direction of current college reforms.

Colleges expressed the need for further detail before they could respond comprehensively on implementation. As stated in the body of the report, recommendations have been couched in terms of principles specifically to address the different structures and policies of colleges. Colleges will need to clarify and resolve implementation detail with jurisdictions.

The review has found that jurisdictions have the primary role in determining workforce numbers and location. Colleges indicated that they expect to continue to have a role in this process, and to be consulted on capacity to train. The review expects that the ACCC would not have a direct role in arbitrating these processes if agreement cannot be reached between jurisdictions and colleges on workforce issues, unless there is a clear and specific breach of competition law.

Colleges have suggested that the AMC and CPMC could be involved in coordination and/or standardisation of processes between colleges. The AMC was also identified as an appropriate body to take on the role of monitoring and evaluating a number of the recommendations, specifically those related to accreditation and overseas trained doctors.

Attachment I— Consultation

College	Key representatives:
Australian & New Zealand College of Anaesthetists	Mrs Joan Sheales (CEO) Prof Gary Phillips (Director, Professional Affairs and member of Council)
Australasian College of Dermatologists	Dr Stephen Schumack (Honorary Secretary) Mr Rodney Sheaves (CEO)
Australasian College for Emergency Medicine	Ms Jennifer Freeman (CEO) Richard Ashby (Honorary Treasurer) Ian Knox (Immediate Past President) Andrew Singer (President)
Royal Australian College of General Practitioners	Prof Michael Kidd (President) Dr Morton Rawlin (Director, Education Services) Mr David Wright (CEO) Ms Amy Jasper (Education Services)
Royal Australian College of Medical Administrators	Dr Gavin Frost (Vice President and Censor-in-Chief)
Royal Australian & New Zealand College of Obstetricians and Gynaecologists	Dr Eleanor Long (CEO) Mr Shaun McCarthy (Manager, Training Services) Mr George Douvos (Coordinator, Assessment Services)
Royal Australian & New Zealand College of Ophthalmologists	Mr Robert (Bob) Guest (CEO) Ms Victoria Baker-Smith (Manager, Educational Development)
Royal College of Pathologists of Australasia	Mr Nick McHugh (Partner, Deacons) Dr Debra Graves (CEO) Dr Vincent Caruso (President) Dr Beverley Rowbotham (Vice President)
Royal Australasian College of Physicians	Mr Craig Patterson (CEO) Dr Jill Sewell (President) Ms Peggy Sanders (Director, Office of President and CEO)
Royal Australian & New Zealand College of Psychiatrists	Prof Philip Boyce (President) Ms Sharon Brownie (CEO) Mr Harry Lovelock (Director, Policy) Mr Ron Hunt (Director, Education)
Royal Australian & New Zealand College of Radiologists	Mr Don Swinbourne (CEO) Ms Fiona Pacey (Executive Officer, Policy and Faculty) Ms Joan Burns (Head, Education and Accreditation) Ms Sandra Keogh (Head, Finance and Systems) Ms Julia Snedic (Administrator, Radiology Education) Ms Kirsten Johnston (Administrator, Radiation Oncology Education)

Interested parties

- Australian Medical Association
- Australian Medical Council
- Committee of Presidents of Medical Colleges
- General Practice Education and Training Ltd
- Consumers' Health Forum of Australia
- Australian Doctors Trained Overseas Association
- Confederation of Postgraduate Medical Education Councils
- Australian Consumers Association
- Australian Healthcare Reform Alliance
- Australian Medical Association Doctors in Training Committee

Attachment 2— Guide to areas of medical practice assessed by specialist medical colleges

College	Training programs	
Australian and New Zealand College of Anaesthetists	ANAESTHESIA Pain medicine	
Australasian College of Dermatologists	DERMATOLOGY	
Australasian College for Emergency Medicine	EMERGENCY MEDICINE	
Royal Australian College of General Practitioners	GENERAL PRACTICE	
Royal Australasian College of Medical Administrators	MEDICAL ADMINISTRATION	
Royal Australian and New Zealand College of Obstetricians and Gynaecologists	OBSTETRICS AND GYNAECOLOGY Gynaecological oncology Urogynaecology Obstetric and gynaecological ultrasound	Maternal-foetal medicine Obstetrics and gynaecology Reproductive endocrinology and infertility
Royal Australian and New Zealand College of Ophthalmologists	OPHTHALMOLOGY	
Royal College of Pathologists of Australasia	PATHOLOGY General pathology Anatomical pathology (including cytopathology and forensic pathology) Clinical chemistry	Genetics Haematology Immunology Microbiology
Royal Australasian College of Physicians	ADULT MEDICINE Adult Medicine Division, Royal Australasian College of Physicians General medicine Cardiology Clinical genetics Haematology Immunology and allergy Clinical pharmacology Endocrinology Endocrinology and Clinical Pathology (with RCPA) Gastroenterology and hepatology Geriatric medicine Haematology (with RCPA)	Immunology and Allergy (with RCPA) Infectious diseases Medical oncology Nephrology Neurology Nuclear medicine (with RAZNCR) Palliative Medicine Respiratory Medicine Rheumatology Respiratory and Sleep medicine Sleep medicine

Royal Australasian College of Physicians (cont.)	PAEDIATRICS AND CHILD HEALTH Paediatrics and Child Health Division/RACP Community Child Health	
	Clinical genetics	Paediatric infections diseases
	Community child health	Paediatric intensive care medicine
	General paediatrics	Paediatric medical oncology and haematology
	Neonatology and perinatology medicine	Paediatric nephrology
	Paediatric cardiology	Paediatric neurology
	Paediatric clinical pharmacology	Paediatric nuclear medicine (with RANZCR)
	Paediatric emergency medicine	Paediatric palliative medicine
	Paediatric endocrinology	Paediatric respiratory medicine
	Paediatric endocrinology and chemical pathology (with RCPA)	Paediatric respiratory and sleep medicine
	Paediatric rehabilitation medicine	Paediatric rheumatology
	Paediatric gastroenterology and hepatology	Paediatric sleep medicine
	Paediatric haematology (with RCPA)	Paediatrics and child adolescent psychiatry (with RANZCP)
	Paediatric immunology and allergy (with RCPA)	
	OCCUPATIONAL MEDICINE Australasian Faculty of Occupational Medicine/RACP	
	INTENSIVE CARE MEDICINE AND PAEDIATRIC INTENSIVE CARE MEDICINE Joint Faculty of Intensive Care Medicine/Royal Australasian College of Physicians (RACP) and ANZCA	
	PALLIATIVE MEDICINE Australasian Chapter of Palliative Medicine/RACP	
	PUBLIC HEALTH MEDICINE Australasian Faculty of Public Health Medicine/RACP	
	REHABILITATION MEDICINE Australasian Faculty of Rehabilitation Medicine/ RACP	
	ADDICTIVE MEDICINE Australasian Chapter of Addictive Medicine	
	SEXUAL HEALTH MEDICINE Australasian Chapter of Sexual Health Medicine	
Royal Australian and New Zealand College of Psychiatrists	PSYCHIATRY	
Royal Australian and New Zealand College of Radiologists	RADIOLOGY Diagnostic radiology Diagnostic ultrasound Nuclear medicine Radiation oncology	
Royal Australasian College of Surgeons	SURGERY General surgery Cardiothoracic surgery Neurosurgery Orthopaedic surgery Otolaryngology . head and neck surgery	
	Paediatric surgery	Plastic and reconstructive Surgery Urology Vascular surgery

Source: Australian Medical Council, www.amc.gov.au/ASSESSINGCOLLEGES.pdf

Attachment 3— Framework for analysis of college processes

Selection of trainees		
Description	Process:	<ul style="list-style-type: none"> • Who is responsible for the trainee selection process? • How are trainees selected? • What process, if any, exists for determining number and distribution of trainees? • Who participates in the selection of trainees? • What is the flow of information and where are decisions made? • What appeals process exists?
	Standards:	<ul style="list-style-type: none"> • What criteria are used in the selection of trainees? • Do the criteria comply with EEO principles? • Do criteria facilitate the selection of medical practitioners that are safe and competent?
Principle		
Transparency and Accountability	Scope, format, timeliness and location and access to information on: <ul style="list-style-type: none"> • Process • Standards • Outcomes 	<ul style="list-style-type: none"> • Are details of the criteria and process publicly available? • Are applicants for trainee posts advised in writing of decisions in a timely way? • Does the college make public, information on the outcome of the selection process? • Where is this information made available and is it available in timely way?
Procedural Fairness	Objectivity of criteria, application of process, and availability of appeals process	<ul style="list-style-type: none"> • Are the selection criteria objective? • Are the criteria appropriate and readily understood? • What processes exist to ensure criteria are applied consistently? • Does the college make it clear if criteria are more important than others? • Does the college provide applicants with advice regarding appropriate appeals processes? • Do trainees have opportunities to appeal College decisions to train interstate?
Stakeholder Participation	Opportunities for independent review and participation in processes	<ul style="list-style-type: none"> • Is there independent / jurisdictional participation in the decision making process for selection of trainees by the college? • Are there mechanisms for negotiation with jurisdictions the number of trainees in each specialty program?

Assessment of overseas trained doctors		
Description	Process:	<ul style="list-style-type: none"> Who is responsible for the assessment of overseas trained specialist process? How are overseas trained specialists assessed for Fellowship and Area of Need positions? Who participates in the assessment process? What is the flow of information and where are decisions made? What appeals process exists?
	Standards:	<ul style="list-style-type: none"> What criteria are used in the assessment of overseas trained specialists? Do the criteria comply with EEO principles? Do criteria facilitate the selection of medical practitioners that are safe and competent?
Principle		
Transparency and Accountability	Scope, format, timeliness and location and access to information on: <ul style="list-style-type: none"> Process Standards Outcomes 	<ul style="list-style-type: none"> Are details of the criteria and process for assessment of OTS publicly available? Are applicants for assessment advised in writing of decisions in a timely way? Does the college make public, information on the outcome of the assessment process? Where is this information made available and is it available in timely way?
Procedural Fairness	Objectivity of criteria, application of process, and availability of appeals process	<ul style="list-style-type: none"> Are criteria used to assess overseas trained doctors objective? Are the criteria appropriate and readily understood? What processes exist to ensure criteria are applied consistently? Does the college make it clear if criteria are more important than others? Are the criteria relating specifically to Australian conditions relevant? Does the college provide applicants with advice regarding appropriate appeals processes?
Stakeholder Participation	Opportunities for independent review and participation in processes	<ul style="list-style-type: none"> Is there independent / jurisdictional participation in the assessment and / or decision making for assessment of overseas trained specialists by the college? Appeals process Trainee

Accreditation		
Description	Process:	<ul style="list-style-type: none"> • Who is responsible for the accreditation process? • What is accredited? • How are posts/programs/hospitals accredited? • Who participates in the accreditation process? • What is the flow of information and where are decisions made? • What appeals process exists?
	Standards:	<ul style="list-style-type: none"> • What assessment criteria exist? • Does the criteria relate only to factors that affect training? • Do criteria facilitate training of safe and competent medical practitioners? • Do criteria facilitate training in an appropriate range of service settings (for example, outer-metropolitan and regional areas)? • Do criteria facilitate training which makes use of an appropriate range of modes of delivery?
Principle		
Transparency and Accountability	Scope, format, timeliness and location and access to information on: <ul style="list-style-type: none"> • Process • Standards • Outcomes 	<ul style="list-style-type: none"> • Are details of the criteria and process publicly available? • Are applicants for accreditation advised in writing of decisions in a timely way? • Does the college make public, information on the outcome of the accreditation process? • Where is this information made available and is it available in timely way?
Procedural Fairness	Objectivity of criteria, application of process, and availability of appeals process	<ul style="list-style-type: none"> • Are criteria objective? • Are the criteria appropriate and readily understood? • What processes exist to ensure criteria are applied consistently? • Does the college make it clear if some criteria are more important than others? • Are the criteria relating specifically to Australian conditions relevant? • Does the college provide applicants with advice regarding appropriate appeals processes?
Stakeholder Participation	Opportunities for independent review and participation in processes	<ul style="list-style-type: none"> • Is there independent / jurisdictional participation in the assessment and / or decision making for accreditation by the college? • Existence of formal / regular communication mechanisms with jurisdictions? • Do jurisdictions have the capacity to determine the location, number and mix of trainees

Attachment 4— Membership of the steering committee and working group

Steering committee	
Mr John Martin	Commissioner Australian Competition & Consumer Commission (Aug–Dec 2004)
Ms Jennifer McNeill	Commissioner Australian Competition & Consumer Commission (Dec 2004 onwards)
Mr John Ramsay	Secretary Tasmanian Department of Health and Human Services
Prof David Filby	Executive Director, Clinical Systems SA Department of Health (Mar 2005 onwards)
Mr Brett Lennon	Assistant Secretary, Health Workforce Branch Australian Government Department of Health and Ageing
Prof Brendon Kearney	Executive Director, Clinical Systems SA Department of Health (Aug 2004–Mar 2005)
Dr Andy Robertson	A/g Group Director Statewide Policy Division WA Department of Health
Dr Greg Stewart	Deputy Director-General Population Health, NSW Health
Dr Mark Waters	A/Senior Executive Director Queensland Health
Working group	
Ms Sue Murphy	Director Medical Colleges Review Unit ACCC
Ms Margaret Banks	Project Director AHWOC Secretariat
Dr Dianne Barrington	Medical Administrator SA Department of Health
Mr Stuart Calvin	Manager, Workforce Planning and Policy ACT Health
Ms Natasha Cole	Director, Specialist Training and Standards Section Australian Government Department of Health and Ageing (from Dec 2004)
Mr Mark Hathaway	Director HR and Workforce Development (corresponding member) Territory Health Services
Dr Suzanne Huxley	Principal Medical Advisor Queensland Health
Ms Marion Kroon	Director, Specialist Training and Standards Section Australian Government Department of Health and Ageing (Aug–Dec 2004)

Working group continued	
Ms Dianne McKenna-Hantas	Assistant Director, Specialist Training and Standards Section Australian Government Department of Health and Ageing
Ms Kate Milbourne	Senior Policy Analyst ACT Health
Mr Neil Purdy	Manager, Workforce Planning and Development WA Department of Health
Dr Russell Schedlich	Chief Medical Advisor NSW Health
Ms Praveen Sharma	Senior Policy Officer Victorian Department of Health and Human Services
Ms Helen Townley	AHWOC Secretariat AHWOC

Review secretariat	
Ms Sue Murphy	Director, Medical Colleges Review Unit ACCC
Ms Margaret Banks	Project Director AHWOC Secretariat
Ms Amanda Dadd	Assistant Director, Medical Colleges Review Unit ACCC (until October 2004)
Ms Bronwyn Davis	Assistant Director, Medical Colleges Review Unit ACCC
Ms Sarah McCarthy	Project Officer, Medical Colleges Review Unit ACCC

Attachment 5— Data collection requirements imposed on RACS as part of the conditions of ACCC authorisation

The college should annually publish data on ACCREDITATION:

- the number of requests for accreditation of hospitals/services/training programs/training zones/networks/laboratories, as applicable, for new basic training and advanced training by specialty and hospital/service/etc.

[for hospital/services/etc. read hospitals/services/training programs/training zones/networks/laboratories or other accredited facility, organisation where training is provided]

- where the training program includes basic training, the number of re-accreditations of existing basic and advanced training hospitals/services/etc. by specialty (if applicable) and by hospital/service/etc.

[where the training program includes both basic and advanced training, include both, where only advanced training is offered, provide responses for advanced only]

- the number of advanced training/services/etc. granted accreditation or re-accreditation and the number of advanced training hospitals/service/etc. not accredited or granted re-accreditation
- the number of hospitals/services/etc. granted accreditation for basic training and the number of hospitals/service/etc. denied accreditation
- the basis on which accreditation was not granted specifying which standards the hospital /service /etc. did not meet
- the number of assessments completed in less than six months; and the number of assessments completed in more than six months
- the number, if any, of reassessments not completed before the expiry of existing accreditation
- the number of appeals lodged and the appeal results
- a description of the assessment process and detail of the criteria used.

The college shall annually publish data on OVERSEAS TRAINED DOCTORS:

- the number of applications received for assessments of overseas trained specialists other than in areas of need
- the number of applications received for assessments of overseas trained specialists to work in areas of need
- the origin of the application for assessment i.e. employer, employment agency, AMC, medical board, HIC, other
- the number of assessments of overseas trained specialists seeking to work in areas of need completed
- the number of assessments of overseas trained specialists other than those seeking to work in areas of need completed
- the number of assessments of areas of need specialists not seeking to work in areas of need completed in three months or less and the number of assessments completed in more than three months
- the number of assessments of areas of need specialists seeking to work in areas of need completed in eight weeks or less and the number of assessments completed in more than eight weeks
- the number of assessments where areas of need specialists were required to complete basic and advanced training
- the number of assessments where areas of need specialists were required to complete advanced training only
- the number of assessments where areas of need specialists were required to complete a period of supervised work
- the number of overseas trained specialists assessed as requiring two or less years training to meet substantial comparability with college graduates

- the number of overseas trained specialists undertaking and/or completing training as specified by the college
- the outcome of any other assessments.

Information sought by each of the above dot points shall be broken down into the following categories:

- applicants with original qualifications from an English speaking country
- applicants with original qualifications from a non-English speaking country but with further qualifications from an English speaking country
- applicants with qualifications only from a non-English speaking country.

The college shall also publish annually a description of the assessment process and detail of the criteria used on its internet website.

The college shall make public annually data on SELECTION OF TRAINEES:

[where the training program includes both basic and advanced training, include both, where only advanced training is offered, provide responses for advanced only the number of applicants for basic training]

- the number of successful applicants for basic training
- the number of basic trainees who have been appointed (or by jurisdiction)
- a statement of the criteria for, and a description of the process for selecting basic trainees
- the number of applicants for advanced training
- the number of successful applicants for advanced training
- the number of unsuccessful applicants for advanced training
- the number of advanced training posts available by sub-specialty and hospital; difficult to have as a standard requirement, given the variation in the way trainees are selected and positions accredited
- the number of unfilled advanced (accredited) training posts by sub-specialty (if any) and an explanation of why in each case
- a statement of the criteria for, and a description of the process (including the weight given to each element of the process) for selecting advanced trainees in each sub-specialty.

The college shall make public annually information on TRAINEE PASS RATES:

[where the training program includes both basic and advanced training, include both, where only advanced training is offered, provide responses for advanced only]

- the number of basic trainees in each year of training
- the number of trainees successfully completing basic training (and who therefore become eligible to apply for an advanced training position) and the number of these trainees who are in their second, third, fourth, etc. year of training
- the pass rate for the clinical and written exams each time they are held
- the number of advanced trainees by sub-specialty and year of training
- the number of trainees approved and not approved to undertake exams by sub-specialty;
- the pass rate for advanced training exams (specify) by sub-specialty
- the number of trainees successfully completing advanced training by sub-specialty
- the number of new college fellows by sub-specialty
- the number of trainees dismissed from basic and advanced training by sub-specialty and the year of the course these trainees were in when dismissed.

The information required to be published about each of the above dot points shall be published as both a national aggregate and by state or territory.

The college shall also make publicly available (to the extent that it does not already—for example, on its internet website) a summary of basic training and advanced training conducted in each year containing:

- the length of basic training
- a brief description of the subject matters covered in basic training

- a description of the educational courses required to be completed by basic trainees
- how basic trainees are assessed during their basic training
- a description of the examination, including its various elements and the marking system used
- the length of the training courses in each advanced training sub-specialty
- a brief description of the subject matters of the training course in each sub-specialty
- how advanced trainees are assessed during their training
- the criteria used to determine whether a trainee is eligible to sit the advanced training exam in each sub-specialty
- a description of the examination, outlining its various elements and the marking system used.

APPENDIXES

Australian and New Zealand College of Anaesthetists (ANZCA)

About the College

The Australian and New Zealand College of Anaesthetists was formed in 1992 from the Faculty of Anaesthetists, which had been established under the Royal Australasian College of Surgeons in 1956.¹ In 2002, the college reported its membership to be over 3200 fellows.²

The college Council is the governing body and has various committees reporting to it, including the Regional, Education & Training, Hospital Accreditation, General Examinations and Continuing Education and Quality Assurance Committees, as well as the Boards of the Joint Faculties of Intensive Care Medicine and Pain Medicine.³

The college was accredited by the Australian Medical Council in September 2002.⁴

Supply and demand

An AMWAC review of the specialist anaesthesia workforce, published in 2001, recommended that there be a minimum of 512 trainee positions established nationally from 2003.⁵ This target was exceeded in 2003 by 19 positions, however the number fell to 465 positions in 2004. The number of trainee positions is predicted to increase again in 2005.⁶

The AMWAC report recognised both the undersupply that currently exists in the anaesthesia workforce and the predicted future demand for anaesthetic services.⁷ The college stated in its meeting with the ACCC/AHWOC review team that it has removed restrictions on entry into the training program, which will likely increase the number of trainees and, subsequently, the number of qualified fellows practicing in Australia.⁸

Trainee selection

The college reported that trainee selection is employer based, however the college has developed detailed 'Guidelines for the Selection of Trainees' for hospitals, which outline the principles to be used in the selection of trainees.⁹ The guidelines are structured in four parts:

- statement of principles underpinning the selection process
- eligibility criteria for applicants
- selection criteria
- process for selection.

1 Australian and New Zealand College of Anaesthetists, *About ANZCA: History of the College*, viewed 21 January 2005, www.anzca.edu.au/about/history/index.htm.

2 *ibid.*

3 Australian and New Zealand College of Anaesthetists, *About ANZCA: Committees*, viewed 21 January 2005, www.anzca.edu.au/about/committees/index.htm.

4 Australian Medical Council, *Specialist Training and Professional Development Programs Forward Program for Accreditation*, viewed 15 April 2005, www.amc.org.au/forwardp.asp.

5 Australian Medical Workforce Advisory Committee, *The Specialist Anaesthesia Workforce in Australia, An Update: 2001-2011, AMWAC Report 2001.5*, Sydney, 2001 ('AMWAC Report 2001.5'), p. 15.

6 Medical Training Review Panel, *Eighth Report*, Department of Health and Ageing, Canberra, November 2004 ('MTRP Report'), p. 40.

7 AMWAC Report 2001.5, p. 5.

8 ACCC/AHWOC Review Secretariat, Record of meeting with the Australian and New Zealand College of Anaesthetists, Melbourne, 12 November 2004 ('Meeting, 12 November 2004').

9 Australian and New Zealand College of Anaesthetists, letter to Mr Graeme Samuel, Chairman of the ACCC, 21 October 2004 ('ANZCA letter, 21 October 2004'). See *Guidelines for the Selection of Trainees: June 2004*, Appendix 21.

Among other things, the statement of principles seeks to ensure that: the trainee selection process is transparent and accountable; eligibility criteria are consistent with those of other medical colleges; applicants hold medical registration and have completed at least one year of medical practice; and that applicants are willing to comply with the college's rules and procedures.¹⁰

The selection criteria are divided into professional standards and personal attributes. Professional standards include proof of an applicant's academic record, medical expertise and commitment to continuing professional development. Personal attributes cover such areas as good health and conduct, communication skills, ability to work as part of a team, insight and altruism. The college also provides direction on the weighting to be applied to aspects of an applicant's *curriculum vitae*, references and interview.¹¹

The college does not routinely publish information concerning numbers of applicants for the training program or the numbers of unsuccessful applicants.

The training program

The college's five year training program commences once a potential trainee has completed two years of prevocational general hospital experience. The program consists of two years of basic training and three years of advanced vocational training, which includes up to one year as a provisional fellow.¹²

Trainees must complete the Primary Examination by the end of basic training to be eligible to progress to advanced training. To proceed to provisional fellowship, trainees must successfully complete a final examination in addition to other training and administrative requirements. These include completion of a formal project and an approved advanced early management of anaesthetics crisis course.¹³

The training program is divided into 12 modules that define the knowledge, skills and attributes to be learned in areas such as basic sciences, clinical and technical skills, educational skills and clinical management. To ensure that trainees receive adequate training in all required areas of sub-specialisation, trainees are required to undergo specific rotations at different training institutions.¹⁴

The college notes that final examination pass rates and data concerning fellowship admissions are available in the Medical Training Review Panel's (MTRP's) annual report and/or in the College Bulletin and on its website.¹⁵ The college also states that data concerning examination outcomes and the numerical and geographical distribution of trainees is provided annually to the Medical Training Review Panel.¹⁶

Admission to fellowship

Admission to fellowship is available to trainees who meet the following criteria:

- successful completion of five years of training (or equivalent part time) in an accredited training position
- successful completion of examination requirements.

Trainees must also submit an application form, pay an application fee and provide any other documentation required to show completion of any outstanding training program requirements. Fellowship is at the discretion of the college Council. Council's decision is final and, while feedback will be given, the Council

10 ANZCA letter, 21 October 2004, Appendix 21, *Guidelines for the Selection of Trainees: June 2004*, p. 2.

11 ANZCA letter, 21 October 2004, Appendix 21, *Guidelines for the Selection of Trainees: June 2004*, pp. 4–7.

12 MTRP Report, p. 76.

13 ANZCA letter, 21 October 2004, Appendix 23, *Regulation 14: Eligibility for Fellowship by Examination and Regulation 15: Training and Examinations in Anaesthesia*, pp. 13–19.

14 Australian and New Zealand College of Anaesthetists, 'Supplementary Response to the ACCC', letter to Mr Graeme Samuel, Chairman of the ACCC, 28 January 2005 (ANZCA letter, 28 January 2005), p. 8.

15 ANZCA letter, 28 January 2005, p. 2.

16 ANZCA letter, 28 January 2005, pp. 1-2.

is not bound to explain its decision.¹⁷ While the college's regulations state that decisions in relation to fellowship are not subject to appeal,¹⁸ the college's appeals process indicates otherwise.¹⁹

The college has advised that under natural justice all decisions are appealable.

Overseas trained doctors

The process implemented by the college for the assessment of overseas trained specialists (OTSs) appears to comply with the AMC guidelines for assessment of OTSs. The college reports that in 2003, of 55 candidates who presented for the OTS performance assessment, 32 were successful. The college notes that the pass rate was highest for candidates with specialist qualifications from the United Kingdom, Ireland and South Africa.²⁰

An OTS Committee has been established to conduct the assessment of OTS applicants. The assessment process includes:

- a face to face interview
- performance assessment, comprising written and clinical components
- clinical practice assessment, which may endure for a period of up to 24 months.

In Australia the interview panel consists of four college members and may include a community representative. Specific assessment criteria exist, which pertain to the training, qualifications, skills, knowledge and experience of the overseas trained applicant.²¹

College policy allows for three outcomes of OTS interviews:

- rejection of the application as not equivalent to an Australian trained specialist
- a determination that the applicant is eligible to proceed to performance assessment (the regulations allow for exemption from written or clinical assessment where specific criteria are met)
- a determination that the applicant should undergo clinical practice assessment or be exempt from further assessment (the latter option is available only where a candidate has been appointed to head of Department of Anaesthesia in a recognised teaching hospital, or a Chair of Anaesthetics in a university position in a recognised teaching hospital or university).²²

College policy statements include details about the process and requirements of performance assessment. Candidates are eligible to appeal against decisions, however the grounds for appealing decisions of the college are limited to error in law or due process, non-availability of information at the time of the decision and/or that the decision is inconsistent with the evidence.²³

Overseas trained anaesthetists are able to access the Maintenance of Professional Standards (MOPS) Program and this is recommended for applicants who have attempted and failed any section of the college's performance assessment.

Assessment interviews for OTSs are held approximately every eight weeks, with a maximum of seven applicants interviewed on each occasion. The college has indicated it has no difficulties with involving a jurisdictional nominee in the assessment process,²⁴ and has no concerns with publishing data about OTS assessment outcomes.²⁵

17 ANZCA letter, 21 October 2004, Appendix 3, *Regulations*, Regulation 6.5.

18 *ibid.*

19 Australian and New Zealand College of Anaesthetists, *Report to the Australian Competition and Consumer Commission by the Australian and New Zealand College of Anaesthetists*, October 2004, ('ANZCA report'), p. 56.

20 ANZCA letter, 21 October 2004, p. 47.

21 ANZCA report, pp. 41–42.

22 ANZCA report, pp. 42–43.

23 ANZCA report, p. 57.

24 ANZCA report, p. 47.

25 ANZCA letter, 28 January 2005, p. 2.

Area of need

College policy concerning the assessment process for area of need positions details the process and criteria applied by the college. In addition, the college requires that employers review their management strategies in relation to standards for safe services, salary packages, working hours, access to continuing education and a range of other human resource issues for positions that are difficult to fill and are subsequently classified as area of need. However, the college acknowledges that declaration of area of need is the responsibility of jurisdictions.²⁶

The college has implemented a fast-track process for the assessment of area of need doctors. It involves paper based assessment of applicants against a specific job description using criteria related to training, qualifications, experience and participation in continuing education.²⁷ Area of need anaesthetists wishing to be considered for fellowship can only do so if they are assessed via the OTS interview/performance assessment process.²⁸

Hospital accreditation

Accreditation (and reaccreditation) requests are submitted to the college directly via hospital departments.²⁹ The college accredits hospital departments that are part of a training network or rotational training scheme of two or more hospitals. Comprehensive policies and criteria have been developed by the college, which require that the Director of the Department of Anaesthesia and the Supervisor of Training are appropriately qualified. They also require that there is adequate supervision by specialist anaesthetists, and that there are appropriate resources, such as adequate levels of full time specialist staffing, administrative support, office and study space, and library facilities.³⁰

The college reports that it aims to revisit training sites on a cycle of not more than seven years, however it undertakes survey visits more frequently if training issues arise.³¹ Hospitals seeking accreditation are required to complete a detailed written application, and undergo a survey visit. During the accreditation process, the college notes that significant weighting is given to the feedback provided during structured interviews with the trainees who are based at the applicant hospital.³²

A survey report is prepared and then considered by the Hospital Accreditation Committee. The applicant hospital is provided with a draft report from the college and the opportunity to respond to all recommendations. The college notes that while the process may take several months to complete, it can be expedited if the application is urgent.³³

College appeals process

It appears that the college's appeals process applies to all college and faculty decisions.³⁴

The Appeals Committee is convened by the CEO and comprises a chair, a fellow of the college and two non-fellows with appropriate qualifications, one from the legal profession. The CEO and college legal representative are also present, although they are not members of the Appeals Panel. No member of the

26 ANZCA report, pp. 49–50.

27 ANZCA report, pp. 51–52.

28 ANZCA report, p. 48.

29 ANZCA report, p. 18.

30 ANZCA report, pp. 20–21 and ANZCA letter, 28 January 2005, p. 3.

31 ANZCA report, p. 23.

32 ANZCA letter, 28 January 2005, p. 8.

33 ANZCA report, p. 25.

34 ANZCA report, pp. 56–57.

Appeals Committee can hear an appeal if he/she was involved in the decision that is the subject of the appeal. An appellant may address the Appeals Committee but is not entitled to be legally represented before it, unless the Committee has given its consent.³⁵

There is no information on what fees apply to an appeal decision.

The college reports that only one appeal has been heard in the last 50 years in the area of overseas trained specialists.³⁶ The college has indicated it has no concerns about inviting jurisdictional nominees to participate in this process.³⁷

Jurisdictional involvement and workforce issues

It appears that there is currently limited jurisdictional involvement in college processes. The college would have no objection to jurisdictional representation on relevant committees such as the Hospital Accreditation Committee.

Other stakeholder participation

The college reports that consumers currently participate in the college's assessment of overseas trained doctors, and are represented on the Education and Training Committee. The college is also seeking a community representative for the Hospital Accreditation Committee.³⁸ The process of selection has not been described by the college and it is unclear if representatives will be sought for their particular skills and expertise or because they are representatives of a particular organisation or broader community group.

35 ANZCA report, pp. 55–56.

36 ANZCA report, p. 59.

37 *ibid.*

38 ANZCA letter, 28 January 2005, p. 1.

The Australasian College of Dermatologists (ACD)

About the college

The college was incorporated in 1966.¹ There were approximately 300 fellows of the college in 2004.² The College Council is the governing body, and is supported by a number of committees, including the Professional Standards Committee,³ the Undergraduate and GP Education Committee, the Subspecialty Advisory Committee and the Appeals Committee.⁴ The Board of Censors plays a key role by overseeing the college's trainee selection processes, training program and examination process, and the assessment of overseas trained specialists.⁵ The college is currently reviewing its governance arrangements.⁶

The college is scheduled to undergo AMC accreditation in 2007.⁷

Supply and demand

The last AMWAC review of the specialist dermatology workforce was published in 1998. At that time, AMWAC reported that there were significant workforce shortages for the supply of dermatologists, particularly in rural areas and some regional urban areas.⁸ AMWAC noted that there were insufficient numbers of graduates to meet future requirements, and recommended that a minimum graduate output be increased from 11 to 16 graduates per year. To achieve this level of output, AMWAC further recommended that Commonwealth, state and territory health departments negotiate with the college to establish a minimum of ten additional training positions, taking the total number of training positions to 52 by 2001.⁹

In 2004 there were 61 accredited training programs located in Australia and overseas,¹⁰ and 58 approved trainee programs in 2005.¹¹ The availability of training positions depends on the numbers of graduate trainees who complete the requirements for vocational training and vacate existing training posts.¹² Trainee numbers are also dependent on both the capacity of the college and the fellows to train and the funding provided for training positions.

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- 1 Australasian College of Dermatologists, 'Review of Australian Medical Colleges – Australasian College of Dermatologists', letter to Mr Graeme Samuel, Chairman of the ACCC, 27 September 2004 ('ACD response'), p. 32.
 - 2 Australasian College of Dermatologists, *Training Program Handbook: Information and Curriculum*, Sydney, January 2004 ('ACD Handbook'), p. 2.
 - 3 The Professional Standards Committee overseas all aspects of continuing professional development and assessment of clinical competence. Australasian College of Dermatologists, 'Re: ACCC/AHWOC review – request for further information', letter to Ms Sue Murphy of the ACCC, 3 February 2005 ('ACD letter, 3 February 2005'), Statement 1.
 - 4 ACD Handbook, pp. 48–49.
 - 5 ACD Handbook, p. 41 and ACD letter, 3 February 2005, Statement 1.
 - 6 ACCC/AHWOC Review Secretariat, Record of meeting with the Australasian College of Dermatologists, Sydney, 15 March 2005 ('Meeting, 15 March 2005').
 - 7 Australian Medical Council, *Specialist Training and Professional Development Programs Forward Program for Accreditation*, Australian Medical Council, viewed 28 January 2005, www.amc.org.au/forwardp.asp.
 - 8 Australian Medical Workforce Advisory Committee, *The Specialist Dermatology Workforce In Australia: Supply, Requirements and Projections, 1997-2007, AMWAC Report 1998.1*, Sydney, 1998 ('AMWAC Report 1998.1'), p. 5.
 - 9 AMWAC Report 1998.1, p. 5.
 - 10 ACD Handbook, p. 5.
 - 11 Australasian College of Dermatologists, *Application for Registrar Training Position*, p 5, viewed 28 January 2005, www.dermcoll.asn.au/application-2005.htm.
 - 12 ACCC/AHWOC Review Secretariat, Record of meeting with the Australasian College of Dermatologists, Sydney, 13 December 2004 ('Meeting, 13 December 2004').

Due to the office-based nature of dermatology practice, the AMWAC report stated that there had been declining support for the resourcing of traditional hospital-based training positions.¹³ To address this, the college has established a number of externally funded training positions. However, it notes that most training is still undertaken in the public hospital system.¹⁴ To also help address this problem, the Federal government has recently funded a pilot program to train trainees in private practices located in New South Wales and Queensland.¹⁵ The college is seeking government support to establish up to ten additional training positions.¹⁶

Trainee selection

Selection for admission to the college's training program is highly competitive. The college states that it receives an average of 60 to 80 applications per year for approximately 10 to 15 new positions.¹⁷ To be eligible for selection, applicants must be Australian residents and possess a medical degree registrable in Australia.¹⁸ Applicants must have completed PGY1 and PGY2 (the first two years of an internship) with specific rotations in general medicine (adult and paediatric), general surgery, medical and surgical subspecialties, and psychiatry. The college also requires that no more than three months in the two years of internship training have been spent in the same sub-specialty area.¹⁹

Selection is undertaken by the state faculties of the college. Each state faculty determines the size and composition of its State Selection Committee (SSC). The college suggests however, that SSCs should ideally comprise the heads of department of the training institutions in the relevant state, the state Director of Training, an independent representative from another medical specialty or training institution, a lay person (if practical), and the Chairman of the state faculty.²⁰

No jurisdictional representation is presently included. The college advises that it is reviewing the selection process for entry into the 2006 training program and is considering the inclusion of representation from local jurisdictions and consumer groups.²¹ Following a successful pilot project, the college is also currently considering employing human resources consultants to administer the selection process for each state faculty.²²

Curriculum vitae and referees' reports are rated by the SSC which determines a global score.²³ Selection for interview is on the basis of this score.²⁴

Interview questions vary across states in any one year, as they are determined by each SSC panel, which may result in inconsistencies in the selection process.²⁵ The interview generally aims to establish a candidate's academic abilities; qualities of self-motivation, social responsibility and ethics; clinical and practical skills; patient communication and care skills; general communication skills; and future potential in dermatology.²⁶

13 AMWAC Report 1998.1, p. 12 and p. 80.

14 Meeting, 13 December 2004.

15 *ibid.*

16 *ibid.*

17 ACD response and ACD letter, 3 February 2005, Statement 2.

18 ACD Handbook, p. 7.

19 *ibid.*

20 ACD Handbook, p. 57.

21 ACD response, p. 1.

22 ACD response, p. 1, and ACD letter, 3 February 2005, Statement 5.

23 ACD Handbook, p. 56.

24 The College notes that the scoring process is currently being modified to incorporate an applicant's academic record; clinical experience; teaching and administrative experience or organisational skills; community involvement; research; postgraduate study; and rural involvement. ACD letter, 3 February 2005, Statement 5.

25 ACD Handbook, p. 58.

26 ACD Handbook, p. 57.

Final selection is then made by a hospital committee/administrator or health authority, based on the recommendation of the SSC.²⁷ The college notes that to date, jurisdictions have not challenged any of its recommendations.²⁸ While hospitals or health authorities employ the trainees, the college has significant control over their selection.

Registrar appointments are for a period of one year. To ensure reappointment, trainees must fulfil all the requirements of the training program and satisfy the Director of Training and the Chief Censor that they have satisfactorily completed that year of training. The college does not provide retrospective accreditation.²⁹

The college is developing training procedures and guidelines for members of the Selection and Interview Committees as part of the AMC accreditation requirements.³⁰ Transparency of the selection process has been enhanced by posting information on the college website detailing the number of applications received for the 2005 training program, and the outcomes of the selection process.³¹

Applicants have the right to appeal the decisions of the SSC under the college's appeals policy.³²

The training program

The five year full-time program is divided into three stages, each of which must be completed satisfactorily before the trainee can move onto the next.³³ The training predominantly takes place in departments of dermatology in Australian teaching hospitals. However there are also several overseas dermatology positions, and there have recently been increases in the number of supervised private practice training positions.³⁴

The college's training program involves basic training (years 1 and 2), advanced training (years 3 and 4) and a senior trainee year (eg conducting research or undertaking placement in an overseas post). To successfully complete basic training, trainees must pass the Clinical Sciences Examination and the Clinical Pharmacology Examination within the first 18 months of training, and receive satisfactory performance appraisals. The College Council may grant advanced trainees permission to sit the Fellowship Examination during the fourth year of training, provided all requirements of the curriculum have been satisfied. Trainees who do not pass the Fellowship Examination in their fourth year do not undertake a senior trainee year, and must spend their fifth year in an accredited training post in Australia.³⁵

Admission to fellowship

Admission to fellowship is available to medical practitioners who have satisfied the following requirements:

- presentation of adequate evidence of experience and competence in all aspects of procedural dermatology as outlined in the curriculum
- satisfaction of all aspects of the curriculum as outlined in the *Training Program Handbook*
- payment of the Fellowship Examination fee (\$2500)
- a pass in the Fellowship Examination
- election to fellowship of the college.³⁶

27 ACD Handbook, p. 58.

28 Meeting, 13 December 2004.

29 ACD Handbook, p. 7.

30 ACD Handbook, p. 57.

31 Australasian College of Dermatologists, *College Selection and Assessment Processes*, viewed 28 January 2005, www.dermcoll.asn.au/medical/selection.htm.

32 ACD Handbook, p. 51.

33 ACD Handbook, p. 4.

34 Medical Training Review Panel, *Eighth Report*, Department of Health and Ageing, Canberra, November 2004, p. 71.

35 ACD Handbook, p. 4.

36 ACD Handbook, p. 64.

The college notes that approximately 80–90 per cent of candidates pass the Fellowship Examination at their first attempt, while approximately 95 per cent pass at their second attempt. Those candidates who must attempt the examination for a second time take an extra year to complete specialist training (ie five years).³⁷ While the college does not ordinarily publish data regarding examination assessment outcomes, such data has been provided to the review for the period 2002–04.³⁸

The college has established an appeals mechanism for decisions made in relation to fellowship. (See the discussion below about college appeals processes.)

Overseas trained specialists

The demand for accreditation by overseas trained specialists (OTS) is small. The college indicated that it receives an average of only two to three OTS applications per year, and it is yet to receive an application for an area of need (AoN) position.³⁹ The college commented that none of the most recent applications for fellowship has been successful, primarily because of limited experience in treating skin cancer. The college anticipates that changes in Australian Government policy in relation to overseas trained doctors will result in an increase in applications. To address the anticipated skills deficit for skin cancer, the college is developing with the support of the Australian Government a three month training program for overseas trained dermatologists on this topic.

The college states that OTS applications are referred to the college by the AMC, and assessment is undertaken in accordance with the procedures of the AMC.⁴⁰ However, it is not known what specific criteria the college uses to assess such applications. The college submits that it is currently reviewing the assessment process for OTS and AoN applications, and is looking at issues such as standards for the assessment of equivalence and ways to fast-track the assessment process.⁴¹

OTS interviews are conducted by the OTS Interview Panel. The college states that the panel has representatives from the college, a jurisdictional representative from the Australian Government Department of Health and Ageing and a layperson with a background in human resources.⁴²

Program accreditation

The college Council accredits individual training programs, rather than hospitals or networks.⁴³ College inspection teams, comprising two to three members of the Board of Censors, assess each training program.⁴⁴ For existing training positions, site visits are carried out on a state-by-state basis every four years.⁴⁵ New positions are reviewed when a proposal is received.⁴⁶ The college notes that the accreditation process may take between three and six months to complete.⁴⁷

37 ACD letter, 3 February 2005, Statement 2.

38 *ibid.*

39 Meeting, 13 December 2004, and ACD response.

40 ACD response, p. 2.

41 Meeting, 13 December 2004.

42 Australasian College of Dermatologists, letter to Mr John Martin, ACCC Commissioner, 2 May 2005 ('Additional ACD letter'), p. 1.

43 ACD Handbook, p. 65.

44 ACD Handbook, p. 66.

45 ACD response, p. 1.

46 *ibid.*

47 ACD letter, 3 February 2005, Statement 3.

The inspection team conducts interviews with trainees, the Head of Department and/or Head of Training at each training institution, and the Director of Training in the relevant state.⁴⁸ The college recommends that state faculties employ a rotational system across training sites, since only a limited number of training institutions are able to provide trainees with exposure to all aspects of the curriculum.⁴⁹

Assessment criteria are available on the college website.⁵⁰ The college provides a number of examples of the minimum requirements which would satisfy individual criteria (e.g. 'Trainees should attend a minimum of four supervised dermatology clinics each week').⁵¹ The college also requires that trainees are supervised 'by an *appropriately* experienced and qualified dermatologist' etc.⁵² It is presumed that 'appropriately experienced and qualified' dermatologists are college fellows.

The college is involved in all training sites and requires that fellows hold the following positions:

- Head of the department at the institution in which the training program is primarily based
- Head of Training in that department
- supervisors of those clinics that count towards the requirements for accreditation.⁵³

The college notes that in most cases, recommendations relating to accreditation are adopted, although in some cases, accreditation may be granted on a provisional basis, pending further development. Directors of training and hospital superintendents are advised accordingly.⁵⁴

The college has recently improved the transparency of the accreditation process by posting information on its website, which details the training programs that were surveyed in 2004 and the outcomes of those surveys.⁵⁵ In 2004 the college also invited the Western Australian Department of Health to nominate a representative for the program accreditation team.⁵⁶ The college has subsequently agreed to include jurisdictional representation on all state faculties in 2005, although the process for this has not been fully developed.⁵⁷ The college has also stated that it will develop processes to directly inform jurisdictions and hospital/network managers about accreditation outcomes.⁵⁸

College appeals process

The college has established an appeals process specifically for 'any person adversely affected by a decision of any board or committee of the college in relation to admission to fellowship or termination of fellowship'.⁵⁹ The Appeals Committee comprises college fellows, an appropriately qualified medical specialist in another specialty, and a layperson to represent the public interest.⁶⁰ The college also states that it will consider the suggestion that Health Ministers should have an opportunity to nominate persons for the Appeals Committee.⁶¹ Currently, the application fee for lodging an appeal is \$5000 plus GST.⁶² This fee will be

48 ACD Handbook, p. 66.

49 ACD Handbook, p. 65.

50 ACD Handbook, pp. 65–67.

51 Emphasis added. ACD Handbook, p. 66.

52 ACD Handbook, p. 67.

53 ACD Handbook, p. 65.

54 ACD letter, 3 February 2005, Statement 3.

55 Australasian College of Dermatologists, *College Selection and Assessment Processes*, viewed 28 January 2005, www.dermcoll.asn.au/medical/selection.htm.

56 ACD response, p. 2.

57 Meeting, 13 December 2004.

58 *ibid.*

59 ACD Handbook, p. 50.

60 *ibid.*

61 ACD response, p. 2.

62 ACD Handbook, p. 51.

refunded by the college if the appeal is successful, however in the absence of a decision to the contrary, the applicant will bear his or her own costs.⁶³ The college reported it has had very few appeals to date and the cost of the most recent action was significantly greater than \$5000.⁶⁴

It is not explicitly stated that decisions related to the accreditation of training programs can be appealed. While a lay person is included on the Appeals Committee, there is no information provided on criteria or the process of selection of that representative.

The grounds for appealing decisions of the college are limited to error in law or due process, non-availability of information at the time of the decision and decisions inconsistent with the evidence.

Jurisdictional involvement and workforce issues

At present, the college provides limited avenues for jurisdictional involvement in college decision making processes. However, in 2004 the college trialled the inclusion of a jurisdictional representative on the Western Australian program accreditation team. Following this initiative, the college's intention is to invite local jurisdictions to nominate representatives for future review teams.⁶⁵

The college also states that it will consider the suggestion that Health Ministers should have an opportunity to nominate persons for the Appeals Committee,⁶⁶ and selection processes for entry into the 2006 training program are currently under review to include representation from local jurisdictions.⁶⁷

Other stakeholder participation

While there is provision for external representation in trainee selection or accreditation processes, in practice, independent participation is limited. The selection process for entry into the 2006 training program is being reviewed in 2005, and is likely to include representation from consumer groups where these are not already covered by the medical specialist and layperson committee members.⁶⁸

As noted above, from April 2005 there have been a jurisdictional representative and a layperson included on the OTS Assessment Panel.

The college has also recently established a Trainee Representative Committee, elected representatives from which will attend Council and Board of Censors meetings.⁶⁹

63 ACD Handbook, p. 52.

64 Meeting, 13 December 2004.

65 ACD response, p. 2.

66 *ibid.*

67 ACD response, p. 1.

68 *ibid.*

69 Additional ACD letter, p. 1.

The Australasian College for Emergency Medicine (ACEM)

About the college

The college was founded in 1984 and was recognised as a specialty by the National Specialist Qualifications Advisory Committee (NSQAC) in 1993. The college reports its 2005 membership is 773 fellows.¹ The college Council is the governing body, under which sit various committees and boards, including the Board of Censors, the Trainees Sub-Committee and the state Faculty Boards.

The college is due to undergo AMC accreditation in 2007.

Supply and demand

AMWAC did an assessment of the emergency medicine workforce in 2002. It found there was an undersupply in the workforce and recommended an increase in training numbers to an annual intake of 130 trainees each year from 2004 onwards.² The college states there are currently 591 advanced trainees in Australia.³ While the college states that its training intake in recent years had increased,⁴ there are still vacant training posts in accredited hospitals.⁵

The training program

The training program consists of three stages:

- basic training (two years, usually PGY1 and PGY2)
- provisional training (minimum of one year, although the actual duration will depend on how long the trainee takes to complete all requirements)
- advanced training (four years).⁶

Trainees may attempt the Primary Examination at any stage during basic or provisional training. To start advanced training a trainee must pass the Primary Examination and successfully undergo the trainee selection process.

Trainee selection

To join the Basic Training Program, a trainee must gain a position at an accredited training hospital and then register as a trainee.⁷ The college does not have an active role in basic trainee selection, although there is a college selection committee for trainees applying for the Advanced Training Program. While there are provisions for establishing a quota on the number of training positions, there is no quota at present.

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- 1 Australasian College for Emergency Medicine, *College Profile*, viewed 11 March 2005, www.acem.org.au/open/documents/college.htm.
 - 2 Australian Medical Workforce Advisory Committee, *The Specialist Emergency Medicine Workforce in Australia, An Update, 2002-2012, AMWAC Report 2003.6*, Sydney 2003 ('AMWAC Report 2003.6'), p. 69.
 - 3 Australasian College for Emergency Medicine, letter to Mr Graeme Samuel, Chairman of the ACCC, 31 January 2005 ('ACEM letter, 31 January 2005').
 - 4 ACCC/AHWOC Review Secretariat, record of meeting with the Australasian College for Emergency Medicine, Melbourne, 11 November 2004 ('Meeting, 11 November 2004').
 - 5 Meeting, 11 November 2004.
 - 6 Australasian College for Emergency Medicine, *Training and Examination Handbook: January 2004*, Melbourne, 2004 ('ACEM Handbook'), p. 39.
 - 7 ACEM handbook, p. 10.

The selection criteria for advanced training are:

- completing provisional training time requirements
- completing the Primary Examination
- providing three structured references.⁸

The Board of Censors will review any structured references which raise significant concerns. According to the college, over 99.5 per cent of applicants have been accepted into advanced training without further requirements.⁹

Participants on selection and accreditation committees receive training in an apprenticeship model, in which they participate in committee functions with senior and experienced fellows, before leading the committees themselves.¹⁰

Admission to fellowship

Election to fellowship is only available to trainees who have completed all of the following training requirements:

- basic, provisional and advanced training
- publication or presentation of a paper
- Primary Examination
- Fellowship Examination.¹¹

Trainees must also submit an application form signed by the applicant and witnessed by a fellow, pay an application fee and provide any other documentation required to show completion of any outstanding training program requirements.¹² Fellowship is automatically granted once these requirements are met.

Overseas trained specialists

The college complies with the AMC guidelines for assessment of overseas trained specialists (OTSS) and aims to complete its assessment of applications within three months of receiving completed documentation.¹³ The process involves an initial assessment of the applicant's qualifications by the Chair of the Credentials Committee, followed by an interview. The interview panel comprises two tiers: regional and national. The type of panel convened is determined by whether the applicant is considered likely to be accepted into fellowship (the panel includes senior fellows from the national office).¹⁴ If applicants are interviewed by the regional panel, they may be recommended for a structured interview conducted by the national panel.¹⁵

The possible outcomes of an interview conducted by the regional panel are that the applicant:

- is referred back for a structured interview assessment
- is accepted into advanced training
- is required to sit the Fellowship Examination (and complete or gain exemption from the paper publication requirement).¹⁶

8 ACEM letter, 31 January 2005.

9 *ibid.*

10 *ibid.*

11 ACEM Handbook, p. 119.

12 *ibid.*

13 Australasian College for Emergency Medicine, 'Attachment 1: Scorecard and Appendices', letter to Mr Graeme Samuel, Chairman of the ACCC, 28 October 2004 (attachment 1, 2004), Regulation 4.55/3.

14 Attachment 1, 2004, regulations 4.55/5 and 4.55/6.

15 Attachment 1, 2004, regulation 4.55/8.

16 Attachment 1, 2004, regulation 4.55/7.

If interviewed by the national panel, an applicant may also be able to undertake a modified version of the fellowship exam, require a period of supervised service, and/or be accepted into fellowship.¹⁷

There is a right of appeal for these decisions. The appeals panel constitutes three members: a former Censor-in-Chief; a current member of the college executive; and a lay person. The appellate may be accompanied by a friend who cannot act as an advocate. The fee for an appeal is the same as for the assessment interview.¹⁸

Hospital accreditation

Accreditation (and reaccreditation) requests must be formally initiated by the CEO or Director of Medical Services of a faculty. Supporting information is provided by the facility on a hospital information questionnaire and an inspection is arranged. A survey team comprising an interstate Censor and two regional fellows will then visit the facility ED and other relevant departments.

Recommendations of the survey team are submitted to the Board of Censors and then on to Council to be ratified or amended. The process includes a mechanism for feeding back information to the CEO of the health service, the Director of Emergency Medicine and the survey team. However, the college noted that at present there is no opportunity for bodies seeking accreditation to discuss the recommendations of the college before the decision is finalised. The college accepts that there may be some benefit in creating this extra step for newly accredited departments or for emergency departments where the accreditation status may be altered.

The college has provided its criteria for accreditation, which support the accreditation processes in the Australian Council on Healthcare Standards Equip Guide for equipment and staffing¹⁹ and postgraduate medical councils' accreditation for junior doctors in first and second years of practice—basic training. The college also noted that it is currently reviewing its emergency department accreditation criteria.²⁰

College appeals process

Decisions of the Council, the Complaints Committee, any board or committee with responsibility for training, accreditation, examination or related matters, or the decision of an officer of another committee of the college (except the Appeals Committee) may be reviewed by the Appeals Committee.²¹

The Committee comprises a Chair (a member of Council or some other fellow), two other fellows who are not Council members and an appropriately qualified person who is not a fellow,²² although no information is provided on the process for appointment of the non-fellow. No members of the Appeals Committee can hear an appeal if he/she was involved in the decision that is the subject of the appeal.²³ An appellant may address the Appeals Committee but is not entitled to be represented before it unless the Committee has given its consent.²⁴

There is no information on what fees apply to appeal a decision.

17 Attachment 1, 2004, regulation 4.55/9.

18 Attachment 1, 2004, regulation 4.56.

19 Attachment 1, 2004, *Criteria for Accreditation*, section 5.

20 ACEM letter, 31 January 2005, p. 2.

21 Attachment 1, 2004, regulation 5.40.

22 Attachment 1, 2004, regulation 5.45/10. The college also stated that in one appeal lodged, the independent person was a past president of the AMC and current chair of the Australian Health Research Ethics Committee.

23 Attachment 1, 2004, regulation 5.45/30.

24 Attachment 1, 2004, regulation 5.45/60.

The college states it has had one appeal (dismissed), which related to a non-satisfactory outcome of a scientific paper.²⁵ It states that it has never had an appeal lodged by a trainee regarding selection or examination, by a hospital regarding accreditation or by an OTS for recognition of qualifications.²⁶

Jurisdictional involvement and workforce issues

There is currently limited jurisdictional involvement in college processes, although in most jurisdictions, college representatives participate on a range of department committees related to emergency medicine and service delivery. The college has stated that it would have no difficulty having a suitably qualified and experienced representative of the AHMC or AMC on its Trainee Selection Committee or the Interview Panel for OTSs.²⁷ However, the college is not convinced about including trainee representation on accreditation teams, interview panels, committees and Council. It notes there is a trainee representative on the Trainee Selection Panel and a trainee representative attends Council meetings in a non-voting capacity.²⁸

Jurisdictions are involved in the appointment of basic trainees; however, they do not appear to participate in advanced trainee selection.²⁹

Other stakeholder participation

The college welcomes stakeholder input. However, there are no consumer groups specifically representing emergency department patients.³⁰ The college's Appeals Committee includes an appropriately qualified person who is not a fellow.³¹

The college has trainee representation through the Trainees Sub-Committee, the Trainee Selection Committee, and the Regional Trainee Advisory Committee.³² While there is no trainee representative on the interview panel, there is a junior fellow. The college also notes that it can be difficult to get trainee representation.³³

25 Attachment 1, 2004, response scorecard, p. 5.

26 Australasian College for Emergency Medicine, letter to Mr Graeme Samuel, Chairman of the ACCC, 28 October 2004, p. 2.

27 ACEM letter, 31 January 2005, p. 1.

28 Meeting, 11 November 2004.

29 ACEM Handbook, pp. 51–53.

30 Attachment 1, 2004, response scorecard, p. 6.

31 Attachment 1, 2004, regulation 5.45/10.

32 Australasian College for Emergency Medicine, 'Attachment 2: Organisational Structure', letter to Mr Graeme Samuel, Chairman of the ACCC, 28 October 2004 and Meeting, 11 November 2004.

33 Meeting, 11 November 2004.

Royal Australian College of General Practitioners (RACGP)

About the college

The college was formed in 1958. In 2004 it reported that it had just under 7000 fellows¹ and 11600 members in total.² The Council is the primary governing body of the college, under which sit the Board of Censors, the Board of Examiners, the National Rural Faculty, six state faculties, six National Standing Committees (NSCs) and several other committees.

The NSC Education is particularly relevant to this review. It is responsible for: the selection policy and the curriculum for vocational training; training post standards; training and education standards; and accreditation for education and training.³ The college's Education Policy and Planning area also plays a key role in reviewing and maintaining standards for all aspects of education. A primary activity of this area is the development and management of assessment processes for fellowship.⁴

In 2002 the Commonwealth Government replaced the college's Training Program with third-party training arrangements, General Practice Education and Training Ltd (GPET).⁵ Since then, the college has relinquished to GPET the responsibility for delivering the general practice training program and the selection of registrars.⁶ This was an Australian Government decision.

Supply and demand

In 1994 the Commonwealth Government introduced a national selection quota for general practice training, which was originally set at 400 training places per year. This report is currently being updated by AMWAC. At the time the quota was introduced, the college's training program typically received more than 600 applications each year.⁷ In 2000 AMWAC published the recommendation that, by 2003, the minimum number of first-year general practitioner trainees should be 450 per year.⁸ GPET reports that in 2005 the quota for registrars has been increased to 600, with at least 200 places allocated to the rural training pathway.⁹

The college states that the number of applicants for training has declined since 2001, and this trend is particularly evident in the rural training pathway.¹⁰ Recent reports indicate that only 532 applicants have accepted training places for 2005, with 68 unfilled rural placements.¹¹

1 Royal Australian College of General Practitioners, *Response to the Australian Competition & Consumer Commission*, 15 November 2004 (RACGP response), p. 1.

2 Royal Australian College of General Practitioners, 'Section 4: Attachment B Comment', letter to Ms Sue Murphy of the ACCC, 11 May 2005 (RACGP letter, 11 May 2005).

3 RACGP response, p. 26.

4 RACGP response, pp. 27–8.

5 RACGP response, p. 13.

6 RACGP response, table 2.0 (b): Comparison of GP education and training arrangements pre and post 2002, p. 16.

7 RACGP response, p. 68.

8 Australian Medical Workforce Advisory Committee, *The General Practice Workforce In Australia: Supply and Requirements, 1999-2010, AMWAC Report 2000.2*, Sydney, 2000, p. 16.

9 General Practice Education and Training, *Australian General Practice Training: 2005 Handbook*, General Practice Education and Training Limited, Canberra, 2005, p. 6.

10 RACGP response, p. 68.

11 C Saunders, 'Interest in "inflexible" GP training falls further', *Australian Doctor*, 14 January 2005, p. 5. Information confirmed with GPET, 10 February 2005.

The training program

GPET was incorporated by the Commonwealth Government in 2002 to manage the new system of education and training across Australia, and to help address serious GP workforce problems in rural Australia.¹² GPET has assumed the administrative, funding distribution and policy responsibility for general practice training. Regional training providers (RTPs) now undertake the delivery of vocational training to registrars.¹³

In 2004, following a tender process, GPET approved and funded 22 third-party providers.¹⁴ The new RTPs are commonly a consortium of GP groups, including the RACGP, universities and sometimes members of the community.¹⁵

The RTPs implement a specific three-year vocational education and training program in college accredited practices and posts, including training in:

- a hospital post for 12 months
- a basic post (general practice) for 6 months
- an advanced post for 6 months
- a subsequent post for 6–12 months or special skills up to 6 months.¹⁶

This is combined with an education program to give medical graduates the skills to enter unsupervised practice. Fellowship requires a pass in the examination and evidence of satisfactory ‘completion of training’. This is the only training route available for registrars.¹⁷

The college provides a number of alternative routes to fellowship. For example, doctors who hold recognised qualifications or experience are eligible to undertake college assessment through examination or practice-based assessment, and are not required to undertake a separate educational component. Also, overseas qualifications from specified training programs are recognised by the college without any further requirements to achieve fellowship.¹⁸

Trainee selection

Before 1994 the RACGP Training Program accepted all eligible candidates.¹⁹ However, in 1994 the Commonwealth Government introduced a national selection quota for registrar applicants. In 2004 the quota was increased from 450 to 600 places, with approximately 60 per cent of places allocated to the general pathway and 40 per cent of places to the rural training pathway.²⁰

The college remains responsible for setting standards for general practice and continues to be responsible for:

- selection criteria for registrars
- training program curriculum
- accreditation of trainers and training posts
- educational standards of RTPs

12 RACGP response, p. 16.

13 RACGP response, p. 15.

14 RACGP response, p. 16.

15 RACGP response, p. 15.

16 RACGP response, p. 35.

17 RACGP letter, 11 May 2005.

18 RACGP response, pp. 36–40.

19 RACGP response, p. 68.

20 *ibid.*

- standards for assessment
- assessment for fellowship
- awarding certification.

The college plays a minimal role in selecting registrars. Since 2002 GPET has had oversight of the new selection process.²¹ An applicant's eligibility is based on analysis of a written application and an interview. Interviews are conducted by a panel constituted by the RTP. The RTPs are responsible for allocating successful registrar applicants to training posts.²² Details of selection criteria and the appeals process are publicly available on the GPET website.²³

The college has indicated that it has some concerns about GPET's administration of the selection process, noting that the AMC report on RACGP has made the following recommendations:

- to formalise the RACGP's role in setting criteria for selecting registrars into the training program
- that the RACGP and contribute to and endorse the criteria for selection into general practice as a specialty and be engaged in monitoring the selection process.²⁴

GPET reports that Dr Peter Brennan recently conducted a review of the 2005 selection process, which noted that the process demonstrated application of the merit principles and procedural fairness for applicants. The GPET Board has subsequently approved a range of Dr Brennan's recommendations.²⁵

While the college has in the past trialled the inclusion of consumer representatives on selection panels, it notes that external stakeholder participation will now have to be negotiated with GPET and the RTPs. The publication of information on the outcome of the selection process would also have to be negotiated with GPET.²⁶

Admission to fellowship

The Board of Censors sets the standards for doctors applying for membership and fellowship of the college, and maintains standards relating to the accreditation of experience towards fellowship of the college.²⁷ While there are a number of alternative routes to fellowship (see above), the most prevalent route is successful completion of the vocational education and training program which requires registrars to satisfactorily complete a three-year training program and obtain a pass in the college examination. Those applicants eligible for upgrade to fellowship are ratified by the Council.²⁸

The college publishes the list of successful exam candidates on its website.²⁹ Candidates may request a review of their examination results by the Censor-in-Chief only if there has been an administrative or procedural error.³⁰ Following review, candidates may also access the more formal college appeals mechanism. While no external stakeholder representation is included on the Examination Appeals

21 RACGP response, p. 67.

22 RACGP response, p. 66.

23 General Practice Education and Training, *Australian General Practice Training: 2005 Information Guide for Applicants*, General Practice Education and Training Limited, Canberra, 2005, appendix 1 sets out the criteria for selecting registrar applicants. The GPET appeals process is available from its website: Australian General Practice Training, *Registrar Selection Complaints and Appeals Procedure*, viewed 9 February 2005, www.agpt.com.au/pdf/Complaints%20Appeals%20process.pdf

24 RACGP response, p. 69.

25 Australian General Practice Training, *Board Approves 2006 Selection Recommendations*, viewed 9 February 2005, www.gpet.com.au/praxis.php/news/view/25.

26 RACGP response, p. 70.

27 RACGP response, p. 27.

28 Royal Australian College of General Practitioners, *The College Examination 2004: A Handbook for Candidates and Examiners*, Melbourne, 2003 (RACGP Handbook), p. 32.

29 RACGP Handbook, p. 31.

30 RACGP Handbook, p. B6.

Committee,³¹ the college states that some stakeholder involvement is included in the college's last form of appeal, which can review decisions of the Examination Appeals Committee.³² Applicants must pay a fee of \$500 for each review and each appeal.³³

Overseas trained doctors

Typically, overseas trained doctors (OTDs) make an application to the college for assessment and approval of experience. Three college censors assess the written applications, and may also request a report from an RACGP overseas peer reference group.³⁴ While the college states that assessment is based on all three methods of equivalence, substantial comparability and competence,³⁵ it appears that the primary method employed is to assess OTD experience against the standards for unsupervised general practice.³⁶

Some OTDs from the UK, Canada, Hong Kong, Malaysia and NZ may automatically be granted fellowship.³⁷ Alternatively, OTDs who hold certain other recognised qualifications or experience may be eligible for fellowship following college examination or practice-based assessment.³⁸ Otherwise, OTDs may apply for a registrar position in the college's Australian General Practice Training Program.³⁹

The college provides OTD applicants with information about the assessment of experience process and an 'OTD Information Package' (available on the college's website).⁴⁰ Applicants are advised of the assessment outcome in writing, and the college has established mechanisms for reassessment and formal appeal.⁴¹ There is no external stakeholder participation in the current appeals process, and the college states that it would be concerned if the appointment of nominated persons from jurisdictions would superimpose on the work of the assessment processes.⁴² The college notes that it is looking at ways to include consumer representation in the appeals process.⁴³

Between early 2001 and 2002 the college processed 107 applications for fellowship *ad eundum gradum* and reciprocity, and processed 114 such applications from 2003–04. It processed 586 applications for assessment of experience during 2001–02, and 779 applications for assessment of experience from 2003–04. The college notes that the median time taken for process was 22 days, which is well within the advertised turnaround time of six weeks.⁴⁴ At the end of 2003 only nine OTDs had sought reassessment of the original decision, in most cases leading to an assessment of higher level of experience.⁴⁵

A national rural recruitment scheme, known as the Five Year Scheme, has been introduced by the Australian Government to recruit OTDs to help address the shortage of doctors in rural areas. Applicants may undergo an initial assessment by the college. It is the responsibility of the various state/territory bodies who

31 RACGP Handbook, p. B7.

32 RACGP letter, 11 May 2005.

33 RACGP Handbook, p. 34.

34 RACGP response, p. 53.

35 RACGP response, p. 52.

36 RACGP response, p. 53.

37 RACGP response, pp. 47–48.

38 RACGP response, p. 36.

39 RACGP response, p. 47.

40 RACGP response, p. 51.

41 RACGP response, pp. 53–54.

42 RACGP response, p. 59.

53 RACGP response, p. 60.

44 Royal Australian College of General Practitioners, letter to Ms Sue Murphy of the ACCC attaching 'The Royal Australian College of General Practitioners Response to the Australian Competition and Consumer Commission: Request for further information', 16 February 2005 ('RACGP letter, 16 February 2005'), p. 5.

45 RACGP response, p. 54.

implement the recruitment schemes to determine eligibility and to interview applicants who have been matched to specific rural positions.⁴⁶

The college may not be involved in the assessment of OTDs working in area of need (AoN) positions in some states as this function is undertaken by the Medical Registration Board with limited college input.⁴⁷

Hospital/practice accreditation

College faculty Vocational Training Accreditation Sub-committees (VTASs) undertake the accreditation of:

- general practices and GP supervisors (ie trainers) for Basic Terms and Advanced Terms
- hospital posts
- special skills posts
- overseas posts.⁴⁸

The Joint Consultative Committees play a role in the accreditation of Advanced Rural Skills training posts.⁴⁹

Written applications for accreditation of individual practices and supervisors are made to the college and a member of the VTAS undertakes a site visit.⁵⁰ The VTAS has a discretion regarding the need to reinspect a practice or post seeking reaccreditation. Further inspection visits may be undertaken if: the practice supervisor changes; there is a major change in the operation of the practice; or if the performance of the practice is questioned.⁵¹

Detailed accreditation criteria for 2005 are available on the college's website, which comprehensively list the standards for: general practice trainers; education; support for registrars; general practice or primary care facilities; the workload of registrars; hospital posts; and extended and advanced skills posts.⁵² The majority of criteria appear to be objective. Where some criteria may be open to subjective interpretation (e.g. 'excellent clinician', 'good role model' etc.), the college provides examples to illustrate how criteria may be satisfied. This reduces the potential for criteria to be interpreted and applied subjectively. The college notes that it endeavours to be reasonable, practical and flexible in its approach to applying criteria, and states that those aspects concerning the quality of patient care, registrar supervision and teaching commitment are the most important.⁵³

Following inspection, the VTAS may make one of the following decisions:

- provisional accreditation
 - to all newly accredited training practices and supervisors
 - to hospitals that do not meet one or more of the accreditation criteria with a specified timeline to address outstanding issues⁵⁴
- full accreditation for three years—granted to a practice once registrars have completed two successive terms (each of six months) at the practice
- reaccreditation—subject to satisfactory performance, granted for three years
- withdrawal of accreditation—where a post no longer meets training requirements

46 RACGP response, p. 50.

47 RACGP response, p. 48.

48 RACGP response, p. 62.

49 RACGP response, p. 28.

50 RACGP response, p. 63.

51 RACGP response, p. 64.

52 Royal Australian College of General Practitioners, *Standards for General Practice Education and Training: Trainers and Training Posts 2005*, viewed 9 February 2005, www.racgp.org.au/downloads/pdf/trainingstandards/2005standards_trainers.pdf ('RACGP trainers standards').

53 RACGP trainers standards, p. 17.

54 RACGP letter, 16 February 2005, p. 2.

- accreditation not granted—where a post is considered unsuitable for training.⁵⁵

The college states that most posts that apply for accreditation are accredited, and the college supports posts that are experiencing difficulties through the implementation of quality improvement recommendations.⁵⁶

The college provides written reasons for decisions about whether to accredit training posts, and is currently reviewing its appeals processes.⁵⁷ While it does not presently publish data regarding the outcomes of the assessment process, it states that it could publish these outcomes on the college's website⁵⁸ and anticipates that such data will be available electronically by mid-2005.⁵⁹

Membership of the VTASs is currently under review by the college, and it is expected that membership will expand to include a registrar representative. A Department of Health representative will also be invited onto the sub-committee and the college has indicated they would want jurisdictional representatives to be non-voting members/observers.⁶⁰

The college provides formal training for all VTAS members, which relates to the standards of assessment for trainers and training posts and the documentation that must be completed during the assessment process. The college also provides all VTAS members with a manual, detailing new accreditation policies and processes for each category of trainer/post, as well as details of appeals processes. Additional information concerning dealing with potential conflicts of interest and privacy issues will also be incorporated in the manual, and the college has indicated that the manual will soon be posted on the website.⁶¹

Training provider accreditation

GPET administers the selection process for entrants into the training program in accordance with RACGP standards for programs and providers, which are available from the website.⁶² GPET also jointly accredits training providers with RACGP, and ensures that they meet the RACGP standards.

RTPs are responsible for initiating the accreditation process of trainers and training posts. They also assist GP registrars to find suitable trainers and training posts within a particular region.⁶³

College appeals process

As noted above, the GPET appeals process applies to registrar applicants who are dissatisfied with the outcome of the application process. This process is available from the GPET website.⁶⁴

In relation to decisions concerning the accreditation of training posts, the college reports that its appeals process is under review.⁶⁵ The current appeals process includes:

- review by the appropriate state VTAS
 - appeal of review conducted by the Censor-in-Chief

55 RACGP response, p. 64.

56 RACGP response, p. 71.

57 RACGP response, p. 64 and p. 71.

58 RACGP response, p. 64.

59 RACGP letter, 16 February 2005, p. 4.

60 RACGP response, p. 65 and RACGP letter, 11 May 2005.

61 RACGP letter, 16 February 2005, p. 4.

62 Royal Australian College of General Practitioners, *Standards for General Practice Education and Training: Programs and Providers 2005*, Melbourne, 2005.

63 RACGP letter, 16 February 2005, p. 3.

64 Australian General Practice Training, *Registrar Selection Complaints and Appeals Procedure*, viewed 9 February 2005, www.agpt.com.au/pdf/Complaints%20Appeals%20process.pdf.

65 RACGP response, p. 71 and RACGP letter, 16 February 2005, p. 4.

- final appeal to the college's ultimate appeals process—includes review through independent mediation, and a normal hearing by the Joint Operations Group.

Following each level of appeal, the appellant receives a written decision, reasons for the decision, and advice about subsequent avenues of appeal. While the college supports the appointment of external members to its appeals committee it would be concerned if the appointment of members superimposed on the work of the committee.⁶⁶

Jurisdictional involvement and workforce issues

The colleges states that it has approached state health departments about participation on its committees, but has experienced variable take-up rates.⁶⁷ Such variability may be attributable to the fact that hospital training posts are often not specifically identified as general practice training posts, and the fact that some RTPs cross state boundaries.⁶⁸

The college states that it appreciates the need for stakeholder input into its triennial review of its standards from relevant jurisdictions and consumer groups. It notes that mechanisms of recruiting jurisdictions to support college processes are currently under discussion, and will be part of the review of the RACGP National Standing Committee in mid-2005.⁶⁹ Presently, the college does not appear to engage jurisdictional representation for developing registrar selection criteria or appeals processes. However, it intends to review participation of jurisdictions in consultation processes that lead to developing standards and policies for OTDs and the accreditation of trainers and training posts.⁷⁰

The college notes it is concerned that the appointment of external members to its committees does not intrude on its role in ensuring the high standards of general practice training are maintained.⁷¹

Other stakeholder participation

The college states that it has endeavoured to address the issue of stakeholder involvement in the last ten years, and currently engages consumer representatives to sit on the its Ethics Committee⁷², the Quality in General Practice Committee, the Expert Group on Practice Standards, and the Nursing in General Practice Project.⁷³ The college also includes registrar representatives on the Board of Examiners and examination writing groups.⁷⁴

66 RACGP response, p. 72.

67 ACCC/AHWOC Review Secretariat, record of meeting with Royal Australian College of General Practitioners, Melbourne, 16 December 2004 (meeting, 16 December 2004).

68 Meeting, 16 December 2004.

69 RACGP letter, 16 February 2005, p. 7.

70 *ibid.*

71 RACGP response, p 66 and RACGP letter, 16 February 2005, p. 7.

72 Meeting, 16 December 2004.

73 RACGP letter, 16 February 2005, p. 7.

74 ACCC/AHWOC Review Secretariat, record of meeting with Royal Australian College of General Practitioners, Canberra, 24 March 2005.

The Royal Australasian College of Medical Administrators (RACMA)

About the college

The college was founded in 1967 as the Australian College of Medical Administrators and attained its royal prefix in 1978. In August 1988 when links with New Zealand were formally established, the college changed its name to the Royal Australasian College of Medical Administrators.¹ The college was established with the aim of promoting and advancing the study of health services management by medical practitioners. It was recognised by the National Specialist Qualification Advisory Committee in 1980 as the appropriate examining body for the speciality of medical administration.² In 2004 it had 440 fellows,³ 101 candidates (trainees) and 265 members,⁴ making it one of the smallest Australian medical colleges.

The college is governed by a National Council and an Executive Committee which oversees its administration. Decisions about training are made by the Board of Studies, and ratified by Council. Each state/territory also has its own committee which oversees that region's Continuing Education Program.⁵

The college is due to undergo AMC accreditation in 2008.

Supply and demand

The college states that its fellows are intimately involved in structures and mechanisms that determine and respond to national workforce priorities. It works collaboratively with jurisdictions and other educational institutions to address workforce issues.⁶ There have been no specific workforce studies of this speciality (including by AMWAC), however national workforce planning has identified that medical administration shortages exist, particularly in rural and regional centres.⁷

Trainee selection

Any registered medical practitioner who has completed three years of clinical experience and is currently working in a medical administration position is eligible to join the College Candidacy Program.⁸ Candidates are not required to have Australian or New Zealand registration.⁹

1 Royal Australasian College of Medical Administrators, letter to Mr John Martin, Commissioner, ACCC, 5 May 2005, p 2 ('Additional RACMA response').

2 Royal Australasian College of Medical Administrators, *Profile*, viewed 16 March 2005, www.racma.org.au.

3 Including 17 honorary fellows. Royal Australasian College of Medical Administrators, *RACMA 37th Annual Report, 2004* ('Annual Report'), p. 44.

4 Defined as clinicians and other medical graduates with an interest or involvement in management and administration, Royal Australasian College of Medical Administrators, *The Year 2004 Handbook for The Royal Australasian College of Medical Administrators*, Carlton, 2004 ('College Handbook').

5 Royal Australasian College of Medical Administrators, 'Response to the Review', email to Ms Bronwyn Davis of the ACCC, 25 February 2005 ('College response, 25 February 2005'), p. 1.

6 College response, 25 February 2005, p. 1.

7 Additional response, p 2.

8 College response, 25 February 2005, p. 1.

9 ACCC/AHWOC Review Secretariat, record of meeting with the Royal Australasian College of Medical Administrators, Sydney, 25 November 2004 ('Meeting, 25 November 2004').

Applications from persons working in an overseas country to join the College Candidacy Program will be considered by the Censor-in-Chief. A pre-requisite for acceptance by the college is that the person must be a registered medical practitioner in the country in which he/she is working.¹⁰

When making an application to join the Candidacy Program, the applicant is required to provide a *curriculum vitae* which outlines details of positions he/she has held which have had an administrative content. The information should include appointment dates, positions held, the organisation and the supervisor.

This information is assessed by the Censor-in-Chief and advice is sought from the candidate's nominated supervisor and if required the relevant state/territory/New Zealand committee.

The training program

The training program involves three years of supervised training in medical administration, preferably in a variety of fields.¹¹ Training is supervised by a nominated preceptor who is a fellow actively involved in the field of medical administration. The preceptor must, among other things, monitor and provide guidance on the candidate's progress and also certify that the candidate's performance has been satisfactory.¹² The first year of the candidate's training is considered a probationary period. At the conclusion of the first year, a formal interview is held between the candidate and the chair of the relevant state/territory/New Zealand Board of Studies, and at this meeting the preceptor's report is discussed with the candidate.¹³

Three years of supervised administrative experience must be gained by the candidate (this will usually be achieved during candidacy), however the Censor-in-Chief can grant a candidate up to 24 months retrospective administrative experience based on the candidate's previous work experience. This experience could apply to directors of hospital clinical or diagnostic departments and full time medical staff of a diagnostic or service hospital department.¹⁴

Candidates must also complete an approved masters program (a list is provided),¹⁵ satisfy the examiners at the final Oral Examination¹⁶ and successfully complete a case study on a management project or problem in which the candidate has been involved. The case study comprises a written submission of up to 3500 words supported by a presentation conducted at the annual Pre-Fellowship Workshop.

Admission to fellowship

The college states that fellowship is normally awarded following successful completion of the examination and training requirements, being:

- completion of three years supervised administrative experience
- completion of an approved masters course in business or health administration
- completion and presentation of a case study on a management project or problem in which the candidate has been involved
- attendance at a two day Candidate Induction Workshop conducted by the college
- attendance at a four day Pre-Fellowship Examination workshop conducted by the college
- satisfying the examiners at the final Fellowship Examination.

The college states that there are no other requirements.¹⁷

10 Additional RACMA Response, p 2.

11 College Handbook, p. 20.

12 College Handbook, p. 22.

13 Additional RACMA response, p 3.

14 College Handbook, p. 20.

15 College Handbook, pp. 23-26.

16 College response, 25 February 2005, p. 1.

17 Royal Australasian College of Medical Administrators, 'Additional information', email to Ms Bronwyn Davis of the ACCC, 11 March 2005 (Additional response, 11 March 2005), pp. 2-3.

Overseas trained specialists

The college reports it has only received three applications from overseas trained specialists (OTs) seeking to work in Australia.¹⁸ It does not have specified criteria against which it assesses OTs but stated that it does follow the AMC guidelines when undertaking such an assessment.

Area of need

The college has only assessed one candidate for an area of need position.¹⁹

Hospital accreditation

The college does not accredit training positions, hospitals or services. Candidates obtain experience through their employment, which can be in a range of locations including hospitals, regional or central health department offices, the defence forces and divisions of general practice.²⁰ The Censor-in-Chief has final authority over the approval of administrative experience, although advice will be sought from the Chair of the state and territory Board of Studies and others as necessary.²¹

College appeals process

The college states that its appeals mechanism is publicly available on its website. At present the process only applies to decisions relating to the Fellowship Exam.²² The college anticipates expanding its appeals process to apply to other college decisions in the near future.²³

Jurisdictional involvement and workforce issues

There is no formal or coordinated mechanism for participation of jurisdictional representatives in the college processes. However, the college members are likely to be working in administrative positions in health authorities, health services and policy positions throughout Australia.²⁴

Other stakeholder participation

The college states it is happy to engage stakeholders such as consumers, although it noted that consumers do not tend to have an interest in its processes. The college is also working to improve trainee participation²⁵ including by having candidate representation on key decision-making bodies such as state/territory/New Zealand committees. Council is also working towards amending the college's constitution to allow for candidates to sit on Council.²⁶

18 College response, 25 February 2005, p. 1.

19 Meeting, 25 November 2004.

20 College response, 25 February 2005, p. 1.

21 College Handbook, p. 20.

22 Additional response, 11 March 2005, p. 3.

23 ACCC/AHWOC Review Secretariat, record of meeting with the Australasian College of Medical Administrators, Sydney, 15 March 2005 ('Meeting, 15 March 2005').

24 Meeting, 15 March 2005.

25 Meeting, 25 November 2004.

26 Additional response, 11 March 2005, p. 3.

The college also encourages candidate/new fellow involvement through:

- The Margaret Tobin Challenge Award (an award which requires candidates to speak for twelve minutes on a topic of their choice (generally in line with the theme of the RACMA conference)). Candidates are invited to submit entries on the theme of the RACMA conference and each state/territory/New Zealand committee selects one candidate to participate at the Annual Conference. The winner receives a medallion and a monetary prize of \$1,000.
- Candidates are encouraged to submit their case study for publication in the college journal, *The Quarterly* and/or the website.
- Fellows who have been successful at the Oral Examination are required to join the RACMA Mentoring Program which is aimed at providing career development for new fellows. It does this through the establishment of a one-to-one relationship with an experienced fellow whose professional knowledge and management skills will not only assist career development but will also provide the opportunity for new fellows to meet their learning objectives.
- Council has recently introduced an award (the RACMA New Fellow Achievement Award) in recognition of contributions to the college made by fellows of five years standing or less, which takes into account any contribution the fellow has made while a candidate.²⁷

The Royal Australian & New Zealand College of Obstetricians and Gynaecologists (RANZCOG)

About the college

The college was founded in 1978 and reported around 1350 fellows and 286 trainees in 2004.¹ The Council is the governing body of the college and has reporting to it over 30 standing committees. These include the Executive Committee, the Examinations Committee, the College Training and Accreditation Committee and the Regional Training and Accreditation Committees.

The college underwent the AMC accreditation process in 2003. The AMC granted accreditation to the college's training program for six years (until December 2009), on a number of conditions, including that the college provides a comprehensive report to the AMC after three years (December 2006), to evaluate the implementation of the new training program which was introduced by the college in 2004.²

Supply and demand

AMWAC completed an assessment of the obstetric and gynaecology workforces in 2004. It found that since 1997, the number of trainees has been reducing and has fallen below the recommended AMWAC intakes.³

AMWAC notes that the reasons for the reduction in trainee intakes include the lack of eligible applicants and difficulty in some jurisdictions' ability to offer compulsory clinical rotations for certain course components.⁴ College surveys also suggest that there have been fewer trainee applicants in recent years because of factors such as lifestyle choices, the high cost of indemnity insurance, reductions in the content of training in some training posts and the restrictive roster and staffing arrangements at many training sites.⁵

To counteract this shortfall, the college states it has standardised the timing of the annual selection process in each state as much as practicable, enabling states to share information about candidates. Unfilled posts are also widely advertised through the college's email bulletin and through liaison between the training services department and each local training and accreditation committee.⁶ The college has also taken measures to move some training out of the public hospital system, for example by establishing training posts in reproductive medicine in private IVF clinics. The college is also examining ways in which training for ultrasound and office gynaecology could be undertaken in private practice.⁷

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- 1 The trainee numbers refer to the numbers of trainees enrolled in the college's fellowship training program in Australia. Royal Australian and New Zealand College of Obstetricians and Gynaecologists, 'Response to Attachment B: College Information', letter to Mr John Martin, ACCC Commissioner, 22 April 2005 ('RANZCOG 'Response to Attachment B', 22 April 2005').
 - 2 Australian Medical Council, *Accreditation Report: The Education and Training Programs of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists*, Canberra, 2003, p. 59.
 - 3 For example, in 2004 the first year trainee intake in Australia was 53, while AMWAC recommended 55 trainee positions.
 - 4 Australian Medical Workforce Advisory Committee, *The Specialist Obstetrics and Gynaecology Workforces in Australia, An Update: 2003-2013, AMWAC Report 2004.2*, Sydney, 2004 ('AMWAC Report 2004.2'), p. 49.
 - 5 Royal Australian and New Zealand College of Obstetricians and Gynaecologists, 'Re: Responses from RANZCOG to request for additional information', email to Ms Sue Murphy of the ACCC, 10 February 2005 ('RANZCOG email, 10 February 2005'), p. 1 and ACCC/AHWOC Review Secretariat, Record of meeting with the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, Melbourne, 11 November 2004 ('Meeting, 11 November 2004').
 - 6 Royal Australian and New Zealand College of Obstetricians and Gynaecologists, response to the ACCC, 11 October 2004 ('RANZCOG response'), pp. 16-17.
 - 7 RANZCOG email, 10 February 2005, p. 1.

AMWAC recommends that to achieve an appropriate supply of obstetric and gynaecological specialists, from 2005 onwards, the annual first year intake to the training program should be between 66 and 78 training places. However, to facilitate such a significant increase, AMWAC recommends that the first year intake for 2005 be initially set at 60 training places.⁸ The college states that it has recruited 61 trainees for 2005.⁹

Trainee selection

While the college notes that it is not responsible for selection, the Integrated Training Program (ITP) Trainees Selection Subcommittees (TSS), which function under the auspices of Regional Training and Accreditation Committees, recommend to hospitals which trainees to appoint.¹⁰ The college states that, officially, the TSSs interview applicants on behalf of the hospital/state health authorities because they recognise that the college is in the best position to assess the suitability of candidates.¹¹ Hospital/health authorities are therefore reliant on the recommendations of the college in relation to decisions about which applicants to appoint.

The college states that, while there is no formal training for members of the TSSs, all members have had extensive experience supervising trainees and conducting assessment. The college states that all members of selection panels were consulted in the curriculum development process and are therefore familiar with the requirements of the curriculum and the personal/clinical attributes required of clinicians.¹²

Applicants for training posts are shortlisted by the TSS and then interviewed using a consistent format. The selection panel considers the merits of each applicant in accordance with agreed key criteria, reviews any relevant documentation including *curriculum vitae* and referee reports, and then, using a systematic ranking system, rates the top applicants.¹³ The list of successful candidates is then presented to the relevant health ministry/authority and hospital administrations for acceptance.¹⁴ Final approval is granted by the relevant health ministry/authority and hospital administration, however no detail is provided on how many applicants recommended by the college are not subsequently employed.

To be eligible for selection, applicants must be Australian residents, possess an approved Australian or New Zealand primary medical degree, or have successfully completed the AMC examinations.¹⁵ They must also have current medical registration.¹⁶ From 2004, applicants must have completed one intern year and one HMO year (or equivalent), unless exceptional circumstances apply.¹⁷

The college notes that the selection criteria used by the selection panels in each state or territory 'varies slightly', but states that the key criteria are common to all.¹⁸ The AMC review raised some concerns about the potential lack of consistency in all aspects of the selection process, and to this end recommended that the college should develop clearly defined national selection criteria that apply to all states and New Zealand.¹⁹ The college states that it is currently developing nationally-consistent criteria for trainee selection.²⁰

8 AMWAC Report 2004.2, p. 88.

9 RANZCOG 'Response to Attachment B', 22 April 2005.

10 RANZCOG response, p. 11.

11 RANZCOG email, 10 February 2005, p. 3.

12 RANZCOG email, 10 February 2005, p. 4 and RANZCOG 'Response to Attachment B', 22 April 2005.

13 RANZCOG response, pp. 16–17.

14 RANZCOG response, p. 12.

15 RANZCOG response, p. 13.

16 *General Information for Prospective Trainees*, pamphlet produced by the college.

17 RANZCOG response, p. 13.

18 RANZCOG response, p. 14.

19 Australian Medical Council, *Accreditation Report: The Education and Training Programs of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists*, Canberra, 2003 ('AMC Report'), p. 42.

20 RANZCOG 'Response to Attachment B', 22 April 2005.

We also note that the key selection criteria include elements that may be interpreted subjectively, such as 'strengths', 'professional goals' etc.

Information provided to applicants is available publicly on the college website. Unsuccessful applicants are advised of the reasons for the subcommittee's decision, and decisions of the college are appealable.²¹

The training program

The training program is six years; consisting of four years of membership training, known as the Integrated Training Program, and two years of fellowship training which are elective years.

Integrated Training Program (ITP)

The ITP includes in-hospital training, professional preparation through the Flexible Learning Program and requires candidates to successfully complete several workshops. ITP trainees must also complete two clinical assessments for ultrasound and colposcopy.²² The ITP is designed as a four year program.²³ Successful completion of the ITP allows trainees to become members of the college.

ITP trainees must complete a clinical assessment, a written examination, and an oral examination.²⁴ Trainees are also required to maintain a logbook, undergo mid-semester formative assessments, undergo a six-monthly summative assessment, submit a six-monthly training assessment record, and submit a trainee feedback questionnaire every six months. Trainees must also rotate through a minimum of three hospitals, spending at least 12 months in a tertiary hospital and six months in a rural hospital.²⁵

Elective Program (EP)

The EP is a two year fellowship training program²⁶ that is developed by an individual trainee to meet his/her needs, but must be prospectively approved by the relevant Regional/New Zealand Training and Accreditation Committee. The first year must consist of a further clinical position in general obstetrics and gynaecology. The second year may consist of further aspects of general obstetrics and gynaecology, the first year of a subspecialty program, or a research elective.²⁷ Following successful completion of the EP trainees are eligible for fellowship of the college.

Admission to fellowship

The college Training and Accreditation Committee is responsible for the approval of applications for admission to membership and fellowship of the college, and the formal recommendation to Council of approved applications.²⁸

21 RANZCOG response, p. 31 and Royal Australian and New Zealand College of Obstetricians and Gynaecologists, *Training Program Handbook 2004*, Melbourne, 2004 ('RANZCOG Handbook'), p. 22.

22 RANZCOG 'Response to Attachment B', 22 April 2005.

23 RANZCOG Handbook, p. 22.

24 RANZCOG Handbook, pp. 35–39.

25 Medical Training Review Panel, *Eighth Report*, Department of Health and Ageing, Canberra, November 2004 ('MTRP Report'), p. 74.

26 RANZCOG Handbook, pp. 33–34.

27 MTRP Report, p. 75.

28 RANZCOG, *College Training and Accreditation Committee: Functions, Terms of Reference and Membership*, 1.2.6. Document provided to ACCC/AHWOC Review Secretariat at meeting with RANZCOG on 11 November 2004.

Fellowship is awarded for a period of three years to:

- trainees who have satisfactorily completed the MRANZCOG Training Program, the Elective Program and:
 - if completing the pre-2004 training curriculum, the three designated pre-fellowship DEP²⁹ units (behavioural medicine, medico-legal issues and ethics).³⁰
 - if completing the post-2004 training curriculum, the online units of study for the Flexible Learning Program.³¹
- overseas trained specialists (OTS) whose training and experience have been assessed by the Training and Accreditation Committee to be at least equivalent to that of a fellow of the college, and who have successfully applied for fellowship under article 12 of the college's Articles of Association.³²

A fellowship elevation fee must also be paid.³³

Decisions in relation to fellowship applications are appealable.³⁴

Overseas trained doctors

The college Training and Accreditation Committee is responsible, through the OTS Subcommittee, for the assessment of overseas trained specialists (OTSs) and area of need practitioners (AoN) in Australia. Recommendations are referred by the committee to Council for consideration.³⁵

OTS applicants seeking recognition are required to first apply to the AMC. The college then conducts an initial assessment to determine which applicants are eligible for interview. In 2004 the college charged an initial assessment fee of \$1420.³⁶ The college's criteria for selection adhere as closely as possible to those for local applicants,³⁷ and unless an applicant is deemed to be well below the standard of an Australian trained specialist, they will be invited to attend an interview.³⁸ In 2004 the OTS interview fee was \$2800.³⁹

The interview involves a discussion of the applicant's training and experience, and requires the applicant to respond to two standardised problem-solving tasks involving procedural skills, medico-legal issues, cultural awareness and interpersonal skills. There are three possible outcomes of the interview:

- not near the standard of an Australian trained specialist (application rejected)
- near the standard (further training and assessment required)
- at least equivalent to the standard (application accepted).⁴⁰

OTS applicants assessed as 'near' are required to undertake further examinations, clinical assessment, and two years of up-skilling in a hospital.⁴¹ The college states extra training is often required because of the

29 Distance Education Program.

30 RANZCOG Handbook, p. 168.

31 RANZCOG 'Response to Attachment B', 22 April 2005.

32 RANZCOG Handbook, p. 170.

33 In 2004, the fee was \$465. RANZCOG Handbook, p. 168.

34 RANZCOG Handbook, p. 173.

35 RANZCOG, *College Training and Accreditation Committee: Functions, Terms of Reference and Membership*, 1.1 and 1.2.7. Document provided to ACCC/AHWOC Review Secretariat at meeting with RANZCOG on 11 November 2004.

36 RANZCOG Handbook, p. 11.

37 AMC Report, p. 47.

38 If an applicant is deemed below standard, he/she can consider obtaining an AMC certificate and then applying for entry into Year 1 of the ITP. RANZCOG response, p. 23.

39 RANZCOG Handbook, p. 11.

40 RANZCOG response, pp. 23–24.

41 RANZCOG response, pp. 23–24 and ACCC/AHWOC Review Secretariat, record of meeting with the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, Melbourne, 11 November 2004 ('Meeting, 11 November 2004').

differences in the clinical skills and cultural expectations of many OTS applicants,⁴² and notes that in 2004 there were only 26 OTS applicants undertaking further training.⁴³

Applicants who are determined to be 'at least equivalent' can apply for fellowship subject to the usual terms, conditions and fee.⁴⁴ The AMC reported in 2003 that the college's OTS processes largely comply with the principles established by the Joint Standing Committee on Overseas Trained Specialists.⁴⁵ We note that college processes and regulations relating to OTS assessment are widely available on the college website and are published regularly in college publications.⁴⁶ Decisions in relation to examinations or training required to be undertaken by OTSs are appealable.⁴⁷

In the period 2000 to 2004 126 overseas trained obstetricians and gynaecologists were assessed by the college for registration as a specialist. Of these, 60 per cent were supported as near or at least equivalent, while 40 per cent of applicants were rejected.⁴⁸

Area of need

Once a position has been approved by the relevant state or territory department of health as area of need (AoN), all AoN applications are assessed by the college OTS/AoN Assessment Subcommittee. This subcommittee comprises accredited assessors of the college, a staff member from the training services section and a community representative.⁴⁹ The AoN assessment process involves a preliminary assessment followed by an interview, however it is not clear what assessment criteria are used to assess the suitability of AoN applicants. Applicants are also required to pay an assessment fee of \$5200.⁵⁰

The process takes considerable time, however the college states that it will assess the application within eight weeks.⁵¹ If the applicant is deemed suitable, limitations on the nature and extent of practice may be imposed,⁵² and the applicant will be subject to supervision for the first 12 months of their appointment.⁵³ Successful AoN applicants will also receive ongoing monthly assessments for the first three months, followed by a three month summation of this period.⁵⁴ An additional report is required after twelve months.⁵⁵ The college reports that in the period 1 June 2002 to 31 December 2003, 12 applications were submitted through the AMC for area of need obstetricians and gynaecologists. Eleven of these were supported for registration.⁵⁶

42 *ibid.*

43 *ibid.*

44 RANZCOG response, p. 24.

45 'An OTS Subcommittee has been created; criteria for selection adhere closely to those applicable to local applicants; applicants' qualifications are examined scrupulously (with the assistance of a database of previous decisions to ensure consistency); documentation pertaining to the assessment of each applicant is retained on file; applicants are advised of any adverse referee comments and given the opportunity to make submissions regarding this material'. AMC Report, p. 48.

46 RANZCOG response, p. 24.

47 RANZCOG Handbook, pp. 171–173.

48 RANZCOG response.

49 RANZCOG response, p. 25.

50 RANZCOG Handbook, p. 11.

51 RANZCOG response, p. 25.

52 RANZCOG response, p. 26.

53 *ibid.*

54 RANZCOG response, p. 26 and RANZCOG 'Response to Attachment B', 22 April 2005.

55 RANZCOG response, p. 26.

56 RANZCOG 'Response to Attachment B', 22 April 2005 and RANZCOG Handbook, p. 143.

Hospital accreditation

The college Training and Accreditation Committee approves ITPs, individual hospitals which seek to become part of an ITP, and specific posts for training.⁵⁷ Each ITP is run by a network of accredited hospitals.

Prospective ITPs must submit a detailed application form, and then an inspection team (comprising the chairman of the Training and Accreditation Committee, the chairman of the relevant Regional/New Zealand Training and Accreditation Committee, and the proposed program coordinator) conducts a site visit.⁵⁸ An inspection fee must be paid in advance. Successful applications are approved by the Training and Accreditation Committee and then ratified by Council.⁵⁹

Individual hospitals seeking accreditation must go through a similar inspection process. A site visit is carried out by a team, consisting of the relevant program coordinator and the chairman of the relevant Regional Training and Accreditation Committee. Again, an inspection fee must be paid in advance.⁶⁰

The college states that a hospital accreditation team will be created for 2005–07, comprising six to eight fellows and six senior college staff with extensive experience in conducting training program reviews and overseeing state training programs. Members who do not have previous experience conducting training reviews will work with more experienced college staff and will receive thorough on the job training.⁶¹

The standards and criteria for accreditation of ITPs are publicly available. The ITP accreditation application form broadly sets out the accreditation criteria, while the college's standards for the accreditation of ITPs are available from the *Training Program Handbook* on the college website.⁶² The College is also developing a set of draft guidelines for applicant hospitals, which the college intends to circulate to key stakeholders, including AHWOC, in July 2005.⁶³

While some of the standards and criteria provide examples of what would be considered as minimum requirements (eg 'No hospital will be accredited as a training site with fewer than two consultants in obstetrics and gynaecology on the staff'⁶⁴), there is potential for other criteria to be interpreted subjectively, such as 'appropriate supervision of trainees' and 'adequate number of patients' etc.⁶⁵ The college's draft guidelines may further clarify and/or refine some of these issues.

The college states that the time taken to conduct the accreditation assessment; from the time a hospital submits an application form to the time at which the college notifies the hospital of its decision; is approximately two to three months.⁶⁶

College appeals process

The college appeals process states a person who is aggrieved by a college decision has standing to make an appeal. The college states that it will amend its current *Appeals Procedures Policy*, to clarify that the college's decisions about whether to grant accreditation or re-accreditation to ITPs and hospitals are appealable by both persons and institutions, such as health authorities and hospitals.⁶⁷

57 RANZCOG Handbook, p. 15.

58 RANZCOG Handbook, p. 147.

59 RANZCOG response, p. 2.

60 RANZCOG Handbook, p. 147.

61 RANZCOG email, 10 February 2005, p. 4.

62 RANZCOG Handbook, pp. 136–138.

63 Meeting, 11 November 2004 and RANZCOG email, 10 February 2005, p. 2.

64 RANZCOG Handbook, p. 137.

65 RANZCOG response, p. 1.

66 RANZCOG email, 10 February 2005, p. 3.

67 RANZCOG 'Response to Attachment B', 22 April 2005. Specifically, the college will amend clause 19.3.1 of its *Appeals Procedures Policy* to read 'a person or *institution* who is aggrieved...' [original emphasis].

Trainees

Decisions in relation to trainee applicants are appealable. The Appeals Committee comprises three members who are not college fellows, two college fellows who were not party to the original decision, and the chief executive officer of the college.⁶⁸ The college states that it has also recently appointed community representatives to the Appeals Committee, and has approached Health Ministers for nominations.⁶⁹

We note that the college requires applicants to pay an appeals fee. For appeals held by teleconference, the fees are:

- trainee \$500 + GST
- member \$700 + GST
- fellow \$2500 + GST
- Non-member \$5000 + GST.⁷⁰

If the appeal is upheld, the fee will be refunded minus administrative costs.⁷¹ However, in the event that a face-to-face hearing is required, the appellant must meet all associated costs regardless of the result. The chief executive officer may also waive the application fee.⁷²

OTS/AoN

The above appeals process is also open to OTS and AoN applicants and sponsoring hospitals are eligible to appeal on behalf of overseas trained specialists that are seeking employment.

Jurisdictional involvement and workforce issues

The college currently provides some avenues for jurisdictional involvement by including hospital administration representation and/or health department representation on the ITP Trainee Selection Subcommittees.⁷³ The college states that these subcommittees may also include a member from a panel nominated by the relevant Health Minister/authority in accordance with ACCC policy, if required. The college has recently approached Health Ministers for nominees to be appointed to trainee selection panels.⁷⁴ The college also states that it is aware of the need to involve ministerial representation in the selection of subspecialty trainees.⁷⁵

There is presently no jurisdictional representation in relation to the accreditation of ITPs and individual hospitals, or in the assessment of OTS applications.

We note that during discussions between the ACCC/AHWOC review secretariat and the college, the college indicated that it would prefer to receive further input from jurisdictions at the college level, rather than at the state committee level.⁷⁶

68 RANZCOG response, Attachment A.

69 RANZCOG response.

70 RANZCOG Handbook, p. 173.

71 RANZCOG 'Response to Attachment B', 22 April 2005.

72 RANZCOG Handbook, p. 173.

73 RANZCOG response, p. 12.

74 RANZCOG response, p. 12 and p. 17.

75 RANZCOG response, p. 17.

76 Meeting, 11 November 2004.

Other stakeholder participation

In 2003 the AMC recommended that the college review the strategies and mechanisms for communication with stakeholder groups, including consumer associations and health departments, concerning training matters.⁷⁷ Since then, the college has taken measures to improve stakeholder representation.

For example, the college includes trainee representatives from all states and territories on the 'Trainees' Subcommittee.⁷⁸ This subcommittee makes recommendations to Council on matters relating to training and assessment, including procedural issues affecting trainees.⁷⁹ The chairman of the 'Trainees' Subcommittee also sits as a voting member on the College Training and Accreditation Committee, which appears to provide trainees with some avenues for input into decisions concerning the accreditation of ITPs, training posts, training programs, trainee assessment, assessment of OTS and AoN, and approval of applications for fellowship.⁸⁰ A senior trainee representative is also included in the ITP Trainee Selection Subcommittees.⁸¹

The college includes consumer representatives on various college committees including the Overseas Trained Specialists Subcommittee⁸² and the ITP Trainee Selection Subcommittees.⁸³ Consumers were selected following a national call for expressions of interest and application process. Further, the college has recruited consumer representatives for its Curriculum Working Group from the Consumer Health Forum. The college states that these mechanisms appear to be working well.⁸⁴

77 AMC Report, pp. 58–59.

78 Meeting, 11 November 2004.

79 RANZCOG, *Trainees' Subcommittee: Functions, Terms of Reference, Membership and Mode of Operation*, 1.3.2. Document provided to ACCC/AHWOC Review Secretariat at meeting with RANZCOG on 11 November 2004.

80 RANZCOG, *College Training and Accreditation Committee: Functions, Terms of Reference and Membership*, 2.3.5. Document provided to ACCC/AHWOC Review Secretariat at meeting with RANZCOG on 11 November 2004.

81 RANZCOG response, p. 12.

82 Meeting, 11 November 2004.

83 RANZCOG response, p. 12.

84 RANZCOG 'Response to Attachment B', 22 April 2005.

The Royal Australian and New Zealand College of Ophthalmologists (RANZCO)

About the college

The college grew out of the Ophthalmological Society of Australia which was formed in 1938.¹ The college reported its membership was 1236 in 2003 of which 987 were fellows.² The college Council is the governing body, and is supported by various committees and boards, including the Board of Directors, the Qualifications and Education Committee and the Overseas Trained Specialist Committee.

The college is scheduled to undergo the Australian Medical Council accreditation process in 2006.

Supply and demand

The last AMWAC review of the specialist ophthalmology workforce was published in 1996. It recommended that by 2006 there be a total of 91 training positions established nationally. In 2004 there were 105 trainees, of which 25 were first year trainees.³ The college has disputed the trainee numbers reported in the Medical Training Review Panel (MTRP) report. The MTRP has reported trainee numbers have varied over the last decade, falling to 18 posts between 1999 and 2001 but reaching 28 first year posts in 2003.⁴

The college reported that it has commissioned an external consultant to conduct a workforce planning study for 2004–05 to review the specialist ophthalmology workforce supply and future demand. The college anticipates that the study will identify shortfalls in the existing supply.⁵

The college stated that it has actively sought an increase in training posts, writing to state health department directors-general in October 2003 seeking support and funding for a 20 per cent increase in posts.⁶ Three additional posts (one funded, two unfunded) have been accredited since this time.⁷

Trainee selection

The college's application process has three stages.⁸ In the first stage, applicants that meet the pre-requisites for ophthalmology training (holding medical registration in Australia and having at least two years pre-vocational experience that includes not more than 3 months training in ophthalmology), are invited to pay a fee to sit the 'Behavioural Capability Assessment' and also register to participate in the national matching program. The college stated that this process is designed to identify those applicants who have the capability to complete the program and for outstanding performance in this specialty.⁹ The behavioural capabilities

1 Royal Australian and New Zealand College of Ophthalmologists, *The College Tradition*, viewed 20 January 2005, www.ranzco.edu/aboutus/tradition.php.

2 Royal Australian and New Zealand College of Ophthalmologists, *2002/03 Annual Report*, Sydney, 2003, p. 10.

3 Medical Training Review Panel, *Eighth Report*, Department of Health and Ageing, Canberra, November 2004 ('MTRP Report'), p. 14 and p. 19.

4 MTRP Report, p. 40.

5 ACCC/AHWOC Review Secretariat, record of meeting with the Royal Australian and New Zealand College of Ophthalmologists, Sydney, 6 December 2004 ('Meeting, 6 December 2004').

6 College Response, 30 October 2004, Attachment 2.

7 Royal Australian and New Zealand College of Ophthalmologists, Additional Response to the Review, letter to Ms Sue Murphy of the ACCC, 8 February 2005 ('Additional response, 8 February 2005'), p. 2.

8 College website, *Selection in 2005 for Specialist Ophthalmology Training to Start in 2006*, viewed 5 April 2005, www.ranzco.edu/news/news.php?news_id=116.

9 Royal Australian and New Zealand College of Ophthalmologists, *Selection in 2005 for Specialist Ophthalmology Training to Start in 2006*, viewed 20 January 2005, www.ranzco.edu/news/news.php?news_id=116.

that are assessed are interpersonal understanding, openness to constructive criticism, self monitoring ability, appropriate use of positional power, stress tolerance, altruistic patient focus, active team player, behaves proactively, strives for excellence and is an intuitive holistic thinker. Feedback on the tests is provided to applicants prior to stage two.

In the second stage, applicants apply to individual training networks which then conduct selection interviews and reference checks. Candidates are then ranked. The selection criteria are based on the college's 'Seven Key Roles of Specialist Ophthalmology', being ophthalmic expert and clinical decision maker, communicator, collaborator, manager, health advocate, and professional scholar.

The college then coordinates the national matching program to match the applicants' preference for training location to the rankings of the selection committees. Each jurisdiction then appoints the applicants that have been matched to their training network.¹⁰ Hospitals are responsible for the employment of applicants and trainees are responsible for applying to the college to become trainee associate members.

The college provides training for the members of trainee selection panels.¹¹ The college has a program of monitoring selection panels for compliance with college guidelines and national consistency.¹²

The college states that it does not collect data on the number of applications to regional health authorities for appointment to accredited posts.¹³

The training program

The college introduced a five year training program commencing in 2004.

The program is offered in three consecutive segments:

- basic training over two years
- advanced training over two years
- a final year, offering trainees an opportunity to broaden specialist experience in Australia, New Zealand or overseas in preparation for independent specialist practice.

By the time trainees have completed 18 months of basic training, they are expected to have met the selection criteria for advanced training including successful completion of on-the-job and written and practical assessment tasks. Selection of advanced trainees occurs in the second half of each calendar year.

To complete advanced training, trainees are required to demonstrate integrated clinical and surgical skills and knowledge in each of 12 clinical practice areas, satisfactory completion of on-the-job assessment and the RANZCO Advanced Clinical Examination. Before trainees are eligible to sit the final examination, they must have three years of satisfactory training progress (supported by supervisors' reports and records of surgical experience).¹⁴

Information on pass and failure rates for trainees undertaking assessments are not published beyond college fellows, although the college provided the following data to the review.¹⁵

10 Additional response, 8 February 2005, p. 2.

11 Meeting, 6 December 2004.

12 *ibid.*

13 Additional response, 8 February 2005, Attachment C.

14 Royal Australian and New Zealand College of Ophthalmologists, *Specialist Ophthalmology Education & Training System*, viewed 9 March 2005, www.ranzco.edu/news/news.php?news_id=134.

15 Additional response, 8 February 2005, Attachment C.

Intake	1999	2000	2001
Doctors with pre-requisite (Part I) eligible to apply for Australian /NZ training posts	59	56	74
Trainees appointed	34	27	30
Trainees passing Part II exam	34	27	29 One not reappointed by hospital (performance unsatisfactory)
Attempts before passed	One: 25 Two: 5 Three: 2 Four: 2	One: 17 Two: 8 Three: 2	One: 21 Two: 5 Three: 3
Trainees progressing to fellowship	34 28 admitted in 2003 5 admitted at later stage	27 24 admitted in 2004, 1 in 2005 Two still training	13 to date 8 currently eligible, yet to apply 8 eligible by the end of 2005
Average time taken to complete program (min 4 years)¹⁶	50–51 months	50–51 months	49 months

Admission to fellowship

Subject to successful completion of all earlier stages, the Censor-in-Chief's acceptance of the trainee's final year marks the successful completion of all training requirements to practise as a specialist ophthalmologist. The specialist is then eligible to apply for admission as a fellow.¹⁷

Overseas trained specialists

The college has provided detail on the process of assessment of Overseas Trained Specialists (OTSs) and reports that it complies with AMC guidelines.¹⁸

The assessment of an OTS is initially by review of documentation followed by an interview with representatives from the college's OTS Committee. The Committee's membership includes an external member with experience in human resource management.¹⁹ The focus of the interview is to clarify training and experience, using a bank of scenarios to ascertain the applicant's equivalence.²⁰

There are three possible decisions the OTS Committee can make:

- demonstrably equivalent and requiring no further assessment
- probably or nearly equivalent, but requires further assessment such as supervised clinical practice, examination or both
- not equivalent and returned to AMC to complete the generalist AMC pathway.

¹⁶ This was prior to the commencement of the college's five year training program.

¹⁷ Royal Australian and New Zealand College of Ophthalmologists, *Specialist Ophthalmology Education and Training System, Five Year Program from 2004*, viewed 9 March 2005, www.ranzco.edu/news/news.php?news_id=134.

¹⁸ Royal Australian and New Zealand College of Ophthalmologists, 'Response to the Review', letter to Mr Graeme Samuel of the ACCC, 30 October 2004 ('College response, 30 October 2004'), Attachment 2, p. 3.

¹⁹ College response, 30 October 2004, Attachment 2, p. 3.

²⁰ College response, 30 October 2004, Assessment of Overseas Trained Specialists Seeking Specialist Registration in Australia/ New Zealand, Attachment 4, p. 4.

The college charges a service fee for the initial assessment and interview, an examination fee if required to undertake an assessment and a training fee if the OTS undertakes training. In addition, if there is a period of supervised assessment, a facility may charge a fee for this service.

OTS interviews are generally conducted twice annually around March and October. The average time taken to process an OTS assessment is around five months, while all Area of Need (AoN) assessments are completed within eight weeks.²¹

Grounds for appealing decisions of the OTS Committee are:²²

- the college failed to follow due process
- the applicant is able to produce additional information not available at the time of the initial assessment and which has the potential to alter the initial determination of the OTS Committee.

In June 2003 the college introduced a three year limit on the validity of an assessment determination. Three years from the date of the AMC letter to the applicant informing them of the college's determination, the college reserves the right to review an applicant's skills and experience and may require applicants to undergo a reassessment.²³

The college stated that information on assessment of OTS applicants is published in its annual reports and noted the growth in the number of applications. The college's 2002/03 annual report notes that in that period, 13 new OTS applicants were assessed for equivalence. Six were considered not equivalent and seven required further assessment. There were eight Area of Need posts established from the commencement of the Area of Need program and, as at 15 March 2005, all approved positions are filled.

The college also provided the following data to the review.²⁴

OTS applications

Year	2001	2002	2003	2004
Number applying for recognition	12	17	10	7
Number assessed as equivalent (no further assessment required)	0	0	1	2
Number assessed as not equivalent (AMC pathway)	1	6	4	0
Number requiring further assessment or training to determine status	11	11	5	5
Number from previous column who undertook further training	7	4	2	0

Area of Need applications

Year	2001	2002	2003	2004
Number of applicants	1	0	0	2
Number successful	1	0	0	2

21 Additional response, 8 February 2005, Attachment D, p. 4.

22 College response, 30 October 2004, *Assessment of Overseas Trained Specialists Seeking Specialist Registration in Australia/ New Zealand*, Attachment 4, p. 7.

23 Royal Australian and New Zealand College of Ophthalmologists, *Overseas Trained Specialists (OTS) Information*, viewed 20 January 2005, www.ranzco.edu/news/news.php?news_id=105.

24 Additional response, 8 February 2005, Attachment E.

Hospital accreditation

The college accredits training networks or schemes, within which individual training posts are identified and accredited. In Australia there are six training schemes, all based in metropolitan teaching hospitals with secondments to other facilities.

The inspection cycle for college-accredited posts is three years. The process involves the network providing documentation in advance of the site visit, the inspection itself, which includes the inspection team providing an oral report of its broad findings on the final day, preparation of a draft report which is circulated to participants and a final report which goes to the Qualification and Education Committee.²⁵ Mechanisms exist for feedback of accreditation outcomes to health authorities and health service managers. Accreditation takes approximately three months from survey to final decision.²⁶

Applications for accreditation of training posts within a training scheme can be submitted to the college by jurisdictions or service directors for consideration.²⁷

In October 2004 the college developed and promulgated a provisional statement for consultation with government on standards for ophthalmology training networks and posts.²⁸ Jurisdictions have not provided formal feedback on this paper to date.

College appeals process

The college's appeals process is designed as a last resort after all other avenues of reconsideration have been exhausted, whether by the body which originally made the decision or reviews by other individuals or bodies within the college.²⁹ The process can be implemented for any appeal in selection, OTS assessment or post accreditation decision.

The appeals process allows any person adversely affected by a decision of the college to appeal in writing within three months of receiving notice of the decision. An appeal may only be made on the following grounds:

- that there was an error in law or due process in the original decision
- that relevant and significant information was not considered
- that the original decision was clearly inconsistent with the evidence
- that irrelevant information was given undue weight
- that procedures that college policies required to be observed were not observed
- that the original decision was made for an improper purpose
- that the original decision was made in accordance with a rule or policy without regard to the merits of the particular case.³⁰

Once an appeal is lodged, the Chief Executive Officer will convene an Appeals Committee. The committee is to constitute three appropriately qualified non-fellows (one of which is to chair the committee) and two fellows, neither of whom were directly involved in the matter.³¹ A quorum is the Chairman and three other members.

25 Additional response, 8 February 2005, p. 4.

26 *ibid.*

27 Additional response, 8 February 2005, Attachment A.2.

28 Consultation document, *Standards for Ophthalmology Training Networks and Posts*, October 2004.

29 Clause 2, *College Appeals Process*, Additional response provided by College, 8 February 2005, Attachment B ('Appeals Process').

30 Clause 11, Appeals Process.

31 Clause 3, Appeals Process.

Appeals must be considered on their merits, and the committee must act according to the rules of natural justice.³² An applicant has the right to appear before the committee, but cannot have an advocate or legal representation unless the committee has given its prior consent.³³

Before the Appeals Committee is convened, the applicant must pay a fee of such amount as the Board determines based on the costs associated with convening the committee.³⁴

The Appeals Committee may confirm the decision or revoke it. It can make recommendations that the Board refer the decision to relevant parties for further consideration or make recommendations on an alternative decision. It can also recommend that the fee for convening the committee be waived in whole or in part.³⁵

Jurisdictional involvement and workforce issues

There is currently limited jurisdictional involvement in college processes, although the college has sought to engage jurisdictions by inviting comment on standards and policies and has sought funding for training positions. The college has also indicated it will accommodate jurisdictional representatives on specific committees.

For example, the college has invited jurisdictional representatives to participate in site accreditation inspections since 2003. One has participated fully, one has met with the accreditation team and one jurisdiction did not participate.³⁶ The college has also indicated it would be appropriate to have a representative from the employing authority on the OTS assessment panel for AoN assessments.³⁷

Other stakeholder participation

The college has included an individual with human resource management experience on its OTS Assessment Committee. With the support of the college, some employer selection committees have members who are external stakeholders. The college does not have external stakeholder participation in other areas of its processes.³⁸

The college agreed in 2004 that there should be trainee representatives on both the Qualifications and Education Committee, and College Council. Trainees will participate in these committees from May 2005.

32 Clause 13, Appeals Process.

33 Clause 18, Appeals Process.

34 Clause 19, Appeals Process.

35 Clause 21, Appeals Process.

36 Additional response, 8 February 2005, p. 2.

37 *ibid.*

38 ACCC/AHWOC Review Secretariat, record of meeting with the Royal Australian and New Zealand College of Ophthalmologists, Sydney, 15 March 2005.

The Royal College of Pathologists of Australasia (RCPA)

About the college

The college was incorporated in Australia in 1956. It changed its name in 1980 to recognise its expanding New Zealand and Asian membership. The college reported its membership in 2002 was over 1290 fellows.¹ The College Council is the governing body, under which sit various committees and boards, including the Board of Censors, the Trainees Sub-Committee and the state Faculty Boards.

The college is due to undergo AMC accreditation in 2006.

Supply and demand

An AMWAC review of the specialist pathology workforce published in 2003 recommended that there be an additional 100 first-year training positions established nationally from 2004. This recognises the current undersupply in the workforce and the predicted future demand for pathology services.² The college stated that in recent decades, training positions had decreased, in part due to funding cuts at a state and territory level although recently additional positions have been established in the private sector with Australian Government funding.

The college is actively seeking to recruit additional trainees and has been working with representatives of AHWOC to achieve this.³

Trainee selection

The college reports that trainee selection is employer based, and the college does not have direct input into the criteria used or the trainees selected.⁴ However, the college does have eligibility requirements for admission to the training program, which are set out in guidelines. These include the need for candidates to be eligible for medical registration in Australia and to have an interest in completing the training program.⁵ The selection process is currently under review.

To join the training program, a trainee must first gain a training position at a laboratory accredited by the college for training and nominate a supervisor responsible for providing training.⁶

The college does not publish data on applicant numbers or on the number of unsuccessful applicants, although it provided the following data to the review.⁷

Year	2002	2003	2004
Number applying	39	63	65
Number accepted	39	63	65

1 AMWAC, *The Specialist Pathology Workforce in Australia, 2003–13* (AMWAC report), p. 2.

2 AMWAC report, p. 1.

3 AHMAC decision 2003–04 following the release of the AMWAC report.

4 Meeting, 25 November 2004.

5 *ibid.*

6 The Royal College of Pathologists of Australasia, *Trainee Handbook*, Surry Hills, January 2005 ('Trainee Handbook'), p. 10.

7 Additional information provided by the College, 22 December 2004, p. 2.

The training program

The training program can be commenced after practitioners have completed their first (intern) year and consists of five years of training and three examinations:

- Pathological Sciences Examination (generally undertaken within the first three years of training)
- Discipline Specialty Part I Examination (generally undertaken during the third year of training)
- Discipline Specialty Part II Examination (generally taken in the final year of training).⁸

The Part I and Part II examinations have written, practical and oral components.⁹

Training occurs in one of seven disciplines: anatomical pathology (including forensic pathology and oral pathology); chemical pathology; general pathology; genetics; haematology; immunology, and microbiology.¹⁰ Joint training with the Royal Australasian College of Physicians may be undertaken in Endocrinology/Chemical Pathology, Haematology, Immunology and Microbiology/Infectious Diseases.¹¹

The college indicated that pass rates are currently around 60–70 per cent for the Part I examination and close to 100 per cent for the Part II examination (following a repeat examination by some candidates). Previously, there had been particular concerns about the low pass rate for Part I anatomical pathology (around 40 per cent for one year). The college indicated that a change in the focus of the examination from esoteric topics to more common pathology cases led to confusion with candidates. The following changes resulted in higher pass rates: an improved understanding of exam content by candidates, an increase in the time allowed to sit the Part II examination (from 3 to 4 hours), and better communication with supervisors and directors of clinical training regarding the changes. The college indicated there had not been major problems with pass rates in the subspecialties other than anatomical pathology.¹²

The college notes that pass rates have not been made available beyond college fellows, although it provided the following data on pass rates to the review.¹³

8 Trainee Handbook, p. 16.

9 *ibid.*

10 Trainee Handbook, p. 6.

11 Trainee Handbook, p. 11.

12 Meeting, 25 November 2004.

13 The Royal College of Pathologists of Australasia, Response to the Review, letter to Ms Bronwyn Davis of the ACCC, 22 December 2004 ('Response, 22 December 2004'), p. 2.

Discipline	Pass rate (%)		
	2002	2003	2004
Anatomical Pathology Part I	68	47	77
Anatomical Pathology Part II	60	83	78
Anatomical Pathology forensic slant		100	100
Anatomical Pathology Part II repeat	83	100	
Chemical Pathology Part I	75	100	
Chemical Pathology Part II	100	50	100
Chemical Pathology Part II repeat		0	100
Diploma of Cytology		100	
Diploma of Forensic Medicine		100	
General Pathology Morphology	100		100
Genetics Part I	100		
Genetics Part II	100		
Haematology Part I	80	83	68
Haematology Part II	100	100	100
Immunology Part I	100	100	100
Immunology Part II	100	100	67
Microbiology Part I	63	50	83
Microbiology Part II	100	100	67
Microbiology Part II repeat			100
Pathological Sciences	100	100	
Total	83	80	80

Admission to fellowship

Election to fellowship is available to trainees who meet the following criteria:

- successfully completing five years training (or equivalent part time) in an accredited training position
- successfully completing examination requirements
- being considered by the college to be a 'fit and proper person' to be admitted.¹⁴

Fellowship is at the discretion of the College Council, which may accept, reject or suspend a final decision on the application. This decision is final and while feedback may be given, the Council has indicated it is not bound to explain its decision. Rejected and suspended decisions can be appealed through the college's appeals process.¹⁵

The college does not publish the number of trainees accepted for fellowship beyond college fellows, but it did provide data to the review on how many applications in each subspecialty had been accepted for fellowship from 2000–04. In that period none were rejected.¹⁶

¹⁴ Trainee Handbook, p. 21.

¹⁵ Trainee Handbook, p. 22.

¹⁶ Response, 22 December 2004, tab 8.

Overseas trained specialists (OTSs)

The college reports it aims to comply with the AMC guidelines for assessment of OTSs.¹⁷ From 2000–04 the college processed approximately 50 applications from OTSs for fellowship and for Area of Need (AoN) positions. Of these applications 45 were initially assessed by the college as eligible to proceed, however, only seven have met the criteria for fellowship after completing all necessary training and examination requirements. To date, no AoN doctors have successfully obtained fellowship.¹⁸ Information on the OTS assessment process is available on the college's website including a table outlining training time and examination exemptions that form the basis of the assessment.¹⁹

OTSs seeking registration are assessed through an interview. The interview panel consists of three college members including a representative from the Panel of Examiners, a State Councillor and a fellow from the discipline of the candidate.²⁰

College policy allows for four outcomes of OTS interviews:

- reject the application as not equivalent to that of a fellow of the college, application returned to the AMC
- accept the application as equivalent, which only provides eligibility to sit college examinations determined necessary by the panel
- find that the applicant's training is similar but requires further 'acclimatisation'/experience/assessment. The applicant can undergo additional training for up to two years and will then be required to pass specified examinations
- suspend the decision when the panel considers no clear assessment of training equivalence to a fellow of the RCPA is possible on the basis of an interview alone.²¹

The OTS Pathology Examination is available for applicants who are assessed at interview as lacking in one or more elements required to demonstrate specialist comparability. It is offered once a year and applications for this exam must be received one month before the exam.²²

OTSs seeking to fill an AoN position follow a similar process. Should the interview panel find that the applicant fits into one of the last two decisions, there is a procedure available for anatomical pathology applicants if it is necessary to immediately assess safety to practise. The process can only be undertaken at the chief examiner's discretion and involves the applicant spending two to five days in a teaching hospital being assessed on various skills by an experienced examiner.²³ There is also an option to undertake a special practical examination in line with the examination cycle.

The college provides OTS practitioners with access to continuing professional development.²⁴

The college is proposing to review its processes for assessing OTSs and AoN applicants.²⁵

17 Meeting, 25 November 2004.

18 Response, 22 December 2004, tab 17.

19 Royal College of Pathologists of Australasia, RCPA Document Library, viewed 20 March 2005, www.rcpa.edu.au/applications/documentlibrarymanager2/inc_documentlibrarymanager.asp.

20 Response, 22 December 2004, *Assessment of Overseas Trained Specialists seeking Medical Registration in Australia or New Zealand via the Australian Medical Council and the Medical Council of New Zealand Processes*, revised October 2001, tab 9 ('OTS policy').

21 OTS policy, p. 3.

22 OTS policy, pp. 3–4.

23 Response, 22 December 2004, *Assessment for Area of Need Positions*, policy 2/2001, revised August 2004, tab 11, p. 5.

24 Meeting with the college, 14 March 2005.

25 Response, 22 December 2004, tab 13.

Training site accreditation

Accreditation requests are submitted to the college directly by the laboratory seeking accreditation.²⁶

The college reports that assessment of accreditation submissions is largely paper-based. Provisional accreditation may be granted on the recommendation of the chief examiner. When concerns exist, a site visit can be undertaken by a three-person survey team, ordinarily consisting of the chief examiner (or nominee), state councillor and one other fellow.²⁷ During a site visit the team will meet with trainees or potential trainees, head of the Pathology Department, pathologists who will be involved in supervising and/or training and medical administration/administration staff for pathology.²⁸ A verbal report will be given to interested parties at the end of the visit and a draft written report will be provided to the laboratory and all fellows and trainees who were interviewed within four weeks.²⁹

The survey team's recommendations are submitted to the chief examiner and Board of Censors to be ratified or amended. The college provides copies of recommendations to health service managers of the outcomes of this process.³⁰

A pre-requisite for acceptance as a training laboratory is NATA/RCPA accreditation. These accreditation standards have been developed by the National Pathology Accreditation Council (a Federal Health Minister appointed council) and the International Standards Organisation. The college's accreditation application forms also list the minimum requirements which must be met to achieve accreditation. These include: professional staff; supervision; education program; library/internet facilities; equipment and floor space.³¹ The college is in the process of developing draft documentation outlining the approach to assessing acceptable staffing for accreditation of an organisation, but this is yet to be endorsed by the Board of Censors.³²

A laboratory may be accredited for training in a single discipline or for general training, and a limit will be imposed on the length of time a trainee may work in a particular laboratory (up to four years). The Board of Censors reserves the right to review the accreditation status should there be major changes to a laboratory or if it becomes aware of issues of concern.³³

Once accredited, a laboratory will have to undergo re-accreditation every five years.³⁴ The process for re-accreditation is similar, and begins with the college sending the laboratory a re-accreditation form six months before the accreditation is due to expire.³⁵

College appeals process

Decisions of the Board of Censors or a college committee may be reviewed by the Review Committee.³⁶

The committee comprises a chair (a past president of the college, but not the immediate past president) two other fellows (one from New Zealand, one from Australia), a legal practitioner, a non-pathology fellow

26 Response, 22 December 2004, *Laboratory Accreditation for Training Programs*, Policy 10/2000, revised October 2003, tab 1 ('laboratory accreditation policy').

27 Meeting, 25 November 2004.

28 Laboratory accreditation policy, p. 2.

29 *ibid.*

30 *ibid.*

31 *Accreditation of Laboratories for the Training of Candidates in Pathology*, attached to laboratory accreditation policy, pp. 1–2.

32 Response, 22 December 2004, p. 2.

33 Laboratory accreditation policy, p. 3.

34 Laboratory accreditation policy, p. 2.

35 Laboratory accreditation policy, p. 3.

36 *Regulations Governing Review Process for Review of Decisions of Committees of the College Council under Article 49A, By-Law 7/1999*, reviewed August 2001 ('appeals process'), p. 2.

medical practitioner and a nominee of the Australian College of Health Service Executives.³⁷ No member of the appeals committee can hear an appeal if they were involved in the decision that is the subject of the appeal.

An appeal can only be made on limited grounds, such as an error in law or due process, relevant information not considered, a decision contrary to the evidence before the body, or that the body has acted outside of its powers.³⁸ An appellant may address the appeals committee but is not entitled to be legally represented before it unless the committee has given its consent.³⁹

An appellant may be required to pay a fee equivalent to the subscription payable by a fellow for the current year.⁴⁰

The appeals committee may confirm the decision, revoke the decision or refer the decision back to the original body upon such conditions as the appeals committee determines.⁴¹

The college states it has never had an appeal.⁴²

The college also states that it has appointed an ombudsman for trainees, who should only be consulted when a reasonable effort has been made to resolve the problem through normal processes and it is still not resolved. The ombudsman cannot reverse decisions but can recommend a course of action to prevent future problems.⁴³

Jurisdictional involvement and workforce issues

There is currently limited jurisdictional involvement in college processes. A broad-based industry committee, the pathology working group, which included private and public sector pathology associations, government and college representatives, was formed in 2003 to progress the recommendations in the 2003 AMWAC report on the pathology workforce.

Other stakeholder participation

The college stated that its end-users are clinicians, and stakeholder investment is already catered for through the involvement of the Australian Medical Association,⁴⁴ and through its wide consultation in the development of college guidelines, standards and major projects.⁴⁵ The college indicated it is trying to engage the community more generally, particularly to increase students' knowledge of pathology to increase interest in the profession and attract trainees into the training program.

³⁷ Appeals process, p. 1.

³⁸ Appeals process, p. 3.

³⁹ *ibid.*

⁴⁰ Appeals process, p. 5.

⁴¹ *ibid.*

⁴² Meeting, 25 November 2004.

⁴³ Trainee handbook, p. 24.

⁴⁴ Meeting, 25 November 2004.

⁴⁵ Response, 22 December 2004, p. 4.

The Royal Australasian College of Physicians (RACP)

About the college

The college was incorporated in Australia in 1938. In 2004 it had a total membership base of 9160. A breakdown of its Australian membership was:¹

	Fellows	Advanced trainees	Basic trainees
Adult medicine	4149	708	922
Paediatrics	1128	270	301

The College Council is the governing body, under which sit two divisions (Adult Medicine and Paediatrics and Child Health) which are managed by their respective Divisional Committees. The Divisions' Boards of Censors are responsible for advising the College Council on their respective training programs, assessment and examinations. The Committees for Physician/Paediatric Physician Training (CPT/CPPT) have direct responsibility for overseeing training and report to the Boards of Censors.²

The college also has four faculties—Public Health, Rehabilitation, Occupational Medicine and Intensive Care Medicine (managed in conjunction with the Australian and New Zealand College of Anaesthetists), and four chapters—Palliative Medicine, Addiction Medicine, Sexual Health Medicine and Community Child Health.³ All except the Community Child Health chapter have a separate training program and committees that report ultimately to the Council and its Executive.

The college recently underwent the AMC accreditation process. It was granted accreditation until June 2008 subject to certain conditions; such as providing a report to the AMC by December 2005 detailing the college's plans to develop its proposals documented in its Education Strategy and its proposals to further improve the processes for assessing OTSs. Areas for particular attention include the college's planned review of assessment and attention to concerns about the Faculty of Occupational Medicine's alignment with the Education Strategy.⁴

Supply and demand

Specialist workforce numbers depend on the number of graduating advanced trainees and this in turn depends on the number of trainees entering basic training.

AMWAC has conducted reviews of some college subspecialties. Except for gastroenterology and haematological oncology, first-year advanced training intake recommendations are being exceeded, as outlined in the table below.⁵

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- 1 Royal Australasian College of Physicians, *Accreditation by the AMC, Written Documentation Submitted to the AMC*, 2004 (AMC submission) p.18.
 - 2 Australian Medical Council, *AMC Accreditation Report: The Education and Training Programs of the Royal Australasian College of Physicians*, Kingston, November 2004 (AMC report), p. 7.
 - 3 AMC submission, p.18.
 - 4 AMC report, p. iii.
 - 5 Medical Training Review Panel, *Eighth Report*, Department of Health and Ageing, Canberra, November 2004.

Subspecialty (year reviewed)	Recommended first-year advanced trainee intake 2004	First-year intake 2004
Cardiology (1999)	24–28	38
Gastroenterology (2000)	23	19
Geriatric medicine (1997)	22 (2002)	33
Haematological oncology (2002) ⁶	20	18
Medical oncology (2002)	18	22
Paediatrics (1998)	30–35	45
Rehabilitation medicine (1997)	25 (2000)	29
Thoracic medicine (1999)	22	30

Trainee selection (Adult Medicine and Paediatric and Child Health Medicine)

Basic training

The college does not directly select for entry into the basic training program. Trainees are accepted provided they are registered to practise in Australia, have completed the first postgraduate year and have acquired a training position in an accredited hospital. Employment selection is conducted by the hospital, although it is suggested by the college that selection committees include the hospital/area/networks Director of Physician/Paediatric Physician Training (DPT/DPPT) and two fellows of the college. At present the college does not provide guidance on selection other than requiring compliance with the 'Brennan principles' (MTRP report) (although this is not monitored).⁷ The college's Education Strategy proposes that the college and key stakeholders at least agree on a template of selection criteria and processes.⁸

Advanced training

Selection into advanced training varies by state, region and subspecialty. Traditionally trainees have applied annually for a position in the subspecialty of their interest, and then applied for prospective approval of training. Recently, some Specialist Advisory Committees (SACs) have been participating in pilot programs to select trainees on a state or regional basis rather than requiring them to apply to a number of individual hospitals. The pilot programs have been conducted jointly by the college, hospitals and specialty societies.⁹

The training program

Trainees in Adult Medicine or Paediatric and Child Health Medicine start a basic training program under either the Adult Internal Medicine or Paediatrics and Child Health divisions of the college. Each lasts at least three years full time equivalent (FTE).¹⁰ Trainees must pass both the written and clinical fellowship examinations to move to an advanced training program.¹¹ Trainees do not have to register with the college until their second year of training (PGY3).¹²

6 Joint training program with RCPA.

7 All information in the preceding sentences is from the AMC submission, p. 108.

8 AMC report, p. 35.

9 *ibid.*

10 AMC submission, p. 36.

11 AMC submission, p. 70.

12 Royal Australasian College of Physicians, *Response from the Education Department to the request for further data for the ACCC/AHWOC Review of Specialist Medical Colleges*, 25 February 2005 (College response, 25 February 2005), p. 1.

Advanced training in both adult internal medicine and paediatrics and child health can be done in one of a large number of subspecialties (one of which is general medicine).¹³ Trainees must complete three years FTE training usually consisting of two core years and one non-core year. This latter component of the training program allows trainees to undertake a year of study outside their chosen subspecialty, for example in another subspecialty. Advanced trainees in paediatrics are also required to spend some time in a rural training setting.¹⁴ Trainees completing a joint training program leading to a joint fellowship are generally required to complete one additional year of FTE training.¹⁵

Each year of advanced training is reviewed and, if considered satisfactory, approved by the relevant subspecialty's SAC) or Joint SAC (JSAC) if the training is undertaken in conjunction with another faculty/college.¹⁶ The SAC/JSAC primarily uses supervisors' reports to determine whether progress is satisfactory. There is an independent mechanism to review any disputes between trainees and supervisors.¹⁷

Advanced training is overseen by SACs/JSACs, whose membership comprises college/faculty and specialty society members.

The college provided the following data on its trainees' pass rates.¹⁸

		Adult medicine (pass rate)	Paediatrics and child health (pass rate)
Written exam	sat	406	124
	passed	296 (72.9%)	83 (66.9%)
Clinical exam	sat	379	108
	passed	240 (63.2%)	62 (57.4%)

Admission to fellowship

The CPT and CPPT have delegated authority from the Boards of Censors to determine eligibility for fellowship.¹⁹ The college states that all of those advanced trainees who were recommended for admission to fellowship in 2004 were accepted—248 adult medicine and 76 paediatric and child health advanced trainees.²⁰

Overseas trained specialists

The college's main process for assessing Overseas Trained Specialists (OTs) is consistent with the AMC/CPMC principles.²¹ After an application is received from the AMC, the Board of Censors (BoC) assesses an applicant's formal training and assessment, clinical experience and standard of practice against those of an Australian consultant physician/paediatrician. The process of assessment involves the applicant completing a standardised application form, referees' reports and an interview. There are three possible outcomes:

13 AMC submission, pp. 20–21.

14 AMC report, p. 19.

15 Additional information from college, 25 February 2005, p. 2.

16 AMC accreditation submission, 2004, p. 37.

17 AMC submission, p. 37.

18 College response, 25 February 2005, attachment.

19 College response, 25 February 2005, p. 2.

20 *ibid.*

21 AMC report, p. 60.

- the OTS should be able to practise competently at the level of a consultant, subject to satisfactorily completing a period of practice under peer review (usually 12 months), and in some cases a practice visit²² or examinations²³
- the OTS's training and experience is appropriate for the designated AoN position
- the OTS is not eligible for specialist recognition—training and experience are not comparable.²⁴

The college does not appear to publish the criteria it applies in the assessment of OTSs.

Once OTSs have completed the BoC's requirements and has gained specialist recognition they may apply for fellowship. The college notes that as the requirements usually include a year of peer review, it often takes more than a year for an applicant to complete all the requirements and be granted specialist recognition and/or fellowship.²⁵

The college has recently embarked on a rapid assessment program for OTSs for recognition as specialists (as distinct from fellowship). It anticipates that 90 per cent of assessments will be finalised within six weeks (currently 90 per cent are finalised within seven weeks).²⁶

The college provides OTSs with access to its continuing professional development program.²⁷

The college provided the following statistics on applications from OTSs received from the AMC:²⁸

OTS applications		OTSs admitted to fellowship 2004	
Full registration Jun 2003–Dec 2004	99	Adult medicine	42
AoN Jan–Dec 2004	33	Paediatrics and Child Health	10
Total	132	Total	52

Hospital accreditation

Basic training

Hospitals are accredited by the relevant CPT/CPPT. Training hospitals for adult medicine can be accredited as a level 3, 2, 1 or secondment hospital. The level at which it is accredited determines the minimum and maximum amount of time a trainee can spend at that site. Level 3 hospitals are tertiary referral hospitals, whereas level 1 hospitals are generally district facilities. Training hospitals for paediatrics are accredited under a similar system, although there are no level 1 hospitals.²⁹

The accreditation criteria cover areas including, but not limited to, the number of trainee positions, number of supervisors, the nature of the training program, whether the hospital has an intensive care unit, and the level of access to diagnostic laboratory and imaging services. The criteria are broadly consistent in subject matter for each level but vary depending on the level at which the hospital is being accredited. For example, a level 3 hospital is required to have an established undergraduate and postgraduate teaching program

22 A one-day site visit by two assessors to review practice record and setting, observe technical procedures and interaction with patients, and a discussion with colleagues (Source: college response, 25 February 2005, attachment).

23 Either both written and clinical examinations or a clinical examination only (Source: college response, 25 February 2005, attachment).

24 College response, 25 February 2005, attachment.

25 College response, 25 February 2005, p. 3.

26 ACCC/AHWOC Review Secretariat, record of meeting with the Royal Australasian College of Physicians, Sydney, 14 March 2005 ('Meeting, 14 March 2005').

27 Meeting, 14 March 2005.

28 College response, 25 February 2005, p. 3.

29 AMC report, pp. 43–4.

plus significant activity in research while a level 1 teaching hospital is required to have a training program consisting of at least two weekly sessions. A number of criteria are subjective, requiring 'exposure to patient management ...', 'adequate facilities ...' etc.

The CPT/CPPT determines suitability by conducting site visits every five years (except for secondment hospitals) to look at the facilities, resources and to speak with the DPT/DPPT, other medical staff and basic and advanced trainees at the site.³⁰ Secondment hospitals are accredited on the recommendation of the DPT/DPPT at the 'parent' hospital.

Advanced training

The CPT and CPPT have delegated the role of supervising advanced trainees (including accrediting their training sites) to the relevant SAC. Each SAC has different criteria for accreditation, depending on the requirements of the subspecialty, but they generally include:

- providing appropriate supervision for advanced training, e.g. supervision appropriate to the level and stage of training and mastery of skills of the individual trainee
- providing sufficient clinical workload for advanced training including regular out-patient clinics, in-patient managements and sufficient new consultations
- providing suitable infrastructure for advanced training, including interdisciplinary clinical meetings; an appropriate academic environment including through direct teaching, journal clubs and resources such as a medical library and computer facilities.³¹

Sites are accredited based on information obtained from sources including surveys, site visits and supervisor and trainee feedback.³² Sites usually undergo re-accreditation every five years.

College appeals process

The college has a general appeals process which applies to a range of disputes including decisions by various bodies about trainees' progress (including admission, dismissal and recognition of training), admission to fellowship, applications from OTSs for recognition (including decisions by Boards of Censors regarding examinations or training required) and decisions on accreditation of hospitals for training.³³

The process has three stages:

- **Reconsideration**—the committee that made the decision is asked to reconsider it. The appellant is asked to provide the committee with reasons for the request and any additional information for consideration.
- **Review**—if an appellant remains dissatisfied, they can request a review of the decision by the committee that oversees the committee that made the decision. No one involved in the original decision will sit on the review committee. The appellant needs to provide reasons for the request and additional information to the review committee.
- **Formal appeals hearing**—this is a formal process. Essentially, the CEO may convene an Appeals Committee comprising a chairman (the immediate past President or a fellow appointed by Council), the immediate past chairman (or another past member) of the relevant Board, a fellow not involved in the subject matter of the appeal, and two non-fellows, including a member of the legal profession.

An appellant must lodge an appeal in writing within three months of receiving notice of the decision. The appellant may appear before the Committee but cannot have legal representation without prior consent. The appellant will be provided with at least 21 days' notice of the time and place of the appeal and details of their rights and an estimate of the costs which they may incur. The committee must act in

30 AMC submission, p. 92.

31 AMC submission, p. 94.

32 College response, 25 February 2005, p. 3.

33 The information in this section is from the College's Appeals Process contained on its website, viewed 2 March 2005, www.racp.edu.au/training/adult2003/advanced/general/appeals_process.htm.

accordance with the rules of natural justice and may confirm the decision, revoke it, replace the decision, or refer it back to the relevant committee on such terms as it may determine.

The Council may require that the appellant pay a fee of such amount as it determines. In the absence of such a decision, the appellant shall be liable for the costs of convening the Appeals Committee, although the Committee may recommend to Council that all or part of the costs of the appeal be waived.

Training of committee members

The college does not appear to provide training to members of committees that play a role in its processes for selecting advanced trainees, assessing OTSs, accrediting hospitals or the appeals committee. However, the college will be providing training to its OTS assessors as part of the implementation of a rapid assessment model. Furthermore, training of all college fellows involved in assessment is specifically canvassed as part of the implementation of the Education Strategy.

Jurisdictional involvement and workforce issues

The college indicated that it sees workforce planning as an area where working with jurisdictions and other stakeholders is particularly important. It has invited AHWOC to participate in the review of its educational program. It is also keen to encourage more trainees to do general physician training. In addition, career opportunities for general physicians are limited compared to some other subspecialties.³⁴

Other stakeholder participation

The college has been seeking to enhance stakeholder participation in its processes. It has encouraged trainee participation in its reform processes and also has active national and state trainees' committees that report through the National Trainees' Committee directly to Council.³⁵

The college has generally sought input from consumer groups on an informal basis and has a standing relationship with the Australian Consumers Association and the Health Issues Centre in Melbourne.³⁶ It has indicated that it is considering how to develop a systemic way of doing this.³⁷

The college reports these relationships have produced numerous joint policies and programs and the advice of its consumer collaborators is being sought on how to systematically embrace consumer involvement at all levels of the training and assessment continuum.

The AMC noted that the consultation processes in place at the moment tend to be somewhat ad hoc and recommended that the college, through its Education Strategy, develop systematic ways of monitoring its roles and functions, including through feedback from trainees, patients, carers and other stakeholders, and also make the results available to stakeholders.³⁸

35 ACCC/AHWOC Review Secretariat, record of meeting with the Royal Australasian college of Physicians, Sydney, 25 November 2004 ('Meeting, 25 November 2004').

36 *ibid.*

37 Meeting, 14 March 2005.

38 Meeting, 25 November 2005.

39 AMC report, p. 59.

The Royal Australian & New Zealand College of Psychiatrists (RANZCP)

About the college

The college was incorporated in 1963 following a 17-year period as the Australasian Association of Psychiatrists.¹ In 2004 the college reported it had 2600 fellows accounting for 85 per cent of all practising psychiatrists in Australia and 50 per cent of New Zealand psychiatrists.² The Council is the governing body of the college and has reporting to it a number of standing committees, state/territory branches, two faculties (Child and Adolescent Psychiatry, and Psychiatry of Old Age) and five sections representing special interest areas of practice (Consultation/Liaison Psychiatry, Forensic Psychiatry, Psychotherapy, Social and Cultural Psychiatry and Neuropsychiatry). Key standing committees include the Fellowship Board, the Committees for Basic Training (CBT), Assessment of Basic Training (CABT), Advanced Psychiatry Training (CAPT) and its sub-committees, and the Exemptions Sub-Committee.³

The college is due to participate in the Australian Medical Council (AMC) accreditation process in late 2005.

Supply and demand

AMWAC completed an assessment of the specialist psychiatry workforce in 1999. It noted the number of trainees in 1999 was 608⁴ and recommended a minimum increase of 20 training positions by 2002. While this number is less than the number of trainees reported by the Medical Training Review Panel for 1999 (652 trainees), the subsequent total increase is significantly greater than the 20 positions recommended, with the 2004 trainee numbers reaching 725.⁵

The college noted that there continue to be trainee vacancies nationally and there are ongoing difficulties attracting trainees and ensuring adequate supervision is available in some training programs. There are also ongoing challenges in filling specialist positions in many centres.⁶

The college is currently developing a recruitment strategy to coordinate and expand recruitment by targeting final-year medical students and those doctors completing general medical training.⁷

Trainee selection

The college publishes eligibility criteria for entry into the training program that include requirements for appropriate Australian or New Zealand full or conditional medical registration and two years generalist supervised medical practice to be eligible to enter the program.⁸

1 Royal Australian and New Zealand College of Psychiatrists, *What is the College?*, viewed 3 December 2004, www.ranzcp.org/publicarea/about.asp#what.

2 *ibid.*

3 Royal Australian and New Zealand College of Psychiatrists, letter to Mr Graeme Samuel, 6 December 2004 ('College response, 6 December 2004'), p. 7.

4 Australian Medical Workforce Advisory Committee, *The Specialist Psychiatry Workforces in Australia, 1999–2010*, Sydney, 2000, p. 38.

5 Medical Training Review Panel, *Eighth Report*, Department of Health and Ageing, Canberra, November 2004, p. 36.

6 ACCC/AHWOC Review Secretariat, record of meeting with the Royal Australian and New Zealand College of Psychiatrists, Sydney, 6 December 2004 ('Meeting, 6 December 2004').

7 Meeting, 6 December 2004.

8 College response, 6 December 2004, p. 4.

Selection criteria are broad and include academic record, employment history, level of competence in general medicine, knowledge of psychological factors in medicine and psychiatry, communication and interpersonal skills and teamwork skills. Favourable consideration is given to applicants with work experience with disadvantaged groups, people from other cultures or indigenous people, or work in rural areas. The selection criteria, weighting of criteria and interview processes for panel members⁹ are clearly documented.¹⁰

Branch Training Committees (BTCs) are responsible for selection and make-up of the selection panel. However, the college is seeking to standardise this process nationally.¹¹ Employers are represented on the BTC and the selection panel.¹²

Decisions of the selection panel can be appealed.¹³

The training program

The training program is a minimum of five years: three years of basic training and two of advanced training.¹⁴

Basic Training Program

The Basic Training Program involves rotations through adult, child/adolescent and consultation areas. The first year is a probationary year with progress in the program subject to satisfactory completion of course requirements. After three years, progress to advanced training is subject to a trainee achieving a satisfactory summative assessment from their supervisor(s), presentation of case histories and successful completion of written and clinical examinations.¹⁵ The college notes that completing basic training requirements does not guarantee entry into the advanced training program of choice.¹⁶

Advanced Training Program

Advanced training involves either two years additional general psychiatry or training in a subspecialty area. To complete advanced training, trainees are required to complete core experiences, ethical activities and assessment tasks that include supervisors' summative assessment, review of training documentation and reports, research project (if relevant) and completion of the final trainee reports.¹⁷

9 Royal Australian and New Zealand College of Psychiatrists, *AMC Submission*, Appendix 35.

10 Royal Australian and New Zealand College of Psychiatrists, *Becoming a Fellow: Selection Criteria*, viewed 15 January 2005, www.ranzcp.org/publicarea/fellow.asp#selection.

11 Meeting, 6 December 2004.

12 College response, 6 December 2004, Section D.

13 Royal Australian and New Zealand College of Psychiatrists, *The Complaints Resolution Process August 2004-August 2005*, Melbourne, August 2004 ('Complaints Resolution Process'), Clause 5.2.

14 Royal Australian and New Zealand College of Psychiatrists, *Becoming a Fellow: the Training Program*, viewed 15 January 2005, www.ranzcp.org/publicarea/fellow.asp#selection.

15 Royal Australian and New Zealand College of Psychiatrists, *Flowchart—Basic Training*, viewed 7 April 2005, www.ranzcp.org/members/training/flowchart.asp.

16 College response, 6 December 2004.

17 Royal Australian and New Zealand College of Psychiatrists, *Flowchart—Advanced Training*, viewed 7 April 2005, www.ranzcp.org/members/training/flowchart.asp.

Admission to fellowship

On completing their training requirements, graduates are eligible to apply to the college for fellowship. Lists of applicants for fellowship are circulated to Branches, Branch Training Committee Chairs and General Councillors. A poll is conducted four times a year at a general meeting to admit new fellows to the college. Admission is also subject to the candidate having no outstanding debt with the college and having completed requirements for specialist recognition with the Health Insurance Commission.¹⁸

Decisions about progress in the training program and fellowship applications can be appealed.¹⁹

Overseas trained specialists

The College Committee for Exemptions is responsible for the assessment of overseas trained specialists (OTSs) with qualifications in psychiatry.²⁰ The Committee will accept applications for assessment for recognition of specialist qualifications for registration as a specialist from:

- training programs with reciprocity with RANZCP
- OTSs, the Australian Medical Council
- OTSs with recognised specialist qualifications in their country of origin.²¹

The Committee also reviews applications for assessment for conditional registration in Area of Need positions from:

- medical boards, employers and employment agencies
- OTSs seeking extensions of the area of need appointment.²²

This Committee also assesses applicants' training and qualifications on request from medical boards, the Health Insurance Commission and Specialist Recognition Advisory Committees.

The Committee meets five times a year to assess applications and once a year to consider policy and procedural issues.²³

Initially the assessment of overseas trained specialists is paper based. An applicant may be required to attend an interview if the committee requires clarification or additional information. Any such interview is conducted by members or nominees of the Committee for Exemptions.²⁴

The assessment is based on training experiences, including the training period, exposure to different areas of practice including adolescent, indigenous and practise in non-government organisations, peer review and participation in continuing professional development.²⁵ The college documentation did not provide detail on the criteria applied or detail on the committee make-up.

From January 1993 to December 2004 the AMC reported that the college assessed 156 overseas trained specialists for specialist recognition. Of these, 41 per cent have completed the requirements for registration as specialists.²⁶

18 Royal Australian and New Zealand College of Psychiatrists, *Flowchart—From Completion of Advanced Training to Fellowship and Certificate of Advanced Training*, viewed 7 April 2005, www.ranzcp.org/members/training/flowchart.asp.

19 See outline of the Appeals Process below.

20 College response, 6 December 2004, p. 1.

21 Royal Australian and New Zealand College of Psychiatrists, *Exemptions/Advanced Standing*, viewed 15 January 2005, www.ranzcp.org/members/training/exemptions.asp.

22 Royal Australian and New Zealand College of Psychiatrists, *Pathway to Specialist Recognition in Australia and the Role of the college (Revised Draft)*, Melbourne, June 2004 ('Pathway to Recognition'), p. 3.

23 College response, 6 December 2004, p. 1.

24 Pathway to Recognition, p. 3.

24 College response, 6 December 2004, p. 4.

25 Pathway to Recognition, pp. 1–4.

26 AMC, information generated February 2005.

Hospital accreditation

The college Fellowships Board, through the Committee for Training and sub-committees, is responsible for the approval of training programs within specified training zones, including the approval of institutions, services and training posts.²⁷

The requirements for a training program are set out in section 12.1 of the college's Training and Assessment Regulations:

- a comprehensive rotational training program providing all the necessary experiences to enable training
- a coordinator/director of training formally designated by the Committee
- appropriate administrative structures
- a register of institutions, services and posts in the training program
- assured access to a formal education course
- adequate procedures for monitoring standards of formal education courses/learning modules.²⁸

Section 12.1 also specifies the requirements of an approved psychiatric training service. These are described in terms of adequate clinical facilities, adequate consulting staff, adequate teaching sessions etc. There is potential for these criteria to be interpreted subjectively, such as 'appropriate supervision of trainees' and 'adequate number of patients' etc.²⁹

Neither the requirements for a training program nor the requirements for an approved psychiatric training service appear to be publicly available.

Reaccreditation visits of training sites are conducted approximately every three years.³⁰ Detail on the survey team and the process for applying for accreditation of new training sites is not publicly available. It is also not clear if health services or health authorities are eligible to apply for accreditation.

Once a survey is completed, a report, including the decision of the Committee is provided to the training program and is available on the restricted part of the college website for the information of trainees.³¹ It is not apparent that this information is made available to health authorities or health services in draft for discussion before a decision or as a formal decision of the Committee.

Decisions relating to hospital accreditation can be appealed.³²

College appeals process

The college implemented its complaints resolution process in 2004.³³ The process has a number of phases. Initially, it is expected that an applicant will have attempted to resolve the dispute informally by approaching relevant individuals or bodies, such as a supervisor, training coordinator, branch training committee, or relevant personnel within the college secretariat.³⁴

27 College response, 6 December 2004, p. 2.

28 *ibid.*

29 College response, 6 December 2004, pp. 2–3.

30 College response, 6 December 2004, p. 3.

31 *ibid.*

32 Complaints Resolution Process, clause 5.7.

33 Complaints Resolution Process.

34 Complaints Resolution Process, clause 1.

If the complaint is still unresolved, an applicant may seek to have the decision reviewed provided it is based on certain grounds.³⁵ Reviews are conducted by a review panel which generally comprises members of the Committee/Fellowships Board that made the original decision.³⁶ A hearing will be held within 28 days of the review being lodged and the applicant is able to attend (with or without legal representation).³⁷ Decisions of the panel are determined by majority vote.³⁸ Fees are generally not payable for a review.³⁹

The appeals process is the final stage in the complaints resolution pathway. The appeals process allows for a panel of up to six members, including the college President, two fellows of the college and two nominees of the Health Ministers Department,⁴⁰ although three members make a quorum with a maximum of two fellows.⁴¹

The grounds for appeal are detailed by the committee and by the decisions that can be contested.⁴² The grounds for appeal are generally broad in scope. The policy makes specific provision for hospitals sponsoring overseas trained doctors' right of appeal on behalf of the doctor being assessed.⁴³

The appeals process largely addresses issues of procedural fairness by specifying timeframes for notification and reply, providing information to the appellant and allowing legal representatives to observe and advocate where the Appeals Committee considers an appellant would otherwise be disadvantaged.⁴⁴

There is a fee for lodging an appeal,⁴⁵ although this is refundable should the appeal be successful. The Appeals Committee can also recommend that the fee be waived.⁴⁶

Jurisdictional involvement and workforce issues

The college has indicated that there are employer representatives on Branch Training Committees, although it is unclear how those representatives are selected. There also does not appear to be broader representation by health authorities in any of the other decision-making forums of the college, although work is underway on a national rural training zone in conjunction with some jurisdictions.

Other stakeholder participation

The college indicated that it works closely with a range of peak mental health consumer groups, although it appears that these stakeholders are not currently involved in committees and/or the decision-making processes of the college.⁴⁷

The college recognises the Australian and New Zealand Association of Psychiatrists in Training as the principal representative organisation for trainees.⁴⁸ However, it is unclear from the documentation provided or discussion what involvement this organisation or individual trainees have in college processes.

35 Complaints Resolution Process, clause 2.

36 Complaints Resolution Process, clause 5.

37 Complaints Resolution Process, clause 6.

38 Complaints Resolution Process, clause 9.

39 Complaints Resolution Process, clause 10.

40 Complaints Resolution Process, clause 1.

41 Complaints Resolution Process, clause 3.

42 Complaints Resolution Process, clause 5.

43 Complaints Resolution Process, clause 21.

44 Complaints Resolution Process, clauses 11 and 21.

45 Complaints Resolution Process, clause 25.

46 Complaints Resolution Process, clause 24.5.

47 Meeting, 6 December 2004 and ACCC/AHWOC Review Secretariat, record of meeting with the Royal Australian and New Zealand College of Psychiatrists, Melbourne, 11 March 2005 ('Meeting, 11 March 2005').

48 Meeting, 11 March 2005.

The Royal Australian and New Zealand College of Radiologists (RANZCR)

About the college

The college was founded in 1949. It covers the disciplines of Radiology and Radiation Oncology. Membership of the college among specialist radiologists is high with approximately 88 per cent of Fellows being members of the college. Another 11 per cent of college members are Educational Affiliates or diploma holders.¹ The college's membership is as follows:²

	Fellows	Educational Affiliates ³	Student Members
Radiology	1590 (1288) ⁴	205 (136)	306 (230)
Radiation Oncology	257 (204)	14 (5)	90 (75)

The governing body of the college is the College Council. Both specialties have an Education Board which is the key assessment body for training. The Radiology Education Board reports directly to the College Council while the Radiation Oncology Board reports to the Board of the Faculty of Radiation Oncology which is also responsible to the College Council.

The college is currently conducting a Curriculum Development Project, to comprehensively review its training programs and curricula for both Radiology and Radiation Oncology. The college has engaged an external consultant, from the Faculty of Medicine at the University of New South Wales, to facilitate the process of identifying the competencies of the radiologist and radiation oncologist and to develop a curriculum based on those competencies.⁵ The timeframe for the project is two years with a completion date of December 2006.⁶

The college has invited a number of external stakeholders to sit on the project's Advisory Committee, to assist with the development and review of accreditation criteria and curriculum development.⁷ It is also keen to include jurisdictional representatives.

Once curricula have been identified, an advisory committee will look at implications for the college's training programs. It will aim to identify the necessary structure and resources required to deliver the curricula identified by the Curriculum Development Project. This will then form the criteria against which training sites will be accredited.⁸ Thereafter, the college anticipates that the curricula will be subject to review every three years.⁹

1 Data on fellowship among radiation oncologists was not available, but the college anticipates the rate of association would be similar. The table on page 7 of the report of Council provides details for both Radiologists and Radiation Oncologists.

2 Royal Australian and New Zealand College of Radiologists, *Annual Report 2004: Report of Council*, 55th Annual Meeting, Perth Convention & Exhibition Centre, Western Australia, 2004, p. 7.

3 An educational affiliate is a registered radiologist who is not a fellow of the college but, who wishes to establish an association with, and would benefit from, the educational activities, meetings and seminars organised by the college.

4 Numbers in brackets indicate the numbers in Australia.

5 Royal Australian and New Zealand College of Radiologists, *The Curriculum Development Project*, viewed 12 January 2005, www.ranzcr.edu.au/educationandtraining/specialprojects/curriculum.cfm.

6 Royal Australian and New Zealand College of Radiologists, 'Further Information from RANZCR', email to Ms Sue Murphy of the ACCC, 22 March 2005 ('RANZCR email, 22 March 2005').

7 ACCC/AHWOC Review Secretariat, record of meeting with the Royal Australian and New Zealand College of Radiologists, Sydney, 17 February 2005 ('Meeting, 17 February 2005') and RANZCR email, 22 March 2005.

8 RANZCR email, 22 March 2005.

9 RANZCR email, 22 March 2005.

The college was one of the first colleges to undergo the AMC accreditation process (in 2002) and is due for re-accreditation in 2007.

Supply and demand

There is a general consensus that there is a shortage of radiologists and radiation oncologists in Australia. The most recent AMWAC reports (2001 and 1998 respectively) found that there was a shortage of at least 37 FTE radiologists and between 22 and 30 FTE radiation oncologists.¹⁰ These findings are supported by the 2002 college workforce survey which found that 67 per cent of radiologists believed there was a current shortage of radiologists in Australia, up from 38 per cent in 2000.¹¹ To address this shortage, AMWAC recommended that training positions for radiology be increased from a total of 200 in 2001 to 260 by 2004,¹² and that the number of first year training positions in radiation oncology be increased from a total of 52 in 1997 to 64 in 2000.¹³ The 2002-03 AMWAC annual report indicates that the number of training positions for radiation oncology is broadly conforming to this target with 69 positions in 2003, while the number for radiologists is still lagging with 236 in 2003.¹⁴

The college is keen to work collaboratively to address the shortage. It accredits sites for training, and additional places (within the supervisor to trainee ratio specified) are able to be activated where positions are funded.¹⁵ Collaborative work is underway in a number of jurisdictions.

Trainee selection

Radiology and Radiation Oncology run separate training programs and have separate selection processes, although they are broadly similar in structure.

The college states that it does not have an active role in selecting trainees, as this is undertaken by employers (private practices or public hospitals),¹⁶ with the number of positions therefore being dependent on employer specified number and location of positions. However, the accreditation criteria for radiation oncology recommend that the college has a formal representative on the panel, and the representative should be from outside the employing facility.¹⁷ The college states that the process for selection into both training programs is highly competitive.¹⁸

To be eligible for selection, a prospective trainee must be a graduate of a recognised medical school, be fully registered as a medical practitioner and have completed two years of postgraduate training (PGY 1 and 2). The selection criteria for the two training programs vary slightly but both include elements that can be interpreted subjectively, such as 'dedication and interest in pursuing a career in Diagnostic Radiology/

10 Australian Medical Workforce Advisory Committee, *The Specialist Radiation Oncology Workforce in Australia, Supply and Requirements, 1997-2007, AMWAC Report 1998.2*, Sydney, 1998 ('AMWAC Report 1998.2'), p. 57.

11 Royal Australian and New Zealand College of Radiologists, *2002 Royal Australian and New Zealand College of Radiologists Workforce Survey*, 2002, p. 1.

12 Australian Medical Workforce Advisory Committee, *The Specialist Radiology Workforce in Australia, Supply, Requirements and Projections, 2001 – 2011, AMWAC Report 2001.4*, Sydney, 2001, p. 79.

13 AMWAC Report 1998.2, p. 61.

14 Australian Medical Workforce Advisory Committee, *Annual Report 2002-03, AMWAC Report 2003.4*, Sydney, 2003, p. 13.

15 ACCC/AHWOC Review Secretariat, record of meeting with the Royal Australian and New Zealand College of Radiologists, Sydney, 19 November 2004 ('Meeting, 19 November 2004').

16 Royal Australian and New Zealand College of Radiologists, letter to Mr Graeme Samuel, Chairman of the ACCC, 2 November 2004 ('RANZCR response to the ACCC'), p. 5.

17 Royal Australian and New Zealand College of Radiologists, 'Accreditation of Departments of Radiation Oncology for Registrar Training', p. 1, clause 1.1.4.

18 Royal Australian and New Zealand College of Radiologists, *Training Positions and Selection of Trainees*, viewed 5 and 6 January 2005, www.ranzcr.edu.au/educationandtraining/radiodiagnosis/training/04.cfm and

Royal Australian and New Zealand College of Radiologists, *An Overview of the Radiation Oncology Training Program*, viewed 5 and 6 January 2005, www.ranzcr.edu.au/documents/download.cfm/About_the_Training_Program.pdf.

Radiation Oncology' and 'personal commitment to continuing professional education and development.'¹⁹ However, this is consistent with a number of other colleges' selection criteria. A trainee who is employed in an accredited training hospital is eligible for admission to the relevant training program. Decisions on admission, dismissal and recognition of training are appealable.²⁰

The training program

Both programs are designed to take five years of FTE study to complete. Assessment in both training programs requires completion of Part I and II examinations and other tasks. The Part I examination is designed to be taken early in the training program, while the Part II examination is taken towards the end. The final year of each training program is designed to allow trainees to specialise in an area of interest, such as working in a subspecialty or in another location (including overseas).

While the college does not ordinarily publish data concerning assessment outcomes, it provides data to AMC and AMWAC who publish this data on an annual basis, and did provide information to the review team detailing pass rates for the 2003 and 2004 Part I and Part II examinations for both the Radiology and Radiation Oncology training programs.²¹

Admission to fellowship

Admission to fellowship is available to registered medical practitioners who have spent at least two years in general clinical work at an approved hospital and have undertaken the training and passed the examinations required by Council, and/or holds an international qualification recognised by Council.²² A person seeking fellowship must apply in writing and provide evidence of qualifications as required and written nominations from two fellows (one of whom must have personal knowledge of the applicant).²³ The college has the absolute right to refuse membership (including fellowship) to any person without giving any reason,²⁴ although the decisions of the Chief Censors on applications for admission to fellowship are appealable.²⁵

Overseas trained doctors

The College currently requires all overseas trained specialists (OTS) seeking fellowship to sit the relevant Part II examination.²⁶ However, the college anticipates that this may change following the completion of its Curriculum Development Project, as a competency-based training system will enable any prospective fellow who can meet the competencies to be eligible for fellowship, regardless of where he/she trained.²⁷ Decisions about the examinations or training required to be undertaken by OTS are appealable.²⁸

19 *ibid.*

20 Royal Australian and New Zealand College of Radiologists, 'College Appeals Process', clause 6.

21 Royal Australian and New Zealand College of Radiologists, 'Re: ACCC/AHWOC-', email to Ms Sarah McCarthy of the ACCC, 31 March 2005 ('RANZCR email, 31 March 2005').

22 Royal Australian and New Zealand College of Radiologists, Articles of Association, as amended at 4 October 2002 ('RANZCR Articles of Association'), clause 2.2.1.

23 RANZCR Articles of Association, clause 2.3.1.

24 RANZCR Articles of Association, clause 2.4.

25 Royal Australian and New Zealand College of Radiologists, 'College Appeals Process' ('RANZCR Appeals Process'), clause 6.

26 Royal Australian and New Zealand College of Radiologists, *OTs – Specialist Qualifications*, viewed 7 January 2005, www.ranzcr.edu.au/otds/specialistquals/index.cfm.

27 Meeting, 17 February 2005.

28 RANZCR Appeals Process, clause 6.

Area of Need

Radiology has one of the highest Area of Need (AoN) rates across the specialties.²⁹ The college is aware that because of the specific focus or requirements (which may be based around specific imaging modalities) of the work most AoN practitioners do, there may be limited opportunities to expand their skills to gain fellowship, because of the positions and locations in which they are employed.

The college indicates in its information sheet for AoN applicants and employers, that the interview of candidates is assessed using a '... range of assessment techniques [which] are applied to set criteria with the aim of determining the applicant's suitability for the position'.³⁰ The set criteria, while not provided in the documentation, relate to the criteria specified in the AMC *Area of Need Users Guide*.

While the college does not ordinarily publish assessment outcomes for OTS or AoN applicants, the college did provide the review team with information about assessment outcomes for both categories of OTS for 2000 to 2004.³¹

Hospital accreditation

The college accredits training sites or networks³² and also specifies the number of posts that are to be accredited at each site or network.³³ Sites/networks can obtain:

- full accreditation, where a site is able to offer a complete training program in radiation or radiation oncology
- partial accreditation, where a site is suitable for training but does not have the case/modality mix to allow all training to be completed
- provisional accreditation for sites that may not initially be meeting accreditation requirements.

Sites are assessed against written criteria which are available by contacting the college.³⁴ Separate criteria exist for the accreditation of Departments of Diagnostic Radiology and Departments of Radiation Oncology.³⁵ For each type of training facility, the criteria are quite detailed and establish requirements for general issues; human resources; physical resources; educational programs and documentation. While some of the criteria are framed in very broad terms which may be applied subjectively (e.g. 'provide *adequate* resources', 'have a *sufficiently large number* of occupied beds', 'a teaching course which *covers adequately* the subjects of training' etc.),³⁶ as noted above, it is likely that such criteria will be modified following completion of the Curriculum Development Project. It is also likely that jurisdictions and other stakeholders will be provided with the opportunity to participate in the development of accreditation criteria.

The relevant education board approves the recommendation of the accreditation team. An accreditation application is reviewed by the Secretariat and the Chief Accreditation Officer. A survey is undertaken and the Education Board is then responsible for approving the survey teams' recommendations. There does not appear to be any participation in the accreditation process by stakeholders,³⁷ although the college has expressed an interest in including jurisdictions in this process.

29 RANZCR response to the ACCC, p. 1.

30 Royal Australian and New Zealand College of Radiologists, 'Information for Applicants and Employees: Assessment of Area of Need Applicants', p. 4.

31 RANZCR email, 31 March 2005.

32 A network is a group of sites providing exposure to a range of imaging modalities. RANZCR response to the ACCC, p. 6.

33 RANZCR response to the ACCC, p. 5.

34 Royal Australian and New Zealand College of Radiologists, *Practice Accreditation – Relationship between RANZCR and NATA*, viewed 5 April 2005, www.ranzcr.edu.au/qualityprograms/accreditation/ranzcr_nata.cfm#assessment_process.

35 RANZCR email, 31 March 2005. See *Accreditation Criteria (Radiology)*, Attachment One, and *Accreditation Criteria (Radiation Oncology)*, Attachment Two.

36 RANZCR email, 31 March 2005.

37 RANZCR response to the ACCC, pp. 6–7.

The college does not ordinarily publish accreditation outcomes for training sites, but provides data to the AMC and other bodies, and did provide the review team with data about the numbers of sites accredited and reaccredited in 2003–04.³⁸

College appeals process

The college is in the process of amending its appeals process to incorporate the recommendations contained in the RACS determination. Currently, appeals are heard by a committee consisting of a Chairperson (a Councillor appointed to the role), two ordinary members (fellows) and an external member if requested (a non-member of the college, selected by the Chairperson).³⁹ Most of the decisions made by the college or its office bearers about selection and training, accreditation of training sites and assessment of OTSs are appealable.⁴⁰

However, the college requires an applicant to pay a fee of \$500 plus all costs over and above this amount associated with convening the Appeals Committee. The Chief Executive Officer may also require the applicant to indemnify the college against costs associated with convening the committee. The Council may waive all or part of these fees if it thinks appropriate.⁴¹

Jurisdictional involvement and workforce issues

There is currently limited jurisdictional involvement in college processes, although the college has been involved with the Medical Training and Education Committee (MTEC) in NSW to develop a structure to match radiology training and service needs in that state.⁴²

The college has also indicated that appropriate sites of jurisdictional involvement in issues of workforce planning, assessment of overseas trained doctors and the accreditation of training locations may include the Radiology Workforce Committee, the Faculty of Radiation Oncology's Service Planning and Development Committee, and the Education Boards for each of speciality.⁴³

Other stakeholder participation

There is junior member representation on a number of the college's governing bodies, including the College Council (non-voting member), the Faculty Board, the Education Boards, the Research Committee and on the special education projects.⁴⁴

Participation of other stakeholders (eg consumer groups) appears more limited. However we note the college has recently appointed consumer representatives to the Curriculum Advisory Committee.⁴⁵

38 RANZCR email, 31 March 2005.

39 RANZCR Appeals Process, clause 2.

40 RANZCR Appeals Process, clause 6.

41 RANZCR Appeals Process, clauses 22–27.

42 RANZCR response to the ACCC, p. 8.

43 RANZCR email, 31 March 2005.

44 A Junior Radiologist is a current student member or a fellow of less than five years' standing. See Royal Australian and New Zealand College of Radiologists, *Junior Radiologists*, viewed 11 January 2005, www.ranzcr.edu.au/members/juniorradiologists/index.cfm. It is noted that the junior forum representatives (for Faculty of Radiation Oncology groups) incorporates current student member or a fellow up to two years post Fellowship.

45 Meeting, 19 November 2004.

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- tab 16 Information sheet on the Assessment of Overseas Medical Qualifications in Australia, RCPA.
- tab 17 Summary of overseas-trained specialists and area of need assessment data between 2000 and 2004.
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