Australian College of Rural & Remote Medicine
WORLD LEADERS IN RURAL PRACTICE

College Submission
March 2023

Feedback to the Ahpra and National Boards' Review of accreditation arrangements

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

ACRRM's vision is ***the right doctors, in the right places, with the right skills, providing rural and remote people with excellent health care***. It provides a quality Fellowship program including training, professional development, and clinical practice standards; and support and advocacy services for rural doctors and the communities they serve.

ACRRM is accredited by the Australian Medical Council to set standards for the specialty of general practice. The College's programs are specifically designed to provide Fellows with the extended skills required to deliver the highest quality Rural Generalist model of care in rural and remote communities, which often experience a shortage of local specialist and allied health services.

ACRRM has more than 6000 rural doctor members including over 1000 registrars, who live and work in rural, remote, and Aboriginal and Torres Strait Islander communities across Australia. Our members provide expert front line medical care in a diverse range of settings including general practices, hospitals, emergency departments, Aboriginal Medical Services, and other remote settings such as RFDS and Australian Antarctic Division.

Initial Comments

Thank you for the opportunity to provide feedback to the review of accreditation arrangements in preparation for the 2024-29 cycle. The College welcomes the review and is broadly comfortable with the approach as outlined.

The framework as described gives appropriate attention to a range of important issues including some of the new priority focus areas. Additional to these, from our college's perspective, we consider it imperative that the framework ensures that it addresses the following three cross-cutting themes:

- Integration of the obligation of health practitioner organisations to contribute positively to an equitable health workforce distribution, in which all Australians have access to care, especially those in rural and remote areas and remote Aboriginal and Torres Strait Islander communities

- Recognition within regulatory frameworks of the need to avoid adverse consequences of making regulation unduly onerous to the detriment of quality care provision

- Recognition that quality and safety care occurs in a physical context and standards frameworks need to define best practice within all contexts. In rural and remote areas, standards frameworks cannot assume ready access to the full suite of tertiary staff and resources. In these situations, fit for purpose clinical standards are required. In the absence of context appropriate clinical standards, regulatory frameworks can and commonly do, lead to loss of local healthcare provision for people living in these areas with the attendant detriment to their health and well-being.

The College has limited its responses to items related to these areas of particular interest to our members.

Response to discussion questions

Question 2: How could progress against each of the proposed priorities/areas of focus best be measured?

Proposed priority/area of focus
3. Responding to health and workforce priorities
With respect to national and jurisdictional governments' health and workforce priorities for addressing inequities of health care access for people in rural and remote communities especially rural and remote Aboriginal and Torres Strait Islander communities, we would recommend the following: • *We would like to see authorities ensuring that health practitioner organisations have initiatives or strategic approaches in place to address the workforce maldistribution. These may relate to the organisations' commitment to direct provision of skilled practitioners in rural and remote locations, Aboriginal and Torres Strait Islander communities and other under-serviced areas or may relate to these organisations appropriately supporting the medical and health practitioners that are based in these areas through upskilling, training and collaborative services. Such strategies and commitments should be linked to appropriate, measurable performance targets.* • *We would similarly like to see some assessment across all medical and healthcare specialties of the establishment of strategic approaches linked to measurable outcomes around supporting strong primary care. These should align among other things with the policies detailed in the National Medical Workforce Strategy and the Strengthening Medicare Taskforce plan.*
7. Prioritising safety and quality
It is important that accreditation authorities ensure that quality and safety measures take an appropriately holistic view of what constitutes the safest and highest quality care model for patients and avoids the potential perverse consequences of narrow definitions which are not universally relevant. Quality and safety must be defined with recognition of the exigencies of the clinical context in which care is delivered and the practicalities of access to care for the patient. The best possible care is the safe, quality care that patients can access without potentially prohibitive barriers. If the requirements for safe, quality care are not practicable in a location that is accessible to patients, it is likely to lead to their loss of access to this care and ultimately to diminished patient health and safety. It is often the case in rural and remote contexts where the local healthcare team is small, that preventing provision of a particular aspect of medical or healthcare services, undermines the viability of providing any healthcare services in that location. It is important to note that the requirement to travel long-distances for care is likely to prove the most prohibitive to the most vulnerable members of our societies, for example, people who are poor, chronically-ill, disabled, aged

Proposed priority/area of focus
and/or socially isolated. There are also issues associated with birthing and dying on country for many Indigenous peoples which may prevent them from accessing needed care in distant locations. • *We would recommend that any accreditation measures related to quality and safety of care incorporate a specific consideration of whether these are fit for purpose for the specific patients and communities they will impact across the full diversity of clinical contexts. Accredited bodies should be required to demonstrate not only that their quality and safety standards are acceptably high but also that they will not inadvertently lead to worsened healthcare outcomes for patients and communities, by potentially contributing to their loss of access to important healthcare services.*
8. Striving for efficiencies through reducing duplication, greater consistency and reducing the regulatory burden
It should be recognised that unduly onerous compliance requirements have the potential to contribute to diminished quality healthcare. This might occur for example, should they create disproportionate levels of risk-averse behaviour by healthcare providers which discourages them from providing safe needed care to their patients. Additionally, this might occur where an unduly excessive administrative workload is imposed upon health practitioners that diminishes the time and capacity, they are able to devote to providing services to their patients and communities. • *The College would recommend that in framing accreditation standards around this approach there is some recognition of a range of potential perverse consequences of inappropriate regulation for patient healthcare outcomes.*

College Details

Organisation	Australian College of Rural and Remote Medicine (ACRRM)
Name	Marita Cowie AM
Position	Chief Executive Officer
Location	Level 1, 324 Queen St, PO Box 2507 Brisbane Qld 4001
Email	m.cowie@acrrm.org.au
Phone	07 3105 8200

ACRRM acknowledges Australian Aboriginal People and Torres Strait Islander People as the first inhabitants of the nation. We respect the Traditional Owners of lands across Australia in which our members and staff work and live, and pay respect to their Elders past present and future.