

# SUBMISSION

Friday, 18 October 2024

## AMA submission on the draft guidance on developing professional capabilities

Professional capabilities underpin the foundational skillsets a practitioner must embody to practise within healthcare settings. These capabilities, or standards, provide expectations for what the public can expect from practitioners in providing a safe and effective level of care. Therefore, the metrics in which the professional capabilities are developed must be considered at a high level, embodying all professions. The proposed draft is a positive process in ensuring consistency in the capabilities of all health professions regulated under the National Registration and Accreditation Scheme (National Scheme).

The Australian Medical Association (AMA) endorses the independent accreditation committee in supporting the future healthcare workforces and strengthening accreditation systems to ensure the professions registered under the National Scheme are done so to the highest standards. It is essential accreditation remains independent of political interference.

This submission only provides answers to consultation questions the AMA has comments on.

### **Are there any implementation issues that the Accreditation Committee should be aware of?**

Specific implementation issues vary depending upon the discipline. The accreditation committee must leave the onus on the individual boards in implementing and developing specific clinical and accreditation and professional capabilities. The AMA wants to see clarification in the guidance on how cross-profession capabilities add value to existing individual professional capabilities.

### **Do you have any general comments or feedback about the draft guidance on developing professional capabilities?**

Professional standards must cover the core elements of effective and ethical clinical services that clinicians provide, recognising the diverse contexts in which clinicians practise. This includes both the clinical as well as non-clinical setting. The professional capabilities must consider these non-clinical settings, such as policy, management, research, teaching and education, where health professionals often also work in.

## Do you agree that the threshold capabilities required for registration should be owned and governed by Ahpra and the National Boards? Why or why not?

Yes. The threshold capabilities required for registration should be owned and governed by Ahpra and the National Boards, with independent, profession-led consideration of changes informed by robust consultation processes.

The AMA poses three questions to the committee:

1. How will these capabilities be measured or evaluated when applied to individual practitioners/clinicians?
2. Is it ultimately the responsibility of education providers to ensure these cross-profession capabilities are integrated within curricula?
3. What are the consequences for individual practitioners or organisations for not meeting these capabilities? Is there capacity to remediate?

## Do you support having shared professional capabilities across health professions regulated by the National Scheme? Why or why not?

The AMA is supportive of shared interprofessional capabilities where these capabilities are non-clinical. The disciplines regulated by the National Scheme all work towards the goal of providing safe and effective patient-centred care. Where shared capabilities exist, the same standard must be applied to all clinicians. Shared capabilities regulated by the National Scheme ensure consistency across all professions, but there must be oversight by the independent accreditation committee to ensure fairness.

## What professional capabilities do you think should be shared across professions?

In addition to what has been mentioned in the consultation document, other professional capabilities that should be noted and shared across professions are:

- **Using evidence-based practice** to inform professional decision-making, service delivery, and evaluation of interventions and their outcomes
- **Committing to professional self-development** through ongoing learning, self-reflective practice, interprofessional collaboration and innovative practice
- **Applying appropriate digital practices**, such as telehealth
- **Exhibiting professional leadership** in all aspects of practice
- **Contributing to education and professional development of peers and students**
- **Practise collaboratively and effectively with other health professionals**, fostering inter- and multi-disciplinary care.

The increasing implementation of multidisciplinary teams within healthcare settings is contributing to the greater need for health professionals to understand shared capabilities. There must also be capacity to apply professional capabilities to all recipients and stakeholders relevant in healthcare, including groups with specific needs, such as Aboriginal and Torres Strait Islander peoples, people living with disability, and LGBTQIA+ populations.

The AMA supports all health practitioners to work to their full scope of practice and does not fundamentally oppose the expansion of scope where it is safe, collaborative, appropriate and benefits patients and the health system. While the AMA acknowledges the importance of shared capabilities, scope of practice among healthcare workers must not be blurred. Individuals within multidisciplinary teams must understand their specific roles. Therefore, the individual attributes of each profession must still be provided by the relevant National Board. There needs to be a cross-population capability to work toward delivery healthcare needs without bias or prejudice.

## **Contact**

[president@ama.com.au](mailto:president@ama.com.au)