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Ms Valerie Ramsperger
Director Medical Workforce Policy and Strategy
Health Workforce Division, Health Resourcing Group
Australian Government Department of Health and Aged Care

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To Ms Ramsperger,

Re: Service Registrar & Career Medical Officer Framework Working Document

The Royal Australasian College of Medical Administrators (RACMA) thanks the Australian Government Department of Health for the opportunity to comment on the *Service Registrar & Career Medical Officer Framework Working Document*.

As detailed in the RACMA Medical Administration Scope of Practice workforce is one of the eight core dimensions of practice for a Medical Leader. It is RACMA Members who lead the engagement, deployment, and accountability of the medical workforce, lead and advise on the most effective configuration and delivery of clinical services to meet the needs of the population served and bridge the interface between management and clinicians in complex health systems.

As such, the College believes a strong framework for Service Registrars and Career Medical Officers (CMOs) is crucial for establishing a clear and well-defined career path in the medical profession. It supports professional development, quality patient care, and effective workforce succession planning, while also contributing to the overall success and stability of the healthcare system.

When reflecting on the *Service Registrar & Career Medical Officer Framework Working Document*, at the very outset a reevaluation of the perception of Service Registrars and CMOs and their integration into hospitals and health services is needed, as well as consideration of their identity within the workforce.

RACMA has identified the following areas which need further consideration and development within the *Service Registrar & Career Medical Officer Framework Working Document*:

- Training, Education and Credentialing
- CPD & CPD Homes
- Valuable Pathways
- Diversity of Conditions, including pay scales and professional development
- Accreditation Pathways
- Cultural Change



Training, Education and Credentialing

Service Registrars need dedicated training and education programs, which may best be provided by incorporating and/or linking to existing specialist training opportunities in the jurisdictions along with the appointment of Director or Supervisors of Training. This framework will also be needed to assist Service Registrars to comply with the new Ahpra Continuing Professional Development (CPD) Framework requirements.

In the same way training registrars are assessed, Service Registrars should also have a framework of credentialing and competencies, i.e., logbooks, Direct Observation of Procedural Skills (DoPS) and Workplace Based Assessments (WBAs) that allow them to have a “credentialed” Scope of Clinical Practice (SoCP) that they can carry forward onto substantive training programs or CMO roles.

Similarly, many large hospitals run credentialing processes for accredited and unaccredited procedural trainees on the basis of logbooks and direct supervision, leading to lists of procedures that they are allowed to undertake with remote supervision. A similar pathway could be developed for Service Registrars, but this would mean that the credentialing process would need to be in place a priori in the institution. The College suggests exploring such credentialing and SoCP pathways which may also support pathways for Service Registrars to transition to CMO roles.

It is important to note this is a structure for employed service registrars and not short-term locum registrars, though they too would also be expected to work within a defined scope of practice for their role.

CMOs, particularly those who have chosen this as a career path and are expected to have career progression to more senior positions, need a defined SoCP and therefore should be credentialed. There also needs to be assurance they are working within a safe and defined SoCP – both for their own protection and to ensure good governance from a credentialing and licensing perspective.

CPD & CPD Homes

All Service Registrars and CMOs will need a dedicated CPD home and fulfil their CPD requirements. They should therefore be allowed to participate in the health service peer review processes and have access to study leave and CPD activities, in addition to the training, education and credentialing processes described above.

Valuable Pathways

Creating a valuable pathway to training posts by investing in Service Registrar training and education will make these posts more attractive and aid recruitment and retention. It could also help some progress to substantive CMO posts as a career pathway, which may be critical in shoring up sustainable workforce particularly in regional and remote settings.

There needs to be paid non-clinical time for Directors/Supervisors of Training and Medical Educators to coordinate and oversee this, in conjunction with Medical Administrators in the hospital settings, but consideration should also be given to

- Specialty based Service Registrar networks if numbers are high across a jurisdiction
- A network of mixed specialty service registrars that can be linked into Supervisors of Training and training programs at the local or jurisdictional level.



Diversity of Conditions

Most Service Registrars are working under the relevant State Award or the Medical Practitioners Award (under the Federal Fair Work Commission Modern Award). It is noted that pay scales and industrial instruments determining how and when they can work are quite different and Service Registrars are a very heterogeneous group, both in terms of pay and conditions but also professional development goals and pathways depending on the role and jurisdiction in which they are working.

Similarly, for CMOs, pay and conditions can vary widely. The NSW CMO Award which describes progression of seniority and expected roles and responsibilities; this is also reflected to a lesser degree in the Modern Practitioners Award (under the Federal Fair Work Commission Modern Award) but neither articulate the diversity of CMO roles that are found across different health services and jurisdictions

It is also important to understand the CMOs are a very diverse group as well, occupying a range of roles across both public and private systems in different jurisdictions:

- CMOs may be represented by doctors from PGY 3 up to PGY 10 and beyond;
- Some CMOs will effectively be working as middle grade service registrars whilst other Senior CMOs will be working as independent practitioners with extended SoCP and responsibilities with their own procedural lists, clinics, or almost autonomous practice.

Accreditation Pathways

The role of accreditation bodies in the pre-vocational space needs to be explored. It would be much preferable that an external body such as a post graduate medical council, or equivalent, has oversight of Service Registrar (and CMO) trained education and accreditation framework, with standards for term descriptions and monitoring the efficacy of the Directors of Training, supervision and educational programs/etc. However, this will come at a cost both at the level of the employing institutional and accreditation body, so consideration as to who and how this will be funded needs to be given.

Cultural Change

Cultural change will be essential across the (salaried) profession if we are to change the perception of Service Registrars and CMOs and value their integration into hospitals and health services.

The term "Service Registrar" implies they are not entitled to training and education, professional development, or career progression. The term "unaccredited trainees/registrar" is being adopted by some and also has similar potentially negative connotations. It implies the person in the position is not qualified when it is the position which is unaccredited, whilst the registrar in the position is a fully qualified medical graduate with experience to registrar level. We suggest some further consideration of an appropriate title is needed to support attitude change and consolidate the importance and the need for these roles across the health system.

With respect to doctors in training there needs to be an understanding of the overall success rates of getting onto an accredited training program as reported in the *Service Registrar & Career Medical Officer Framework Working Document* and that, with the right supporting frameworks, alternative career pathways are available through the Service Registrar and CMO pathways. With respect to senior medical officers, the contribution to their craft group with delegated senior decision makers and sharing the service burden, including after-hours service provisions may also provide additional benefits for workload burdens, work-life balance, and some protections against burnout, particular in regional and remote areas where recruitment and retention of senior medical staffing can be difficult.

Closing Comments

The Service Registrar & Career Medical Officer Framework Working Document attempts to address many of the issues raised above, but given most of the Service Registrar and CMO roles are appointed by individual health services, what is the incentive to drive forward this change?

Service Registrars are primarily employed to address staffing deficits at middle grade level – though there are also a number of junior medical officers who take these roles whilst waiting for a position on a training scheme. Given the necessity to fill middle grade rosters to ensure continuity of service provisions by health services, there are some levers in play to incentivize jurisdictions to put some of these recommendations in place, such as reducing reliance on locums and premium labour costs, improving longer term recruitment and retention to build capacity for service sustainability and growth. Even then, they will need to commit strongly to the proposals for them to work.

It is hard to see how we can ensure implementation of the recommendations without the additional support of the the Colleges and aligned professional bodies. This will need ongoing input from the Federal and States and Territories governments and consideration should be given to recommendations being integrated into health service contracts such as the National Health Reform Agreements (NHRA).

If RACMA and/or its Members can be of assistance in progressing this important work, please do not hesitate to contact me. Thank you once again for the opportunity to comment.

Yours sincerely

Mr. Cris Massis
Chief Executive

About RACMA

RACMA is the only specialist medical college that trains doctors to become specialist medical leaders and managers. Our education programs, including our accredited flagship Fellowship Training Program, are aimed at equipping doctors with the leadership and management skills needed to influence and lead the Australasian health care systems with the clear aim of improving health outcomes of Australians and New Zealanders. RACMA Members fill diverse roles, including Chief Executives, Chief Medical Officers, Director of Medical Services, Heads of Departments, as well as working in the university and defence sectors.

