



VICTORIAN INSTITUTE
OF FORENSIC MEDICINE

SPECIALIST RECOGNITION FOR CFM – WHERE WE ARE NOW

A/PROF MORRIS ODELL
VICTORIAN INSTITUTE OF FORENSIC MEDICINE

HISTORY OF AUSTRALASIAN CFM ORGANISATIONS

1978 – 1995 AAPAPMO

1995 – ACLM formed

1995 – 2005 – ANZFMS, affiliated with ANZFSS

2005 – ANZFMS disbanded and merged with ACLM – took on affiliation with ANZFSS

2007 – unsuccessful application to AMC by ACLM. FACLM recognised by Qld government for remuneration of senior medical officers

2009 – NAACFM convened, AAFP formed, attempt to form Chapter of RACP unsuccessful - “George Costanza” situation.

2014 – AAFP disbanded and FCFM of RCPA formed. Specialist recognition of CFM one of its aims

2017 – RCPA reaccredited by AMC with very favourable comments about proposed CFM training program

STATUS OF CFM AS A SPECIALTY

Not yet recognised in Australia

UK experience – FFLM

Senior practitioners in Australia recognised LOCALLY as a specialists and remunerated accordingly

Courts – “...you’re not a member of a recognised specialty are you, doctor?...”

CAREERS IN CFM

Victoria, ACT and Qld have full time CFM departments but with differing turf

NSW situation changing

Services fragmented in other jurisdiction including NZ

Hospital specialist positions exist in NSW, ACT and Victoria

Accredited registrar positions from GP, ACEM, Sexual Health, Psych

FCFM training positions in Vic, ACT, ?Qld

SPECIALIST RECOGNITION IN AUSTRALIA

Guidelines for new applications published May 2018

Very complex, expensive and byzantine process

Stage 1: Initial proposal to AMC (\$10,000) who advise MBA (6 months)

MBA either rejects (12 months) or proceeds it to OBPR for advice re:

Stage 2 – detailed application to MBA who request AMC to convene assessment panel & provide quote to applicant

Case goes to and fro between various committees of AMC and MBA including applicant feedback, site visits and stakeholder & public consultation. Applicant pays an unspecified amount for all of this.

MBA makes decision and advises COAG Health Council

COAG HC makes decision and approves specialty (finally!). This does not automatically include Medicare which requires a separate application

AMC calls for accreditation of training programs

AMC CRITERIA FOR SPECIALIST RECOGNITION IN A NUTSHELL

- **A public benefit must be demonstrated**
- **Existing arrangements (regulatory or otherwise) are unsatisfactory**
- **Must advance objectives of National Scheme**
 - **Enhanced protection of the public & improvement in quality of service**
 - **Facilitating workforce mobility**
 - **Facilitating access to services in the public interest**
 - **Buzzwords: flexible, responsive, sustainable, innovation**

For these reasons the application process involves a robust regulatory assessment with extensive stakeholder consultation.

STAGE 1 PROPOSAL

- 1. Describe the function of the organisation lodging the proposal and its interest in it**
- 2. Present a clear statement of the issue(s) that the proposal is intended to address**
- 3. Describe alternatives (regulatory or otherwise) for addressing the issues in No 2 above**
- 4. Describe the existing professional standards that are relevant to training and practice**
- 5. Identify the stakeholder groups likely to be affected by the recognition of the specialty including groups within the regulated profession or segments of the profession, other health professions, health consumers and the community, health service providers, funding bodies, education providers and Aboriginal and Torres Strait Islander Peoples.**
- 6. Describe the consultation done to determine the stakeholders affected by the proposal.**
- 7. Identify extant specialties that have significant overlap in scope of practice, required knowledge, skills and competencies with the proposed new specialty; and describe what differentiates the proposed new specialty from these existing specialties.**
- 8. Identify expected impacts of each option on the various stakeholder groups, including impacts on coordination and continuity of health care and the quality and safety of care, workforce impacts, financial impacts, business impacts and competition impacts.**

STAGE 2 CRITERIA

The detailed (stage 2) proposal must address these issues:

- **The field of practice is distinct and a legitimate area of specialist practice**
- **The specialty or field of practice is capable of contributing to the standards of medical practice**
- **Regulation in the form of recognition of the specialty or field of specialty practice addresses service delivery, and quality of healthcare in Australia**

There are numerous points to be addressed under these headings

PROPOSALS UNLIKELY TO SUCCEED

- an area of practice limited to a specific geographic area or narrow demographic group;
- an area of practice limited to the treatment of a single disease;
- an area of practice based on a single modality of treatment;
- an area of practice not directly involved in clinical care unless evidence is presented that specialisation is providing substantial benefits to the health status of the Australian community;
- an area of practice already recognised (fully or partly) under a different name unless there was a clear case that the new specialty represented major developments.

REASONS FOR WANTING SPECIALIST RECOGNITION

Public benefit – a trustworthy competent forensic medical service

Protection of public by exclusion of unqualified or inadequately trained practitioners

Credibility in court – expert witness qualifications are routinely examined in court but to a variable and inconsistent degree

“**Protection of Title**” - we can formally call ourselves specialists

\$ - Medicare not relevant to most areas of CFM practice and most salaried senior practitioners are already remunerated at specialist rates on basis of educational qualifications & experience

Sustainability & mobility - Future proofing the discipline

Mandatory specifically directed CME/CPD

A professional academic, research and career structure

Political issues – justification for establishing CFM units

STAGE 1 ACTIVITIES AT FCFM/RCPA

Work is progressing on the Stage 1 application

Sections 1 & 4 have been completed with the assistance of the RCPA.

A working group has been convened to write the remaining sections. This consists of several FCFM fellows and committee members from the College.

Assistance and volunteers from the Faculty membership welcome!

We are aiming at submission later this year.



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THANK YOU

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Name of Conference/Meeting, *Date*

