

Inquiry into the administration of health practitioner registration by the Australian Health Practitioners Regulation Agency

Submission from Medical Deans Australia and New Zealand Inc

Medical Deans Australia and New Zealand Inc (Medical Deans) is the peak body representing professional entry-level medical education, training and research in Australia and New Zealand. The organisation comprises the Deans of Australia's eighteen medical schools and the two New Zealand schools.

Medical Deans welcomes the opportunity to make a submission to the Inquiry. There are four key issues which have particular relevance to our members with respect to the new registration arrangements. These are:

1. English Language Skills Requirements for Registration
2. Registration of *pro bono* teachers
3. Student Registration
4. Students reported to AHPRA by others than the host education provider

Over the last twelve months, Medical Deans has made representation on a number of these concerns to the appropriate professional Board, the Medical Board of Australia (MBA) through its Chair, Dr Joanna Flynn. Some of our concerns have been partially addressed through this process. It is our view however that more substantive changes are required to ensure the current high quality of medical education in Australia is not diminished, nor further burdened by unnecessary bureaucratic processes.

1. English Language Skills Requirements for Registration

The English Language Skills Requirements (ELSR) provide that all internationally qualified applicants for registration, or applicants who qualified for registration in Australia but did not complete their secondary education in English in a small group of selected countries, must demonstrate that they have the necessary English language skills for registration purposes.

Medical Deans acknowledges and fully supports the need for medical practitioners (and indeed all health practitioners), to have competent, if not excellent, English language skills. However, we have significant concerns with several elements of the regulations, and in particular the failure of the requirements to recognize the stringent entry requirements for international students into medicine (including rigorous English skills assessment undertaken through the medical school admissions process) and the subsequent teaching and assessment in English over a 4-6 year period of the medical program. This initial testing process for university-level education is markedly different to that which applies to International Medical Graduates seeking to work in Australia and yet both categories of medical trainee are subject to the conditions.

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As a result of our representations, the MBA agreed to adopt the following two business rules in relation to the ELSR Standard:

- in relation to Requirement 3, the Board considers an IELTS result at the required level (ie min score of 7 in each of the four components (or equivalent test as per the Standard)) which is more than 2 years old, as acceptable, provided the student applicant has been continuously enrolled in an approved course of study since; and
- For the purposes of Exemption 1 (a), the final two years of secondary education will be regarded as meeting the requirement for 'completing secondary education'.

Recognising that the new requirements could have potential significant impact on the graduating cohort in 2010 and their ability to take up already allocated internships, the Board put in place a one-off transition process for that cohort.

The potential implications on the health system as a whole were also worrying - if these students were not able to commence internship there could be far reaching consequences for patient care and service provision around the country.

The transitional arrangement provided for students completing their studies in 2010 who did not meet the requirements to be granted provisional registration (if they met all the other registration requirements) and imposed conditions on their registration to allow them to commence their intern year but show evidence of meeting the ESLR within 6 months.

Failure to ease these ESL provisions for medical students has potentially significant implications in attracting international students to medical programs in Australia in the future.

The MBA's adoption of the Business Rules and one off transitional arrangements are encouraging. However in the longer term Medical Deans believes these regulations should be eased permanently for students undertaking their entire studies at an Australian Medical School.

2. Registration of *pro bono* teachers

Most medical schools in Australia greatly value the teaching and mentorship that is provided by doctors who have retired from clinical practice permanently or temporarily, but retain the currency of their medical knowledge. They often serve as tutors in teaching sessions that do not involve any contact with patients, such as problem-based learning sessions and discussion sessions on communication, ethics, professionalism and medical humanities. Retired surgeons are often interested in serving as anatomy tutors and retired pathologists have served very successfully as demonstrators in anatomical pathology. These doctors often teach on a voluntary basis or accept only modest honoraria to cover their expenses.

Many doctors who contribute on an occasional basis to the teaching of medical students perceive themselves as 'non-practising' in the sense that they do not see patients or they hold mainstream non-clinical positions. They therefore consider that they should be eligible for 'non-practising registration'. Tutoring and demonstrating to medical students is clearly 'education' and could be construed as, indirectly, activities 'that impact on the safe, effective delivery of services'. Under the MBA's definitions, these doctors are required to maintain full registration.

Under the current Regulations, doctors who contribute on an occasional basis to the teaching of medical students outside a clinical context are considered 'practising' under the interpretation of the regulations and were subject initially to full registration fees.

However, following representation from Medical Deans and others, the MBA agreed in October, 2010 to reduce the registration fee to \$125 for medical practitioners who formally agree (in writing) to restrict their practice to teaching or examining/assessing. This voluntary agreement will be on the public register and these medical practitioners will also be required to provide the Board with a letter from the institution at which they are teaching or examining, confirming their appointment.

In December 2010, the MBA recognised that this approach only partially addressed the issues arising from the definition of practice, and agreed to consult on the definition of 'practising' and to recommend to the Ministerial Council that the definition be revised if appropriate. That consultation is yet to commence.

Medical Deans suggests that the current definition of 'practice' may well make it more difficult to recruit senior and experienced teachers whose expertise and experience can make them ideal teachers and role models for students. They often have the time and generosity to contribute to the professional development of cohorts of medical students in a way not possible for clinicians in active practice.

Medical Deans is hopeful that the outcomes from the agreed consultation will result in *pro bono* medical teachers being recognized as 'non-practising' for the purposes of registration.

3. Student Registration

From March 2011, under the new laws, students enrolled in Medicine are required to be registered with AHPRA. AHPRA requires education providers to supply student details to facilitate this registration. These details are required three times per year – at the beginning of March and after both the March and August University census dates.

In addition to the above reporting requirements, under s93 of the Act, there is a requirement to send updated student information within 60 days to AHPRA if a

student meets the criteria set out in this section.

These requirements represent an enormous ongoing obligation on Universities with, the process seeming to be overly bureaucratic. Initial concerns include difficulties by member universities populating the AHPRA data templates due to incompatibility of the templates with University data collection systems, the frequency of the data collection, the level of detail required and the obligations to report within 60 days on changes to student enrolment details.

Medical Deans supports the establishment of a nationwide register of medical students; and we acknowledge that there will be considerable effort required to set this up. However in our view, updating information once per year should be sufficient and would not place any significant greater risk to the public.

4. Students reported to AHPRA by other than the host education provider

Under the new arrangements, mandatory reporting obligations apply where an education provider suspects or knows of students whose health is impaired to such a degree that there may be substantial risk of harm to the public; additionally a person or organisation may voluntarily report a student for a health impairment or criminal matter and/or a contravention of an existing condition or undertaking.

There does not however appear to be a feedback mechanism of these reports back to the host education provider (i.e. the institution that the student is enrolled at). The universities have a duty of care to its students and Medical Deans feel it is imperative for universities to be informed of any student reported to AHPRA to allow the university to be able to offer appropriate support and care to that student.

Medical Deans would be keen to ensure that this approach is reflected as part of the business rules regarding students being reported to AHPRA.

Professor James Angus AO
President
14 April, 2011