

Inquiry into National Registration and Accreditation Scheme for Doctors and other Health Workers

Submission from Medical Deans Australia and New Zealand Inc

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

Medical Deans has welcomed the opportunity over recent months to comment on the proposed arrangements for registration and accreditation under the new national Scheme. Our comments have applied to the arrangements as they affect the medical profession only (including students as appropriate) although some may have more general applicability over the other health professions to be included in the Scheme. Overall, Medical Deans are supportive of the key principles underpinning the National Registration and Accreditation Scheme.

The following submission draws on Medical Deans' responses to the recent national consultation process conducted by the National Health Workforce Taskforce.

Impact of the scheme on patient care and safety

National Registration and Accreditation will assist patient care and safety to be maintained at the highest possible levels.

With respect to registration, Medical Deans supports the inclusion of medical students in national registration – reflecting the fact that all medical courses include early clinical contact. Currently medical students are required to register with their respective state medical board in NSW, Victoria and South Australia. Medical Deans' preferred position is that registration of medical students be mandatory; and that the legislation include powers to register and regulate medical students at the point of enrolment and for the duration of the course. National registration will assist Schools in managing students with issues which could potentially impact on patient care and safety at a later stage of their training and/or clinical practice (see comments under complaints management).

National accreditation provides the potential for the development of a standardised curriculum in patient safety across all health disciplines which will assist in ensuring the highest possible health outcomes for all Australians.

Medical Deans believe it important that, in order to minimise any risk to patient care and safety, current processes for accrediting medical professional education and training are not changed significantly. In this respect, Medical Deans strongly recommends that the Australian Medical Council (AMC) be confirmed as the accrediting body for medical education, not just for the initial three years, but thereafter. The success of the AMC is due to the strong belief and respect in the current organisation and processes of the AMC from the profession, at all levels. Stakeholder representation and independence have been integral to this success. Any deviation from this will risk losing important engagement from the profession which we represent.

It is important that the proposed changes ensure that Australia's medical workforce continues to be regarded as one of the most competent in the world which in turn means the quality of patient care and well being is able to be maintained.

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Effect of the scheme on standards of training and qualification of relevant health professions

In general terms, Medical Deans is supportive of the proposed framework for national accreditation arrangements which provide the framework for standards of training and qualification, with the following provisos:

- that the accreditation process is independent of Government
- that the AMC's current accreditation processes be considered best-practice in terms of finalising the legislative provisions for all health professions
- that there is no diminution of the standards applying to the current accreditation processes for medical education
- that there is no disruption to the accrediting of medical schools during the transition period
- that the resourcing of the new arrangements are sufficient, and continue to be sufficient, to ensure no significant increase to registration fees
- that the membership of accrediting bodies include student and trainee representatives, and a proactive approach is taken to ensuring appropriate representation of Indigenous Australians on the accrediting bodies.

These principles will provide a sound basis for ensuring safe and high quality patient care and the current international high regard of the training of Australian medical students is maintained.

A number of these principles are elaborated on below:

Independence

It is essential that the accreditation process is, and can be seen to be, independent of Government, the educational bodies and the profession. This ensures that the current high standing internationally of our medical programs, and therefore our medical workforce, will be assured.

In general, the key features of the proposed system as outlined appear to provide a satisfactory level of separation of powers and roles to ensure that independence.

However one area which we believe independence could be strengthened is in the Ministerial Council role by formally incorporating into the Council's Terms of Reference, the principle that *the Ministerial Council has no role in the accreditation of specific courses or individuals and can only approve standards when recommended by the relevant national board.*

Quality

Our current accreditation arrangements for basic medical education and specialist training are internationally recognised as modern and dynamic. Moreover the AMC has led developments in medical education accreditation in a number of countries and was actively involved in the development of the WHO/WFME Guidelines.

Whilst recognising that the national scheme has to provide arrangements which will accommodate the needs of the ten professions, it is paramount that the quality of the current accreditation processes for medical education is not diminished in any way by adopting retrograde arrangements in order to meet the varying needs of the professions.

While we are also reassured by the fact that the AMC will continue to be the accrediting body for medical education for the next three years, we strongly believe that the AMC should be confirmed immediately as the accrediting body for all facets of medical education and training for the future to ensure the quality and effectiveness of the accreditation process is not affected.

An important aspect of maintaining quality is also ensuring there is a majority, credible and professional representation in the membership of any bodies recommending or approving standards or undertaking the accreditation of courses, which in our case would be representation from the medical profession. Membership of accreditation bodies should also include student and trainee representatives. Boards should be actively encouraged to ensure appropriate representation by Indigenous Australians on the accreditation body.

One of the significant successes of the current accreditation process for medical education has been the commitment to continuous improvement facilitating considerable development and innovation in medical education programs. It is important that any legislative provisions promote reform to ensure quality of programs is maintained.

Transparency

We wholeheartedly support provisions in the legislation which will ensure accountability to the public, including provisions to require the accrediting bodies to consult widely when developing standards for accreditation, publication of the standards and publication of accreditation reports where, in respect of the latter, these are final, not interim, reports.

Resources

We note that the costs of accreditation will be subsidised by registration fees under the contractual agreement, with other expenses of the accreditation body met through cost recovery from services provided.

Accreditation is a resource intensive process. There are significant expenses for both the accrediting body and the organisation whose program is being assessed. From our experience with the accreditation of medical school programs, we are well aware also of the many hidden costs of the accreditation process. It is important that accreditation costs do not increase significantly. In this respect we note that \$19.5 million has been allocated to assist with the implementation of the whole scheme but governments will need to continue contributing to the recurrent costs of the AMC if registration fees are not to increase excessively.

Transition

It is important to ensure that there is no disruption to current accreditation processes during the transition to the new Scheme. This is particularly important for Schools and programs which are part way through the process of accreditation. As indicated above, the current international standing of our medical programs and graduates cannot be put at risk in any way; to do so would mean significant loss to current students and graduates and their ability to take up further training and/or work overseas and in our ability to attract overseas students to our own courses, particularly to our university programs.

How the Scheme will affect complaints management and disciplinary processes with particular professional streams

Our comments are restricted to that of the matter of student registrants and mandatory reporting. In general terms, Medical Deans is supportive of the framework of the proposed notifications management system, and the separate streams for addressing concerns about a practitioner's performance, their health or conduct. The proposed notification management system will however require some modification in relation to student registrants.

Medical Deans is of the view that registered practitioners and/or educational institutions should be required to report registered medical students to their respective Boards as follows:

Performance: in general terms, academic performance issues should not be a notifiable requirement to the respective Board.

Health: in general terms, health issues which impair, or have the capacity to impair, a student registrant's capacity to provide medical treatment, should be a notifiable requirement to the respective Board.

Misconduct: in general terms, professional misconduct should be a notifiable requirement to the respective Board. However Medical Deans believes it necessary that, for student registrants, the legislation distinguish between misconduct as it applies to professional behaviour (ie competence and capacity to practice as the health professional) and misconduct as it applies to academic matters typically associated with assessment, progress and academic integrity whilst a student. It is our view that the latter should not be a notifiable requirement.

Two additional conditions should be built in to the legislation for student registrants as follows:

- capacity for a matter of significance to be notified, and the Board, in consultation with the educational institution, determine whether the notification is best dealt with by the Board or the educational institution; and
- following a determination by the Board on either health or conduct notices, capacity for consultation with the relevant educational institution, regarding any conditions to be imposed upon a student registrant, as they affect academic progress.



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President
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