

**The National Registration and Accreditation Scheme (the National Scheme)
Review
October 2014**

Submission from **Medical Deans Australia and New Zealand Inc**

www.medicaldeans.org.au

Phone +61 2 9114 1680
Fax +61 2 9114 1722
Email admin@medicaldeans.org.au

Printed by Medical Deans Australia and New Zealand

© Medical Deans Australia and New Zealand Inc. 2014

First published October 2014

This work is joint copyright. It may be reproduced in whole or in part for study or training purposes, subject to an acknowledgement of the source and no commercial use or sale. Reproduction for other purposes or by other organizations requires the written permission of the copyright holder(s).

This Review was conducted by members of the Executive Committee on behalf of Medical Deans Australia and New Zealand

Submission of this paper does not prevent individual members of Medical Deans from making additional submissions and addressing other issues not covered in this organisational submission.

Additional copies of this publication can be obtained from:

Medical Deans Australia and New Zealand
Level 6, 173-175 Phillip Street
Sydney NSW 2000
Australia

Tel: (+61) 2 9114 1680

Email: admin@medicaldeans.org.au

Web: www.medicaldeans.org.au

CONTENTS

Page

Introduction 4

Overall remarks 4-5

Specific Responses Q20-26 5-8

Introduction

Medical Deans Australia and New Zealand Inc (Medical Deans) welcomes the invitation from the Australian Health Ministers' Advisory Council and the Independent Reviewer, Mr Kim Snowball to make a submission on the *Review of the National Registration and Accreditation Scheme for health professions* against the prescribed terms of reference.

Medical Deans, as the peak national professional body representing entry-level medical education, training and research, wishes to limit its submission to the relevant areas of its engagement with the National Scheme and the corresponding discussion issues articulated in the Consultation Paper.

Medical Deans strategic priorities align best with the National Scheme's objectives of *facilitation of high quality education and training and development of a flexible, responsive and sustainable workforce*. Our submission will concentrate on these objectives and their intersection with the Reviewer's focus of *Workforce reform and Access*.

Overall remarks

Medical Deans accepts the primary role of the regulator as the protector of public safety through the establishment of professional practice standards and monitoring performance of individual health professionals against these standards.

Medical Deans also acknowledges the limitations of the regulator in leading, advocating and influencing in health service delivery and workforce outside this primary remit.

The complex intersection of multiple sectors in health including health service provision, professional regulation and accreditation, industrial, training and education, government policy and legislation at Commonwealth and State/Territory level means that achieving effective coordinated advances in workforce reform is not easy. The one framework that provides common ground for all is the provision of safe and high quality health care to all Australians. Medical Deans believes that any workforce policy or initiative undertaken by any of the above sectors must always be undertaken within a patient safety and quality framework.

Rather than this framework being a barrier to workforce reform and despite the complexity outlined above, Medical Deans believes that both the regulator and the accrediting agency in medicine can take a greater leadership role in advocating for workforce reform. The expertise of these bodies to utilise the growing evidence base for future work practices to meet future health needs in a safe and effective manner provides them with a significant platform to influence beyond their core business. This workforce evidence base can be further enhanced by data linkage activities across the three relevant national data sets including AHPRA's medical registration data, the national health workforce dataset and the Medical Deans Medical School Outcome Database (MSOD).

Medical Deans believes the work of the Medical Board of Australia and the Australian Medical Council (AMC), as the delegated accrediting body, has always been professional, is of high integrity and attracts high levels of trust from within the profession. However Medical Deans believe there is more that can be done.

With respect to the planned review, Medical Deans supports the current evaluation methodology that seeks both quantitative performance metrics and evidence of the engagement with the regulator and accreditor from relevant stakeholders.

Specific Responses

Q20. To what extent are National Boards and Accrediting Authorities meeting the statutory objectives and guiding principles of the National Law, particularly with respect to facilitating access to services, the development of a flexible, responsive and sustainable health workforce, and innovation in education and service delivery?

As noted in the summary above and in the preliminary evidence provided by the National Boards, Medical Deans agrees that many aspects of workforce reform do not require a regulatory response but that regulators and accreditors need to be mindful, through their standards, to any unintended barriers to workforce reform and access. Fundamental to achieving this is applying this lens to any review of the standards. For the accrediting medical body, the AMC, Medical Deans would recommend this and the patient quality and safety frameworks be applied to every review of the standards bringing in a broader perspective from health care providers, managers and policy makers.

As also noted above, Medical Deans believes that both the regulator and accreditor can take a greater advocacy and leadership role in health service reform.

Q21. Should a reconstituted AHWAC carry responsibility for informing regulators about health workforce reform priorities and key health service access gaps?

As noted above Medical Deans acknowledges the difficulty in identifying the key levers and drivers required for joined up reform in such a complex space that contains a myriad of funders, policy makers, trainers/educators and health care providers. Most would also acknowledge that yet 'another advisory body' will unlikely be effective in policy reform. Having said this, such a body is in the potential position to bring to the Ministerial Council table advice that is not otherwise provided through the spectrum of the single craft group or a single jurisdiction. Outside the Health Workforce Principal Committee (HWPC) where do the important issues of health workforce productivity at a national level get raised and debated? Medical Deans note that much of the work of the National Health and Hospitals Reform Commission from 2009 now lies dormant and that the dismantling of Health Workforce Australia (HWA) this year has left little capacity to continue this work. This means there is currently no body with the capacity to undertake health workforce analysis at a national level and provide advice to governments, let alone implement reforms.

Medical Deans through the Medical School Outcomes Database (MSOD), funded by HWA and the Commonwealth Government and linked with other large national datasets is well positioned to provide much of that essential workforce data about how we get doctors in areas and specialties where we need them.

If Ministerial Council members could agree on the membership of a reconstituted AHWAC and agreed it would receive material from this body as a standing item, Medical Deans would support its reconstitution.

Q22. To what extent are Accrediting Authorities accommodating multidisciplinary education and training environments with coordinated accreditation processes or considering future health practitioners skills and competencies to address changes in technology, models of care and changing health needs?

Medical Deans will restrict its comments to education and training primarily in medicine, although many of our members' representatives have oversight of professional-entry level education with other health care professionals.

Due to the dynamic nature of the medical curriculum at the professional entry level, the accrediting authority has generally set very generic standards that go to the roles of a doctor such as medical expert, communicator, leader, professional and ethical practitioner etc and the processes by which programs should achieve these graduate outcomes. These standards will likely withstand the test of time and thus be equally applicable for future models of care, new ways of working and changing health demands. Particularly under standard 3 *The Medical Curriculum* the AMC does not prescribe specific scientific content or length of a program. However it is worth noting that the standards are largely silent on the future context in which these graduate outcomes and standards will be applied. While it is assumed the knowledge and skills will be delivered in a contemporary health care setting with a view to the health needs of tomorrow, Medical Deans believes that the standards could better reflect the need to educate **for the future** rather than today.

Medical Deans also acknowledges that the development of these standards will always have a limited role in truly addressing changing models of care and health needs. A national body, as outlined above, is better positioned to provide on fundamental workforce barriers and enablers such as generalism vs sub specialization, scope of practice, distribution etc.

To date, the AMC has not provided a commentary on the available evidence in the health workforce supply and demand space. However the AMC, through its standards, does seek demonstration by schools of multidisciplinary health education and training.

Q23. What relationship, if any, is required between regulators and educational institutions to ensure the minimum qualification for entry to professions remains available?

Medical Deans wishes to make specific comments about the narrative contained on page 35 of the consultation paper and the subsequent question 23 from the Reviewer. Medical Deans, through the provision of accredited professional entry medical programs by its members, supports the National Scheme objectives of *facilitation of high-quality education and training* and *development of a flexible, responsive and sustainable workforce*. These two objectives are currently met by 19 medical programs in Australia offering a diversity of entry pathways, targeted recruitment cohorts, intercalated degrees, special geographic features etc but all of whom deliver these programs consistent with AMC standards. They also do so conscious of the medical workforce requirements of the future. All programs provide the basic professional entry qualification to graduates to obtain provisional registration with the Board. The minimum time needed to spend in a higher education institution in Australia to obtain this qualification is 4.5 years and the maximum is 7 years. Twenty years ago we had only 10 medical programs and all but one were 6 years in length. Candidates aspiring to a career in medicine can now choose from a diverse range of programs across Australia.

Medical Deans also believes that the provision of a diverse selection of pathways into and through a professional entry medical education program provides Australians with doctors who are suited to provide health care services in a range of settings and specialties. As an example, Medical Deans now supports a coalition of medical schools in Australia and New Zealand (Social Accountability Coalition) who advocate for increasing social accountability of their schools and their graduates. This includes activities aimed at addressing disadvantage at a local, national and international level. Medical Deans also has member schools and clinical schools primarily based in regional and rural settings who work very closely with their local communities to build sustainable health care delivery in these settings.

The above comments do in no way imply that Medical Deans does not seriously consider the issue of length of medical training from medical student to independent practitioner. Medical Deans support training pathways that deliver high quality practitioners to specialties and locations where Australians need them in the most efficient and safe way. The way medical care is constantly changing demands that education and training keep track with these new requirements and challenges. Medical curriculums will always be oversubscribed with new information and new skills. The task is finding the balance and being smarter about ways of working.

With respect to the relationship between the regulator and the educational provider, Medical Deans makes the following observation. The close alignment of the health professional educational programs with the standards expected of a practicing health care practitioner as determined by the national boards is essential for medical schools to ensure all graduates meet the professional standards expected of them in clinical practice. Attaining the requisite educational standards at medical school is also fundamental to ensuring graduates are fit to practice as a medical practitioner.

Registration of medical students is supported however, Medical Deans note that without any actions or performance management through this pathway, registration alone is of minimal benefit. Medical Deans also note that the Medical Board has previously stated that a funding source would need to be identified to progress such activities.

Q24. Should the appointment of the Chairperson of a National Board be on the basis of merit?

Medical Deans supports merit based appointments. However, the primary role of the regulator is to 'protect the public' which fundamentally requires obtaining the trust of both the public and the profession. Medical Deans believe that not having a doctor in this critical leadership role with the requisite understanding and credibility within the profession severely impairs this essential trust relationship.

Q25. Is there an effective division of roles and functions between National Boards and accrediting authorities to meet the objectives of the National Law? If not, what changes are required?

Medical Deans believes the National Law adequately articulates the division of roles and functions between the national board and the delegated accrediting authority with respect to program accreditation functions. This is further articulated in the consultation paper provided. This additional oversight of the accreditation standards and outcomes by the National Board is likely to provide the public with an additional assurance that, at all levels, assessment

activities are undertaken to ensure and demonstrate that medical graduates from Australian medical schools are of a high and consistent standard. Medical Deans also supports the demonstration of this quality assurance at the local level through activities such as national benchmarking of graduate performance.

Medical Deans welcomes the assessment of costs of accreditation of educational programs in the professional entry, pre vocational and vocational area in the second phase of the project. Medical Deans acknowledges that the accreditation burden to education providers and particularly their associated health service providers is extremely high with much duplication. Medical Deans understands that examination of the full site and program accreditation load of a provider is out of the scope of this review but supports processes in this review to assess opportunities to reduce duplication and load. In particular, Medical Deans supports the ongoing primary program accreditation process to be conducted by the relevant professional body authorities rather than through generic University accreditation processes and bodies such as TEQSA.

Q26. Is there sufficient oversight for decisions made by accrediting authorities? If not, what changes are required?

In the case of medicine, Medical Deans believes the National Law is sufficiently clear on the governance framework involving the national board and its delegated accrediting body, the AMC. Medical Deans notes however, that this may not be the case for other craft groups and supports the case for considering bringing the nine low maintenance disciplines under one umbrella. This would have obvious advantages in costs but also in sharing best practice in accreditation standards and processes.

In addition Medical Deans believe it is essential that the delegated accrediting body have a constitution and membership which adequately reflects this relationship with the Board. Medical Deans is aware that the AMC is currently assessing this in light of upcoming renewals of Council membership. Medical Deans supports the AMC to review these governance structures so to fully realize the intent of the National Law. Of particular note is ensuring both bodies are working toward the achievement of the national scheme's objective of facilitating *a flexible, responsive and sustainable workforce*. Through accreditation of training programs across the continuum of medical education, the AMC is well placed to influence this key objective and report on this deliverable to the Medical Board of Australia.

Medical Deans is currently represented on the Council of the Australian Medical Council.

On behalf of Medical Deans we thank you again for this opportunity to comment.



Professor Judy Searle
CEO
Medical Deans



Professor Peter Smith
President
Medical Deans

10 October 2014