AUSTRALIAN MEDICAL COUNCIL
Submission: desirability of a national higher education accreditation body

1 OVERVIEW

The Australian Medical Council (AMC) welcomes the opportunity to make a submission about the desirability of a national higher education accreditation body.

The Australian Medical Council is an independent national standards body for medical education and training. Its purpose is to ensure that standards of education, training and assessment of the medical profession promote and protect the health of the Australian community.

The AMC has assessed Australian medical courses for the purpose of registration of the graduates since 1985. Accreditation by the AMC means that the graduates of the medical course are eligible for registration as a medical practitioner in any State and Territory of Australia. The link between AMC-accreditation and registration is a statutory one: under the State/Territory Medical Practice Acts and/or statutes, graduates of AMC-accredited medical schools are eligible to apply for registration, subject to satisfying the State and Territory medical boards’ fitness to practise and character requirements.

The purpose of AMC accreditation is the recognition of medical courses that produce graduates competent to practise safely and effectively under supervision as interns in Australia and New Zealand, and with an appropriate foundation for lifelong learning and for further training in any branch of medicine.

The AMC assesses medical courses against explicit accreditation standards\(^1\). The standards reflect local and international developments in medical education and local and international good practice in quality audit and quality assurance. The AMC standards address:

- knowledge, skills and attitudes required upon graduation from basic medical education;
- key content areas and the overall design of the medical course, educational processes;
- the context in which the medical course is delivered including, institutional processes, settings and resources.

The inquiry into the desirability of a national higher education accreditation body comes at the same time as the registered health professions (medical practitioners, nurses and midwives, pharmacists, physiotherapists, psychologists, osteopaths, chiropractors, optometrists and dentists) are considering the Council of Australian Government’s plans for national registration and accreditation schemes for these professions.

The AMC has contributed to stakeholder consultations concerning these plans over a two-year period. It is hoped that the information gathered through those processes can help inform this inquiry’s views about professional accreditation. Collectively, through the Forum of Australian Health Professions Councils, the AMC and the other Councils for the regulated health professions are already discussing way in which accreditation and practitioner registration are best linked and ways in which we can share our expertise to improve quality and safety and reduce barriers to productivity, with an emphasis on best practice in the accreditation.

\(^1\) Australian Medical Council Assessment and Accreditation of Medical Schools: Standards and Procedures (2007).
2 RESPONSE TO CONSULTATION QUESTIONS

The analysis in the Consultation Discussion Paper provides an outline of a complex framework. If it is to provide the basis for further consultation with a broad range of stakeholders (including students and the broader community), as well as the development of possible models for change, then more detail would be helpful, particularly for those groups and individuals for whom the structures in the higher education sector are less familiar.

Pages 10 to 13 of the Consultation Discussion Paper summarise professional accreditation of higher education courses. The AMC makes the following comments on this section:

1 The relationship between government accreditation authorities and professional accreditation bodies

Since there is a national accreditation system for medicine, and all the accredited medical courses are located in universities, the AMC has not had dealings with state government accreditation authorities. The AMC acknowledges the very productive and supportive relationship with the Australian Universities Quality Agency. The AMC has benefited significantly from the willingness of AUQA staff to share expertise.

The AMC also makes use of the AUQA audit reports for information on the institutional context in which the medical school operates and in which the medical course is delivered.

2 Role of professional accreditation bodies

The Consultation Discussion Paper states that professional bodies are “principally concerned with upholding the standards of the professions”. Many professional bodies tie this function to a purpose, which is distinct from the purpose of accreditation of higher education institutions. In the case of the AMC the purpose is to promote and protect the health of the Australian community.

3 Complications of professional accreditation

Additional complications not addressed in the paper:

- The international operations of the professional accreditation bodies. In medicine, the Australian Medical Council has assessed and accredited the New Zealand medical courses since 1992 by arrangement with the Medical Council of New Zealand. Our accreditation standards are relevant to both countries. The AMC also has assessed Monash University’s delivery of its medical course in Malaysia, with input from the Malaysian Medical Council.

- Many professional accreditation processes exist and operate on the basis of a substantial and non-costed contribution by members of the profession, supported by a very small staff. The imposition of new regulatory and reporting requirements would have implications for the costs of their work. Good consultation with the professional accreditation bodies is essential to ensure that the high degree of engagement by members of the professions continues.

3 Assessing the quality of professional accreditation bodies

The Consultation Discussion Paper “raises the question of how the quality of the professional accreditation bodies or agencies would be assured, particularly if there was a willingness on the part of government accrediting bodies to devolve the assessment function to them.”

The quality of the professional accreditation bodies is assured in a variety of ways:
• In many professions there are strong international links between professional bodies and, in some professions, international standards. In medicine, the World Federation for Medical Education sets international standards for accreditation to which the AMC adheres\(^2\). While this body does not assess the professional accreditation bodies in medicine, supported by the World Health Organisation it is developing a database that will list and provide a measure of quality assurance about the professional accreditation authorities for medicine and other health professions.

• It is common for Australian professional accreditation bodies to be signatories to international agreements or processes which give cross-country recognition of the standards or accreditation process of the Australian entity. In medicine, the Australian Medical Council process for accreditation is recognised by the US Department of Education as of comparable standard to that which applies in the US. To gain recognition, the AMC submits for periodic assessment of its process by the US National Committee on Foreign Medical Education and Accreditation and lodges annual reports on changes to its standards and process\(^3\). Recognition of the AMC through this process enables US students to receive loans under the US Federal Family Educational Loan to study at an accredited medical school in Australia, thereby making Australia an attractive destination for study.

This international engagement adds to the attractiveness of Australian professional degrees for international students and may assist in the recruitment of academics in professional fields.

• Regular evaluation of process and procedures which includes stakeholder consultation.

• Networking and sharing of good practice, through bodies such as Professions Australia, and in the registered health professions, the newly formed Forum of Australian Health Professions Councils.

4 Consumer protection

Page 23 of the Consultation Discussion Document states “While professional accreditation offers students and the community an additional layer of consumer protection, it can also represent an additional layer of accountability for higher education institutions”.

This statement understates the “consumer risk” of poor professional education and training in some professions and requires some expansion. Some of the risks in medicine which are addressed in the AMC accreditation standards include:

• Dealing with impaired students, including students with a psychiatric condition, or drug and alcohol dependence, and students with infectious diseases, including blood-borne viruses, and a requirement for policies that address prevention and management of exposure to infectious diseases.

• Clinical experience experiences so graduate are able to assume appropriate responsibility for treating and managing patients.

• In response to the rapid expansion of medical knowledge, a requirement that students will be able to interpret medical evidence in a critical and scientific manner, and to use libraries and other information resources to pursue independent inquiry relating to medical problems.

\(^2\) WHO/WFME Guidelines for Accreditation of Basic Medical Education, 2005

\(^3\) http://www.ed.gov/about/bdscomm/list/ncfmea.html
• Focus on the school’s processes for assessing the students’ knowledge, skills, and attitudes and professional behaviour.

• A requirement that medical schools engage with stakeholders so that schools can respond to rapid advances in science and medical knowledge, changes in the health care needs of the community, and to Government policy on the allocation of scarce health resources.

The professional accreditation body is able to engage in an ongoing discussion with the providers of professional courses about the requirements for practice in the discipline in the short term and the changes necessary to prepare students for the evolution of their profession. The fact that the membership of professional accreditation teams includes a majority of members with expert content knowledge means that community needs now and into the future can be considered.

The description in the Consultation Discussion Paper of the Council of Australian Governments (COAG) agreement to establish a single national accreditation scheme for health education and training might be regarded as an oversimplification. The COAG announcements (13 April 2007) speak of a new national system for the registration of health professionals and the accreditation of their training and education programs. To quote from the COAG communiqué: ‘a single, consolidated scheme and a new national professional board for each of the nine professions. Each profession will develop standards for its profession. Individual registration and accreditation decisions will remain the responsibility of the professions.’

Consultation on the proposal to establish a national accreditation and registration scheme for the nine regulated health professions began in 2005. It is hoped that any proposal for a higher education accreditation scheme will take account of the information provided by the professions in the consultation about these plans, and the lessons learnt from this process about the need for comprehensive stakeholder consultation.

The current relationships between accreditation and quality audit functions require further consideration. The Consultation Discussion Paper summarises accreditation as “externally referenced insofar as it requires a demonstration of compliance with external standards” and quality audit which is described as more self-referencing. If accreditation is used not only to determine the institution’s compliance against standards at a specific point in time but also as a process to improve quality, then the initial self-assessment is critical.

In the AMC’s experience, accreditation is an effective quality control system when it combines counselling and guidance with review and control. In these circumstances, it is able to encourage continuous improvement of the standards of education and training.

The World Federation for Medical Education’s Guidelines for Accreditation describe the purpose of this self-assessment phase as “to elicit the institution’s description and analysis of itself and its programme in relation to the predetermined standards and criteria. Besides being the basis for the accreditation process, the self-evaluation should be recognized as an important planning instrument to enable the institution to achieve insight into its strengths and weaknesses and to identify areas for quality improvement of its programme.”

The Consultation Discussion Paper does not address the important issue of expertise currently in the system - at jurisdictional level, in bodies such as AUQA and the professional accreditation bodies. What efforts will be made to ensure that this expertise, both professional and administrative, is not lost in any planning for a new national system?

The analysis should address the efficiency of and risks associated with local and national processes for monitoring compliance and success. How would a national accreditation body apprise itself of problems and complaints that arise at a local (state) level? Since the number of medical courses in Australia is quite small, medical schools are located in universities, and there is a high degree of
support from the schools for the AMC’s national accreditation process, it has not been difficult to manage a process of regular reporting and review between accreditation site visits (medical schools have also willingly complied with these requirements). The monitoring of higher education institutions in a national accreditation system is complex and if too removed from the local delivery could be starved of information.

In relation to the plans for a new national higher education accreditation body:

• There is insufficient information to comment on the benefits and disadvantages. There is limited discussion of how this would work with existing agencies, except to identify the need for protocols.

• It is also not clear if the option exists for AUQA to take on the role of the national accreditation body rather than having two national bodies drawing on the same expertise for assessments/audits and managing processes that would be quite similar. Accreditation is an expensive means of quality assurance, and the process is of most value when it combines quality assurance and quality improvement. There are costs of administration, travel, the time of the assessing team members for reading, visits and producing the report, as well and the academic and secretarial resources required for a self-assessment. Institutions are already meeting these costs for an AUQA audit.

• There is insufficient information on the establishment and transition costs to enable an assessment of the costs against the benefits.

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For Mr Ian Frank, Chief Executive Officer

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