



National Registration and Accreditation Scheme for the Health Professions

Comments on proposed arrangements for accreditation

December, 2008

This response is made jointly by the following peak bodies which represent the medical education continuum, from university based education in medicine to pre-vocational and vocational training, as well as medical students:

Medical Deans Australia and New Zealand Inc (Medical Deans)

Confederation of Postgraduate Medical Education Councils (CPMEC)

Committee of Presidents of Medical Colleges (CPMC)

Australian Medical Students' Association (AMSA)

As recognised in the Consultation Paper, the most complex of the current accreditation arrangements across the health professions are those relating to medicine because of its multi-tiered education and training arrangements. This complexity has, however, been ably managed by the Australian Medical Council (AMC). The AMC has been responsible for a national accreditation scheme for university medical education programs (Australia and New Zealand) for the last 25 years; more recently the AMC has been responsible for accreditation of Specialist Colleges, and is currently actively working with the State based Postgraduate Medical Councils in relation to accreditation of pre-vocational training. In addition the AMC is responsible for the assessment of International Medical Graduates. It is our view that the AMC's expertise and experience across all aspects of accreditation of medical education and training is significant, represents best practice, and is unlikely to be matched. We are therefore pleased to note that the AMC's approach appears to have been used as a model for many aspects of the proposed new accreditation arrangements.

Our joint response focuses on a number of general principles in relation to accreditation with more specific matters to be taken up in detail in individual responses from the organisations, as appropriate.

We also acknowledge that a number of issues raised by our organisations at earlier consultation forums on the National Registration and Accreditation Scheme as essential components and/or safeguards for an effective scheme have been incorporated into the Consultation Paper.

We view the following principles as paramount in any future national accreditation scheme:

- independence
- quality
- transparency
- adequate resources
- seamless transition from current process

These principles will provide a sound basis for ensuring safe and high quality patient care.

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 underlying the current annotation on page 10 of the Consultation Paper, viz *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. In this respect we are reassured by and support the stated intention in the Consultation Paper that the best of the different approaches of the professions will be adopted.

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

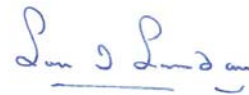
Our organisations have indicated at a number of recent consultation forums the importance of ensuring that there is no disruption to current accreditation processes during the transition to the new Scheme. This is particularly important for Schools and programs which are part way through the process 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.

In conclusion, we recognise that there are advantages in introducing a national uniform registration and regulation system but there is no cogent argument or advantage in changing significantly the current processes for accrediting medical professional education and training. 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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