

Australian Medical Council: Response to the External Review's Main Findings

November 2013

2013 external review of the Australian Medical Council

In 2013, an independent international panel completed a review of the Australian Medical Council (AMC).

This document provides information on the context in which the review occurred, and a summary of the AMC's response to the review's main findings.

The AMC is a national standards body for medical education and assessment. 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. It has operated as an assessment and accreditation authority for the medical profession since 1985 and, since the implementation of the Health Practitioner Regulation National Law in July 2010, has been the designated accreditation authority for the medical profession under the National Law.

The AMC works in two dynamic environments, health profession education and health profession regulation. The number and complexity of AMC functions had increased over the last ten years in response to increased demand for international medical graduate assessment services and new pathways for assessing their qualifications and experience, a doubling of the number of Australian medical schools, and a new accreditation scheme for specialist medical programs. The health regulation and higher education environments have changed significantly in the last five years and continue to evolve. The AMC set an ambitious strategic plan for the period covered by these developments (2007-2012). It positioned itself for continued growth and environmental changes through stakeholder consultation, strategic reviews, policy development, organisational restructuring, and new alliances and partnerships.

The AMC commissioned this external review to provide an opportunity to consider the substantial challenges created by a rapidly changing operating environment, to reflect on the successes of its first 27 years of operation, to identify areas for improvement, and to lay the foundations for a strong future. It reflects the AMC's commitment to continuous improvement, and to the openness to self-reflection and review which it commends to organisations undergoing its accreditation processes.

The scope of the review

The AMC has the following core functions:

- Assessing and accrediting medical education programs based principally in Australia and New Zealand, including university-based medical programs, specialist medical programs, and continuing professional development programs.
- Developing accreditation standards.
- Administering assessments of international medical graduates for non-specialist (general) registration.
- Facilitating the assessment of overseas-trained specialists by the specialist medical colleges.
- Assessing authorities in other countries which conduct examinations or which accredit programs of study relevant to registration in the medical profession to decide whether persons who successfully complete these processes are appropriately qualified for general medical registration under the National Law.
- Providing advice to Australian governments, health workforce authorities and regulatory agencies on matters concerning assessment of overseas qualifications, accreditation and registration for the medical profession.

The external review focussed on the AMC's core functions of program accreditation and assessment of international medical graduates, and the effectiveness, national and international standing of the organisation.

To address the challenge and logistics of combining an in-depth review of the accreditation and assessment functions with a broader review, the external review was completed in stages.

The first stages included in-depth reviews of the two key areas of work, assessment of international medical graduates and accreditation of programs. These reviews resulted in separate technical reports on these functions.

The second stage was the broader review of the AMC functions, governance and effectiveness, and was informed by the more detailed reviews of the accreditation and assessment functions.

The review terms of reference are at attachment 1.

For the review, the AMC prepared a submission describing its structures and processes and providing a self-assessment of its strengths and weaknesses. It gathered stakeholder feedback on its performance. The AMC also provided its strategic plans for 2007 to 2012 and 2012 to 2017 and the *AMC Submission to the Medical Board of Australia to continue the Accreditation Functions for Medicine under the National Law*, August 2012, a publicly available document prepared for the 2012 national review of its role as the accreditation authority for medicine.

Members of the review panel visited the AMC in November 2012 and March 2013, and met staff, office bearers and stakeholders. They observed AMC accreditation and assessment activities, and AMC committee meetings.

The membership of the independent review panel was:

- Professor Sir Liam Donaldson, former United Kingdom Chief Medical Officer and currently Professor of Health Policy at Imperial College, London (Chair)
- Professor Peter McCrorie, Professor of Medical Education at St George's University of London and Dean for Medical Education at the University of Nicosia
- Professor Janice Reid AM, Vice-Chancellor of the University of Western Sydney
- Dr David Swanson, Vice-President of the International Programs Unit of the National Board of Medical Examiners in the United States
- Ms Mary-Rose MacColl was Executive Officer to the panel.

The review findings in summary

The review report findings affirm that the AMC has much to be proud of and to build on. The report commends the AMC's work in many areas.

As would be expected in a process that began with an organisational self review and stakeholder feedback, many of the external review findings align with the AMC's own findings.

The review report findings highlight:

- The importance of the AMC's work to promoting high standards of medical education and protecting patients from unsafe care. They confirm that the AMC is seen as a quiet achiever, and "a force for good" in the Australian health landscape.
- The respect for the way the AMC undertakes its work both locally and internationally, the breadth and depth of its expertise, and the outstanding level of support from AMC staff.
- The sound and steady course steered by the AMC, and its important role in influencing the shape of national developments.
- The AMC's willingness to share expertise with other health care professions.

The report addresses the complex health care landscape in which the AMC operates, characterised by challenges common to the developed world, such as overstretched resources, an increased burden of chronic disease and the demands of an ageing population, as well as challenges specific to Australia such as high quality and safe healthcare for Australia's Indigenous peoples and for a multicultural society, health workforce shortages and medical workforce maldistribution. In this context, the report suggests the AMC is a potential facilitator of policy debate and development in many areas, but recognises tensions between the AMC's purpose and capacity and stakeholder expectations. The report recommends the AMC position itself to address challenges in Indigenous health and rural healthcare delivery.

The report also recognises that the AMC requires funding to ensure that it has the capacity to undertake the activities that have been assigned to it or that fall within its charter.

In the areas of AMC accreditation and assessment, the review found that the AMC has a formidable reputation, is a source of expertise, experience and leadership, has sound procedures and standards, attracts a large cadre of experts to its work, and operates at a level of best practice, comparable with its international peers.

The external review report makes 10 recommendations. There are recommendations relating to management, funding and organisational governance, and strengthening client relationships. The report encourages the AMC to use its high professional standing and expertise to better address major health and medical workforce policy issues. The two technical reports also suggest where AMC accreditation and assessment processes might be strengthened.

The AMC Directors and the Council have considered the review report findings, the AMC's own strategic priorities and resources, and sought advice from AMC committees on priority areas.

The recommendations and the AMC's response to them are summarised below.

Priority recommendations: recommendations 2, 3, 4, 6, 7, 9, 10

The AMC Directors have given highest priority to addressing the recommendations listed below.

2 and 10. Leadership in addressing major policy issues relating to health and medical workforce

Summary

This work is already undertaken by the AMC and is included in the Strategic Plan 2012-2017.

The AMC Directors, with advice from the Council and the Strategic Policy Advisory Committee, are responsible for determining the AMC's priorities in this area.

Response

The AMC agrees that it can and should contribute to national debate and policy in areas relevant to its expertise. It has done this through: regular discussion with key regulatory, professional and policy bodies; convening stakeholder workshops and meetings; thought leadership such as policy development; systems developments (such as the national test centre); and supporting initiatives in other organisations (for example the Health Professions Accreditation Councils' Forum).

AMC strategic reviews in 2007 and 2012 both addressed the policy leadership role of the AMC. In developing and reviewing the AMC strategic plan, the AMC considers annually the challenges for healthcare and health profession education. The AMC Strategic Plan 2012-17 sets priority areas for the AMC.

The external review report challenges the AMC to take a broader view on its potential leadership role. It identifies potential gaps in Australia's health policy where it considers the AMC would be well placed to lead policy development. One of these areas is ensuring that all

doctors who practise in remote and rural settings are qualified and competent. The AMC considers that it addresses this challenge by developing appropriate and timely pathways for assessment of international medical graduates, and by developing appropriate standards for accreditation of medical school and specialist medical programs.

3. Implement the findings of the technical reports on assessment and accreditation

Summary

These two reports make specific recommendations for strengthening AMC assessment and accreditation processes. Continuous improvement of the AMC core functions for accreditation of programs and assessment of individual doctors is a central part of the AMC Strategic Plan 2012-2017.

AMC examination and accreditation committees will take forward the response to the technical reports.

Response

The relevant AMC committees have considered these reports and provided replies to the AMC Directors. Recommendations have been prioritised and detailed action plans have been prepared. Actions plans will be reviewed regularly by the accreditation and examination committees.

4 and 9. Customer focus in the AMC's work, including policies and procedures in rural and remote medicine

Summary

The AMC sees recommendations 3, 4, and 9 as linked since they relate to setting and maintaining the highest standards and quality in assessment and accreditation. The AMC is undertaking work in this area, addressing several objectives in the Strategic Plan 2012-2017.

The AMC Directors have responsibility for the response to these recommendations, but AMC staff will review and develop stakeholder and client engagement strategies in particular business areas, with input from the relevant committees.

Response

In the last three years, the AMC has developed relationships and alliances with new organisations in the national registration and accreditation scheme (for example with the Medical Board of Australia, and the accreditation councils for the other regulated health professions). There has been considerable work to clarify requirements under the new National Law. This work has not always been straightforward, since the experience and perspectives of bodies in the scheme have sometimes diverged. The AMC and stakeholders in the scheme have worked collaboratively to establish processes that support the scheme's smooth functioning, the flow of information, and improvements in practices. As these processes have become well-established, the need to invest significant energy and resources in them is declining, and the AMC is able to focus more broadly on stakeholder relationships and client services.

Some elements of the operation of the national scheme have changed the AMC's relationship with established clients, as they give a stronger legal base to its functions and mandate some processes which were previously voluntary. The AMC continues to communicate with stakeholders whose relationship is affected by these changes, through group meetings and individual discussions.

In 2013, the AMC has invested in reviews of the systems which support its core functions. With client feedback, the AMC has reviewed and is implementing new management and reporting services for accredited providers of work-place based assessments. It is investigating new systems to provide a greater level of service to international medical graduates undergoing an AMC assessment pathway and an enhanced capacity for candidates to manage their own application processes. It has reviewed its accreditation management systems and developed specifications for a system to manage the AMC's expanded number and variety of accreditation services, provide greater flexibility and allow AMC accreditation teams and education providers to view AMC status reports.

6. Establishing and implementing accreditation standards and processes for intern and pre-vocational training years

Summary

In 2013, the AMC has developed national standards for intern training programs, and processes for assessment of intern performance and accreditation of intern training accreditation authorities.

The new Prevocational Standards Accreditation Committee is responsible for advising AMC Directors on standards and procedures, and managing the process for review of intern training accreditation authorities.

Response

In 2013, the AMC has completed a major piece of work on behalf of the Medical Board of Australia on national standards for internship, with input from health jurisdictions, postgraduate medical councils, junior doctors and supervisors. The work includes development of a set of guidelines, standards and forms including:

- Intern training – Intern Outcome Statements: work-based, patient-centred outcome statements for the intern year that are vertically integrated with the medical school graduate outcomes, and used as criteria for the assessment of interns.
- Intern training - National standards for programs: outline the requirements for processes, systems and resources that contribute to good quality intern training. These are applicable to diverse prevocational settings.
- Intern training - Guidelines for intern terms.
- Intern training – Domains for assessing accreditation authorities: to provide a national framework for review of the performance of the authorities that assess and accredit intern training programs, the postgraduate medical councils.
- Intern training – Assessing and certifying completion: details arrangements for assessment, progression and certification of completion for interns participating in accredited intern training programs. The Australian Health Practitioner Regulation Agency has developed a national form for health services to certify interns have completed the requirements of the internship. AMC guidelines align with this form.
- Intern training - Term assessment form: a resource to support performance appraisals of interns in the context of the Australian Curriculum Framework for Junior Doctors and the Australian Medical Council's Global Outcome Statements for Intern Training.

The AMC has also developed a process and criteria to assess the intern training accreditation work of the postgraduate medical councils. This process was trialled during 2013 with the support of two volunteer postgraduate medical councils, and will be implemented formally from 2014.

More information on these developments is available on the AMC website: <http://www.amc.org.au/index.php/ar/psa>

The external review report also recommends the AMC lead development of an annual survey of trainees and supervisors. The AMC has explored interest in this development with stakeholders in 2013 and will continue to contribute to this debate in 2014.

7. Leadership in Indigenous health and the needs of its practitioners

Summary

The AMC is continuing work begun in 2007 to ensure that the organisation formally acknowledges Indigenous Australians as the original Australians and that the standards it sets for education, training and assessment of the medical profession promote and protect the health of members of the Indigenous community.

AMC Directors have responsibility for the response to this recommendation. AMC examination and accreditation committees contribute through development and review of standards and procedures in their respective work areas.

Response

In 2013, the AMC implemented revised accreditation standards for medical schools. These standards continue to include requirements for Indigenous health curriculum content, and the recruitment and support of Indigenous students and staff. They have been strengthened by the new graduate outcome statements, which include “Understand and describe the factors that contribute to the health and wellbeing of Aboriginal and Torres Strait Islander peoples and/or Māori, including history, spirituality and relationship to land, diversity of cultures and communities, epidemiology, social and political determinants of health and health experiences. Demonstrate effective and culturally competent communication and care for Aboriginal and Torres Strait Islander peoples and/or Māori.”

In 2013 the AMC began a review of the accreditation standards for specialist medical training. It plans to develop standards comparable to medical school accreditation standards relating to Indigenous health, students and staff.

Through a reference group of the Health Professions Accreditation Councils Forum, the AMC is contributing to a Health Workforce Australia project to develop an Aboriginal and Torres Strait Islander Health Curriculum Framework for other health professions.

In 2014, the AMC will appoint a Planning Advisory Group to develop the terms of reference, and membership charter of a more formal Indigenous health or Indigenous medical education committee that fits with the AMC’s mission and purpose.

Recommendations addressed: recommendations 5, 8

5. Transparency on sources and allocation of funding

The AMC’s funding sources are listed in the financial statements in the annual reports. These statements meet financial reporting requirements.

As have all health profession accreditation authorities, the AMC has experienced some uncertainty regarding the level of funding of its core accreditation activities following the establishment of the national registration and accreditation scheme.

The scheme was established on the principle that ongoing operational costs of the system would be funded from registration fees for each of the professions in the scheme. The scheme

covers both registration and accreditation activities, with the professions now responsible for funding both the regulatory activities and the monitoring of standards of education through accreditation processes.

The AMC is exploring alternative funding sources to support its core accreditation activities and to provide a more secure and stable funding base for the AMC

8. Regular review of major organisational risks at the most senior level

Major organisational risks are considered through the regular meetings of the members of the Council and AMC Directors. Review of the AMC strategic plan also entails review of major organisational risks.

The AMC has adopted a risk management policy and the Finance Audit and Risk Management Committee receives quarterly risk reports from AMC organisational areas. It reports to AMC Directors, the AMC governing body.

Recommendations not prioritised: recommendation 1

1. A management review

The AMC has undergone several reviews in the last five years. All have found the organisation to be functioning well, but have identified services or work areas which could be enhanced given additional resources.

The external review, and the AMC's own self-assessment also identified work areas which could be taken forward with resources to support additional positions. In 2013, the AMC has filled additional senior positions which expand its in-house expertise in the area of assessment, staff development and human resource management, and business development.

Committees in the assessment area, which were being reviewed at the time of the external review, have been re-established.

The AMC does not consider it timely to repeat a management review, given these recent changes to the organisational structure, and the number of recent organisational reviews.

Attachment 1

AMC External Review 2013: Terms of Reference

The following are the terms of reference used by the panel for the external review.

- 1 Having regard to the objectives and purpose of the AMC:
 - 1.1 How effective is the AMC in its role?
 - 1.2 Does the organisation have the appropriate national and international standing?
 - 1.3 How well does the AMC identify challenges and opportunities to improve success?
 - 1.4 Do the plans the AMC has formed support achievement of the objectives and purpose?
- 2 Do the internal processes, organisational structure and resource allocation support achievement of these objectives and purpose?
 - 2.1 Does the organisational structure support those outcomes?
 - 2.2 Are resources appropriately allocated to achieve the AMC objectives?
 - 2.3 Are internal processes efficient, effective and economic?
- 3 Does the governance and management of the organisation support the achievement of the objectives and purpose?
 - 3.1 Is the Council strategic in its approach?
 - 3.2 Does the management of business by the Directors contribute to the effectiveness and standing of the AMC?
 - 3.3 Is the executive organised for effective delivery and accountability?