



SUBMISSION TO THE NATIONAL HEALTH AND HOSPITALS REFORM COMMISSION

The Australian Medical Council Incorporated (AMC) is pleased to present its submission to the National Health and Hospitals Reform Commission (NHHRC).

The AMC welcomes and supports the NHHRC, its terms of reference and the proposed comprehensive design principles. The AMC is committed to playing a role in the reform process to improve Australia's health system.

The NHHRC's agenda is a large and complex one. As well as identifying the areas in which reform is needed and the degree of urgency of that reform, the AMC believes it necessary to also identify those areas which do not need urgent attention, either because the current systems work well or because there are already initiatives in train which will address the existing deficiencies.

This submission provides an overview of current AMC activities which relate to the key themes and the proposed draft principles of the Commission's work.

The Australian Medical Council

The Australian Medical Council Incorporated (AMC) is an independent national standards and assessment body for medical education and training. It is not part of the Australian government.

The purpose of the AMC is to ensure that standards of education, training and assessment of the medical profession promote and protect the health of the Australian community. Over time, the AMC has adapted its policies and processes to maintain a high level of quality.

The current structure of the AMC includes a Council, an Executive Committee, committees responsible for key functional areas (e.g. accreditation, recognition, policy, and appeals, examinations), and expert working parties. A secretariat of some 60 staff, located in Canberra, supports these various bodies. Through this structure, the AMC regularly draws on the experience and contributions of more than 2000 individuals representing a range of stakeholders across the medical profession, health services, the community, governments, and other groups in the health sector. This depth and breadth of experience contributes to:

- decisions about the knowledge, skills and attitudes required for safe and competent medical practice
- decisions about assessing the knowledge, skills and professional attributes of individual doctors
- assessing courses against standards and identifying challenges to high quality training.

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AMC Core Activities and Expertise

The key functions of the AMC are:

- since 1985, setting standards for medical education and training, assessing medical courses against these standards, and accrediting courses that meet AMC standards
- since 1986, setting assessments of the knowledge, skills and attributes of overseas trained medical practitioners who wish to practice in Australia and administering the related assessment processes
- since 1992, advising Health Ministers on matters pertaining to the registration of medical practitioners and the maintenance of professional standards in the medical profession
- since 1985, with the medical registration authorities in the Australian states and territories, developing nationally consistent approaches to medical registration, and nationally consistent policies on standards for registration
- since 2000, setting standards for specialist education and training, assessing specialist medical colleges against these standards
- since 2002, setting standards for the recognition of new medical specialties in Australia, assessing proposals to recognise new medical specialties and advising the Minister for Health on the strength of the case for recognition.

Through these activities, the AMC has well developed expertise in the following areas:

- setting standards for medical education and training that reflect national policy and international standards
- developing valid and reliable systems to assess the quality of individual medical practitioners and to verify the credentials of overseas trained professionals
- operating a collegial quality assurance and quality improvement process to assess medical courses against standards and to stimulate the commitment of medical schools and specialist colleges to continuous improvement of their education and training programs
- fostering improvements in medical training programs that respond to evolving health needs and practices, and educational and scientific developments
- improving accountability of medical education and training providers to the community
- engaging with stakeholders, particularly working collaboratively with other health professions to improve standards
- setting and administering knowledge and clinical performance examinations for international medical graduates
- developing publications and reference material for international medical graduates seeking to practise in Australia
- assessing the costs and benefits of recognition of new medical specialties.

The NHHRC Principles for Australia's Health System

The AMC welcomes and supports the terms of reference and the proposed comprehensive design principles developed by the NHHRC. The task before the NHHRC is central and

critical to the current debate on improving the delivery and quality of health care services in Australia. The AMC's submission is intended to provide the NHHRC with an overview of its work and the areas which it judges to be of central importance in this reform process.

The NHHRC's work comes at a critical juncture, following on the findings and recommendations of the 2005 Productivity Commission report *Australia's Health Workforce*, the DEST study on medical education in Australia, and the *Intergovernmental Agreement for a National Registration and Accreditation Scheme for the Health Professions*. It is our view that the NHHRC's work will build significantly on previous initiatives and provide practical recommendations for structural and organisational reforms to improve national efficiency in health service delivery.

The AMC notes that the issues covered in the terms of reference and the proposed design principles are highly interconnected and interdependent. For that reason, it is difficult to treat any individual aspect of the NHHRC's work in isolation. While this submission provides concrete examples of the ways in which the AMC's processes relate to issues covered in other terms of reference, the AMC's contribution is most relevant to term of reference (h) which is to "provide a well qualified and sustainable health workforce into the future".

As a result, the AMC submission provides its perspective on three of the proposed design principles for the NHHRC to take into consideration when proposing reforms to the Australian health system. The three design principles of interest are:

- taking the long term view
- safety and quality
- a culture of reflective improvement and innovation.

Whilst the current health system is in need of reform, the AMC believes that this review also provides an important opportunity to take stock of those functional aspects of the current system which should be retained. It will be crucial for the NHHRC to determine how those resources and structures can best be utilised in the reform process.

One such area of strength in the Australian health system is the high standard of medical education, and the willingness of training organisations to review practices and share experiences in striving to maintain that standard. The AMC considers that medical education in Australia has responded well in adapting to national and health service priorities. Australia also provides international leadership in medical education. The NHHRC should seek to retain these attributes when it proposes a reform of the health care system.

Australia operates in an environment of international shortages and increasing mobility in the global health workforce. In addition, there are international dimensions to health education. As a national standards body, the AMC has strong links internationally:

- Since 1992, the AMC has conducted the accreditation of medical courses in New Zealand on behalf of the Medical Council of New Zealand.
- The AMC has links into the Asia Pacific Region through the Association for Medical Education in the Western Pacific Region, and hosts its website. It is an active collaborator with the World Federation of Medical Education in the development of international guidelines for all levels of medical education.

- The AMC and the Medical Boards have been instrumental in the development and establishment of the International Association of Medical Regulatory Authorities. The President of the AMC was the foundation President of this international peak body of medical regulatory authorities (2002/04).
- The AMC has a formal agreement with the Medical Council of Canada to exchange examination material and performance data. The AMC has a partnership with the US Education Commission for Foreign Medical Graduates to implement processes to validate the credentials of doctors seeking registration to practise in Australia, and thereby provide assurance to the community that medical practitioners are not registered with fraudulent credentials.

A well-qualified and sustainable workforce requires both systems to support the training and assessment of health professionals entering the health system, and systems to regulate their practice and to protect the community by ensuring that registration is granted to those who are competent and fit to practise. The AMC is firmly committed to national registration of medical practitioners. The *Intergovernmental Agreement for the National Registration and Accreditation Scheme* sets out the general parameters of the Scheme that will operate from 1 July 2010. In building this new Scheme, the AMC believes it essential to draw on the expertise of the existing regulatory bodies, such as the State and Territory Medical Boards. The breadth and depth of expertise of both Board members and staff has been developed over years. It includes experience in dealing with complaints against practitioners and managing non-disciplinary processes such as health, impairment and performance programs. This expertise also enables practitioners to provide medical services in circumstances where they might otherwise have been excluded. By way of example, a practitioner who wishes to return to active clinical practice after an absence (i.e. working in non-clinical research, family reasons) can be supported through a regulatory system that allows registration under oversight for a prescribed period of time.

Taking the long term view

As an independent national standards and assessment body, the AMC has gained a unique perspective on the functioning of the health system across all jurisdictions. The AMC supports proposals to improve the flexibility and responsiveness of existing processes, to implement structural reform, and to facilitate integrated approaches to health service delivery.

The AMC considers that health education and health care delivery are so inter-connected that changes in one will inevitably affect the other. The AMC's extensive experience with accreditation of medical education confirms that an education system driven by short term service delivery considerations may be detrimental to the longer term flexibility of the health workforce and to its capacity to adapt to new circumstances, technologies and challenges.

Recent initiatives, such as the establishment of new medical schools, will increase the medical workforce over time. Nevertheless, it is evident that more skilful and flexible use of the current health workforce is also required. In particular, there is a need for strategic planning, effective use of resources and collaboration on the part of governments and agencies to secure better health workforce planning and implementation of appropriately funded strategies through Commonwealth funded higher education and State resourced health care systems.

The AMC notes that debates on new health profession roles have progressed since the release of the 2005 Productivity Commission report. One such example of the evolution of that debate is the Queensland pilot program on the role of Physician Assistant. Appropriate

national standards, which reflect safe and professional practice, need to be integrated into the design and implementation of such new workforce roles. While the AMC's functions do not extend to setting standards for other existing or emerging health professions, the AMC is willing to contribute both its accreditation expertise to processes which aim to set national standards for safe and professional practice, and the experience it has gained in assessing applications for recognition of new medical specialties. The establishment of the Forum of the Australian Health Professions Councils, which aims to work together on issues of national importance to the regulated health professions, provides a new avenue for collaboration/expertise.

In times of workforce shortage, there is a significant pressure on all aspects of the health system to compromise the quality of training and assessment in the interests of meeting the demand for health services. This approach is not compatible with the necessary long term investment in health education, nor does it contribute to the development of a sustainable and flexible medical workforce. In the 2005 report on the Queensland Health Systems Review, the following observation was made in relation to the training of junior doctors:

“The breakdown of clinically related teaching, training and education for the workforce was the first casualty of an overburdened system. This is one of the most serious deficiencies confronting the organisation.”¹

Similarly, in the 2004 report on the Western Australian health system, the review committee found that an increase in the number of medical students and graduates resulted in *“an additional burden on senior doctors and consultants in the health system.”²* The review committee also underlined the need to ensure that students were provided *“with relevant and high quality training opportunities without distorting the efficient delivery of health services.”³*

The AMC's experience indicates that appropriately developed accreditation systems, based on a process of self and peer assessment against agreed national standards, can and do drive change and quality improvement in the longer term. Since the introduction in 2002 of its process for accreditation of specialist medical training, the AMC has witnessed notable improvements in specialist medical training, particularly in areas such as the specialist medical colleges processes to assess overseas-trained specialists; opportunities for groups such as government agencies, health service providers, doctors in training and health consumer organisations to comment on areas of excellence and gaps in specialist training; and, in a broader view of the roles required of doctors, and the skills and knowledge required to undertake them. The later development has emphasised doctors' roles as team players, health advocates, managers, educators and professionals, in addition to their role as medical experts.⁴

¹ *Queensland Health Systems Review Final Report*, September 2005, page 206 on www.health.qld.gov.au/health_sys_review/final/qhsr_final_report.pdf

² Western Australia Department of Health, *A Healthy Future for Western Australians - Report of the Review Committee*, March 2004, page 86 on www.health.wa.gov.au/HRIT/publications/docs/Final_Report.pdf

³ *Ibid.* page 86.

⁴ This is a response to projects undertaken internationally, such as Frank JR, Jabbour M, Tugwell P. Skills for the new millennium: report of the societal needs working group, CanMEDS 2000 Project. *Ann R Coll Physicians Surg Can* 1996;29:206-216.

There are other examples of the capacity for accreditation systems to influence changes.

- The AMC has endorsed the Indigenous Health Curriculum Framework developed by the then Committee of Deans of Australian Medical Schools. Working with the Deans and the Australian Indigenous Doctors Association, the AMC has incorporated new accreditation standards addressing Indigenous health as a curriculum topic, as well as the processes, settings and resources that will lead to successful education in this area. For instance, the AMC now requires that “*The school provides all students with experience of the provision of health care to Indigenous people in a range of settings and locations*”⁵ The AMC started assessing the success of medical schools against these standards in 2007.
- AMC reports on assessments of specialist medical training programs have given significant attention to the way in which colleges support their fellows in continuing professional development. During the period in which the AMC has been assessing specialist medical training programs, there has been significant change. Nearly all colleges have now mandated continuing professional development for their fellows.

The AMC also supports the inclusion of the need to improve the provision of health services in rural areas in the NHHRC’s terms of reference. There have been significant initiatives by successive governments to recruit, retain and up-skill the medical workforce in rural and remote areas of the country. Through its examination and accreditation functions, the AMC is well aware of the difficulties in providing appropriate standards and levels of medical services to remote and rural areas, and in attracting doctors to these settings.

In 2005, the AMC assessed a case to recognise a distinct specialty of rural and remote medicine. Key arguments in support of this case related to making rural and remote medicine an attractive career path, enhancing training and support for practitioners, and enhancing the calibre of medical care provided to Australian rural and remote communities.⁶ The AMC reported that the evidence had not been presented of a defined and distinct field of practice⁷ in Australia that could be described as rural and remote medicine practice nor of a separate and expanding knowledge base that marks rural and remote medicine as a developing specialty. Nevertheless, the AMC does assess rural training capacity and barriers to rural training when it assesses specialist medical training programs. Its accreditation reports, available as public documents, describe the successes and challenges encountered by specialist medical colleges. The AMC’s assessment of the Royal Australian College of General Practitioners⁸ in particular comments on rural training opportunities in general practice. The AMC has also granted initial accreditation to the Australian College of Rural and Remote Medicine as a standards body and provider of specific training and professional development programs for the specialty of general practice, and expects to assess ACRRM’s training programs during 2009. Similarly, AMC reports related to the accreditation of medical schools document the successes and challenges in the expansion of undergraduate medical education to an expanded range of rural settings.

⁵ Australian Medical Council 2007 *Assessment and Accreditation of Medical Schools: Standards and Procedures*, page 29 (in print)

⁶ Australian Medical Council, *Assessment of Rural and Remote Medicine as a Medical Specialty*, December 2005, page 22.

⁷ As set out in the Guidelines for Recognition.

⁸ Australian Medical Council Accreditation Report: Training leading to Fellowship of the Royal Australian College of General Practitioners July 2007 pages 29 to 33.

Safety and quality

The AMC considers that the social contract between members of the health professions and the community entails profession-led processes for setting standards, including entry to the profession. The profession has a responsibility to be accountable to society for those standards, and for the maintenance of the standards by members of the profession. A new model for health care in Australia must take this social contract into account, and ensure that there are mechanisms for accountability at all levels and in all of the health professions. A reformed health care system should retain the channels through which to engage the professions in educational and clinical content, as well as in standard setting for registration and practice. At present, professional engagement and involvement in these processes is high. This level of commitment by and engagement with the health professions is a fundamental ingredient to long term sustainable reform of the health system and needs to be maintained.

A good health system fosters peer review and professional development, and supports and encourages clinicians to contribute to high quality teaching and supervision. There is no better guarantee of quality or of maintenance of clinical standards than the engagement of clinicians in teaching. The flow of information between a specialist and health professionals, junior doctors and medical students on a ward round represents a blend of patient service, education and quality assurance. The same can be said of almost all clinical activities in health services that are engaged in teaching. Similarly, high standards of patient service depend on those health professionals being involved in continuous quality improvement, evaluation of outcomes, maintenance of professional standards and advancement of knowledge.

The health system is both a resource for learning and a topic for learning. The AMC requires medical students to gain an appreciation of the organisation of health care systems and systems of quality control. It also requires that students gain experience in the workings of key committees related to the quality of care, such morbidity and mortality rounds.

Underlying most failures of quality of care are failures in the system of care and of communication within that system. To ensure that future medical practitioners can play a part in assuring quality of care, the AMC accreditation standards for medical schools endorse the National Patient Safety Framework developed by the Australian Council for Safety and Quality in Health Care.

The background papers for the Australia 2020 Summit *Long-Term Health Strategy*⁹ indicate that 21 per cent of Australia's medical practitioners were trained overseas. The AMC has considerable expertise in conducting assessments to determine whether a doctor has the necessary knowledge and clinical competence to practise medicine safely in the Australian community. Since the Council of Australian Governments agreed to the phased introduction of a new national process for the assessment of international medical graduates in July 2007, the AMC is actively collaborating with its partners to implement and deliver three main pathways to ensure that all doctors registered in Australia meet agreed minimum standards of practice. This includes two new developments: the Competent Authorities Model to fast-track certain categories of IMGs based on prior assessment of skills or learning and a workplace-based assessment pathway to incorporate components of clinical assessment into the Australian workplace setting for IMGs employed in the health care system. Employers' support for the workplace based assessment is critical to its success.

⁹ <http://www.australia2020.gov.au/topics/docs/health.ppt>

Working with its stakeholders, the AMC has developed guidance for medical practitioners to support safe standards of medical practice in Australia. Recent initiatives include the *AMC Handbook of Clinical Assessment*, the *AMC Anthology of Medical Conditions*, and the *AMC Annotated Multiple Choice Questions*. All are available through the AMC website. At the request of the State and Territory medical boards, it is also developing a uniform national *Code of Professional Conduct* seeking wide stakeholder input.

A culture of reflective improvement and innovation

This principle is embedded in the AMC accreditation processes. Accreditation of health education and training operates within a changing national health policy framework. The AMC considers that accreditation standards need to respond to changes in the health care needs of the community and the context in which health services and health professional education are provided.

As stated earlier, the AMC accreditation processes begin with self-assessment. As accreditation is both a process which determines the level of an institution's compliance with standards at a specific point in time and a process through which to assess the quality of service delivery, this initial self-assessment is critical. The AMC's experience supports the view that

“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.”¹⁰

The AMC is continuously evaluating its own ability to contribute to a better functioning health workforce. It has developed considerable expertise in developing new approaches such as the evidence-based process for recognition of new medical specialties. This process includes an assessment of the proposed specialty both in terms of its clinical benefits and of its impact on the community. An examination of the economic and resource impact of recognition is an integral component of the AMC advice to government on the recognition of medical specialties. The innovative approach has potential for applications in other areas of health planning such as workforce re-design.

As part of its approach to respect for diversity and inclusiveness, the AMC is an active member of the Forum of Australian Health Professions Councils (FAHPC). This new coalition of the nine health professions currently registered in all jurisdictions has agreed to:

- work together on issues of national importance to the regulated health professions
- identify areas of common interest and concern in relation to the regulated health professions
- work toward a position of consensus on identified issues and concerns
- take joint action in areas of importance to the regulated health professions
- develop joint position statements which provide recommended policy directions for governments and other relevant stakeholders.

¹⁰ WHO/WFME Guidelines for Accreditation of Basic Medical Education, 2005 at www.wfme.org

The coalition will constitute an important consultative mechanism in the implementation of a new national registration and accreditation scheme and in the reform of Australia's health care system.

Conclusion

The AMC welcomes this opportunity to contribute to the work of the NHHRC and ultimately to the design of an improved health care system in Australia. The AMC remains firmly committed to developing and maintaining those standards of education, training and assessment of the medical profession which promote and protect the health of the Australian community.

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