

**External Review
Australian Medical Council
2013**

**Summary and Recommendations from
the Report of the International Panel**

**Professor Sir Liam Donaldson (Chair)
Professor Peter McCrorie
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Executive Summary

This is the [executive summary and recommendations from the] report of the international panel commissioned by the Australian Medical Council (AMC) to review the AMC's structure, functioning and place within the Australian medical education, training and accreditation landscape. The AMC commissioned technical reviews of its accreditation and assessment activities by individual panel members and prepared documentation ahead of a visit to Canberra by the panel in March 2013.

The AMC was established in 1985 and in its first twenty-five years developed a formidable reputation as a source of expertise, experience and leadership in the field of accreditation and assessment of medical students and doctors in their institutions of learning and training.

Since 2010, the AMC and its key partners have been subject to a new law – the *Health Practitioner National Law Act 2009* – that has created a national registration and accreditation process covering medicine and other health professions. It replaced a variable and inconsistent set of State-based arrangements. The AMC now does its work on standard-setting, accreditation and assessment on behalf of the Medical Board of Australia.

The AMC is not widely known to the public or even within the health sector, yet its work is vital to promote high standards of medical practice and to protect patients from unsafe care. Although responsible for approving the training of large numbers of doctors, the AMC's work as an accreditor is not independently accredited.

The AMC operates in a health care environment that is complex and challenging, dominated by five main factors:

- the high reliance on international medical graduates to provide medical services
- the difficulty in filling medical posts in rural and remote areas
- the high levels of premature deaths and preventable disease in First Nations communities
- the rising burden of chronic disease with the commensurate burden and costs in services
- the needs of an ageing population.

The international panel found that the AMC as an organisation is highly respected and regarded as a force for good in the Australian system by almost all stakeholders and commentators.

In the area of accreditation, the international panel found that the AMC operates at the level of best practice of its international peers, with strengths including regular review of accreditation standards, high quality documentation at each level of

decision-making, involvement of external experts, and excellent support to teams from AMC staff. The technical review identified the need for a stronger focus on assessment in accreditation processes, training for teams, inclusion of students/trainees and consumers/ lay members on teams, and better recognition of cultural and linguistic diversity in standards and processes. The technical review recommendations are supported by the international panel.

In the area of assessment, the international panel found that the methods and standards of the AMC are consistent with international best practice in assessment, with excellent test material, high quality documentation and valuable contributions by a large cadre of content experts supported by dedicated staff. The development of the new national testing centre provides an excellent opportunity to enhance the clinical examination and accelerate the flow of international medical graduates through the AMC system. The technical review identified the need for expertise in assessment within the organisation and a formalised committee structure. It makes detailed recommendations in relation to the AMC's multiple choice question examination and clinical examination to improve patient safety. The technical review recommendations are supported by the international panel.

In looking at the AMC as an organisation, the international panel was impressed by the breadth and depth of expertise and the high standing in which the AMC is held by stakeholders. The organisation has emerged from a period of rapid change in its environment and demand for its services, as well as a regulatory reform process, with a stronger corporate base and legal charter.

The AMC has been able to provide leadership in facilitating debate on key issues to some extent. The Chief Executive Officer and Deputy Chief Executive Officer are well known among stakeholders and highly respected.

Within this overall context, the international panel found that:

- The senior leadership of the organisation is too often focused on operational matters (the 'micro') at the expense of responding to and developing policy on strategic issues (the 'macro').
- The management structure of the organisation has not been tested against present and future needs and lacks in-house expertise in educational method, analysis, research and innovation. It would also benefit from a greater understanding of the views and needs of its staff.
- The AMC could take a stronger leadership role in convening key organisations and individuals to discuss and resolve approaches to the major policy issues of the day as they impinge on the mandate of the AMC.
- The AMC has not developed a true focus on those it should be regarding as customers, particularly international medical graduates and organisations being accredited. This is damaging the AMC's reputation, and causing frustrations for customers and inefficiencies in the system.

- There is a poor understanding amongst stakeholders about the sources of the AMC's funding and how funds are allocated.
- The development of standards of accreditation for the intern and pre-vocational years of medical training has been slow to evolve. There is also no regular survey of trainees and supervisors.
- The AMC has not capitalised as well as it could have on its unique opportunity to be a leader in development of policies relevant to Indigenous and rural and remote health care and workforce development.
- Although not directly the responsibility of the AMC, there is a perception that there are still routes through which poorly performing doctors could enter practice in remote parts of Australia. The AMC should provide leadership in defining and addressing this important issue.
- There are some major organisational risks to the AMC, notably the sustainability of its funding (currently dependent almost entirely on fees from international medical graduates); the heavy reliance on a volunteer professional workforce (with changing generational attitudes to work-life balance and an ageing volunteer workforce); and the possibility of government-initiated reduction of non-governmental organisations.

After reviewing these findings, the international panel has recommended ten areas for action. They include

- a searching, independent review of the AMC's management structure
- fresh approaches to Indigenous and remote and rural health
- moving forward as a systems leader
- a customer focus with supporting information technology
- rapid introduction of standards and accreditation programs for intern and pre-vocational doctors and an annual comprehensive survey of trainee and trainer attitudes and experience.

International Panel Recommendations

The AMC in its first twenty-five years developed a formidable reputation as a source of expertise, experience and leadership in the field of assessment of international medical graduates and accreditation of institutions of learning and training. As it heads towards its first fifty years, the AMC continues to make a key contribution to patient safety in Australia.

The AMC has been through rapid growth in both assessment and accreditation, a governance review, a regulatory reorientation, and a number of high-profile cases of professional incompetence involving overseas-trained doctors practising in Australia. The AMC has successfully negotiated this period of change and is now in an excellent position to further develop its role.

In an environment of rapid and important change and given the high stakes nature of the AMC's work, the international panel has focused on recommendations to help the organisation close gaps in patient safety and quality improvement.

1. Commission a management review

Noting the advent of national legislation, the establishment of new policies in medical education and health workforce, the ongoing health system reform, and the development of new key relationships for the AMC, we **recommend** that the AMC Directors commission an external review of the organisation's management structure to ensure that it is designed to meet current and future challenges and demands. We further **recommend** that a new management structure should, *inter alia*:

- provide a committee structure to meet the needs of the organisation, including formalised committees in the assessment area and a new Indigenous Committee of Council
- free the Chief Executive Officer and Deputy Chief Executive Officer to concentrate on strategic and policy matters and reduce their operational responsibilities
- establish a strong analytical team
- create a research and innovation function
- institute succession planning reviews
- provide for a regular staff survey and address at senior management level its findings and implications for organisational culture.

Further, we **recommend** that in the absence of an external accreditation process, the AMC continues to commission five-yearly independent international reviews of its operation.

2. Establish the AMC's position as a national leader in addressing major policy issues relating to health and medical workforce

The field of medical education and training, regulation and accreditation, wider level workforce and health care reform is awash with major policy dilemmas, apparently intractable problems and strategic questions. Many of these are not solely in the AMC's area of responsibility. Nevertheless, it is vital that they be addressed. We **recommend** that the AMC uses its high professional standing, expertise and good offices more frequently to be a convenor, facilitator and thought leader in relation to policy and strategy. We further **recommend** that resourcing bodies including the Medical Board of Australia, the Australian Health Practitioner Regulation Agency and Health Workforce Australia recognise the AMC's capacity to facilitate discussion and provide the necessary resources.

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

The panel is issuing, as companion documents to this main report, reports produced by two of its members dealing with the AMC's role and performance in assessment and in accreditation. The reviewers' analyses and recommendations were based on visits, discussion, and examination of the AMC's data and documentation as well as their own extensive experience. We **recommend** that the proposals included in the two technical reports be implemented in full.

4. Establish an ethos and systems to create a customer focus in the AMC's work

Those individuals and organisations who depend on decisions and information from the AMC in order to progress their own work or careers are on occasion deeply frustrated by delays, lack of clarity on the progress of their case or application or simply being unable to speak to anyone who can resolve their problems. This all leads to avoidable damage to the AMC's reputation as well as inefficiencies within the system.

We **recommend** that the AMC develop a customer ethos particularly with regard to individual international medical graduates and organisations being accredited. This will involve staff training and development and implementation of information technology systems that engage the consumer and create transparency. Performance metrics should be established and regularly reviewed by senior management. We further **recommend** that having established a new customer service focus, the AMC benchmark against best practice in other sectors, enter quality of service awards and take any other steps which position it as an exemplary and responsive provider.

5. Be more transparent on sources and allocation of funding

Many stakeholders are unclear about the funding flows in and out of the AMC. We **recommend** that the AMC regularly publishes accessible information on income, expenditure and budget.

6. Move forward rapidly in establishing and implementing accreditation standards and processes for intern and pre-vocational training years

There has been longstanding and widespread concern about the absence of standards and a program of accreditation to cover the intern and pre-vocational years of medical training. We **recommend** that, as a matter of urgency, standards are finalised for the intern and pre-vocational years and the accreditation process is implemented. Further, we **recommend** that the AMC lead development of an annual survey of trainees and supervisors.

7. Raise the quality and responsiveness of the AMC's leadership in Indigenous health and the needs of its practitioners

The panel sees opportunities for the AMC to provide leadership and a level of engagement with Indigenous organisations, students, educators and medical practitioners that will set a standard for medicine and other health care professions.

We **recommend** that the AMC have a more structured, visible and powerful representation of Indigenous practitioners, students and community members across its accreditation and assessment functions. An Indigenous Committee of the Council, with cross-membership on other AMC committees, is vital to enable the AMC to draw on the experience and knowledge of Indigenous leaders, communities and practitioners from representative, policy, educational and service organisations.

We further **recommend** that AMC standing committees and accreditation teams include Indigenous members wherever possible. Experts in Indigenous health and care should be involved in the development of assessment items, Indigenous health issues should feature in assessment, and issues of Indigenous curriculum content, student recruitment and support, and clinical training should be prominent in the accreditation process.

8. Keep major organisational risks under regular review at the most senior level

We **recommend** that the AMC Council regularly reviews a risk register particularly with respect to the sustainability of the AMC's income.

9. Make a fresh start to the AMC's policies, procedures and partnerships in rural and remote medicine

The panel sees opportunities for the AMC to work more positively in its relationships with stakeholders involved in rural and remote health. We **recommend** that the Directors make a fresh start in this key area, engaging international assistance and perspectives in addition to those of Australian remote and rural practitioners to build more fruitful partnerships. At the same time, the panel supports the importance of commensurate standards of assessment of clinical knowledge and practice, however this is worked out on the ground.

10. Create an effective set of partnerships to ensure that all doctors practising in remote and rural settings are qualified and competent

While acknowledging that arrangements for registration of international medical graduates, particularly in “areas of need”, are more robust than they were a decade ago, there are still gaps in quality assurance which lead the panel to have concerns about patient safety. The AMC is in a unique position to be able to bring to the table all parties to broker new solutions to eliminate these risks to rural and remote patients and communities. All partners need to approach this task with openness and the needs of rural and remote Australians foremost in mind. We **recommend** that the AMC take on the role of a policy development leader on the issue of ensuring that all doctors who practise in remote and rural settings are qualified and competent.

Concerns remain in relation to the workplace-based assessment pathway to registration and its equivalence to the clinical examination. We further **recommend** that the AMC use the opportunity of the national testing centre to return to a situation in which international medical graduates are required to pass a clinical examination in order to be registered, with workplace-based assessment as an adjunct to, not a replacement for, the clinical examination.

Appendix 1 International Panel Membership

Professor Sir Liam Donaldson (Chair)

Professor Sir Liam Donaldson is recognised as an international champion of patient safety and public health. He was the foundation chair of the World Health Organisation World Alliance for Patient Safety, launched in 2004. He is a past vice-chairman of the World Health Organisation Executive Board. He is now the World Health Organisation's Envoy for Patient Safety and Chairman of the Independent Monitoring for the Polio Eradication Programme. In the UK, he is currently Chair of Health Policy at Imperial College London and Chancellor of Newcastle University.

Prior to this appointment Sir Liam was the Chief Medical Officer for England, and the United Kingdom's Chief Medical Adviser, from 1998-2010. During this time he held critical responsibilities across the whole field of public health and health care. As the United Kingdom's chief adviser on health issues, he advised the Secretary of State for Health, the Prime Minister and other government ministers. He has produced landmark reports which have set health policy and legislation in fields such as stem cell research, quality and safety of health care, infectious disease control, patient empowerment, poor clinical performance, smoke free public places, medical regulation, and organ and tissue retention.

Sir Liam initially trained as a surgeon in Birmingham and went on to hold teaching and research posts at the University of Leicester. In 1986, he was appointed Regional Medical Officer and Regional Director of Public Health for the Northern Regional Health Authority.

Sir Liam has received many public honours: 12 honorary doctorates from British universities, eight fellowships from medical royal colleges and faculties, and the Gold Medal of the Royal College of Surgeons of Edinburgh. He was the

Queen's Honorary Physician between 1996 and 1999. He was knighted in the 2002 New Year's Honours List.

Professor Peter McCrorie

Professor Peter McCrorie currently works half-time as Professor of Medical Education at St George's and half-time as Dean for Medical Education at the University of Nicosia, Cyprus. Biochemist by profession, he co-coordinated the planning of new curricula at Barts and The London and in various medical schools internationally. He also works on a consultancy basis for the General Medical Council and is a trainer and Lay Assessor for the GMC Performance Procedures.

Professor McCrorie has been involved in the Quality Assurance of eight UK Medical Schools on behalf of the GMC and is Team Leader for the QA of the University of Newcastle Medical School in Johor Bahru, Malaysia. For the Royal College of Surgeons, he has been a member of the Quality Assurance Team reviewing the new Intercollegiate MRCS examinations and also the MFDS clinical and oral examinations. He has been involved in the training of general practitioners and other clinicians at a postgraduate level in Russia, Romania, Macedonia and Brunei. He led a St George's team working with the Universiti Brunei Darussalam to establish a 3 year Bachelor in Health Science degree, which formed the basis for entry to the clinical courses run by specific partner medical schools in the UK, Australia and Canada. His interests lie in curriculum development, assessment, problem-based learning, community-oriented learning, interprofessional education and quality assurance. Professor McCrorie was a member of the 2010 AMC team which assessed the University of Queensland's graduate medical program.

Professor Janice Reid AM

Professor Janice Reid has been Vice-Chancellor and President of the University of Western Sydney since 1998. She is a recipient of several awards and honours both in Australia and overseas, and has been a member of the boards of public agencies and non-profit organisations at State and Federal levels.

In the field of education Professor Reid has served on the Federal Higher Education Council, the Australian Vice-Chancellors' Committee, the Executive of the Academy of Social Sciences in Australia (ASSA) of which she is an elected Fellow (FASSA), the Federal Council for Australia-Latin America Relations (COALAR) and the 2002 Federal Higher Education Review Reference Group. From 2005-2008, she was the Vice-Chair and Australian representative on the Governing Board of the OECD's program on Institutional Management in Higher Education (IMHE). She is currently Vice-Chair of the Steering Committee of the international Talloires Network of universities.

In the health sector Professor Reid has served on committees of the National Health and Medical Research Council, the Trust and Council of the Queensland Institute of Medical Research, and as Chair of the Australian Institute of Health and Welfare from 1995 to 2001. She chaired the national review of nursing education in Australia in 1994.

Janice Reid's research has been in the fields of Aboriginal and refugee societies, health and health care, occupational health and mental health.

In January 1998 she was made a Member of the Order of Australia for services to cross-cultural public health research and the development of health services for socio-economically disadvantaged groups in the community. In 2003 she was awarded a Centenary Medal for services to Australian society in health and university administration.

Dr David Swanson

Dr David Swanson is currently the Vice President for Program Development and Special Projects in the International Programs unit at the National Board of Medical Examiners (NBME) in Philadelphia. In that role, he works broadly on international programs, new NBME programs and services, development of new assessment formats, and a variety of medical education research projects.

From 2001 through 2009, Dr Swanson was Vice President of Professional Services with overall responsibility for development of test material for USMLE, for the NBME subject examination, self-assessment and international programs, and for health professions' clients who contract with the NBME for testing services. His research interests are assessment of medical decision making with multiple-choice tests, patient management problems, and computer-based clinical simulations; assessment of clinical skills with standardised patients; issues in computer-based testing; patterns of performance on admissions, licensure and certification examinations; and use of the internet for construction of customised examinations for use by medical schools. Dr Swanson has co-authored and presented several hundred papers related to assessment in medicine.

Mary-Rose MacColl (Executive Officer)

Mary-Rose MacColl is a writer with experience in health, education and arts sectors. She has provided support to a number of AMC accreditation and policy projects.

Appendix 2 Panel Meetings

Ahead of the panel's visit, members Professor McCrorie and Dr Swanson each spent a week at the AMC carrying out technical reviews.

The international panel met three times by teleconference before the visit, on 1 November and 10 December 2012 and on 29 January 2013, to review the visit program and receive technical reports.

The schedule of meetings for the visit follows.

Monday 18 March

(Professor McCrorie and Dr Swanson)

Health Consumers

Mr Russell McGowan, member Specialist Education Accreditation Committee

Ms Roslyn Lawson, member Medical School Accreditation Committee

Tuesday 19 March (whole panel)

AMC Directors and Senior Executive

Professor Robin Mortimer, President

Associate Professor Jill Sewell, Deputy President (via teleconference)

Mr Ian Frank, Chief Executive Officer

Ms Theanne Walters, Deputy Chief Executive Officer

Ms Peggy Sanders, Senior Executive Officer

Ms Anna Boots, Executive Project Officer

Health Workforce Australia

Mr Mark Cormack, Chief Executive Officer

Risk management issues

Mr Peter Forster, Consultant and Member, Strategic Policy Advisory Committee

Mr Geoff Knuckey, Chair, Finance, Audit and Risk Management Committee

Medical Board of Australia

Dr Joanna Flynn AM, Chair

Dr Joanne Katsoris, Executive Officer

Ms Prudence Ford, community member

Department of Health and Ageing

Professor Chris Baggoley, Chief Medical Officer

Dr Andrew Singer, Principal Medical Adviser, Acute Care and Health Workforce Divisions

Ms Penny Shakespeare, Acting First Assistant Secretary

Wednesday 20 March

AMC senior staff/managers

Mrs Catharine Armitage, Senior Operations Manager

Mrs Susan Buick, Program Director, AMC Examination Development and Risk Management

Mr John Hunter, IT Manager, Systems

Dr Eddie Ridwan, IT Manager, Programs

Mr Ravi Wickramaratna, Finance Manager

Ms Annette Wright, Program Manager, Medical Education and Accreditation

Education providers via teleconference

Professor Gavin Frost, Dean, Bevis Smith Chair in Medicine, School of Medicine Fremantle, University of Notre Dame Australia

Professor Richard Hays, Dean, Faculty of Health Sciences and Medicine Pro-Vice Chancellor, Learning & Teaching Bond University

Dr David Hughes, Vice President and Immediate Past-President, Australasian College of Sports Physicians

Mr Don Swinbourne, former Chief Executive Officer, The Royal Australian and New Zealand College of Radiologists

Dr Peter White, Chief Executive Officer, Royal Australian and New Zealand College of Obstetricians and Gynaecologists

Examination candidates via teleconference

Dr Ayesha Akram

Dr Laura Cluzet

Dr Aijaz Majeed

Dr Vivin Mathew

Dr Mirvat Said

AMC staff

Mr John Akuak HR Coordinator

Ms Sarah Anderson, Clinical Examinations Coordinator

Ms Amanda Murphy Clinical Examinations Coordinator

Ms Jane Porter, Manager Specialist Accreditation

Ms Jessica Tipping, Accreditation Officer

Ms Stephanie Tozer, Manager Medical School Assessments

Ms Caroline Watkin, Executive Projects

Ms Stacey Yeats, Manager Clinical Examinations

Wednesday 20 March (continued)

Australian Medical Association

Dr Steven Hambleton, Federal President
Mr Warwick Hough, Operations Manager

Medical Deans Australia New Zealand

Professor Justin Beilby, President
Ms Mary Solomon, Executive Officer

AMA training (by teleconference)

Dr Will Milford, Chair, AMA Council of
Doctors in Training

**Australian Indigenous Doctors'
Association**

Mr Romlie Mokak, Chief Executive Officer
Dr Tammy Kimpton, President

Thursday 21 March

**Australian College of Rural and Remote
Medicine (by teleconference)**

Professor Richard Murray, President
Ms Marita Cowie, Chief Executive Officer

**Confederation of Postgraduate Medical
Education Councils (by teleconference)**

Dr Susannah Ahern, CPMEC Director
Associate Professor Elizabeth Chalmers,
Chair, Northern Territory PMEC
Dr Jagdishwar Singh, CPMEC Manager
Professor Richard Tarala, CPMEC Director

**Members AMC Council and Strategic
Policy Advisory Committee**

Professor Jim Angus, member, Strategic
Policy Advisory Committee (by
teleconference)

Dr Joshua Francis, Council Member
Professor Janet Greeley, member,
Strategic Policy Advisory Committee
Professor Tarun Sen Gupta, Council
Member (via teleconference)
Professor Richard Smallwood AO,
member, Strategic Policy Advisory
Committee
Ms Diane Walsh, Council Member
Dr Roderick McRae, Council Member (by
teleconference)

AMC Directors and staff

Professor Robin Mortimer AO, President
Associate Professor Jill Sewell AM, Deputy
President

Professor Richard Doherty, Chair, Medical
Board of Examiners

Professor David Ellwood, Chair, Medical
School Accreditation Committee

Mr Ian Frank, Director and Chief Executive
Officer

Professor Con Michael AO, Director

Dr Kim Rooney, Director

Dr Glenda Wood AM, Director and
member, Finance, Audit and Risk
Management Committee

Ms Peggy Sanders, Senior Executive
Officer

Ms Theanne Walters, Deputy Chief
Executive Officer

**Australian Health Practitioner Regulation
Agency (by teleconference)**

Mr Martin Fletcher, Chief Executive
Officer

Ms Helen Townley, Executive Officer,
Policy

Friday 22 March

Panel prepares report.

AMC Directors and staff.