

Consultation

20 September 2012

Review of accreditation arrangements for the medical profession

This consultation paper seeks feedback on the Medical Board of Australia's review of accreditation arrangements for the medical profession.

Please:

- provide general feedback and/or complete the attached paper, preferably electronically, using the spaces and tick boxes provided
- save the document/s with your name and the name or acronym of the council (in this case AMC) in the document name and
- email the document to accreditationreview@ahpra.gov.au by Friday 2 November 2012.

How submissions will be handled

Detailed information about how submissions will be handled can be found on page 6.

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Consultation paper

20 September 2012

Accreditation arrangements for the medical profession

1. Summary

The Medical Board of Australia (the Board) is required to review the arrangements for the exercise of the accreditation functions no later than 30 June 2013. The Board has written to its appointed accreditation authority, the Australian Medical Council (the AMC or the Accreditation Council), inviting them to indicate whether they wished to continue exercising accreditation functions, and if so, to provide a report to the Board. The National Board has reviewed this report (available on the Board's website at www.medicalboard.gov.au under "News") and has formed a preliminary view that the current arrangements for the accreditation function are satisfactory, taking into account the National Board's experience with the AMC over the past two years. The Board is consulting about its preliminary view through this consultation paper.

2. Background

The Health Practitioner Regulation National Law Act as in force in each state and territory (the National Law) requires National Boards to review the arrangements for the exercise of the accreditation functions no later than 30 June 2013.

These arrangements have been in place since before the commencement of the National Law and involve the appointment of an external Accreditation Council for each of the first ten professions to join the National Registration and Accreditation Scheme (the National Scheme) on 1 July 2010¹.

When Health Ministers appointed the first of the Accreditation Authorities, they indicated that the assignment of accreditation functions would be 'subject to the requirement to meet standards and criteria set by the national agency for the establishment, governance and operation of external accreditation bodies'.

The National Law provides that:

- the National Board.... must decide whether an accreditation function for the health profession for which the Board is established is to be exercised by (a) an external accreditation entity; or (b) a committee established by the Board (s.43), and
- the National Board must ensure the process for the review includes wide-ranging consultation about the arrangements for the exercise of the accreditation functions (s.253 (5)).

Given that there are already arrangements in place, the review process will begin with an assessment of the way each Accreditation Authority has performed its functions. It will also take account of the differences in size of the health professions as well as in the volume and range of accreditation activities undertaken.

¹ 18 October 2010 in Western Australia

Note on terminology

There are a number of words used to describe the accreditation entities that have been appointed to exercise functions under the National Law. The National Law uses the words 'external accreditation entity' and 'accreditation authority', and these words are used in other documents referred to in this paper. However, more commonly these organisations are referred to as Accreditation Councils, and this term is generally used in this paper.

Review principles

The key principles guiding the approach to the review are set out below. The *Quality Framework for the Accreditation Function* (the Quality Framework), which outlines the benchmarks agreed to by the National Boards and Accreditation Authorities, is also a fundamental consideration in the review process.

The key principles include:

- an agreed and transparent process for the review
- an appropriate focus on the current accreditation arrangements
- an agreed cross-profession framework as outlined in this paper with the capacity to take differences between the professions into account
- · weighing of relative risks, benefits and costs, and
- evaluation of the suitability of the process for future reviews required under the National Law.

Review process

The review commenced with the Board writing to the Council inviting them to indicate whether they wished to continue exercising accreditation functions, and if so, to provide a report to the Board. The Board has reviewed this report and has formed a preliminary view that the current arrangements for the accreditation function are satisfactory, taking into account the Board's experience with the Council over the past two years. The Board is consulting about its preliminary view through this consultation paper.

3. History of the assignment and requirement for the review of the accreditation arrangements

Accreditation functions assigned

In December 2008, the Australian Health Ministers Council appointed the AMC to conduct the accreditation functions under the National Law in relation to the medical profession for three years from 1 July 2010 to 30 June 2013.

Past history of accreditation functions prior to the National Scheme

The Australian Medical Council was established in 1985 following a decision by the Australian Health Ministers' Conference in 1984. Its initial functions were to advise and to make recommendations to the state and territory medical boards on accreditation of medical schools and of courses leading to basic medical qualifications; assessment of suitability for practice in Australia of international medical graduates; and uniform approaches to registration.

The AMC has taken on new functions since its establishment, such as specialist medical education accreditation and advising on the recognition of new specialties.

In August 2008, the AMC changed from an incorporated association to a company limited by guarantee, subject to the *Corporations Act 2001*. It operates in accordance with its constitution (as amended November 2010).

Background to accreditation under the National Law

National Boards and accreditation authorities (through the Forum of Australian Health Professions Councils) have developed a document which provides a background to accreditation under the National Law.

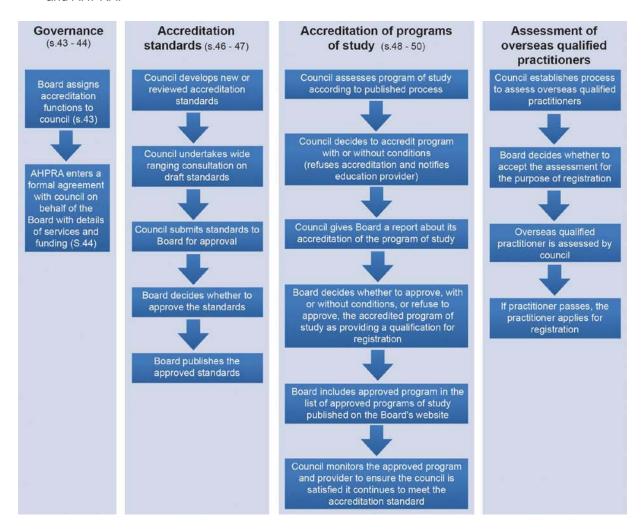
This is available at: www.healthprofessionscouncils.org.au/AHPRA-Reference-Accreditation-under-the-Health-Practitioner-Regulation-National-Law-Act.pdf.

The respective roles of the National Board, Accreditation Council and AHPRA

Section 42 of the National Law defines the accreditation function as:

- (a) developing accreditation standards for approval by a National Board
- (b) assessing programs of study, and the education providers that provide the programs of study, to determine whether the programs meet approved accreditation standards,
- (c) assessing authorities in other countries who conduct examinations for registration in a health profession, or accredit programs of study relevant to registration in a health profession, to decide whether persons who successfully complete the examinations or programs of study conducted or accredited by the authorities have the knowledge, clinical skills and professional attributes necessary to practise the profession in Australia; or
- (d) overseeing the assessment of the knowledge, clinical skills and professional attributes of overseas qualified health practitioners who are seeking registration in a health profession under this Law and whose qualifications are not approved qualifications for the health profession; or
- (e) making recommendations and giving advice to a national board about a matter referred to in paragraph (a), (b), (c) or (d).

The following diagram describes the respective roles of the National Board, Accreditation Council and AHPRA.



4. Scope of the National Board review

Options open to the Board

The following options are open to the Board:

- 1. continue the existing arrangements of assigning accreditation functions to the Council
- 2. appoint an alternative external accreditation entity, where an entity with the appropriate skills, expertise and infrastructure exists and is willing to take on the role
- 3. establish an accreditation committee of the National Board.

A combination of some of the above options may also be possible.

5. Consultation process

Making a submission

Section 6 of this consultation paper sets out each domain of the Quality Framework and refers to the evidence that the Board has considered in forming its view about how the current accreditation arrangements are working. Information provided by the accreditation council describing how it has undertaken the accreditation functions is attached and referenced for each domain.

There are spaces for comments throughout the paper. Please:

- 1. complete the paper, preferably electronically, using the spaces and tick boxes provided
- 2. save the document with your name and the name or acronym of the council (in this case AMC) in the document name and
- 3. email the document to accreditationreview@ahpra.gov.au by Friday 2 November 2012.

How submissions will be handled

As part of the consultation process, the Board will acknowledge submissions received.

Submissions will generally be published unless those making submissions request otherwise. The Board publishes submissions on its website to encourage discussion and inform the community and stakeholders.

However, the Board will not place on its website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of reference. Before publication, the Board may remove personally-identifying information from submissions, including contact details.

The views expressed in the submissions are those of the individuals or organisations who submit them and their publication does not imply any acceptance of, or agreement with, these views by the Board.

The Board also accepts submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. Any request for access to a confidential submission will be determined in accordance with the *Freedom of Information Act 1982* (Cth), which has provisions designed to protect personal information and information given in confidence. Please let the Board know if you do not want us to publish your submission, or want us to treat all or part of it as confidential.

However, due to the nature of this review, while there may be a request not to publish a submission publicly, the Board will provide all submissions to the Accreditation Council.

The Board may choose to consult with key stakeholders individually in addition to the Board's broader consultation processes published at http://www.ahpra.gov.au/Legislation-and-Publications/AHPRA-Publications.aspx.

6. Your submission

| Name of person or organisation making the submission | | | |
|---|--|--|--|
| Australasian College for Emergency Medicine (ACEM) | | | |
| Contact person Dr Andrew Gosbell | | | |
| Telephone | | | |
| Email | | | |
| | | | |
| Information about you | | | |
| Are you responding as a/an (please tick all that apply) | | | |
| ✓ Education provider | | | |
| Peak professional organisation | | | |
| Health consumer | | | |
| Community member | | | |
| Employer | | | |
| Government (eg Health Department) | | | |
| Government agency | | | |
| Health Workforce Australia | | | |
| TEQSA | | | |
| ASQA/State based VET sector regulatory authority | | | |
| Individual practitioner | | | |
| Other (please specify) | | | |
| | | | |
| What experience have you had with the accreditation council? (please tick all that apply) | | | |
| Education Providers | | | |
| The Council has undertaken an accreditation assessment of one or more of our education programs since the introduction of the National Scheme | | | |
| The Council undertook an accreditation assessment of one or more of our education programs before the introduction of the National Scheme | | | |
| We are currently planning for, or undergoing, an accreditation assessment on one or more of our education programs | | | |
| We are new to the accreditation process | | | |
| We have been through an accreditation process previously with a different accreditation body previously | | | |

| Stage of accreditation assessment (if you are currently involved in an accreditation process) | | | |
|---|--|--|--|
| Nearing completion | | | |
| Half way | | | |
| Just commenced | | | |
| Intention to apply submitted | | | |
| ✓ Planning and preparation underway | | | |
| Have sought information or advice from the Council | | | |
| | | | |
| Overseas qualified practitioner | | | |
| Assessment completed | | | |
| Assessment nearing completion | | | |
| Assessment just commencing | | | |
| Have sought information or advice from the Council | | | |
| | | | |
| Other stakeholders | | | |
| Have sought information or advice from the Council on other matters | | | |
| Council has consulted with us/me on Accreditation Standards, policy or individual accreditation assessments | | | |
| Involved Council activities eg accreditation or assessment processes | | | |
| Little or no direct engagement with Council | | | |
| Other (please specify) | | | |
| | | | |

Review of Accreditation Council against the Quality Framework for the Accreditation Function

6.1 Governance (Domain 1):

The Accreditation Council effectively governs itself and demonstrates competence and professionalism in the performance of its accreditation role

Attributes

- The Accreditation Council is a legally constituted body and registered as a business entity.
- The Accreditation Council's governance and management structures give priority to its accreditation function relative to other activities (or relative to its importance).
- The Accreditation Council is able to demonstrate business stability, including financial viability.
- The Accreditation Council's accounts meet relevant Australian accounting and financial reporting standards.
- There is a transparent process for selection of the governing body.
- The Accreditation Council's governance arrangements provide for input from stakeholders including input from the community, education providers and the profession/s.
- The Accreditation Council's governance arrangements comply with the National Law and other applicable legislative requirements.

Governance - Accreditation Council submission

The evidence that the Board has taken into account in forming its preliminary view about governance is primarily at pages 3 – 11 of the report from the AMC published on the Board's website at www.medicalboard.gov.au.

Comments

ACEM understands that AMC's key functions are to determine appropriate accreditation standards, the accreditation of medical education programs against those standards and the assessment of international medical graduates.

ACEM agrees that the AMC effectively governs itself and demonstrates competence and professionalism in the performance of its accreditation role.

ACEM notes that a range of stakeholders across the medical profession, the community, governments and others in the health sector contribute to the accreditation functions managed by the AMC.

ACEM has been provided with adequate and timely opportunities to provide input to AMC consultations on its key functions.

6.2 Independence (Domain 2):

The Accreditation Council carries out its accreditation operations independently

Attributes

- Decision making processes are independent and there is no evidence that any area of the community, including government, higher education institutions, business, industry and professional associations has undue influence.
- There are clear procedures for identifying and managing conflicts of interest.

Independence – Accreditation Council submission

The evidence that the Board has taken into account in forming its preliminary view about independence is primarily at pages 12 – 14 of the report from the AMC published on the Board's website at www.medicalboard.gov.au

| Comments | | | | |
|---|--|--|--|--|
| ACEM recognizes the AMC to be an independent national standards and assessment body for medical education and training. | | | | |
| The governance and operation of the AMC reflect its independence. | | | | |
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6.3 Operational Management (Domain 3):

The Accreditation Council effectively manages its resources to carry out its accreditation function

Attributes

- The Accreditation Council manages the human and financial resources to achieve objectives in relation to its accreditation function.
- There are effective systems for monitoring and improving the authority's accreditation processes, and identification and management of risk.
- The authority can operate efficiently and effectively nationally.
- There are robust systems for managing information and contemporaneous records, including ensuring confidentiality.
- In setting its fee structures, the Accreditation Council balances the requirements of the principles of the National Law and efficient business processes.

Operational management – Accreditation Council submission

The evidence that the Board has taken into account in forming its preliminary view about operational management is primarily at pages 15 – 20 of the report from the AMC published on the Board's website at www.medicalboard.gov.au

| ACEM is aware that accreditation activities are a resource intensive undertaking for both the AMC and medical education providers - medical schools and specialist medical colleges - being accredited. ACEM accepts that the levying of fees is a necessary component of accreditation assessments, which must be borne by medical education providers. There are additional financial burdens for medical education providers preparing submissions for, and engaging in, accreditation assessment activities, such as site visits and interviews. | I |
|--|---|
| Clear quotation of the AMC fees in the early stage of preparation and planning for accreditation activities and advice on expectations and requirements for assessment activities will assist medical education providers in planning and budgeting. | |
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6.4 Accreditation standards (Domain 4):

The Accreditation Council develops accreditation standards for the assessment of programs of study and education providers

Attributes

- Standards meet relevant Australian and international benchmarks.
- Standards are based on the available research and evidence base.
- Stakeholders are involved in the development and review of standards and there is wide ranging consultation.
- The Accreditation Council reviews the standards regularly.
- In reviewing and developing standards, the Accreditation Council takes account of AHPRA's Procedures for Development of Accreditation Standards and the National Law.

Accreditation standards - Accreditation Council submission

The evidence that the Board has taken into account in forming its preliminary view about accreditation standards is primarily at pages 21 - 24 of the report from the AMC published on the Board's website at www.medicalboard.gov.au

| The current AMC standards were introduced in 2009, following comprehensive review of the standards during 2007 and 2008. ACEM, as a medical college stakeholder, was provided with adequate opportunities to comment on this review and anticipates similar consultative opportunities for future review of AMC standards in 2013, according to the five-year review cycle. | |
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6.5 Processes for accreditation of programs of study and education providers (Domain 5):

The Accreditation Council applies the approved accreditation standards and has rigorous, fair and consistent processes for accrediting programs of study and their education providers

Attributes

- The Accreditation Council ensures documentation on the accreditation standards and the procedures for assessment is publicly available.
- The Accreditation Council has policies on the selection, appointment, training and performance
 review of assessment team members. It's policies provide for the use of competent persons who
 are qualified by their skills, knowledge and experience to assess professional programs of study
 and their providers against the accreditation standards.
- There are procedures for identifying, managing and recording conflicts of interest in the work of accreditation assessment teams and working committees.
- The Accreditation Council follows documented processes for decision-making and reporting that comply with the National Law and enable decisions to be made free from undue influence by any interested party.
- Accreditation processes facilitate continuing quality improvement in programs of study by the responsible education provider.
- There is a cyclical accreditation process with regular assessment of accredited education providers and their programs to ensure continuing compliance with standards.
- The Accreditation Council has defined the changes to programs and to providers that may affect
 the accreditation status, how the education provider reports on these changes and how these
 changes are assessed.
- There are published complaints, review and appeals processes which are rigorous, fair and responsive.

Processes for accreditation of programs of study and education providers – Accreditation Council submission

The evidence that the Board has taken into account in forming its preliminary view about processes for accreditation of programs of study and education providers is primarily at pages 25 – 34 of the report from the AMC published on the Board's website at www.medicalboard.gov.au) and is also based on the experience of the National Board in receiving accreditation reports for the accreditation decisions reported to the Board in the period 1 July 2010 to 1 August 2012.

Comments

ACEM's experience of the AMC accreditation processes - including accreditation assessment and review, and annual reporting requirements - is that this is an explicit evaluation and monitoring of the College's specialist training programs and continuing professional development programs, against the published accreditation standards.

ACEM commends the AMC for the introduction of joint workshops to assist medical colleges in preparation for accreditation, as this has facilitated:

- a positive approach to encourage cross-college collaboration and sharing of experience and expertise.
- promotion of best practice across colleges.
- effective and efficient preparation for review and accreditation purposes.

6.6 Assessing authorities in other countries (than Australia) (Domain 6):

Where this function is exercised by the Accreditation Council, the authority has defined standards and procedures to assess examining and/or accrediting authorities in other countries

Attributes

- The assessment standards aim to determine whether these authorities' processes result in practitioners who have the knowledge, clinical skills and professional attributes necessary to practice in the equivalent profession in Australia.
- Stakeholders are involved in the development and review of standards and there is wide ranging consultation.
- The procedures for initiating consideration of the standards and procedures of authorities in other countries are defined and documented.
- There is a cyclical assessment process to ensure recognised authorities in other countries continue to meet the defined standards.
- The Accreditation Council follows documented systems for decision-making and reporting that enable decisions to be made free from undue influence by any interested party.
- There are published complaints, review and appeals processes which are rigorous, fair and responsive.

Assessing authorities in other countries (than Australia) – Accreditation Council submission

The evidence that the Board has taken into account in forming its preliminary view about assessing authorities in other countries is primarily at pages 35 - 38 of the report from the AMC published on the Board's website at www.medicalboard.gov.au

| ACEM has no comment regarding this domain. | | | | |
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6.7 Assessing overseas qualified practitioners (Domain 7):

Where this function is exercised by the Accreditation Council, the authority has processes to assess and/or oversee the assessment of the knowledge, clinical skills and professional attributes of overseas qualified practitioners who are seeking registration in the profession under the National Law and whose qualifications are not approved qualifications under the National Law for the profession

Attributes

- The assessment standards define the required knowledge, clinical skills and professional attributes necessary to practise the profession in Australia.
- The key assessment criteria, including assessment objectives and standards, are documented.
- The Accreditation Council uses a recognised standard setting process and monitors the overall performance of the assessment.
- The procedures for applying for assessment are defined and published.
- The Accreditation Council publishes information that describes the structure of the examination and components of the assessments.
- The Accreditation Council has policies on the selection, appointment, training and performance review of assessors. Its policies provide for the use of competent persons who are qualified by their skills, knowledge and experience to assess overseas qualified practitioners.
- There are published complaints, review and appeals processes which are rigorous, fair and responsive.

Assessing overseas qualified practitioners – Accreditation Council submission

The evidence that the Board has taken into account in forming its preliminary view about assessing overseas qualified practitioners is primarily at pages 39 – 55 of the report from the AMC published on the Board's website at www.medicalboard.gov.au

Comments

ACEM recommends that the AMC continue to collaborate closely with the medical colleges to ensure that the following specialist pathways:

- Specialist Pathway (specialist recognition),
- · Area of Need Specialist Pathway, and
- Specialists-in-training: primary source verification;
 provide streamlined and efficient processes for overseas specialists to

provide streamlined and efficient processes for overseas specialists to be recognised and approved for practice in Australia.

The introduction of regular stakeholder forums involving medical colleges, jurisdictional, Medical Board of Australia, Department of Immigration & Citizenship and AMC representatives, would facilitate communication and process improvement. This would facilitate the effective joining up of all aspects of recruitment, assessment and registration of overseas qualified practitioners seeking to practice in Australia.

6.8 Stakeholder collaboration (Domain 8):

The Accreditation Council works to build stakeholder support and collaborates with other national, international and/or professional accreditation authorities

Attributes

- There are processes for engaging with stakeholders, including governments, education institutions, health professional organisations, health providers, national boards and consumers/community.
- There is a communications strategy, including a website providing information about the Accreditation Council's roles, functions and procedures.
- The Accreditation Council collaborates with other national and international accreditation organisations.
- The Accreditation Council collaborates with accreditation authorities for the other registered health professions appointed under the National Law.
- The Accreditation Council works within overarching national and international structures of quality assurance/accreditation.

Stakeholder collaboration - Accreditation Council submission

The evidence that the Board has taken into account in forming its preliminary view about stakeholder collaboration is primarily at pages 56 - 63 of the report from the AMC published on the Board's website at www.medicalboard.gov.au

| ACEM believes that the AMC Council committees, working parties and other expert groups enables effective |
|--|
| engagement and contributions from a broad range of stakeholder groups across the medical profession, the |
| community, governments and others in the health sector. |

| ACEM commends the AMC for developing a strong working relationship with the Medical Council of New |
|--|
| Zealand, particularly in relation to the accreditation of specialist medical colleges proving education and training |
| programs in both Australia and New Zealand. This has enabled streamlining and alignment of accreditation |
| assessment requirements from both authorities. This has been a positive outcome for the bi-national specialist |
| medical colleges, including ACEM, as it has removed duplication and promoted harmonisation of educational |
| standards in both countries. |

7. Preliminary conclusion of the National Board about whether current arrangements are satisfactory

The National Board has undertaken a preliminary review of the current arrangements, including an analysis of risks, benefits and costs. The review was based on the submission provided by the AMC against the Quality Framework for the Accreditation Function as referenced in section 6 above and the Board's experience working with the Council over the last two years.

7.1 Proposed decision of the National Board based on a preliminary review of current arrangements including analysis of risks, benefits and costs

Based on its preliminary review, the view of the National Board is that the current accreditation arrangements are satisfactory and therefore should be continued.

To what extent are you in agreement with the preliminary view of the Board?

Strongly disagree

| <u> </u> | <u>2</u> | 3 | 4 | 5 | | |
|---|-------------------|--------------------|-----------------------|----------------------------|----|--|
| Please provide comm | nents about the B | oard's preliminar | y view | | | |
| ACEM considers that the AMC has a demonstrated track record in the accreditation of medical education programs and assessment of international medical graduates. ACEM has benefited from an ongoing professional relationship with the AMC on matters associated with accreditation and assessment of overseas trained specialists. ACEM has observed thoughtful and proactive efforts from the AMC aimed at quality improvement processes and educational outcomes. | | | | | | |
| ACEM believes the AM performed its functions | | | | al Board of Australia, has | | |
| ACEM supports contin profession under the N | | ent for the AMC to | undertake accreditati | on functions for the medic | al | |
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Strongly agree

AUSTRALASIAN COLLEGE FOR EMERGENCY MEDICINE

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Submission to the Medical Board of Australia: November 2012

REVIEW OF ACCREDITATION ARRANGEMENTS FOR THE MEDICAL PROFESSION

The Australasian College for Emergency Medicine (ACEM) welcomes the opportunity to provide feedback on the Medical Board of Australia's review of accreditation arrangements for the medical profession.

ACEM is a not-for-profit organisation responsible for the training and ongoing education of emergency physicians, and for the advancement of professional standards in emergency medicine, in Australia and New Zealand. ACEM, as the peak professional organisation for emergency medicine in Australasia, has a vital interest in ensuring the quality of training and continuing professional development while ensuring that the highest standards of medical care for patients are maintained in emergency departments across Australia and New Zealand.

ACEM has experience in dealing with the current accreditation council, the Australian Medical Council (AMC), who undertook an accreditation assessment of ACEM's education and training programs in 2007.

ACEM is also currently preparing for an AMC review of the College's education and training programs through a comprehensive reporting process to occur during 2013.

In response to specific feedback requested, the following comments are provided.

Domain 1. Governance: The Accreditation Council effectively governs itself and demonstrates competence and professionalism in the performance of its accreditation role

ACEM understands that AMC's key functions are to determine appropriate accreditation standards, the accreditation of medical education programs against those standards and the assessment of international medical graduates.

ACEM agrees that the AMC effectively governs itself and demonstrates competence and professionalism in the performance of its accreditation role.

ACEM notes that a range of stakeholders across the medical profession, the community, governments and others in the health sector contribute to the accreditation functions managed by the AMC.

ACEM has been provided with adequate and timely opportunities to provide input to AMC consultations on its key functions.

Domain 2. Independence: The Accreditation Council carries out its accreditation operations independently

ACEM recognizes the AMC to be an independent national standards and assessment body for medical education and training. The governance and operation of the AMC reflect its independence.

Domain 3. Operational Management: The Accreditation Council effectively manages its resources to carry out its accreditation function

ACEM is aware that accreditation activities are a resource intensive undertaking for both the AMC and medical education providers - medical schools and specialist medical colleges - being accredited. ACEM accepts that the levying of fees is a necessary component of accreditation assessments, which must be borne by medical education providers. There are additional financial burdens for medical education providers preparing submissions for, and engaging in, accreditation assessment activities, such as site visits and interviews.

Clear quotation of the AMC fees in the early stage of preparation and planning for accreditation activities and advice on expectations and requirements for assessment activities will assist medical education providers in planning and budgeting.

Domain 4. Accreditation standards: The Accreditation Council develops accreditation standards for the assessment of programs of study and education providers

The current AMC standards were introduced in 2009, following comprehensive review of the standards during 2007 and 2008. ACEM, as a medical college stakeholder, was provided with adequate opportunities to comment on this review and anticipates similar consultative opportunities for future review of AMC standards in 2013, according to the five-year review cycle.

Domain 5. Processes for accreditation of programs of study and education providers: The Accreditation Council applies the approved accreditation standards and has rigorous, fair and consistent processes for accrediting programs of study and their education providers

ACEM's experience of the AMC accreditation processes - including accreditation assessment and review, and annual reporting requirements - is that this is an explicit evaluation and monitoring of the College's specialist training programs and continuing professional development programs, against the published accreditation standards.

ACEM commends the AMC for the introduction of joint workshops to assist medical colleges in preparation for accreditation, as this has facilitated:

- a positive approach to encourage cross-college collaboration and sharing of experience and expertise.
- promotion of best practice across colleges.
- effective and efficient preparation for review and accreditation purposes.

Domain 6. Assessing authorities in other countries (than Australia): Where this function is exercised by the Accreditation Council, the authority has defined standards and procedures to assess examining and/or accrediting authorities in other countries

ACEM has no comment regarding this domain.

Domain 7. Assessing overseas qualified practitioners: Where this function is exercised by the Accreditation Council, the authority has processes to assess and/or oversee the assessment of the knowledge, clinical skills and professional attributes of overseas qualified practitioners who are seeking registration in the profession under the National Law and whose qualifications are not approved qualifications under the National Law for the profession

ACEM recommends that the AMC continue to collaborate closely with the medical colleges to ensure that the following specialist pathways:

- Specialist Pathway (specialist recognition),
- Area of Need Specialist Pathway, and
- Specialists-in-training: primary source verification;

provide streamlined and efficient processes for overseas specialists to be recognised and approved for practice in Australia.

The introduction of regular stakeholder forums involving medical colleges, jurisdictional, Medical Board of Australia, Department of Immigration & Citizenship and AMC representatives, would facilitate communication and process improvement. This would facilitate the effective joining up of all aspects of recruitment, assessment and registration of overseas qualified practitioners seeking to practice in Australia.

Domain 8. Stakeholder collaboration: The Accreditation Council works to build stakeholder support and collaborates with other national, international and/or professional accreditation authorities

ACEM believes that the AMC Council committees, working parties and other expert groups enables effective engagement and contributions from a broad range of stakeholder groups across the medical profession, the community, governments and others in the health sector.

ACEM commends the AMC for developing a strong working relationship with the Medical Council of New Zealand, particularly in relation to the accreditation of specialist medical colleges proving training and education programs in both Australia and New Zealand. This has enabled streamlining and alignment of accreditation assessment requirements from both authorities. This has been a positive outcome for the bi-national specialist medical colleges, including ACEM, as it has removed duplication and promoted harmonisation of educational standards in both countries.

ACEM <u>strongly agrees</u> with the preliminary conclusion of the Medical Board of Australia that the current accreditation arrangements provided by the AMC are satisfactory and therefore should be continued.

ACEM considers that the AMC has a demonstrated track record in the accreditation of medical education programs and assessment of international medical graduates. ACEM has benefited from an ongoing professional relationship with the AMC on matters associated with accreditation and assessment of overseas trained specialists. ACEM has observed thoughtful and proactive efforts from the AMC aimed at quality improvement processes and educational outcomes.

ACEM believes the AMC, as the appointed Accreditation Authority for the Medical Board of Australia, has performed its functions in accordance with the National Law.

ACEM supports continuing the arrangement for the AMC to undertake accreditation functions for the medical profession under the National Law.

Thank you for the opportunity to provide feedback to the Medical Board of Australia in its public consultation on the review of accreditation arrangements for the medical profession. If you require any clarification or further information, please do not hesitate to contact the ACEM Director of Policy and Research, Dr Andrew Gosbell (03) 9320 0444 or andrew.gosbell@acem.org.au.

Yours sincerely,

DR SALLY McCARTHY

PRESIDENT