22 May 2017

Professor Michael Woods
Independent Reviewer
Accreditation Systems Review
Email: admin@asreview.org.au

Dear Professor Woods

**Medical Board of Australia response to the Accreditation Systems Review (ASR) discussion paper**

Thank you for the opportunity to respond to the Accreditation Systems Review discussion paper. The Medical Board of Australia (the Board) has considered the issues raised in the discussion paper and provides this response in addition to the joint submission to the review made by the fourteen National Boards in the National Registration and Accreditation Scheme (NRAS or the Scheme), and the Australian Health Practitioner Regulation Agency (AHPRA) which administers the Scheme in partnership with the Boards.

The Board supports the joint National Board/AHPRA submission and also wishes to highlight additional views specific to the arrangements for accreditation in medicine.

The Board remains committed to working collaboratively with our partners and stakeholders to consolidate the accreditation arrangements and to support changes that will improve the accreditation arrangements further.

Please contact me if you wish to discuss any aspect of this submission.

Yours sincerely

Dr Joanna Flynn AM
Chair, Medical Board of Australia
Submission to Accreditation Systems Review

Background

The Medical Board of Australia (the Board) appointed the Australian Medical Council (AMC) as the accreditation authority to undertake the accreditation functions for the medical profession as required under Section 43 of the Health Practitioner Regulation National Law (the National Law) as in force in each State and Territory.

The Board approved the Accreditation standards for primary medical education providers and their programs of study and graduate outcomes statements submitted to it by the AMC in 2012 and the revised Standards for assessment and accreditation of specialist medical programs and professional development programs in 2015. It approved the AMC standards for assessing and accrediting intern training accreditation authorities in 2014.

The Board has also approved 42 primary medical programs of study from 21 universities across Australia and New Zealand and 25 accredited specialist qualifications. Eight intern training accreditation authorities (commonly known as Post-graduate Medical Councils or PMCs) are reviewed by the AMC and approved by the Board to accredit intern training programs.

Public safety

A key objective of the National Registration and Accreditation Scheme (NRAS) is to provide for the protection of the public. The Medical Board of Australia regulates the medical profession in Australia and has a responsibility to ensure only practitioners who are suitably trained and qualified to practise medicine in a competent and ethical manner practitioners are registered.

Accreditation of primary and specialist medical education providers is our primary tool to achieve this objective. Accreditation of medical education promotes high quality education and provides assurance that graduates of accredited programs of study have the knowledge, skills and professional attributes to practise their profession safely and in the public interest.

It is therefore important that the Board and the wider community have confidence in the AMC’s ability to support patient safety through robust and effective accreditation.

Governance arrangements

The Board supports the National Boards and the accreditation authorities remaining as separate entities.

Accreditation of medical programs in Australia has become well established over a long period of time and governance of medical accreditation functions is well developed. While recognising the interdependence of roles of the Board and the AMC, the Board acknowledges the independence of the AMC. Accordingly the AMC has comprehensive governance arrangements to ensure their independence from the Board. For example, National Board members are not appointed to the AMC.

The Board and AMC have achieved a collaborative working relationship, recognising the specific roles each play within the National Registration and Accreditation Scheme. The Board is committed to continue working with the Australian Medical Council to ensure the accreditation functions deliver their outcomes effectively and efficiently. It is important there is no disruption to these arrangements. As a result, the Board does not support wholesale changes to the accreditation arrangements for the medical profession.

The role of specialist colleges

The Board works closely with the AMC and specialist medical colleges to ensure that accreditation of specialist medical training and continuing professional development supports the training of medical specialists who meet the high standards expected by the Australian public.

Following the Snowball review, the Board started collecting performance data annually from all the specialist colleges in relation to their assessment of specialist international medical graduates. The data is published on the Board’s website at http://www.medicalboard.gov.au/News/Statistics.aspx.
2016, the Board set specific performance benchmarks in relation to the assessment of specialist international medical graduates. The Board will publish the performance of Colleges against the benchmarks.

You were advised previously that the Board had decided to commission an external review of specialist colleges. I am pleased to confirm that Deloitte Access Economics has been appointed to undertake this review. Deloitte Access Economics is due to report to the Board at the end of 2017.

**Role of intern training accreditation authorities**

The Board grants provisional registration to Australian and New Zealand medical school graduates so they can undertake a period of approved intern training to become eligible for general registration.

While there is no specific accreditation function for intern training under the National Law, the Board believes there needs to be an appropriate quality assurance framework around internships and national standards and oversight of the intern’s first year of clinical work. This is consistent with the Board’s obligations to protect the public and to facilitate the provision of high quality education and training of medical practitioners.

As part of its contract with the AMC, AHPRA on behalf of the Board has asked the AMC to review the intern training accreditation authorities against national standards for intern programs. The AMC and the Board have developed an approval process that mirrors the accreditation of programs of study that lead to an approved qualification.

The Board provides funding to the AMC to provide national oversight of the intern training accreditation authorities. The Board also contributes a total of $950,000 in a per capita funding allocation to the intern training accreditation authorities for their core functions in intern training program accreditation. The funding of the intern training accreditation authorities is capped to an annual CPI increase, regardless of the number of positions that are accredited. While most of the intern training accreditation authorities have other functions in addition to intern position accreditation, the Board’s funding is limited to intern accreditation.

**Responsiveness of medical education**

The Board agrees that accreditation standards should be outcomes focused. You will note that the AMC accreditation standards for primary medical programs of study and specialist medical programs are outcomes focused. The Board also agrees that accreditation standards and administrative arrangements should be reviewed regularly and remains committed to continuing to work with the AMC to refine and enhance the accreditation arrangements in Australia. This will ensure they continue to support the delivery of contemporary medical education that meets the expectations of the community, governments and the profession.

The Board is of the view that there is the potential for sharing of some elements of the accreditation function across all or some health professions. For example:

- principles of assessment
- education provider governance structures and functions
- cultural competence
- an understanding of the factors that contribute to the health and wellbeing of Aboriginal and Torres Strait Islander peoples
- quality and safety in health care
- health care ethics
- professionalism and fitness to practise

However, profession-specific medical education and training remains essential to ensure appropriately qualified people who are suitable for registration as medical practitioners in Australia.
At this stage, the Board does not support the introduction of examinations for regulatory purposes. The Board believes the examinations included in accredited education programs are sufficient to ensure graduates of these programs have the required level of knowledge and skills required of suitably qualified registered medical practitioners.

Workforce

The Board’s ability to influence workforce in real terms in the past has been limited. However, the Board has always been careful to ensure it does not introduce unnecessary regulatory burden that might contribute to building barriers to workforce reform.

As you are aware, the National Law regulates through protection of title and not by protection of practice (with a small number of exceptions). Therefore, the Board regulates the use of the title ‘medical practitioner’ and the specialist titles for medical practitioners as approved by the Ministerial Council and listed on the Board’s website. The Board does not regulate or control the various scopes of practice or specific work of medical practitioners.

The Board understands that there is a view that accreditation can be used as a workforce lever. To the extent that accreditation can support high quality training of the correct mix of skills to meet the needs of our community, that is true. However, it is not clear how we can use the accreditation levers in other ways to deliver the workforce priorities of governments and the community. The Board would value more guidance from Ministers on specific ways accreditation can contribute to workforce objectives.

Consideration of future workforce supply is not a requirement of current accreditation arrangements, although the accreditation standards for primary medical qualifications require that the medical education provider has defined the size of the student intake in relation to its capacity to adequately resource the medical program at all stages.

The Board believes that workforce supply and composition is more effectively addressed by jurisdictions, employers and committees such as the National Medical Training Advisory Network (NMTAN) who provide advice to governments on how to improve the coordination of medical training nationally.

Both the Board and the AMC are represented on NMTAN. As the main functions of the NMTAN include providing policy advice on medical workforce planning and produce medical training plans to inform government, health and education sectors and developing policy advice about the planning and coordination of medical training in Australia, there is potential for NMTAN to coordinate the development of future medical workforce reform. We accept that it may be worth exploring with NMTAN how we can combine our various levers to promote the optimal workforce mix to meet the needs of our community.

Conclusion

The Board is supportive of exploring opportunities to deliver a more efficient and effective approach to accreditation in the NRAS and is committed to continue working with the Australian Medical Council to ensure the accreditation functions effectively and efficiently deliver into the future.

The Board is also interested in exploring how it can use accreditation and its other regulatory levers, possibly in partnership with others to meet its workforce objectives in the National Law.

Further information on any aspect of this submission can be provided if it would be useful.