

SUBMISSION TO THE AUSTRALIAN MEDICAL COUNCIL REVIEW OF THE ACCREDITATION STANDARDS FOR PRIMARY MEDICAL PROGRAMS

June 2021

Thank you for the invitation to respond to the Australian Medical Council's (AMC's) Standards Review, specifically its following two components: the Graduate Outcomes Statement and the Standards for Medical Schools.

As the peak body for universities, Universities Australia (UA) maintains an ongoing interest in education for the health professions and the various elements it comprises. This includes the important component of professional accreditation. All universities deliver multiple health professional courses. However, not all universities have a medical school. Our comments are therefore directed to those areas pertinent to the sector overall. For more detailed comments on the standards themselves and how they relate to medical education, we refer you to the response from the Medical Deans of Australia and New Zealand (MDANZ).

RESPONSE TO THE REVIEW

GRADUATE OUTCOMES STATEMENT

We are broadly supportive of the graduate outcomes statement which maintains the original four key domains reordered as follows:

1. Clinical Practice (formerly element 2)
2. Professionalism and Leadership (formerly element 4)
3. Health and Society (no change in position) and
4. Science and scholarship (formerly element 1)

These remain essential elements in the development of competent, skilled and caring health and medical professionals, who, as practitioners, need to bring together:

- critical, scientific thinking;
- knowledge and application of evidence;
- clinical and procedural skills;
- awareness of population and preventative health and health costs and resources;
- changing societal value and demographics; and
- patient-centred care and empathy.

Evidence of the foundations of these attributes in graduates is appropriate. In most cases, however, time spent in post-university medical education exceeds that spent in medical school. While the Intern Outcome Statement also includes these attributes, we suggest that:

- the Graduate Outcomes Statement reinforces that graduation from university is a first step on the medical practitioner journey; and
- the qualities outlined in the statement will continue to develop and deepen as graduates progress over the intern, junior doctor and senior/specialist years.

STANDARDS FOR MEDICAL SCHOOLS

We are broadly supportive of the overall amended standards. They are aligned with and effectively capture current directions in health and society more generally. This includes areas such as diversity and inclusiveness, technological advancement, changing population demographics and the proactive attainment of health and wellbeing not just the treatment of illness. We make particular comment about the following areas:

Area 9. Culturally safe practices

UA sees cultural safety as critical to all aspects of university life and education delivery. We have developed a sectorwide Indigenous Strategy which outlines agreed principles and actions to support this. The Strategy is currently undergoing review with launch of the updated strategy intended for later this year. There is good evidence of the link between culturally safe practices and improved outcomes in many areas, including health and education. We see the inclusion of cultural safety within the AMC's standards and the broader undertaking by universities to deliver culturally safe programs as complementary.

Regarding definitions: several exist including, in Australia, the AHPRA definition of cultural safety. This definition has undergone extensive consultation and was intended for use under the National Registration and Accreditation Scheme (NRAS). Use of this definition could provide some consistency with other university-based Australian health education programs, such as the Rural Health Multidisciplinary Training (RHMT) program. However, a preferred approach is to focus on the overall outcome and allow universities to work in partnership with their local Indigenous communities on more contextualised descriptions against which achievement of cultural safety can be assessed. This could draw on a common set of principles, where helpful.

Area 10. Student wellbeing

The inclusion of student wellbeing is supported and is well aligned with recent work by MDANZ and with the whole-of-sector work that UA undertakes in this regard. As above, we see the inclusion of student wellbeing within the AMC's standards, the work of MDANZ and the work that UA undertakes more broadly within this area as complementary and mutually reinforcing.

Area 12: Governance, leadership and resources

The AMC's recognition in the standards of the challenges faced by universities, including in relation to resources, is welcomed. We support the AMC's view that professional standards remain non-prescriptive about resources and that these decisions are the remit of universities under their own accreditation requirements. (See also the MDANZ submission as to whether this remains appropriate.)

Of note, previous work undertaken by the Department of Education, Skills and Employment (DESE) through the Deloitte costing study found that medical courses were underfunded. CSP funds for medical courses were subsequently increased in 2021 through the Job Ready Graduates (JRG) package. However, the JRG costs were determined pre-COVID-19. Feedback from UA members is that health professions education costs have generally increased due to COVID-19 as a result of physical distancing compliance and placement needs. DESE are undertaking a further costing study in 2022. Results are awaited.

Area 14. Emerging Technologies

We support updating the standards to reflect growing technological change and the need to work with a digital workforce as well as other health care professionals in care delivery. UA suggests that, where appropriate, reference is made to the Australian Digital Health Agency's Digital Health Workforce and Education Roadmap and its associated Capability Action Plan (CAP). The Roadmap and CAP outline the respective roles of health services, professions, educators and accreditors in supporting digital uptake and skilling.

Area 15. Encouraging innovation

The pandemic has shown the importance of outcomes-focused professional accreditation standards in enabling flexibility and innovation while still maintaining quality and rigour in health and medical professions education. Universities have valued the ability to work closely with accreditation councils to enable this during COVID-19. The joint statement on clinical education continuity has also been helpful. Harnessing these gains will be important into the future. Revision of the AMC's standards to capitalise on and continue such innovations is welcomed. UA would be pleased to work further with the AMC and other accrediting bodies in relation to this work.

Area 16. Minor amendments to ensure alignment with international frameworks

We seek further clarity regarding the proposed additional standard under Area 16 that "...requires medical schools to have processes for identifying and managing conflicts of interest in the management and delivery of their medical program, their training and education functions, governance and decision making." Universities' academic boards and other governance structures and processes already undertake these types of functions. It is currently unclear which specific aspects of the medical program and/or how it links with broader university processes this additional standard is directed towards. We recommend clearer explanation of the purpose and intent of the proposed additional standard and clear delineation in any new standard from processes that universities' own governance processes already cover.

Area 18. Increase focus on outcomes

The AMC's intended increased focus on outcomes is supported. Outcomes focused standards have been an important part of enabling the flexibility experienced during the pandemic and will be important in supporting ongoing adjustments to technological and other change in the future.

Area 19. Reintroduction of notes.

UA supports the reintroduction of notes where medical schools see these as helpful.

OTHER COMMENTS

The standards are not prescriptive about curriculum. Their increasingly outcomes-focused nature is welcomed, as is their aim to align with changing directions within health care and society more generally. This includes the need to encourage:

- greater understanding of prevention, digitisation and diversity; as well as
- potential future career choices in areas such as rural health, aged care, primary care, Indigenous health and mental health care services.

However, an ongoing consideration is how medical (and other health professional education) courses will continue to address the ever-growing number of areas that need to be included in pre-registration education and training whilst still retaining the necessary existing curricula elements. We see this as a matter of consideration for all health professions education courses, not just medicine, and welcome further

discussion about how to tackle this matter with the AMC and the Health Professions Accreditation Collaborative Forum (HPACF).

We refer you to the MDANZ submission for all further comments on other aspects of the Graduate Outcomes Statement and Standards for Medical Schools, including the proposed regroupings of the models for accreditation standards.