

SUBMISSION TO MEDICAL DEANS AUSTRALIA AND NEW ZEALAND (MDANZ): INHERENT REQUIREMENTS FOR STUDYING MEDICINE (ANZ)

October 2019

INTRODUCTION AND BACKGROUND

Universities Australia (UA) welcomes the opportunity to provide input into the review of the “Inherent Requirements for Studying Medicine in Australia and New Zealand” document (the document). The review is being undertaken by the Medical Deans of Australia and New Zealand (MDANZ) who developed the document in 2017. The aim of the document is to support medical schools to offer the greatest access for students with a disability while ensuring safe clinical education and training. To assist in this, the document provides a set of guidelines which medical schools may choose to incorporate into their local practices. The guidelines are not mandatory.

UA is the peak national body for Australia’s universities and provides policy advice and analysis on behalf of its 39 member universities. Universities and the sector’s twenty-one medical schools educate the majority of Australia’s entry level health and medical professionals and play a key role in developing Australia’s health workforce. University sector input into UA’s health professional education policy and advocacy work, including this submission, is provided through its Health Professions Education Standing Group (HPESG). HPESG comprises senior university leaders across all jurisdictions and health professional disciplines, including medicine.

RESPONSE TO THE INHERENT REQUIREMENTS DOCUMENT

Diversity and equity of access are core values for universities and they are committed to supporting students from a range of backgrounds to complete a university education where this is appropriate. There has been significant growth in university student enrolments from various equity groups over the last fifteen years. This includes nearly triple the number of students with a disability and more than double the number of students identifying as Indigenous¹.

As autonomous self-accrediting institutions, enrolment/retention decisions are a matter for each individual university/medical school. Universities’ commitment to equity and diversity are part of this decision-making process. Universities are also bound by various legislation and/or regulation governing the delivery of higher education programs. An outline of legislation particularly relevant to the document review is provided in Appendix A.

UA acknowledges the intention of the document to provide guiding principles to medical schools that balance universities’ legislated obligations, their commitment to equity and diversity, the Australian Medical Council’s (AMC’s) requirements for delivering medical programs and the known rigour of studying—and potentially practicing—medicine.

It is widely accepted, as outlined in the document, that medical education and practice requires multiple physical, cognitive, psychological and emotional capacities expressed via a range of knowledge, skills, behaviours, values and attitudes. The document reflects these varied aspects grouped around the AMC’s four domains of learning for medical programs.

It is important that students are aware of these comprehensive requirements and the document provides a clear, useful source of shared, consistent information about these. As such it has particular use as a starting point for discussions between medical schools and individual students (prospective or current) about the predicted expectations of medical education and training.

Other areas highlighted in the document that offer utility to universities as the basis of decisions and/or discussions with students about medical education expectations include:

- the need for early and honest disclosure about relevant potential disabilities/issues;
- support for cooperative and collaborative approaches to case-managing individual students where needed;
- medical education requirements for:
 - manual dexterity, adequate vision, hearing, touch (including fine and gross-motor skills) and mobility (including with the use of aids where these apply);
 - the ability to process knowledge and cognition in a rapid and timely manner appropriate to the clinical context;
 - the consistent and sustained ability to perform physically and mentally without interruptions to consciousness;
 - mental, emotional and physical stamina, resilience and behavioural stability and the development of social and cultural awareness;
 - leadership, team working and professionalism which includes a commitment to educating the next generation of medical practitioners;
 - sound understanding of personal-professional relationship boundaries;
 - self-awareness and the ability to recognise, monitor and manage one's own health needs and behaviour;
- an understanding that medical students are part of a profession governed by codes, policies and accountabilities to patients, peers and others. These place ethical and legal obligations¹ on educators and students;
- preparedness for frequent, regular and varied assessments in a range of situations on relevant factors including clinical and communication (written, verbal and non-verbal) skills

Overall UA broadly supports the document as a set of non-mandatory guidelines which clearly set out the expectations of medical education. The following few suggestions are also offered for consideration:

- Further reference could be made in the document to laws governing universities regarding course delivery, disability discrimination and AMC requirements. Universities' assessment of whether a current or potential student is academically and otherwise suited to undertake the course must take all of these into account.
- Medical practice (and therefore medical education) is evolving rapidly as technology changes. These changes will potentially alter the relevance of some of the current Inherent Requirement guidelines. UA suggests that the document is frequently reviewed and updated to reflect this.
- Recent public reports have highlighted incidents of unacceptable behaviour from health service clinicians to medical students and junior doctors. These incidents are infrequent and have occurred outside of universities, however their impact can be detrimental to medical student/junior doctor health. UA acknowledges that medical education and training is rigorous and suggests that the document clearly differentiates "acceptable" rigour from undue pressure medical students may encounter through unacceptable behaviour.

¹Including student criminal record checks

APPENDIX A: KEY LEGISLATION RELEVANT TO THE INHERENT REQUIREMENTS DOCUMENT

THE HIGHER EDUCATION SUPPORT ACT 2003 (HESA)ⁱⁱ

A major objective of this act is “To support a higher education system that: is characterised by quality, diversity and equity of access...” A basic requirement under the act’s fairness requirements stipulates that “a higher education provider must treat fairly all of its students; and all of the persons seeking to enrol with the provider”. The act also outlines higher education providers’ obligations in assessing students as academically suited²:

- (i) Before enrolling a student in a unit of study, a higher education provider must assess the student as academically suited to undertake the unit concerned
- (ii) The assessment... must be done in accordance with any requirements specified in the Higher Education Providers Guidelines.

COMMONWEALTH DISABILITY DISCRIMINATION ACT 1992 (DDA) ^{iii, 3}

This act imposes legal obligations on institutions not to discriminate against people with disability. The act defines disability broadly as encompassing physical, sensory, mental and intellectual. The act prohibits discrimination associated with enrolment in any educational institution, including university.

The Disability Standards for Education further clarify education providers’ obligations under the DDA. If a student meets the essential entry requirements, then educators must make ‘reasonable adjustments’ to the course design or delivery to enable the student to have a fair chance of participating. The Department of Education’s Higher Education Disability Support Program^{iv} provides funding to eligible higher education providers to further support this.

HEALTH PRACTITIONER REGULATION NATIONAL LAW ACT 2009 (THE NATIONAL LAW) ^v

Universities offering approved courses of study for health professions regulated through the National Registration and Accreditation Scheme (NRAS) must also comply with the National Law. Specifically, they must ensure that their approved NRAS courses meet the National Law’s accreditation requirements. For medicine, accreditation standards are set by the Medical Board of Australia and assessed by the Australian Medical Council (AMC). A major focus of the National Law is public safety. The AMC’s professional accreditation standards complement universities’ own accreditation processes to jointly ensure that medical education programs produce competent, skilled and effective practitioners.

² See HESA Division 2, section 2-1, subdivision 19-D, section 19-30 and section 19-42

³ Various state-based disability legislation may also apply where it exists.

REFERENCES

ⁱ Department of Education Equity Groups statistics 2016: <https://docs.education.gov.au/node/45206>

ⁱⁱ Higher Education Support Act 2003: <https://www.legislation.gov.au/Details/C2018C00312>

ⁱⁱⁱ Commonwealth Disability Discrimination Support Act:

<https://www.legislation.gov.au/Details/C2016C00763>

^{iv} Higher Education Disability Support Program: <https://www.education.gov.au/higher-education-disability-support-programme>

^v Health Practitioner Regulation National Law Act 2009: <https://www.ahpra.gov.au/about-ahpra/what-we-do/legislation.aspx>