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## Summary

This submission provides an overview of the AMC's work and examples of how the AMC's processes relate to the terms of reference, particularly in skills development and support to the health workforce, and measures to close the gap in life expectancy between Indigenous and non-Indigenous Australians.

The AMC is an independent national standards and assessment body for medical education and training. It is not part of the Australian government. The purpose of the AMC is to ensure that standards of education, training and assessment of the medical profession promote and protect the health of the Australian community.

The key functions of the AMC are:

- since 1985, setting standards for medical education and training, assessing medical courses against these standards, and accrediting courses that meet AMC standards
- since 1986, setting assessments of the knowledge, skills and attributes of overseas trained medical practitioners who wish to practise in Australia and administering the related assessment processes
- since 1992, advising Health Ministers on matters pertaining to the registration of medical practitioners and the maintenance of professional standards in the medical profession
- since 1985, with the medical registration authorities in the Australian states and territories, developing nationally consistent approaches to medical registration, and nationally consistent policies on standards for registration
- since 2000, setting standards for specialist education and training, assessing specialist medical colleges against these standards
- since 2002, setting standards for the recognition of new medical specialties in Australia, assessing proposals to recognise new medical specialties and advising the Commonwealth Minister for Health on the strength of the case for recognition.
- since 2008, the AMC has been in discussions with the Confederation of Postgraduate Medical Councils on accreditation of their processes for intern training accreditation. If it eventuates, this would mean that the

continuum of training from medical school to vocational training will be accredited by the AMC.

- since 2007, setting standards for alternative assessment pathways under the Council of Australian Governments (COAG) International Medical Graduate (IMG) assessment initiative.

The AMC advises, through its Joint Medical Board Advisory Committee (JMBAC), medical boards in Australia on uniform approaches to the registration of medical practitioners and, at their request, researches approaches to streamline interactions between boards.

The prevention of illness and promotion of good health are integrated into AMC accreditation standards. Graduates completing basic medical education should have, *inter alia*, knowledge and understanding of:

- the management of common conditions
- the principles of health education, disease prevention and screening
- the principles of amelioration of suffering and disability, rehabilitation and the care of the dying.

The AMC has endorsed the Indigenous Health Curriculum Framework and has incorporated new accreditation standards on Indigenous health as a curriculum topic. The AMC has conducted a workshop for Indigenous doctors and medical educators interested in participating in the AMC accreditation process.

A good health system fosters peer review and professional development, and supports and encourages clinicians to contribute to high quality teaching and supervision. There is no better guarantee of quality or of maintenance of clinical standards than the engagement of clinicians in teaching. The flow of information between a specialist and health professionals, junior doctors and medical students on a ward round represents a blend of patient service, education and quality assurance. The same can be said of almost all clinical activities in health services that are engaged in teaching. High standards of patient service depend on health professionals being involved in continuous quality improvement, evaluation of outcomes, maintenance of professional standards, and advancement of knowledge.

CANBERRA  
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## **Submission on the discussion paper *Australia: The Healthiest Country by 2020***

The Australian Medical Council Limited (AMC) welcomes the opportunity to make a submission to the National Preventative Health Taskforce on issues raised in the discussion paper *Australia: The Healthiest Country by 2020*.

The AMC supports the terms of reference of the Taskforce, which are linked to other reviews focussed on improving the delivery and quality of health care services in Australia. This submission provides an overview of the work of the AMC and provides concrete examples of the ways in which the AMC's processes relate to issues in the terms of reference, particularly in the areas of skills development and support to the public health workforce, and measures to close the gap in life expectancy between Indigenous and non-Indigenous Australians.

### **AMC STRUCTURE AND FUNCTION**

The AMC is an independent national standards and assessment body for medical education and training. It is not part of the Australian government. The purpose of the AMC is to ensure that standards of education, training and assessment of the medical profession promote and protect the health of the Australian community. Since 1985, the AMC has been responsible for setting standards for medical education and training, assessing medical courses against these standards, and accrediting courses that meet AMC standards.

The AMC has experience in setting educational standards for a regulated profession in which the profession is linked to registration. Through its activity in standards setting and working with medical registration authorities since 1985, the AMC has been involved with education and training that is geared towards producing safe and competent medical practitioners. The role of the AMC in this area is to ensure safety and competency of practitioners not only for today, but for the changing health services in the future.

One area of strength in the Australian health system is the high standard of medical education, and the willingness of training organisations to review practices and share experiences in striving to maintain that standard. The AMC considers that medical education in Australia has responded well in adapting to national and health service priorities.

## **AMC CORE ACTIVITIES AND EXPERTISE**

The key functions of the AMC are:

- since 1985, setting standards for medical education and training, assessing medical courses against these standards, and accrediting courses that meet AMC standards
- since 1986, setting assessments of the knowledge, skills and attributes of overseas trained medical practitioners who wish to practise in Australia and administering the related assessment processes
- since 1992, advising Health Ministers on matters pertaining to the registration of medical practitioners and the maintenance of professional standards in the medical profession
- since 1985, with the medical registration authorities in the Australian states and territories, developing nationally consistent approaches to medical registration, and nationally consistent policies on standards for registration
- since 2000, setting standards for specialist education and training, assessing specialist medical colleges against these standards
- since 2002, setting standards for the recognition of new medical specialties in Australia, assessing proposals to recognise new medical specialties and advising the Commonwealth Minister for Health on the strength of the case for recognition.
- since 2008, the AMC has been in discussions with the Confederation of Postgraduate Medical Councils on accreditation of their processes for intern training accreditation. If it eventuates, this would mean that the continuum of training from medical school to vocational training will be accredited by the AMC.
- since 2007, setting standards for alternative assessment pathways under the Council of Australian Governments (COAG) International Medical Graduate (IMG) assessment initiative.

The AMC also advises, through its Joint Medical Board Advisory Committee (JMBAC), medical boards in Australia on uniform approaches to the registration of medical practitioners and, at their request, researches approaches to streamline interactions between boards.

## **AMC ACCREDITATION STANDARDS**

The AMC standards for medical education acknowledge that the goal of medical education is to develop junior doctors who possess attributes that will ensure that they are competent to practise safely and effectively as interns in Australia or New Zealand, and that they have an appropriate foundation for lifelong learning and for further training in any branch of medicine. The integration of principles of prevention in medical education is therefore an important element in the training of doctors to better equip them in assisting affected populations in the prevention of illness and the management of disease and conditions.

The combination of knowledge, skills and attitudes that is considered an essential foundation for further prevocational and vocational training for medical doctors is

very complex. Doctors must be able to care for individual patients by preventing and treating illness, assisting with the health education of the community, being judicious in the use of health resources, and working with a wide range of health professionals and other agents. They must be able to work effectively, competently and safely in a diversity of cultural environments, including a diversity of Indigenous health environments.

The quality of each medical school will ultimately be judged by the ability of its graduates to perform at a high level in the changing roles the community requires of its medical practitioners. This requires a flexibility of approach and a commitment to a lifetime of continuing medical education. Medical courses should produce graduates who are willing and able to develop further their knowledge and skills, beginning in the intern year and continuing throughout their professional careers. Graduates must possess a sufficient educational base to respond to evolving and changing health needs throughout their careers.

The prevention of illness and promotion of good health are integrated into AMC standards for medical education. Graduates completing basic medical education should have, *inter alia*, knowledge and understanding of:

- the management of common conditions
- the principles of health education, disease prevention and screening
- the principles of amelioration of suffering and disability, rehabilitation and the care of the dying
- the systems of provision of health in a cultural diverse society
- Indigenous health, including the history, cultural development and health of the Indigenous peoples of Australia or New Zealand.

Other skills relate to the prevention of illness and promotion of good health, the ability to formulate a management plan and to plan management in concert with the patient, the ability to convey information clearly, considerately and sensitively, the ability to counsel patients sensitively and effectively, and to provide information in a manner that ensures patients and families can be fully informed when consenting to any procedure.

In studying population, social and community health issues, medical graduates develop the skills and knowledge needed:

- to identify determinants and measure the level of health and ill-health in populations and subpopulations;
- to recommend and implement strategies for the promotion and maintenance of health, and the prevention and treatment of ill health in populations, including via interventions that extend beyond the health sector.

Graduates also develop an understanding and acknowledgement of the social, economic, cultural and behavioural factors in disease, both at individual and population levels.

A well qualified and sustainable health workforce requires systems to support the training and assessment of health professionals at the start of their career and systems to regulate their practice and to protect the community by ensuring that registration is granted to those who are competent and fit to practise. The AMC is

firmly committed to the national registration and accreditation of medical practitioners initiated by COAG and has made a number of submissions on the mechanics of implementing the national scheme.

The AMC's experience indicates that appropriately developed accreditation systems, based on a process of self and peer assessment against agreed national standards, can and do drive change and quality improvement in the longer term. Since the introduction in 2002 of its process for accreditation of specialist medical training, the AMC has witnessed notable improvements in specialist medical training, particularly in areas such as the specialist medical colleges processes to assess overseas-trained specialists; opportunities for groups such as government agencies, health service providers, doctors in training and health consumer organisations to comment on areas of excellence and gaps in specialist training; and, in a broader view of the roles required of doctors, and the skills and knowledge required to undertake them. The latter development has emphasised doctors' roles as team players, health advocates, managers, educators and professionals, in addition to their role as medical experts.<sup>1</sup>

The AMC assessment reports of specialist medical training programs have drawn attention to the way in which colleges support their fellows in continuing professional development. During the period in which the AMC has been assessing specialist medical training programs, there has been significant change as nearly all colleges have now mandated continuing professional development for their fellows.

The AMC also supports the need to improve the provision of health services in rural areas. Through its examination and accreditation functions, the AMC is well aware of the difficulties in providing appropriate standards and levels of medical services to remote and rural areas, and in attracting doctors to these settings.

In 2005, the AMC assessed a case to recognise a distinct specialty of rural and remote medicine. Key arguments in support of this case related to making rural and remote medicine an attractive career path, enhancing training and support for practitioners, and enhancing the calibre of medical care provided to Australian rural and remote communities.<sup>2</sup> While the AMC reported that evidence had not been presented of a defined and distinct field of practice<sup>3</sup> in Australia that could be described as rural and remote medicine practice, nor of a separate and expanding knowledge base that marks rural and remote medicine as a developing specialty, the AMC does assess rural training capacity and barriers to rural training when it assesses specialist medical training programs. Its accreditation reports, available as public documents, describe the successes and challenges encountered by specialist medical colleges. In particular, the AMC's assessment of the Royal Australian College of General Practitioners<sup>4</sup> provides

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<sup>1</sup> This is a response to projects undertaken internationally, such as Frank JR, Jabbour M, Tugwell P. Skills for the new millennium: report of the societal needs working group, CanMEDS 2000 Project. *Ann R Coll Physicians Surg Can* 1996;29:206-216.

<sup>2</sup> Australian Medical Council, *Assessment of Rural and Remote Medicine as a Medical Specialty*, (December 2005), page 22.

<sup>3</sup> As set out in the Guidelines for recognition. Please refer to Australian Medical Council, *The Recognition of Medical Specialties: Policy and Process* (2007).

<sup>4</sup> Australian Medical Council Accreditation Report: Training leading to Fellowship of the Royal Australian College of General Practitioners (July 2007), pages 29 to 33.

comment on rural training opportunities in general practice. The AMC has also granted initial accreditation to the Australian College of Rural and Remote Medicine as a standards body and provider of specific training and professional development programs for the specialty of general practice, and expects to assess ACRRM's training programs during 2009. Similarly, AMC reports related to the accreditation of medical schools document the successes and challenges in the expansion of undergraduate medical education to an expanded range of rural settings.

## **INDIGENOUS HEALTH**

Research has shown that the Indigenous population in Australia has a 17 year gap in life expectancy in comparison to non-Indigenous Australians. This gap is directly attributable to the social and economic determinants of health. Concerted action in education and health is needed to produce a workforce that is qualified, competent and culturally appropriate to meet the needs of Indigenous people. Research has also shown that access to Aboriginal and Torres Strait Island health workers is culturally appropriate and central to improving the health outcomes of Indigenous people.

The AMC is committed to contributing to an improvement in the health outcomes of Indigenous people. As Australia has special responsibilities to Aboriginal and Torres Strait Islander people, and New Zealand to Maori, the AMC acknowledges these responsibilities should be reflected throughout the medical education process.

In Australia and New Zealand, inequalities remain in the health status of various social and cultural groups. Medical schools have the responsibility to select students who can reasonably be expected to respond to the needs and challenges of the whole community, including the health care of these groups. This may include selection of students who are members of such groups. The medical curriculum should also provide opportunities for cultural education programs, and opportunities for training and provision of service in under-served communities. A balance of rural, remote and urban area health needs should also be reflected in the curriculum.

Doctors work in a context in which the Indigenous peoples of Australia and New Zealand bear the burden of gross social, cultural and health inequity. Doctors must be aware of the impact of their own culture and cultural values on the delivery of services, historically and at present, and have knowledge of, respect for and sensitivity towards the cultural needs of Indigenous people.

In collaboration with the Australian Indigenous Doctors' Association, the AMC works to ensure that these responsibilities are reflected throughout the medical education process. Since 2005, the AMC has engaged Indigenous doctors and educators in a range of AMC activities, including reviews of accreditation standards, membership of AMC teams, invitations to attend AMC examination item writing workshops, and the development of a code of professional conduct. The AMC has also given presentations and contributed to publications on the new Indigenous health standards.

The AMC has endorsed the Indigenous Health Curriculum Framework developed by the then Committee of Deans of Australian Medical Schools. Working with the Deans and the Australian Indigenous Doctors' Association, the AMC incorporated new accreditation standards addressing Indigenous health as a curriculum topic, as well as the processes, settings and resources that will lead to successful education in this area. For instance, the AMC now requires that *'The school provides all students with experience of the provision of health care to Indigenous people in a range of settings and locations'*.<sup>5</sup> The AMC started assessing the success of medical schools against these standards in 2007. Most recently, the AMC conducted an Indigenous Health Assessor Training workshop, which was targeted to Indigenous doctors and medical educators who had indicated an interest in participating in the AMC accreditation process.

The AMC believes that Aboriginal and Torres Strait Island health workers are an asset in the health workforce. Aboriginal and Torres Strait Island health workers need to be multi-skilled as they work in complex and diverse environments, and are called upon to deliver a range of specialised health care and health-related services. Generally, they improve access to health care services, enhance the capacity of a team to provide culturally safe and appropriate care and as a result, help to reduce health inequities for Indigenous communities. In geographically isolated areas, Aboriginal and Torres Strait Island health workers often work alone and in extended roles. To be an effective community health workforce, training should equip health workers with the knowledge, skills and attributes to deliver safe and quality health care to the community, including knowledge and understanding of the principles of health education, disease prevention and screening.

## **CONCLUSION**

The AMC considers that the social contract between members of the health professions and the community entails profession-led processes for setting standards, including entry to the profession. The profession has a responsibility to be accountable to society for those standards, and for the maintenance of the standards by members of the profession. A new model for health care in Australia must take this social contract into account, and ensure that there are mechanisms for accountability at all levels and in all of the health professions. A reformed health care system should retain the channels through which to engage the professions in educational and clinical content, as well as in standard setting for registration and practice. At present, professional engagement and involvement in these processes is high. This level of commitment by and engagement with the health professions is a fundamental ingredient to long term sustainable reform of the health system and needs to be maintained.

A good health system fosters peer review and professional development, and supports and encourages clinicians to contribute to high quality teaching and supervision. There is no better guarantee of quality or of maintenance of clinical standards than the engagement of clinicians in teaching. The flow of information between a specialist and health professionals, junior doctors and medical students on a ward round represents a blend of patient service, education and

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<sup>5</sup> Australian Medical Council, *Assessment and Accreditation of Medical Schools: Standards and Procedures* (2007), page 29.

quality assurance. The same can be said of almost all clinical activities in health services that are engaged in teaching. Similarly, high standards of patient service depend on those health professionals being involved in continuous quality improvement, evaluation of outcomes, maintenance of professional standards and advancement of knowledge.

The AMC welcomes this opportunity to contribute to the work of the Taskforce and ultimately to the design of a preventative health care strategy for Australia. Integration of the principles of health education, disease prevention and screening are essential components in undergraduate and graduate medical education to deliver safe and quality health care to the community. The AMC remains firmly committed to developing and maintaining those standards of education, training and assessment of the medical profession which promote and protect the health of the Australian community.

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