

U.S. Department of Education

Staff Analysis
of the Report Submitted by

Australia and New Zealand

Prepared August 2009

Background

At its February 1995 meeting, the National Committee on Foreign Medical Education and Accreditation (NCFMEA) initially determined that the standards of accreditation used by the Australian Medical Council (AMC or Council) on behalf of Australia and New Zealand to accredit medical schools offering programs leading to the M.D. (or equivalent) degree were comparable to the standards of accreditation applied to M.D. programs in the United States¹. The Australian legislative body authorized the AMC to conduct this activity. The individual states and territorial medical boards of Australia and the Medical Council of New Zealand have designated AMC to accredit medical schools and programs in both countries. At subsequent meetings in February 2002, March 2003, and September 2007, the NCFMEA accepted the following Council reports.

- a) The AMC's annual report (February 2002);
- b) The AMC's status report on the development of new rural clinical schools and the application of the new accreditation guidelines (March 2003);
- c) The AMC's petition for a redetermination of comparability (September 2007); and
- d) The AMC's report summarizing its accrediting activities (September 2005)

During the September 2007 NCFMEA meeting, the members expressed their concerns about the manner in which the AMC monitors the success of their students and how they follow graduate outcomes, particularly the United States students. In the April 13, 2008 letter from the Secretary of Education, the Secretary described the purpose of the report by requesting the AMC to provide information on the following accrediting activities:

¹ NOTE: The AMC uses the same accreditation standards and processes to assess medical schools in both Australia and New Zealand. Therefore, the medical schools in both countries qualify as institutions of higher education under 34 CFR 600.55 (the additional criteria for determining whether a foreign graduate medical school is eligible to apply to participate in the Federal Family Education Loan programs).

- Current status of medical schools;
- Overview of accreditation activities;
- Laws and regulations;
- Standards;
- Processes and procedures;
- Schedule of upcoming accreditation activities; and
- Issues raised at the September 2007 NCFMEA meeting regarding the Australia/New Zealand' criteria regarding the monitoring of your students' success, e.g., outcome/performance data collection and analysis activities, which is covered in the NCFMEA's Guidelines under Section 6.3" in the report covering the accrediting activities since September 2007.

This analysis is based on the responses the Country submitted.

Summary of Findings

Based on its review of the report submitted by the AMC, Department staff conclude that the countries of Australia and New Zealand have generally responded to the information requested by the NCFMEA. The Department staff conclude that the AMC accreditation activities during the past two years remain similar to the NCFMEA guidelines.

However, the Department staff believes that NCFMEA may want to explore receiving additional information from the AMC regarding how it obtains and uses student achievement information to assess the quality of the medical program. For example, the NCFMEA requested the AMC to report on student performance and outcome measures such as acceptable numbers of graduates from the schools that pass a licensing examination or enroll in graduate study, etc. If it uses these outcome measures, the NCFMEA also requested that AMC report on how it collects the data, if it has established benchmarks, and whether it uses the data to accredit/approve a medical school. The information provided insufficiently describes whether the AMC uses student outcomes to make accrediting decisions.

Staff Analysis

The Current Status of Medical Schools:

The AMC reports that it has accredited 19 medical schools in Australia and two medical schools in New Zealand.

Overview of Accreditation Activities:

Since 2007, the AMC has assessed medical schools in both countries and the development of medical courses for beginning new programs by:

- assessing proposed new medical courses,
- assessing proposals for major changes in established medical courses, including a change in the length or format of the course; a significant change in objectives; a substantial change in educational philosophy, emphasis, or institutional setting; and/or significant changes forced by a major reduction in resources, and
- assessing schools and courses for the purposes of reaccreditation of established medical courses.

Changes to the Laws and Regulations:

In March 2008, the Council of Australian Governments signed an Intergovernmental Agreement related to the accreditation of health profession courses, effective July 1, 2010. The agreement created a national registration and accreditation scheme and provided for the accreditation functions to remain with existing accreditation bodies for the first three years of operation. The overall scheme for each health profession will consist of a Ministerial Council, the Australian Health Workforce Advisory Council (Advisory Council), a national agency with an agency management committee, national profession specific boards, committees of the boards, a national office to support the operations of the scheme and at least one local presence in each State and Territory.

In 2008, the AMC petitioned for approval as the appropriate body to carry out the medical accreditation functions during the transition period. In June 2008, the AMC voted to change its constitution from an incorporated association to a company limited by guarantee (a company limited by guarantee is an alternative type of corporation used primarily for non-profit organizations). This constitutional change resulted in the AMC Directors assuming responsibility for the management of the AMC's day-to-day business, rather than the full Council.

In December 2008, the Governance Committee for the National Registration and Accreditation Scheme assigned the accreditation function to the AMC for the new Medical Board of Australia. The AMC reports that the changes within its structure have no significant effect on its accreditation function. Furthermore, the AMC reports that the Constitution defines its function as accrediting medical schools based mainly in Australia and New Zealand and courses leading to admission to medical practice in Australia for the graduates of those schools. This agreement, *The Health Practitioner Regulation (Administrative Arrangements) National Law Bill of 2008* became national law in November 2008 (See Web site: <http://www.nhwt.gov.au/natreg.asp>).

The Advisory Council will provide authoritative advice to assist the Ministerial Council. The national agency will ensure that the scheme operates consistently with the legislation and the directions of the Ministerial Council.

The AMC Board of Directors (AMC Board) will address registration and accreditation functions and establish committees, as required, to carry out

functions on their behalf. Examples of the AMC Board responsibilities include, among other things,

- manage the development of the accreditation standards,
- approve a list of accredited courses of study that meet the qualifications required for general registration,
- provide an internal merits and process review of decisions made in relation to the accreditation of education courses and institution; and
- receive complaints.

The AMC Board approves the final decision regarding the accreditation standards, courses and training programs for the purposes of registration. The AMC Board, rather than the full Council make the following decisions:

1. Appoint teams to assess individual medical schools and their programs;
2. Consider reports on the assessments of medical schools and their courses; and
3. Decide on the period of accreditation and any condition on the accreditation of individual programs.

The AMC continues its responsibilities for approving accreditation policy and accreditation standards. The Medical School Accreditation Committee (MSAC) manages and oversees the program of accreditation of medical schools, does not have decision-making authority, and reports to the AMC Board. The MSAC's functions include:

- 1) Developing guidelines, policy and procedures relating to the accreditation of medical schools and medical courses;
- 2) Overseeing the Council's program of accreditation of medical schools and medical courses, including selection of assessment teams; and
- 3) Seeking to encourage improvements in undergraduate medical education in Australia and New Zealand that respond to evolving health needs and practices as well as educational and scientific developments.

From September 2007 to June 2009, the MSAC met seven times. The document that explains the reporting and decision making for each major step of the accreditation process appears on the AMC website page using the following link: <http://www.amc.org.au/index.php/ar/bme/standards>. In addition, the procedures released in 2009 describe the process and procedures the AMC uses and appear at the following link:

<http://www.amc.org.au/images/Medschool/procedures%20medical%20schools%202009.pdf>.

Changes to the Standards:

When the AMC appeared before the NCFMEA in 2007, the Council indicated that it had started to review the standards and expected them to become effective in January 2008. The NCFMEA requested the AMC to indicate whether it had made changes since September 2007 in the accreditation standards that the AMC uses to evaluate and accredit medical schools in the areas listed below, and if so, what those changes were:

- administration;
- faculty;
- curriculum;
- admissions procedures;
- student services;
- methods for evaluating student achievement, and facilities.

The feedback received from its constituents resulted in making changes to Standards 3.2, 8.3 and 9. The AMC reported that its standards are available at its Website: <http://www.nhwt.gov.au/natreg.asp>.

Standard 3.2 addresses the curriculum structure, composition and duration of the medical school program. The standard states:

“The medical school has developed descriptions of the content, extent and sequencing of the curriculum that guide staff and students on the level of knowledge and understanding, skills and attitudes expected at each stage of the course.”

The AMC notes on this standard provide guidance to the medical school about providing a comprehensive coverage in the program of the following courses:

- basic biomedical sciences, sufficient to underpin clinical studies;
- scientific method, inquiry skills, critical appraisal and evidence-based medicine;
- clinical sciences relevant to the care of adults and children;
- the pathological basis of disease;
- clinical skills (medical history construction, physical and mental state examination, diagnostic reasoning skills, problem formulation and construction of patient management plans);
- management of common conditions, including pharmacological, physical, nutritional and psychological therapies;
- acute care skills and procedures relevant to practice at the level of an intern;
- communication skills;
- population, social and community health;
- an understanding of the culturally diverse nature of Australian or New Zealand society and the development of appropriate skills and attitudes for medical practice in a culturally diverse society;

- Indigenous health (studies of the history, culture and health of the Indigenous peoples of Australia or New Zealand);
- personal and professional development;
- law and ethics;
- patient safety and quality of health care;
- interprofessional education.

Standard 8.3 Clinical teaching resources states:

- The medical school ensures there are sufficient clinical teaching and learning resources, including sufficient patient contact, to achieve the outcomes of the course.
- The school has sufficient clinical teaching facilities to provide a range of clinical experiences in all models of care (including primary care, general practice, private and public hospitals, rooms in rural, remote and metropolitan settings and Indigenous health settings).
- The school provides all students with experience of the provision of health care to Indigenous people in a range of settings and locations.
- The school actively engages with relevant institutions including other medical schools whose activities may impact on the delivery of the curriculum.
- The school ensures that the outcomes of the programs delivered in the clinical facilities match those defined in the curriculum.

The AMC notes provide guidance to the medical school on the different clinical facilities needed to provide a range of clinical experiences in all models of care (including primary care, general practice, private and public hospitals, rooms in rural, remote and metropolitan settings and Indigenous health settings). The guidance also lists a number of ways that the medical schools can demonstrate compliance with this standard and describes challenges a school may face in clinical placements. In addition, the AMC finds that a medical school should define and disclose to both the students and teacher and the community the objectives and assessment of clinical placement.

The AMC deleted Standard 9, which related to procedures for regular review and updating of the medical school's structure and functions. The agency states that it has incorporated into Standard 1 of the AMC Standards, the requirement for an institutional quality improvement process.

Changes to Accreditation Processes and Procedures:

The Council reports that in June 2008, the AMC approved revisions to Part 3 of the AMC guide, *Assessment and Accreditation of Medical Schools: Standards and Procedures*. The changes included the following:

- updating the confidentiality and conflict of interest policies;

- streamlining the descriptions of various types of assessments; and
- incorporating a new statement explaining the scope of AMC accreditation, that states, “the AMC accredits only completed medical courses that result in the award of an academic qualification of an educational institution located largely or entirely in Australia or New Zealand.”

The conflict of interest policy for AMC members, including members of the Council and its committees, requires each member to complete a standing notice of interests and to update these regularly. At each meeting of the Council or its committees, each member must any personal or professional interest that could influence their capacity to demonstrate impartiality. In addition, members of assessment teams also declare to the MSAC any relevant personal or professional interest that could conflict with their ability to perform impartially the duties as an assessor. To ensure the integrity of the process, if a conflict of interest occurs during an assessment, the team chair and secretary will determine whether to change the report writing responsibility, require the assessor to abstain during relevant discussion, or alter the assessment program. If a conflict arises during the assessment, the team chair reports that information to MSAC.

The confidentiality policy addresses the relationship between the AMC and the medical schools and the kinds of submissions the schools make in response to the accreditation function. Therefore, the members of its committees and assessment teams must keep confidential the material provided by the medical schools, except the AMC may disclose sensitive information, such as staff plans, budget, appraisals of strengths and weaknesses, if it seeks and receives permission from the medical school. The AMC advises medical schools not to disclose the contents of any drafts of AMC accreditation report, without its consent. (See: Part 3 of the Australian Medical Council’s guidelines, *Assessment and Accreditation of Medical Schools: Standards and Procedures, 2009, pg. 6-7.*)

Schedule of Upcoming Accreditation Activities:

The AMC provided the following charts illustrating each category of the upcoming accrediting activities:

Schedule of Upcoming Medical School Accreditation Committee Meetings June 2009- December 2009

Meeting	Date
Medical School Accreditation Committee Sixty- Eighth Meeting	11 August 2009
Medical School Accreditation Committee Sixty- Ninth Meeting	20 October 2009

The AMC has not yet finalized the dates for its meetings in 2010 but it will have four meetings during March/April, June/July, August and October/ November.

Schedule of Upcoming Accreditation Activities June 2009- December 2009 Assessments of Medical Schools

School	Assessment type	Date
The University of Notre Dame Australia, School of Medicine, Fremantle	Follow-up Visit	May
The University of Newcastle – University of New England Joint Medical Program	Follow-up Visit	June
Deakin University, School of Medicine	Follow-up Visit	July
Monash University, Gippsland Medical School	Follow-up Visit	August

Periodic Reports to be Submitted and Considered

School	Report Type	Due
Griffith University, School of Medicine	Comprehensive report	July
Flinders University, School of Medicine	Comprehensive report	July
University of Wollongong, Graduate School of Medicine	Annual Report	September

Schedule of Upcoming Accreditation Activities January 2010 – June 2010 Assessments of Medical Schools

School	Assessment type	Date
James Cook University, School of Medicine and Dentistry	Reaccreditation	TBA
The University of Melbourne, School of Medicine	Major Change	TBA
The University of Western Australia, School of Medicine and Pharmacology	Reaccreditation	TBA

Periodic Reports to be Submitted and Considered

School	Report Type
University of Tasmania, School of Medicine	Periodic
Bond University, Faculty of Health Sciences and Medicine	Periodic
Deakin University, School of Medicine	Periodic
Griffith University, School of Medicine	Periodic
Monash University, Faculty of Medicine, Nursing and Health Sciences	Periodic
The Australian National University, ANU Medical School	Periodic
The University of Auckland , School of Medicine	Comprehensive
The University of Notre Dame, School of Medicine Fremantle	Periodic
The University of Notre Dame, School of Medicine Sydney	Periodic
The University of Newcastle – University of New England Joint Medical Program	Periodic
The University of New South Wales, Faculty of Medicine	Comprehensive
The University of Sydney, Faculty of Medicine	Comprehensive
University of Otago, Faculty of Medicine	Periodic
University of Western Sydney, School of Medicine	Periodic
University of Wollongong, Graduate School of Medicine	Periodic

Issues of concern at the September 2007 NCFMEA meeting:

The NCFMEA requested the AMC to report on the following:

- (a) what happens to students after they graduate; and

(b) the processes the AMC uses to evaluate student outcomes and whether it uses the data to make a decision to reaccredit a medical school.

The AMC response to the NCFMEA request to report on how they follow student achievement and graduate outcomes, particularly those from the United States, focuses on sections 6.1 and 6.2 of its accreditation standards concerning program monitoring and outcome evaluation. The AMC summarizes how it currently monitors programs and how the institutions use the data collected for course development, curriculum content, entrance qualifications, admissions, student backgrounds reports, student progress, student counseling, and teaching quality. The school evaluates the outcomes of the course in terms of postgraduate performance, career choice and career satisfaction for course development.

The AMC did not provide specific data on the outcomes of graduates, especially those from the United States. The AMC referred the Department staff to the following Website: <http://www.medicaldeans.org.au/msod.html>, regarding the Medical School Outcomes Data established by the Medical Deans. However, it did not identify where on the site the outcome data appeared.

Department staff made a cursory review of the Medical Deans Website and located the following link: http://www.medicaldeans.org.au/media_061709.html. Department staff found a June 17, 2009 press release that reported on information from a national study that tracked the preferences of Australia's medical students over the past five years that indicated a swing towards careers in general practice. The website also provided information to international medical graduates about the process to obtain an application for medical registration in Australia. The AMC reports that in 2006, the Medical Deans of Australia and New Zealand established the Medical Schools Outcomes Database (MSOD) and Longitudinal Tracking Project to collect demographic and career intention information on medical students across Australia. The information on the Medical Deans Australia and New Zealand Website contains minimum data on the enrollments of domestic and international medical students who began a medical program beginning in 2006. The data included information on the numbers of international students enrolled, but did not report specific statistical data on United States students.

The AMC reports that it will send graduation questionnaire surveys to participants one, three and five years after completing their basic medical studies to enable the tracking of graduates through prevocational and vocational training. This project will collect reliable demographic, educational, and career intention data on medical students across all medical schools, and store the data in a national database that will provide the basis for short and long-term monitoring and reporting on outcomes of medical education programs. New Zealand reportedly uses a separate process that the AMC did not include in this report.

The AMC hopes that the data collection process will achieve the following:

- ✓ a nationally accepted approach across all Australian medical schools for the collection of student data;
- ✓ an ethically approved process for data collection, linkage and research;
- ✓ an agreed minimum data set to be adopted by all medical schools, underpinned by nationally consistent definitions for key terms and concepts.
- ✓ a stringent, robust and rich data set which will include data from the:
 - 2005, 2006, 2007, 2008 and 2009 Commencing Medical Students Questionnaires;
 - 2005 cohort (Years 1-4), 2006 cohort (Years 1-3), 2007 cohort (Year 1-2) and 2008;
 - cohort (Year 1) Medical Schools Data; and
 - 2008 and 2009 Exit Questionnaires.
- ✓ a comprehensive and rigorous national database that can be used for evaluating government initiatives, provide an information resource for researchers, track medical students longitudinally and has the potential for linkage for the purpose of ongoing workforce planning.
- ✓ a completed feasibility study investigating different methodological approaches to longitudinal studies.

The AMC data is relevant to the countries it represents, however, the NCFMEA guidelines request countries to report on student performance and outcome measures by measuring the (acceptable) number of graduates from the schools that pass a licensing examination or enroll in graduate study, etc. If used, the NCFMEA has requested that the AMC report on how it collects the data, if it has established benchmarks, and whether it uses the data to accredit/approve a medical school.

In its reply to the draft staff analysis, the AMC reports that Australia and New Zealand do not have national licensing examinations for medicine. Rather it reported that for *local* graduates, graduation from an AMC accredited medical course currently is sufficient to enable medical registration, subject to the graduate meeting the medical boards' health and conduct requirements. The AMC also runs a national examination process for international medical graduates and the Medical Council of New Zealand runs a similar national examination in New Zealand. The AMC noted that in 2008 the Education Commission for Foreign Medical Graduates approved a new policy under which international medical schools will be able to obtain data on the performance of their students/graduates who take the USMLE. The AMC has considered asking each medical school to provide this information in their future reports and submissions to the AMC. The AMC will probably obtain this information, however it has not indicated what it will do with the data after receiving it or whether this data is the type it will use to assess student learning and graduate outcomes at the medical schools.

The AMC reports that it currently collects student performance and outcome measures as it assesses each medical school. The table below lists the numbers of US students *commencing* studies at Australian and New Zealand medical schools since 2006. Schools that do not have U.S. commencing students have not been included in the table.

**Medical Deans' Student Statistics Collection
Commencing international students/US origin/School
2006-2009**

Medical School	2006	2007	2008	2009
Adelaide	0	1	0	0
Auckland (NZ)	6	0	2	5
Aust National University	3*	0	2	0
Bond	0	n/a	1	0
Flinders	3	1	2	1
Melbourne	1	0	0	0
Monash	0	1	0	0
Uni Queensland	0	7	8	20
Uni Sydney	12	3	4	6
Uni Western Sydney	-	0	0	1
Wollongong	-	1	0	2
Total	25	14	19	35

* ANU (2006) – enrolments recorded for North America- did not distinguish between USA and Canada International students are those studying as private or sponsored students who are not Australian citizens or permanent residents or New Zealand citizens.

The AMC requires schools to evaluate the outcomes of their course in terms of postgraduate performance, career choice and career satisfaction for course development. The above chart illustrates only that 93 international students from the North American enrolled in the accredited medical schools between 2006 and 2009. It does not indicate that the AMC or the medical schools use data to determine whether the medical school met the established goals and objectives in relation to student achievement and learning outcomes.

The AMC reports that it seeks detailed statistics from medical schools on performance in assessments and progression throughout the course, for both domestic and international students. However, because nine of the 21 medical schools in Australia and New Zealand established in 2000 or later, the AMCI does not have outcome data. The AMC related that as these new schools produced their first two cohorts of graduates, the schools would provide information to the AMC on the following:

- Where the graduates are completing their early postgraduate training (e.g., urban/rural; local/interstate).
- Graduate feedback on their preparation in medical school for their internship.

- Feedback from clinical supervisors on their satisfaction with the graduates' preparation for practice.

The AMC reported that recently the Australian Government announced the establishment in 2010 of a new body, the Tertiary Education Quality and Standards Agency. This agency responsibility involves evaluating and establishing "objective and comparative benchmarks of quality and performance" for specific academic disciplines. The intent is to assemble discipline-based groups to produce the necessary statements, examples and procedures that will permit clear, meaningful and comparable reporting on the level of achievement of students and graduates. The AMC submitted an outline of its accreditation procedures and expertise, and indicated that its desire to contribute to the development of discipline outcome standards for medicine.

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