

## **AUSTRALIA AND NEW ZEALAND**

CHAIRPERSON DOCKERY: We welcome back Dr. Joyce Jones to make the presentation on the Australia and New Zealand, and I don't believe there are any country representatives present.

MS. JONES: No, they are not here.

CHAIRPERSON DOCKERY: Please proceed.

MS. JONES: Thank you. Good afternoon, again, to Dr. Dockery and to the Committee members. I will present a summary of the analysis of the items your Committee requested the Australian Medical Council to submit to supplement its application for redetermination on behalf of the countries of Australia and New Zealand. I will refer to the Australian Medical Council as the AMC or the Council. The Council's materials are behind Tab A. Also, I'd like to make another correction in the analysis. The initial determination of the Australian Medical Council occurred in fall 2001. At your September 2007 meeting, this Committee accepted the Australian Medical Council's summary of accrediting activities since 2005, and redetermined the comparability of the Council. However, you expressed concerns about how the AMC monitors the success of their students and how they follow graduate outcomes, particularly the United States' students. The AMC was asked to report on the following:

The current status of medical schools; the overview of their accrediting activities; any laws or regulation changes; any standards' changes; processes and procedures; as well as the schedule of the accreditation activities that are upcoming; and also the issue raised with regard to the criteria about monitoring of students' success, meaning the outcome/performance, data collection, and analysis activities. Currently, the AMC accredits 19 medical schools in Australia and two medical schools in New Zealand. Since 2007, the AMC has assessed medical schools in both countries as well as the development of medical courses for beginning new programs. In March 2008, the Council of Australian Government signed an Intergovernmental Agreement related to the accreditation of the health professions including medicine, and this will become effective on July 10--I'm sorry--July 1, 2010.

The agreement created a national registration and accreditation scheme. In 2010, the Tertiary Education Quality and Standards Agency will evaluate and establish objective and comparative benchmarks of quality and performance for specific academic disciplines, of course, including medicine. Shortly after the signing of the Intergovernmental Agreement, the AMC submitted an outline of its accrediting procedures and expertise and indicated its desire to contribute to the development of discipline outcome standards for medicine. The AMC received the approval in 2008 to continue to carry out the medical accreditation functions during this transition period.

AMC changed its constitution and gave the Board of Directors responsibility for the management of the AMC day-to-day business activities. The AMC continues to approve accreditation policies and standards. A Board committee, the Medical School Accreditation Committee, manages and oversees the program of accreditation of medical schools and reports to the AMC Board. The AMC changed the following standards: Standard 3.2 now addresses descriptions of the content, extent and sequencing of the curriculum and attitudes expected at each stage of the medical program; Standard 8.3 provides guidance to medical schools on the different clinical facilities needed to provide a range of clinical experiences in all models of care. And finally, the AMC deleted Standard 9 and incorporated it into Standard 1, the requirement for an institutional quality improvement process. In June 2008, the AMC revised Part 3 of its AMC guide, and the result is that it updated the confidentiality and conflict of interest policies; it streamlined the descriptions of the various assessments; and incorporated a new statement explaining the scope of the AMC accreditation. The AMC provided charts illustrating each category of the upcoming accrediting activities through December 2009. Finally, you requested the AMC to report on the following: one, what happens to students after they graduate; and, two, what processes the AMC uses to evaluate student outcomes and whether it uses this data to make a decision.

The AMC reported on how it collects student achievement and graduate outcomes. It monitors programs and the data collected for course development, course content, entrance qualifications, admissions, student backgrounds, et cetera.

It also evaluates the outcomes of courses in terms of postgraduate performance, career choice and career satisfaction. Additional information in the medical dean's statistical data shows that 93 international students from North America, not only U.S. students, enrolled in accredited medical schools between 2006 and 2009. However, the chart did not indicate how the AMC or the medical schools used the data to determine whether the medical school met established goals and objectives in relation to the student achievement and learning outcomes.

The AMC reports that it will develop and send graduate questionnaire surveys to participants one, three and five years after completing their basic medical studies, to enable the tracking of the graduates through the prevocational and vocational training. However, the AMC requires schools to evaluate the outcomes of their course in terms of postgraduate performance.

The AMC reports that it seeks detailed statistics for medical schools on performance, but only nine of the 21 schools in Australia and New Zealand were established in 2000 or later. Therefore, the AMC has limited outcome data. The AMC related that as the new schools produce their first two cohorts of graduates, the schools would have more information.

And finally, the most recent FFEL student loan data for the 2007-2008 award years shows that 941 students in postsecondary schools in Australia received over \$12.5 million in Federal student loans. No data is shown for New Zealand. In conclusion, the AMC responded to your requests with the most recent information that it has available. You may want to receive outcome data on student achievement once this information becomes available.

This concludes my report. No representatives are here, and I will answer your questions.

Thank you.

CHAIRPERSON DOCKERY: Thank you, Dr. Jones. Are there any preliminary questions before we go into Executive Session? Then, again, may I ask our guests to depart and return when we finish, and to invite you back again to hear Dr. Crane's presentation which will follow our deliberations on New Zealand and Australia?

[Executive session begins:]

CHAIRPERSON DOCKERY: Are there questions for Dr. Jones, Mr. La Porte?

MR. LA PORTE: No.

CHAIRPERSON DOCKERY: Dr. Wentz?

DR. WENTZ: No. Just to, I was amused at your comment that the countries had "generally responded" to the information request. But that's good enough for me, but they clearly did not yet, and we will want to explore the data on student achievement and outcomes, and we just have to ask them to do that.

MS. JONES: I think so. The information once they resubmitted it sort of indicated exactly where they were. It looks like they're trying. They've changed some of their laws, changed some of the responsibility through the transition period. The AMC is looking to continue to do what it needs to do in terms of outcomes as well, explaining how new the schools are, and how these are their intentions. So I think that "generally"—

[Laughter.]

MS. JONES: --we can expect to receive information on the data as they promised, and so I say "generally" because we don't have that data before us now.

CHAIRPERSON DOCKERY: That's a very nice segue into a motion. Is there a motion?

MR. LA PORTE: Before we do that, so we accept the report, but then we're also asking, are we asking that they follow up with us or that they send us an update in the next report about their medical schools outcomes database and what have you?

CHAIRPERSON DOCKERY: Their redetermination is in 2013. This is an interim report so their determination of comparability is in existence until 2013, until you rescind it. So any report that you ask for should define what you want and a time period when you want it to be submitted.

MR. LA PORTE: Yes. But that wasn't my question. My question was, is we're accepting the report, and we're going to ask for another report in two years, but do we want them to specifically address the issue of outcome monitoring? It's almost a question for Dr. Wentz.

DR. WENTZ: That's what I would think, Paul, yeah.

MR. LA PORTE: They haven't--and we want more information. We want an update. So we'll ask

for an update on student, I guess, postgraduate outcomes, monitoring data collection. Okay. So my motion is that the NCFMEA accept the report submitted by Australia and New Zealand and request that it submit a report on its accreditation activities for you at the fall 2011 meeting of the NCFMEA, and in addition, specifically address progress in student outcome monitoring, postgraduate outcomes.

CHAIRPERSON DOCKERY: Is there a second to the motion?

DR. WENTZ: I'll second it.

[Motion made and seconded.]

CHAIRPERSON DOCKERY: Is there any question about the motion? All those in favor please say aye.

[Chorus of ayes.]

CHAIRPERSON DOCKERY: Those opposed?

[No response.]

CHAIRPERSON DOCKERY: Any abstentions?

[No response.]

CHAIRPERSON DOCKERY: Thank you very much, Dr. Jones, for your presentation.

[Executive Session concludes.]