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AUSTRALIAN MEDICAL COUNCIL
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PLEASE ADDRESS ALL CORRESPONDENCE TO
THE EXECUTIVE OFFICER AUSTRALIAN MEDICAL COUNCIL PO BOX 4810 KINGSTON ACT 2604 AUSTRALIA

FAXED

QUOTE REFERENCE NUMBER 5/10/4

19 February 2001

BY FAX : 0015 1 202 219 7005 (20 PAGES)

Ms Carol Griffiths
Chief, Accrediting Agency Evaluation
Accreditation and State Liaison
1990 K Street NW., Room 7105
Washington, D.C. 20006-8509
United States of America

Dear Ms Griffiths,

Thank you for providing a copy of the Department of Education's review of our submission to the National Committee on Foreign Medical Education and Accreditation.

Your document provides an accurate summary of the Australian Medical Council's (AMC) processes and accreditation standards. The AMC has found the analysis very useful in highlighting some issues that are not clearly explained in our Accreditation Guidelines, and I will ask the next meeting of the AMC Accreditation Committee to review and clarify the wording of the Guidelines in these areas.

I have provided below additional information on the three areas where our documents did not explain clearly the existing policies:

1. **Admissions, Recruitment and Publications** (Page 16 of your document). While the AMC Accreditation Guidelines do not specifically address the medical school's publications concerning student recruitment, in their accreditation submission to the AMC medical schools are required to provide copies of their policy and procedures for student selection, including copies of any publications that explain the selection process to potential students and information on the process for appeals against admission decisions.

   Supporting documents: AMC *Guide to the Preparation of an Accreditation Submission* Section 10.2 (already submitted)

2. **Student Services** (Page 18 of your document). While the AMC Accreditation Guidelines do not specifically require medical schools to have policies regarding education, prevention and management of exposure to infectious diseases, a separate Australian Medical Council document emphasises the importance of informing medical students about:

40 MACQUARIE STREET BARTON ACT 2600 TELEPHONE: (02) 6270 9777 FACSIMILE: (02) 6270 9799
e-mail: amc@amc.org.au http://www.amc.org.au

- Any requirement of the medical course that may reasonably inhibit completion of the course by students with a disability (including an infectious disease).

- The standards of health and character set by the medical boards that are requirements for registration as a medical practitioner.

- The implications of disability and infection for medical practice.

- Infection control procedures.

There are also national agreed minimum standards for infection control in Australia released by the National Health and Medical Research Council and the Australian National Council on AIDS. In New Zealand, the Medical Council of New Zealand has its own "Policy Statement on Transmissible Major Viral Infections".

<u>Supporting documents</u>:

- Extract from the 1995 AMC "Report of the Working Party on the Registration of Disabled/Impaired Graduates". This document is currently under review.

- A copy of the table of contents of "Infection Control in the Health Care Setting" and pages 111 and 112 which are recommendations to training institutions concerning the education, prevention and management of exposure to infectious diseases of health care students.

3. **Resources for the Educational Program** (Page 19 of your document). Requirements concerning the humane care of animals used in teaching and research are set by Australia's peak health research body, the National Health and Medical Research Council. The NHMRC code has been endorsed by the Australian Vice-Chancellors' Committee which is the peak organisation representing all Australian universities. In New Zealand, the Health Research Council, which is the major government-funded agency responsible for coordinating health research, has developed "Guidelines on Research Involving Animals or Animal Materials".

<u>Supporting documents</u>: Introduction to the National Health and Medical Research Council's "Australian code of practice for the care and use of animals for scientific purposes".

I hope this information is sufficient for the Committee's purposes. Unfortunately, the Australian Medical Council is unable to accept the NCFMEA's invitation to attend the meeting on 9 March to present material directly to the Committee as your meeting clashes with another local meeting. Please advise the AMC Secretariat if the Committee requires further information on the Australian Medical Council's standards and processes in order to make its decision.

Your document, page 2 "Summary of Findings", recognises that the Australian accreditation standards and processes are used to assess medical schools in Australia and <u>in New Zealand</u>. I understand that the Medical Council of New Zealand, which is the authority in New Zealand that registers medical practitioners, has lodged its own submission to the National Committee on Foreign Medical Education and Accreditation. This should provide information on laws that are specific to New Zealand, such as legislation governing student access to records and legislation governing the functions and powers of universities and medical schools.

Finally, Professor Geffen's term as Chair of the Australian Medical Council's Accreditation Committee has just ended, and I am the new Chair of the Committee. Please address any additional questions about the AMC's accreditation processes to me, through the AMC Secretariat.

We look forward to hearing the outcome of the NCFMEA's review of our accreditation standards.

Yours sincerely

Ian Simpson

Professor Ian Simpson MB ChB *Otago* MD *Auck* FRACP
Chair
Accreditation Committee

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AUSTRALIAN MEDICAL COUNCIL

WORKING PARTY ON THE REGISTRATION OF DISABLED/IMPAIRED GRADUATES

Recommendations

The working party on the registration of disabled/impaired graduates recommends:

(i) that the Accreditation Committee be requested to consider amendment to the Accreditation Guidelines to include a requirement for medical schools to have policies and procedures relating to disabled and impaired students;

(ii) that the Uniformity Committee recommend to the medical boards that they develop a formal mechanism requiring the deans of medical schools to notify, at the point of initial registration with the medical board, the names of graduating medical students who may be unfit to practise without conditions because of disability or impairment;

(iii) that the AMC suggest to the Committee of Deans of Australian Medical Schools that all medical schools develop a comprehensive policy concerning management and counselling of students with infectious diseases;

(iv) that the medical boards consider their responses to the eligibility for registration of medical graduates with infectious diseases;

(v) that the medical boards consider the possibility of a uniform approach to the registration of disabled and impaired graduates and the conditions or limitations that could apply to their registration; and

(vi) that the working party be disbanded.

BACKGROUND

1. Introduction

In March 1993, Commonwealth legislation which aims to provide uniform protection against discrimination based on physical or mental disability took effect. The *Disability Discrimination Act* (DDA) applies to a wide range of areas of life including employment, education, and the provision of goods and services.

Fundamental to the legislation is the principle of 'reasonable accommodation', which requires that reasonable modifications be made to rules, programs, structures etc to enable otherwise qualified disabled people to take part in life activities such as employment and education.

The significance of the legislation was first discussed at the Accreditation Committee in terms of the implications for a medical school's accreditation if it modified its AMC-accredited medical course to accommodate the needs of a disabled student. The August 1993 meeting of the Uniformity Committee then discussed the consequences for registration by medical boards. The Uniformity Committee established a working party to monitor developments in relation to the *Disability Discrimination Act* and other relevant regulations, and to propose national approaches to the issue of registration of disabled medical graduates.

Members of the working party have been: Professor Ross Kalucy (Chairman), Professor Laurie Geffen (to the 1993 Annual General Meeting), Professor John Horvath, Professor Bob Porter (from the 1993 Annual General Meeting), Professor John Turtle, University of Sydney (by invitation), Ms Theanne Walters (Secretary).

The Uniformity Committee identified the following as issues of particular concern to the medical boards:

- they must have assurance that medical graduates have sufficient physical and mental capacity to practise medicine; and

- they must have confidence that medical graduates have completed an appropriate and adequate course, and that there is a point beyond which those who have completed some modified course would not be eligible for general (unconditional) registration.

These issues have guided the working party. In carrying out its task, the working party has looked at organisations that play a role in providing assurance of the standards of medical graduates, the processes that are used to provide this assurance, and how these processes might be strengthened. The working party collected material on overseas approaches, information on universities' policies and procedures in relation to disabled and infected students, Commonwealth and state guidelines on management of infectious diseases, and medical board guidelines/codes of practice. (A list of the material considered by the working party is at Appendix A).

The working party has submitted reports of its meetings to the Uniformity Committee, the Accreditation Committee, and the Registrars and Secretaries Sub-Committee, and has modified its proposals on the basis of the comments of these groups.

Disability, Impairment and Infection

The *Disability Discrimination Act* defines disability to include physical, intellectual, psychiatric, sensory, neurological or learning disabilities, physical disfigurement and/or a disease-causing organism present in the body. Discrimination on the basis of past, present, future and imputed disability is covered, as well as discrimination against the associates of people with a disability.

From the beginning, the working party has maintained a deliberate distinction between a disabled/impaired student and a student with an infectious disease (for example HIV, hepatitis B or C). This distinction reflects the different issues for medical boards (those of danger to patients rather than competence to practise) that are raised by concern about infectious disease. The working party's proposals in relation to the issues raised by both groups are discussed below.

2. The Medical Schools and the Universities

The working party noted that universities have internal screening processes designed to ensure that students meet certain standards. These apply at admission, as students progress through their course (via assessment and progression rules), and at the point of certifying eligibility for graduation.

2.1 Disability/Impairment

The working party identified the following existing roles of universities and medical schools as particularly relevant to the enrolment of disabled or impaired medical students, or as points where it might be considered possible, necessary or reasonable to vary usual policy to meet the needs of a disabled student:

(i) setting course admission and selection criteria;

(ii) providing student counselling, support and facilities;

(iii) modifying the academic program or the manner in which students may complete essential sections of the program;

(iv) modifying or adjusting the study/campus environment so that the disabled students may enjoy the same privileges and benefits as other students;

(v) monitoring progress and assessing students;

(vi) providing mechanisms for exit to other courses;

(vii) deciding that the student has completed a course of study that warrants the award of the medical degree.

The final point for the medical school/the university is certification that the student has met the academic requirements for the award of the degree, and this may result despite modification to the medical course (at present for example a student might fail a subject or a component of a subject but still meet the overall requirements).

A concern of the Deans of the medical schools has been that while medical schools have information on students who have satisfied their university degree requirements but may not meet the medical boards' requirements for registration, there is generally no formal mechanism which allowed the Deans to pass that information to the medical boards. Without such a mechanism, the medical schools might breach other legislation, such as privacy legislation, by passing on information.

The working party considered that this was a fundamental issue to be addressed in developing national approaches to the registration of disabled graduates: the medical schools need to be in a position to pass on concerns about such students.

2.2 Infectious Diseases

The working party looked at the range of policies and guidelines which constrain responses to students infected with HIV, or hepatitis B or C. These include the provisions of the State and Commonwealth disability discrimination legislation, university policies, and state and national guidelines/codes of practice.

The working party noted that the approach of governments, the professions etc to the issue of infection control is still evolving.

While universities'/medical schools' policies in relation to infectious diseases differ, the current view of the medical schools appears to be that students infected with one of the infectious diseases under debate (HIV, HBV, HCV) could complete an MBBS. Moreover, the working party noted that the screening of practitioners for infectious diseases is not mandatory, and it agreed that medical students should not be treated in a manner different to practitioners. The current National Health and Medical Research Council guidelines recommend that testing for HIV and hepatitis B should not be undertaken in order to exclude students from courses of study.

In general terms, national guidelines such as the NHMRC/ANCA *Joint statement on testing of health care students for HIV and Hepatitis B* and university policies on HIV and HBV stress the need for students to take responsibility for their own conduct, including knowing their own status and following infection control procedures. University policies place emphasis on:

- the education of students to inform them of the relevant guidelines and to encourage awareness of the issues so that students can make informed decisions about their future;

- the counselling of students on the implications of infection or carrier status by, for example, a specialist infectious diseases counsellor.

The working party identified two levels at which further debate of the issues should occur.

- The working party considered the policy developed by Monash University as one example of the approach by the medical schools to dealing with this issue. The policy provides for: students to receive comprehensive information at the time of enrolment on the possible effect of HIV or HBV on their ability to practise; clear policy on immunisation, testing and follow-up; personal contact with an infectious diseases physician; continuing education as part of the course; and a process for dealing with illness which develops during the course. The working party suggests that medical schools debate collectively the value of such comprehensive policies and recommends that this discussion be taken up by the Committee of Deans of Australian Medical Schools.

- The working party recommends that the medical boards debate collectively their response to the eligibility for registration of medical graduates with infectious diseases.

2.3 Education of Medical Students

In discussion of the working party's reports, a clear view has been expressed that students must be well informed about the requirements of the course before entry and of the additional requirements that will apply to practice.

The importance of such information is highlighted by the limitations that the *Disability Discrimination Act* places on requests for information about a person's disability: it is unlawful to request a person with a disability to provide information which people without that disability would not be requested to provide, where the circumstances are not materially different and where the request is for a discriminatory purpose (such as to exclude a student from entry to a course). It is therefore an important element of self-selection that students be aware of the issues so they can make informed choice about their ability to complete a medical course and to undertake later practice. (This is consistent with the approach taken by institutions in relation to HIV and HBV.)

The working party is aware that medical schools/universities already undertake this educative role. However it would emphasise the importance of informing students about:

- Any requirement of the medical course which may reasonably inhibit completion of the course by students with a disability. One approach, for example, is that of the Association of American Medical Colleges which has developed technical standards for medical school admission. These standards list five varieties of skills and abilities required of medical students: observation; communication; motor; intellectual - conceptual, integrative and quantitative; and behavioural and social attributes.

- The standards of health and character set by the medical boards which are requirements for registration.

- The implications of disability and infection for practice.

- Infection control procedures.

Endorsed April 1996 by the
National Health and Medical Research Council
and the Australian National Council on AIDS

Infection Control
in the Health Care Setting

Guidelines
for the Prevention
of Transmission of
Infectious Diseases

National Health and Medical Research Council
NHMRC

Contents

- Medical practitioners are legally required to bring to the attention of the appropriate Registration Board (medical, dental, nursing etc.) any registered professional person who is unable to practise competently and/or who poses a threat to public safety.

Confidentiality

- Confidentiality for the HCW infected with a blood borne virus not only safeguards personal rights, but is in the public interest. The right to confidentiality will encourage HCWs to seek appropriate testing, counselling and treatment and to consider disclosure of their serologic status to their employers.

Assistance for HCWs who have occupationally acquired a blood borne virus

- HCWs whose work practices have been modified because of infection with a blood borne virus should be provided, where practical, with opportunities to continue appropriate patient care activities in either their current position or in redeployed positions, or to obtain alternative career training. Health care establishments should consider whether the redeployed post should be 'equivalent' to the previous position and if so in what respects.

- Health care establishments should address the question of when (or if) treated HCWs who become PCR negative should be allowed to return to work.

- Compensation for infected HCWs should consider the actual grounds for compensation or the level of proof of occupational exposure to be applied to either new cases or to retrospective cases which are revealed by current testing.

- VMOs and agency nurses who become infected due to occupational exposure should be eligible for assistance under the same conditions as permanent employees.

'Look-Back Investigations' of patients of HCW's infected with a blood borne virus

- Selective 'look-back investigations' should be considered when there is evidence of significant violation of standard infection control practices (such as the presence of exudative dermatitis) during the time the health care worker was probably infected with the blood borne virus to ensure the treated public were not placed at risk. Evidence indicates that such investigations are of no benefit in other circumstances and should not be performed.

Compliance

- States and Territories should have systems in place to ensure compliance with these recommendations.

Recommendations for HCW students

- Training establishments should ensure that all HCW students are adequately vaccinated (in accordance with the NHMRC recommended immunisation schedule) to ensure protection against infections that are likely to be encountered in the course of their training.

- Students should not be placed in risk-exposure situations. Strategies should be developed that enable students to acquire clinical skills without risk to patients or themselves.

- Screening for hepatitis B, hepatitis C and HIV should not be undertaken in order to exclude students from courses of study.

- Training establishments should have policies or procedures in place for counselling students who may be inhibited from completing any requirement of the course because of disability or impairment, including

infection with a blood borne virus. They should inform students of these policies and implications of potential disability or impairment (risks to themselves and their patients) prior to course admission.

- Support and counselling services, including processes for dealing with illness, impairment or disability which occurs during the course, should be established.

- Current training requirements which involve performance of exposure prone procedures should be assessed and an attempt made to provide alternative programs for infected students.

- Courses of instruction which provide training in careers that involve invasive procedures should include information, counselling, opportunities for testing, and career advice. This inclusion should be a requirement for course accreditation.

- If necessary students undertaking modified programs should have suitable limitations (conditional registration) placed on their subsequent registration. This may require an undertaking that exposure prone procedures will not be performed by those persons who are proven to be infected with HIV, hepatitis B or hepatitis C.

- Urgent discussions should be instituted between the Universities, teaching hospitals and the various Registration Boards to define and implement policy in this matter.

- Health care trainees should be subject to the same infection control and professional conduct requirements as qualified staff.

Australian code of practice for the care and use of animals for scientific purposes

6th edition 1997

National Health and Medical Research Council
NHMRC

Other relevant legislation

Commonwealth

(i) *Australian Wildlife Protection (Regulation of Exports and Imports) Act 1982*

(ii) *Export Control Act 1982, including Export Control (Animals) Order 1987*

(iii) *Quarantine Act 1908*

State-Territory

(i) Native Fauna Acts

(ii) Occupational Health and Safety Acts

NOTE: Copies of the above legislation and relevant regulations may be obtained from Federal, State and Territory publishing services.

Definitions of terms used in this Code

Animal: Any live non-human vertebrate, that is, fish, amphibians, reptiles, birds and mammals, and encompassing domestic animals, purpose-bred animals, livestock and wildlife[1].

Animal Ethics Committee (AEC): A committee constituted in accord with the terms of reference and membership laid down in this Code of Practice.

Approved project: A project which has been formally approved by a properly constituted AEC, on the basis of a written proposal.

Death as an end-point: When the death of an animal(s) is the deliberate measure used for evaluating biological or chemical processes, responses or effects.

Distress: An acute or chronic response of an animal caused by stimuli that produce biological stress, which manifests as observable, abnormal physiological or behavioural responses.

Euthanasia: The process of inducing a painless death.

Investigator: A person approved by an AEC to be responsible for the conduct of an approved project involving animals.

Livestock: Animals which are used in commercial agriculture, including cattle, sheep, pigs, poultry, goats and horses.

Project: A series of related studies or teaching activities that form a discrete piece of work.

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1 See definition of wildlife.