

# The Australian Medical Council: beyond the first 25 years

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*Independent advice continues to be vital for maintaining standards in medical training*

Many younger doctors may have trouble believing it was only 25 years ago that the assessment of Australian medical schools (for the purpose of medical registration in Australia) changed from assessment by the General Medical Council of the United Kingdom to assessment by a local independent authority. In 1985, the accreditation process was transferred to Australia, and the Australian Medical Council (AMC) was established. The AMC recently marked its first 25 years by publishing its history, *Assuring medical standards: the Australian Medical Council 1985–2010*.<sup>1</sup> The book catalogues many impressive achievements and also describes in detail some significant obstacles in the Council's progress. Australia now has an almost seamless accreditation process for all phases of medical education (medical student education, postgraduate training and, through the medical colleges, continuing medical education) that is envied by other nations. In addition, the AMC has established a reputation internationally as a leader in the assessment of international medical graduates and for its work in supporting them in preparing for assessment.

The release of the AMC history coincides with the most significant change in the regulation of the health professions since laws for registration were first enacted in the mid 19th century.<sup>2</sup> It is timely to consider the lessons from the AMC's experience as we enter this new era of national registration, and to reflect on the importance of independence in setting standards for the profession in the future.

Medical education and medical practice are moving into uncertain territory. Several critical issues are likely to engage the AMC and others involved in medical education in the immediate future. First and foremost is securing appropriate clinical training for the rapidly increasing numbers of medical students and graduates, and ensuring sustainable funding for that training through the state and national bodies that have responsibility for the health workforce and clinical training. There is also an urgent need to consolidate state-based standards for early graduate training (the first two postgraduate years) and to align them with those for medical schools and specialty training.

The present interest in the ill-defined "competency-based training" is stimulating attempts to define competencies more precisely. If this leads to job redesign and task substitution (as envisaged by the Productivity Commission),<sup>3</sup> then that will need to be done in a measured and intelligent manner which does not diminish existing standards of medical care.

There is an urgent need to rethink teaching about patient safety throughout medical education.<sup>4</sup> If we are ultimately to ensure that preventable harm to patients becomes negligible, then the new science of patient safety must have a high priority in the training and professional development of all doctors.<sup>5</sup> The AMC is considering whether this will require strengthening of its accreditation standards.

These matters all rest on the underlying responsibility of medical educators to develop good students into competent

doctors who will maintain their knowledge, skills and professionalism throughout their careers.

Regulation of the medical profession was originally intended to protect the community by defining a legally qualified medical practitioner, but health workforce supply now occupies a pre-eminent place in the new national regulatory structure. Sections 11(3)(d) and 11(4)(a) of the *Health Practitioner Regulation National Law Act 2009* (Qld) provide for the Ministerial Council to intervene in an accreditation standard when that standard might impact on the recruitment or supply of medical practitioners. Before the legislation was passed, a caveat was added by way of section 11(4)(b) requiring the Ministerial Council to consider the impact of any such intervention on the quality and safety of health care. While the national law thus incorporates the tension between workforce considerations and standards of medical education, this represents potential future conflict. The concurrent reforms in funding of clinical training have the potential for a more immediate impact on medical education. The need to account for the appropriate expenditure of funds may see a push towards standardisation of clinical training — "one size fits all" thinking — supported by an education model built on "tick box" competencies. Comprehensive, thorough clinical training is essential for developing an effective, flexible and safe medical workforce, and for producing practitioners able to adapt to changes in medical sciences and clinical practice throughout their careers.

It would be reassuring for the medical profession if we could confidently predict that the AMC will still be here after the next 25 years, but this is by no means certain. For medicine, it is vital that the AMC commits itself to working closely with the bodies whose responsibilities will influence standards of medical education and medical practice, including the Medical Board of Australia, Australian Health Practitioner Regulation Agency, and Health Workforce Australia. It is equally important, given the policy focus on health workforce reform, that the AMC continues to provide strongly independent, evidence-based advice and guidance on standards of medical training and assessment.

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