

# RESPONSE TO PRODUCTIVITY COMMISSION POSITION PAPER ON AUSTRALIA'S HEALTH WORKFORCE

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## PREAMBLE

This is a personal response to draft proposals 6.1 and 7.1.

My credentials for making these comments are as follows:

I have been active in health professional education in Australia for nearly 40 years. I have taught basic and clinical sciences to undergraduates at three universities in three states (Victoria, South Australia and Queensland) and been responsible as Dean of the Medical Faculty at both Flinders and Queensland Universities for all the health professional training at those institutions.

I was a member of the Australian Medical Council (AMC) for 10 years and chaired its Medical School Accreditation Committee for 5 years. In that capacity I personally visited every accredited Medical School in Australia and New Zealand. I also participated in the accreditation of the Royal Australian College of Physicians.

I am in the immediate past President of the Association for Medical Education of the Western Pacific Region (AMEWPR), having served on its Executive since 1996. This body represents 15 nations containing nearly 1/3 of the medical schools in the world. In this capacity, I have been an Executive Councillor of the World Federation for Medical Education (WFME) and have been directly involved in establishing global standards for quality improvement of medical education at basic, vocational and continuing levels (see <http://www.sand.ku.kd/wfme/Activities>). I have been involved personally in using these standards for accreditation of medical schools in China, Malaysia, Fiji and PNG as well as Australia and New Zealand. I have also advised on accreditation activities in Taiwan, Japan, Korea, Cambodia, Vietnam, Thailand, Philippines and Mongolia.

I am currently a member of the Medical Board of Queensland and am a Director of the Post Graduate Medical Education Council of Queensland. In these capacities, as well as through the AMC, I have a long standing interest and experience in junior doctor training and was responsible for formulating the first national guidelines for junior doctor training published by the AMC in 1998.

## COMMENTS ON DRAFT PROPOSALS

On the basis of these credentials, I believe I am able to offer informed comment on the proposals for a national health accreditation agency and those that bear on the role of the registration boards. My comments are primarily directed towards medical education and training although I consider they hold for the other health professions.

### **6.1 A single national accreditation agency for university-based and post-graduate health workforce education and training**

If this were to be an inter-professional forum for the existing profession-specific accreditation agencies, this would serve a useful purpose and the only reservation I hold is its cost. However, if it were to assume operational responsibilities for accreditations, then I have considerable reservations that it will promote more cross disciplining education and training. On the contrary, I predict it will produce such generic standards as to be meaningless as drivers of quality improvement and will be at risk of reducing standards to the lowest common denominator. The

credibility of accreditation rests ultimately with peer review, and it is difficult to see a generic agency acquiring that credibility.

Moreover, the health workforce is now a global workforce and, just as we need to ensure that international graduates meet our standards, so our graduates need the imprimatur of credible national professional accreditation processes when they seek to have their qualifications recognised elsewhere. My experience is that global efforts for quality assurance are invariably profession based and that the Australian model for medicine is recognised internationally as best practice. Indeed the AMC guidelines have been the model both for the drafting of WFME's global standards and, although AMEWPR, for the Western Pacific Regional Accreditation Guidelines for medical schools in our region of the world.

### **Draft proposal 7.1**

I agree that the core business of registration boards should be registration of individuals and ensuring that they practice competently and ethically. Yet all medical registration boards in Australia retain responsibility for the first year (the intern year, PGY1) of training after graduation from medical school. However more than 50 years after the assumed this responsibility, they still have not succeeded in achieving a national consensus on its educational objectives, content and assessment despite mutual recognition. Moreover no registration board has taken responsibility for the subsequent years of junior doctor training before doctors enter vocational training( PGY2 –n).

Whereas the AMC accredits basic medical education (through medical schools) and vocational and continuing medical education (through the medical colleges), it has no jurisdiction over prevocational training in the critical junior doctor years. This is a major weakness that needs remedying urgently because junior doctor training is the key to enhancing quality in a health service.

The recent Forster Review of Health Systems in Queensland (2005) recognised the centrality of junior doctor training in concluding:

*'The breakdown of clinically related teaching, training and education for the workforce was the first casualty of an overburdened problem. This is one of the most serious deficiencies confronting the organisation' -*  
(p206).

I am not convinced medical boards are appropriately constituted or have the will to be responsible for prevocational training. This should be the business of education providers such as medical schools, post graduate councils and vocational colleges, who should be accredited by the AMC for this phase of training so that the AMC can ensure uniformity of standards across states and appropriate articulation of all phases of medical training. Only then can the inordinate length of medical education and training (12-15 years) be properly addressed with flow on benefits for the workforce.

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