Accreditation of a religiously affiliated medical school

The article by Kerridge et al in this issue of the Journal (*page 28*)[1] raises a number of important issues for the University of Notre Dame Australia and the community in general. The role of the Australian Medical Council (AMC) is to assess whether a medical school has appropriate structures and resources and is proposing a curriculum that meets the AMC's set standards. The AMC also guides schools on changes that may be necessary and on the issues that will be monitored in future reports and visits.

The purpose of AMC accreditation is "the recognition of medical courses that produce graduates competent to practise safely and effectively under supervision as interns in Australia and New Zealand, and with an appropriate foundation for lifelong learning and for further training in any branch of medicine".[2]

The AMC assesses medical courses against explicit accreditation standards[2] that outline the goals of medical education and describe the institutional settings, student selection and support processes, and resources required to achieve the objectives. The AMC supports diversity and does not prescribe core subjects or topics.

AMC standards worth noting in the context of the article by Kerridge et al include the following:

- Graduates should have knowledge and understanding of normal pregnancy and childbirth, the more common obstetrical emergencies, the principles of antenatal and postnatal care, and medical aspects of family planning.
- Students should demonstrate a realisation that one's personal or religious beliefs should not prevent the provision of adequate and appropriate information to the patient and/or the patient's family, or the provision of appropriate management, including referral to another practitioner.
- The medical school is required to have a clearly defined admission policy that is consistently applied and is free of discrimination and bias, other than explicit affirmative action in favour of nominated disadvantaged groups.

To be accredited, the school must satisfy the AMC that it can implement and deliver the complete course at a level consistent with AMC standards.

In 2002, the University of Notre Dame Australia sought accreditation of a new medical school at its campus in Fremantle, Western Australia. The AMC agreed, in November 2003, to invite the University of Notre Dame Australia to submit the course details for assessment by an AMC team, and chose the team to conduct the assessment.

Early in the AMC's assessment, questions were raised about the explicit association of a medical school with a set of religious values. In selecting an assessment team to evaluate the proposal, the AMC included a community (non-medical) member. It also sought advice for the AMC assessment team to develop a framework for considering the explicit association of the medical school with a set of religious values.

The assessment followed the standard process. The team considered the school's accreditation submission and sought and received further information. The team then spent a week in discussions with university officers, curriculum committees and planners, students of the University of Notre Dame, clinicians who would teach and supervise students, and health services representatives.

In November 2004, the AMC granted accreditation of the University of Notre Dame's medical course until 2 years after the first cohorts of students have graduated (2010).

Among the strengths identified in the accreditation report were:

- The extensive community consultation associated with establishing the medical school, and the support offered from the medical and other health professions.
- The clear commitment to emphasising the psychosocial dimension of medical care and its underpinning by a solid grounding in medical ethics.
- The proposed units in philosophy and ethics, and the inclusion of broad perspectives on spirituality in the medical course.

Issues marked for attention included the following:

- Concerns over the theological context of the medical course, including the compulsory nature of the theology unit in the curriculum, need to be resolved. The unit should either be made optional or should be modified to enhance its utility to medical students in their future contact with patients of all beliefs.

• Although the AMC team received assurances about teaching and learning in areas such as contraception, termination of pregnancy, in-vitro fertilisation, sexuality, end-of-life decisions and embryonic stem cell research, the University is required to develop a process for handling potential conflicts over the inconsistency between the medical school's teaching program and the canonical statute defining the purpose of the University.
• Given the religious milieu of the medical school and the current requirement to study theology, it was reported that students of some backgrounds may perceive themselves to be effectively discriminated against on the basis of their own religious conviction (or lack thereof).

The school is required to report annually on the development of the medical course, and AMC teams will visit the school again in 2005 and 2006. Following these visits, the AMC will consider the medical school's responses to the issues raised here and to others identified in the accreditation report.

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1 Kerridge IH, Ankeny RAX, Jordens CFC, Lipworth WL. Increasing diversity at the cost of decreasing equity? Issues raised by the establishment of Australia's first religiously affiliated medical school. *Med J Aust* 2005; 183: 28-30.
2 Australian Medical Council Inc. Assessment and accreditation of medical schools: standards and procedures. 2002. Available at: http://www.amc.org.au/forms/AccredGuidelines.pdf (accessed Jun 2005). ❑