19 May 2017

Professor Michael Woods
Independent Reviewer
Accreditation Systems Review

Via email: admin@asreview.org.au

Dear Professor Woods

Agency Management Committee supplementary response to the Accreditation Systems Review (ASR) discussion paper

Thank you for the opportunity to respond to the discussion paper. AHPRA and thirteen National Boards have submitted a joint submission which focuses on issues where we have common views. The Medical Board of Australia and the Agency Management Committee (AManC) have provided supplementary submissions. The Psychology Board of Australia has provided a separate submission.

The joint submission has been structured according the themes identified across the breadth of the thirty-seven consultation questions. This supplementary submission reflects the views of the AManC only and is made further to the responses in the joint submission.

Within this supplementary submission, we propose a series of specific reforms to governance within the National Scheme to which the AManC is uniquely placed to contribute. We consider that these proposals offer considered reforms that will address the contribution from the National Scheme towards achieving a more sustainable health system and specifically a more sustainable health workforce.

Please contact Martin Fletcher, CEO, AHPRA if you wish to discuss any aspect of this submission.

Yours sincerely

MICHAEL GORTON AM
Chair
Agency Management Committee
AHPRA Agency Management Committee - supplementary submission to the Accreditation Systems Review

Introduction

1. This submission supplements the joint National Boards and AHPRA submission to the Accreditation Systems Review (ASR) by proposing further governance reforms which could deliver effectively against all the objectives of the National Law, particularly the workforce sustainability objectives and achieve greater efficiency, transparency and accountability.

2. This submission reflects the Agency Management Committee (AManC) views only.

Overview of proposed reforms

3. There are four key proposed governance changes:
   a. to establish a new Standing Committee of AManC to provide a focal point for leadership of accreditation functions in the National Scheme and to formalise and strengthen the existing collaborative approaches to accreditation.
   b. for AManC to become responsible for deciding which body will exercise the accreditation functions for each profession (‘assignment’). This will provide a whole of scheme perspective in consultation with National Boards on the overall governance and delivery of accreditation functions.
   c. for accredited programs of study to be deemed as approved for registration purposes except where a National Board determines otherwise. This will remove potentially duplicative processes between accreditation authorities and National Boards which while important are rarely utilised for public safety.
   d. for AManC to develop strong and clear cross-professional requirements for good regulatory practice through new procedures for the development of capability and competency standards and enhancing the existing procedures for development of accreditation standards whilst respecting the profession specific standard setting function of National Boards.

Reasons for submission

4. In making this supplementary submission, the AManC aims to address the comments in the ASR discussion paper about the potential to more effectively deliver on the full suite of objectives in the National Law. The AManC proposals would achieve strengthened governance, accountability and collaboration while continuing to reflect/reinforcing the primary role of National Boards in profession-specific policy and regulatory decision-making. In addition, the proposals formalise and extend the collaboration on accreditation issues that has progressively developed within the National Scheme through a new AManC subcommittee, building on the example established by the Health Professions Accreditation Councils Forum.

5. The National Scheme introduced a regulatory system that, for the first time, explicitly connects health practitioner regulation to workforce reform and development of a sustainable health workforce. This feature distinguishes the National Scheme from systems of health practitioner regulation in international jurisdictions.

6. The National Scheme often describes public protection as its primary objective, and this has been made explicit in the National Law in some jurisdictions. This objective was the primary, and sometimes sole, purpose of the legislation regulating the professions before they joined the Scheme. When the professions became nationally regulated by a corresponding National Board, many of the systems that transitioned into the Scheme were designed to achieve this objective whereas the other five Scheme objectives were less familiar or new.
7. AManC recognises these broader Scheme objectives are also critically important and integral to delivering on the full potential of the Scheme. We believe the National Scheme contributes to a flexible and sustainable Australian health workforce by:
   a. enabling workforce capability through flexible approaches to regulation
   b. improving access and usage of health workforce data and supporting workforce research
   c. embedding risk based practitioner regulatory approaches and supporting a culture of patient safety
   d. encouraging innovation and flexibility in education, and
   e. enhancing inter-professional regulatory approaches within a consistent, national regulatory model.

8. AManC recognises the fundamental and important link between accreditation and registration in enabling the National Scheme to make these contributions.

9. Through AHPRA, the AManC has worked with National Boards and Accreditation Authorities to address these broader objectives within the parameters of the National Law. The Scheme has made progress against these broader objectives with work that has been either profession-specific or cross-professional in nature.

10. Some examples of specific achievements include:
   a. the Pharmacy Board of Australia has worked with the Australian Pharmacy Council in response to interest by some jurisdictions and health services to develop safe vaccination by pharmacists. After the National Board provided advice on vaccination and the scope of practice of pharmacists, the Australian Pharmacy Council developed accreditation standards for courses for registered pharmacists and intern pharmacists, which are also being implemented into degree programs. This has supported various jurisdictional pilots that considered the efficacy of pharmacist vaccination. Subsequently, Queensland has implemented the Queensland pharmacist vaccination standard and amended the Health (Drugs and Poisons) Regulation 1996 to enable registered pharmacists with the appropriate training to undertake vaccinations in accordance with the standard. Pharmacist vaccination is an example of how the National Scheme, supported by its accreditation functions, can work with the health system to enable appropriate and safe extensions to scope of practice.
   b. the Optometry Board of Australia (OptomBA) has worked with the Optometry Council of Australia and New Zealand (OCANZ) to support an appropriate regulatory framework for the prescribing by optometrists of scheduled medicines for the treatment of conditions of the eye. Since the commencement of the National Scheme, the OptomBA has had an endorsement standard and pathway to enable optometrists, who had completed a program of study or examination in ocular therapeutics to be granted an endorsement to prescribe or supply scheduled medicines. Historically, this provided for optometrists to complete a program of training post graduation to enable prescribing. Optometry schools have progressively introduced prescribing material within their undergraduate curriculum. This change has been accommodated within the accreditation standards developed by OCANZ, and graduates of approved programs at Australian optometry schools who apply and are granted registration are also granted endorsement to prescribe medicines under the standard. This is a significant efficiency benefit to patients, practitioners and the health system because these registrants can prescribe scheduled medicines without undertaking a separate education program postgraduation.
   c. the capabilities developed by the Medical Radiation Practice Board of Australia (MRPBA) in 2013 established common capabilities for the three disciplines within Medical Radiation Practice (MRP) for the first time. The capabilities set out discipline specific domains in a cross-discipline framework that has facilitated effective collaboration and evolving scopes of practice within MRP.
   d. the tailored accreditation arrangements for Aboriginal and Torres Strait Islander Health Practice are contributing to the health workforce strategies to improve health outcomes for Aboriginal and Torres Strait Islander people by expediting the availability of accredited and approved programs of study, to support growth and develop the capacity of the Aboriginal and Torres Strait Islander health
workforce. These tailored arrangements facilitated accreditation and approval of training programs at ten sites across Australia in a nine month period.

e. In May 2015, the Physiotherapy Board of Australia published new *Physiotherapy Practice Threshold Statements*. These statements describe the threshold competence required for initial and continuing registration, based on seven integrated contemporary roles of physiotherapists in practice. The language used in the Physiotherapy practice thresholds describes abilities in practice and is deliberately flexible to accommodate evolving and new roles of physiotherapists in contrast to the previous competencies.

11. Further examples highlighting cross-professional achievements include:

a. Few of the pre-scheme accreditation standards included specific references to interprofessional education (IPE) or practice (IPP). In 2015, the Health Professions Accreditation Councils Forum released a position statement on IPE and the vast majority of accreditation standards now make explicit reference to IPE or IPP.

b. The standards used by TEQSA and ASQA to regulate education first took effect in 2012. When accreditation standards within the Scheme have been reviewed since 2012, there has been explicit recognition of TEQSA/ASQA in the standards.

c. From 2014 the AManC revised its requirements for Accreditation Authorities and National Boards when developing accreditation standards to ensure full consideration of the regulatory impact assessment using the COAG best practice regulatory principles and the requirement to be compliant with the Office of Best Practice Regulation.

d. The accreditation standards developed by the Accreditation Committees all include specific reference to simulated learning experiences as part of clinical education and facilitate innovation in education.

e. The National Scheme now has a Scheduled Medicines Expert Committee which provides expert advice on medicines and prescribing for the purpose of enhancing a consistent and cross-professional approach to the regulation of practitioner prescribing.

12. AManC considers that while reasonable progress has been made by National Boards and AHPRA to support flexibility and sustainability of the health workforce, the governance of accreditation systems that transitioned into the National Scheme in 2010 has contributed to slower progress of some initiatives. These transition arrangements do not reflect the maturation of the National Scheme since 2010. Changes to the governance of the National Scheme, together with the proposals outlined in the joint National Boards/AHPRA submission, could facilitate more significant and rapid progress in addressing workforce flexibility, access to services and educational innovation, while not changing the fundamental role of National Boards in relation to profession-specific policy, standards and regulatory decision-making.

13. Accreditation and registration are coupled within the National Scheme and the AManC’s Scheme-wide view positions it uniquely to further lead multi-profession and/or consistent approaches where these are needed to deliver on the full potential of the National Scheme. Changes would be needed from current arrangements, as the National Board decides which body will exercise the accreditation function and, AManC has limited legislated mandate and ability to provide direction about the delivery of accreditation functions to benefit the Scheme as a whole.

14. Importantly, AManC considers that the model of delivering accreditation functions through an external entity or a committee is a sound approach and is not proposing changes to that model per se. The proposed reforms outlined below target aspects of governance of this model to enable the Scheme as a whole to demonstrate greater responsiveness to workforce issues and to deliver a more strategic approach to workforce sustainability and innovation in the accreditation context. The governance reforms would support and leverage AManC’s particular focus on the interests of the Scheme as a whole.

**New Standing Committee of AManC**

15. AManC recognises the importance of formalising and embedding a collaborative approach to delivering on the potential of accreditation in the National Scheme. A new Standing Committee of AManC would achieve this within a clearer governance and accountability model, which could expedite and streamline reform. The Standing Committee would ensure the right expertise informs further reform, through the...
involvement of Accreditation Authorities, National Boards, AHPRA and potentially other key stakeholders such as government and education providers.

16. The Standing Committee would progress reforms in the following key areas:

- a new streamlined approach to approving programs of study as providing qualifications for registration
- new procedures for the review of accreditation arrangements
- new procedures for accreditation standards development and review, and
- new procedures to support multi-profession approaches, including for the development and use of professional capabilities
- mechanisms for increased transparency, accountability and reporting, including key performance indicators.

17. Together with the proposals outlined in the joint National Boards/AHPRA submission, these changes would deliver an integrated set of reforms to achieve clearer governance, transparency, accountability and increased consistency where appropriate, with a more explicit focus on the full range of National Scheme objectives. The elements of the proposed reforms are discussed in more detail below.

Assignment of accreditation authorities

18. Currently each National Board determines which body will exercise the accreditation functions for the profession it regulates. This is done in relative isolation by each Board considering the interests from its profession’s perspective rather than looking across all the professions in the scheme. Their decision must then be reflected in a contract between AHPRA and the accreditation entity. The National Law does not specify the criteria for the decision about which body will exercise the accreditation functions other than having regard to the objectives and guiding principles of the National Law. The reviews of accreditation arrangements in 2013 used the Quality Framework as the key reference but there is scope for greater use of contractual arrangements and other mechanisms to set clear performance requirements and link to whole of scheme requirements to achieve National Scheme objectives.

19. If the AManC, in consultation with National Boards, was responsible for reviewing and deciding which body will exercise accreditation functions for each profession, it would enable these decisions to include a whole of scheme view on achieving the National Scheme objectives. Issues regarding performance, effectiveness and efficiency would then be considered across the professions when making these decisions. This could support other work, particularly with the new Standing Committee and in partnership with jurisdictions, to progress a more strategic approach to workforce sustainability and innovation. The change would make a single body accountable for determining the best model for accreditation authorities across the scheme in consultation with National Boards, rather than 14, soon to be 15 boards, making their assessment independently of each other. This would achieve clearer whole of scheme governance and accountability with greater public benefit through leading reform to the structure and performance of accreditation functions where needed. This change would require legislative amendment.

Paramedicine case study

20. The accreditation arrangements for Paramedicine, expected to become the fifteenth profession in the National Scheme, provide an example of how the new approach would operate. Under the current approach, the Paramedicine Board of Australia, once established, will decide who will undertake the accreditation functions for the paramedicine profession. This will be one of the first and most important decisions for the newly appointed Board. Once the Board has made the decision, AHPRA will enter an agreement with the body selected by the Board. This agreement will be consistent with the terms of the Health Profession Agreement between the Board and AHPRA.

21. Under the proposed reform, AManC in consultation with the Paramedicine Board of Australia would decide who will undertake the accreditation functions for the paramedicine profession. AManC would do this on the basis of published criteria that emphasise the objectives and guiding principles of the National Law, and a whole of scheme perspective, and a published procedure, which could involve an open expression of interest process. The criteria and procedure would be developed in consultation with the Boards and other key stakeholders such as government, education providers and consumers.
Streamlined approval of programs of study

22. AManC proposes an important change to streamline the approval of programs of study, to improve governance, reduce duplication and increase efficiency. A program of study accredited by the relevant accreditation authority would be automatically deemed to be approved without the need for a separate decision by a National Board. However, as a safeguard, the National Board would retain the power to restrict a program’s approval for registration. This may include imposing conditions on a program of study or on graduates’ registration where necessary to protect the public or otherwise deliver on the objectives of the National Scheme.

Review of accreditation arrangements

23. The AMAnC proposes that a set of criteria for the decisions and procedures for the review of current accreditation arrangements be developed, based on the objectives of the National Law particularly the workforce sustainability objectives.

24. The new Standing Committee would progress implementation of this proposed reform. The criteria and procedures would be developed in consultation with National Boards and other key stakeholders. This change would also create the potential for AHPRA to manage the contracts in a more typical way for service agreements, using published cost and activity performance measures that explicitly link to the objectives of the National Law. AMAnC would require consistent and comparable reporting on, and measurement of, quantitative and qualitative performance metrics to deliver greater efficiency, transparency and accountability.

25. The new approach to the review of accreditation arrangements would incorporate AMAnC becoming responsible for deciding which body will exercise the accreditation functions for each profession in consultation with each National Board. This new approach expands on existing mechanisms and could initially be used for the review of current arrangements to transition responsibility for assignment from Boards to AMAnC. The approach would then be used on a longer term basis to regularly review the effectiveness and appropriateness of accreditation arrangements.

Multi profession and consistency issues

26. AMAnC also proposes to take on a leadership role in relation to multi-profession and consistency issues in accreditation. The new Standing Committee would progress this proposed reform to facilitate changes that will benefit the Scheme as a whole, including:

   a. procedures for the development of professional capabilities, that involve consideration of common capabilities and/or encompass the flexibility to respond to emerging health priority areas. This has an important linkage to usage of such capability frameworks for functions such as the setting of regulatory standards and management of notifications regarding safe practice

   b. revised procedures for the review and development of accreditation standards, which provide for different processes for multi-profession and consistent content while National Boards retain responsibility for approving profession-specific content. Importantly, the procedures would include a requirement to avoid overlap with TEQSA and ASQA standards

   c. enhanced reporting, transparency and accountability measures, including principles for funding accreditation functions

   d. a whole of Scheme Memorandum of Understanding (MOU) with TEQSA/ASQA, and

   e. whole of Scheme guidance, oversight and accountability for processes to assess overseas qualified applicants including the improvements outlined in the joint submission for individuals seeking both skilled migration visas and registration in Australia.

Legislative change

27. Implementation of the proposed reforms, including the changes to who decides which body will exercise accreditation functions for each profession as well as the deemed approval of accredited programs of study would require legislative change. In addition, whilst it is arguable that the current wording of the National Law enables the proposed expanded use of AMAnC procedures, this could be put beyond doubt
through legislative change, for example clarifying the scope of AManC powers under s30 to decide policies for the National Scheme. This would then be consistent with the functions of the National Agency under s25 which provide for making of procedures for efficient and effective operation of National Boards and operating in accordance with good regulatory practice. This would have the added benefit of providing AManC with a clear mandate and could explicitly reference the workforce, multi-profession and consistency considerations that would apply when AManC exercises these functions.

Analysis

28. These reforms provide an alternative to the first possible option proposed in the ASR Discussion paper. AManC does not consider expanding its remit to encompass policy direction on, and approval of, accreditation standards will deliver more effectively against all the objectives of the National Law, particularly the workforce sustainability objectives and achieve greater efficiency, transparency and accountability.

29. AManC considers the reforms outlined above would deliver a more strategic and integrated approach to workforce sustainability and innovation in the accreditation context than the options in the discussion paper because they would support and leverage AManC’s particular focus on the public benefit created through the Scheme as a whole.

30. The benefits of this approach include:

- improving the governance and accountability for performance of accreditation functions within the context of the Scheme as a whole
- strengthening the independence of accreditation decision-making built into the National Law and in doing so retaining the integrity of the regulatory relationship with registration, and
- providing incentives for more collaboration between accreditation authorities, which would complement other initiatives through the Health Professions Accreditation Collaborative Forum.

Case study

This brief case study describes how the proposed reforms could address the broader objectives of the National Scheme, particularly in supporting government policy directions and initiatives for the health system.

Commonwealth government initiatives in aged care are focused on improving sustainability and affordability of aged care by expanding consumer directed care, and greater provision of home support and home care packages for the ageing. Inevitably, these long term policy directions will impact upon ways that the health workforce operates in the sector. These impacts include

- how multiple practitioners work as a team that supports an aged person in a consumer directed care model, and
- how practitioners from a range of medical, nursing and allied health disciplines take on broader roles that can include complex case management and system navigation.

In the practitioner regulation context, such models are already possible, but developing a consistent approach to regulating practitioners to work within broad scopes of practice, and to support the evolution of new workforce roles, others could be facilitated through the procedures and processes outlined above. They may also assist in better managing practice related barriers to innovation in education.

As a further example, if in future, a national aged care strategy identified a need for all registered health practitioners to have new knowledge or skills in treating older Australians, the flexibility built into CPD requirements and accreditation standards would enable the National Scheme to respond. This existing capacity would be enhanced by the reforms proposed above.

Conclusion

The Agency Management Committee recognises the value of the approaches outlined in the joint National Boards/AHPRA submission but considers that more is needed to create the levers and incentives that will deliver on the potential of accreditation in the National Scheme. This submission outlines one option for achieving this outcome.
AManC is well positioned to provide whole of Scheme leadership utilising the flexibility and responsiveness built into the National Law to balance protection of public with workforce flexibility and sustainability and innovation in education. However, it has limited ability to do so without clearer governance and accountability, coupled with appropriate levers and incentives which can continue to be informed by effective collaboration. These reforms would provide levers and incentives to drive consistency, efficiency and cross-profession approaches and deliver increased accountability all with the broader outcome of a more sustainable health workforce to meet future community need for Australia.