19 May 2017

Professor Michael Woods
Independent Reviewer
Accreditation Systems Review
Via email: admin@asreview.org.au

Dear Professor Woods

Joint National Boards/AHPRA response to the Accreditation Systems Review (ASR) discussion paper

Thank you for the opportunity to respond to the discussion paper. This response is jointly provided by thirteen National Boards in the National Registration and Accreditation Scheme (NRAS or Scheme), and the Australian Health Practitioner Regulation Agency (AHPRA) which administers the Scheme in partnership with the Boards. Our submission includes views from the Accreditation Committees of National Boards.

The Medical Board of Australia and AHPRA’s Agency Management Committee (AManC) have provided supplementary submissions to this joint response. The Psychology Board of Australia has provided a separate submission and is not participating in this joint submission.

This submission focuses on issues where we have common views. The National Boards for the Aboriginal and Torres Strait Islander practice, Chinese medicine, chiropractic, dental, medical radiation practice, nursing and midwifery, occupational therapy, optometry, physiotherapy and podiatry professions support views on pages 7, 12, 13 and 16 regarding the potential to use AManC procedures to leverage reforms. The National Boards for the osteopathy and pharmacy professions do not support these views.

We have structured the submission according to the three key issues identified in the discussion paper. The submission focuses on the themes identified in the thirty-seven consultation questions, but aggregates the response to some questions rather than responding to every question.

Our joint submission to the independent review of the NRAS (the Snowball review) includes an overview of accreditation in the NRAS (particularly from p. 100). The submission also provides information about the demographics of individual NRAS professions, and differences in the history, size and scope of Accreditation Authorities. To avoid repetition, we have not included the content from the overview in this submission, but please refer to it as relevant context.

We submit that examples of good practice and improvement are increasingly emerging as the Scheme matures. This review provides opportunities to accelerate and embed these examples, and disseminate them across the National Scheme bodies to more fully deliver on the potential of accreditation in achieving all of the objectives of the National Scheme.

Please contact me if you wish to discuss any aspect of this submission.

Yours sincerely

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Joint submission from National Boards/AHPRA

Summary

- Accreditation is a crucial part of the National Registration and Accreditation Scheme (NRAS or the Scheme), as it is the mechanism to assure each National Board that graduates of accredited programs of study (and, in some professions, overseas qualified practitioners) have the knowledge, skills and professional attributes to practise the relevant profession in Australia.
- We have confidence in the Accreditation Authorities within the National Scheme, and are keen to continue collaborative work across the Scheme to further develop the potential of accreditation.
- Just as with other areas of the NRAS, now that the Scheme is well established and maturing there are opportunities to reflect on performance of the accreditation functions and jointly increase our focus on untapped potential.
- We do not support reforms to accreditation that would change the fundamental role of National Boards in relation to profession-specific policy, standards and regulatory decision-making.
- Accordingly, we remain committed to collaborative work to consolidate and accelerate positive change and to support uptake of good practice across the Scheme both in response to the review outcomes and now.

Introduction

Accreditation is a key public safety mechanism to ensure that only practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered. It is critical that the National Boards, key stakeholders and the wider community have confidence in accreditation to achieve this crucial objective.

The NRAS has been operating for almost 7 years and the National Boards and AHPRA are committed to achieving greater efficiency and effectiveness of the accreditation functions. We recognise that more can be done in terms of the potential of accreditation to contribute to the Scheme as a whole. In addition, we are committed to adopting more risk and evidence based policy and processes supported by good evaluation and research.

The Health Practitioner Regulation National Law, as in force in each state and territory (National Law), deliberately establishes a flexible regulatory framework to support achievement of the National Scheme objectives and effectively manage different risks. Within this flexible regulatory framework, the National Scheme bodies have worked collaboratively to build more consistent models and approaches, where appropriate, to address the objectives and guiding principles of the National Law and the regulatory principles for the Scheme. There is potential to further progress this work by focusing on the governance, transparency and accountability elements of the accreditation arrangements while not changing the fundamental role of National Boards in relation to profession-specific policy, standards and regulatory decision-making.

There is growing collaboration and increasing joint work across the National Scheme bodies – demonstrated by the Health Professions Accreditation Collaborative Forum (HPACF), previously the peak body for external Accreditation Authorities, recently including the three Accreditation Committees as full members, accompanied by an AHPRA representative.

This submission responds to specific issues identified by the Discussion Paper. Some responses address several issues or questions. It concludes by identifying some future directions and opportunities for greater efficiency and effectiveness of the accreditation functions.

System/efficiency improvements (questions 1 – 7)

Accreditation standards

The discussion paper raises a number of issues with the current processes for accreditation standards development and review and suggests opportunities for improvement. We agree that there is potential to increase efficiency without compromising effectiveness, through revised and new standards development procedures. These could build on existing joint work. For example the Accreditation Authorities for the chiropractic, optometry, physiotherapy and psychology professions
have used the 2014 Australian Dental Council (ADC) accreditation standards as a template to develop new accreditation standards for their relevant professions.

The three Accreditation Committees are commencing a joint project to review their current accreditation standards and develop new standards in mid-2017, and will be seeking opportunities to collaborate with other Accreditation Authorities in this work. A starting point could be replacing the current standards with new standards that reflect the domains of the ADC/harmonised standards while building on the commonality across the existing Accreditation Committee standards.

The Procedures for the development of accreditation standards currently focus on high level ‘good regulatory practice’ and mirror the Procedures for the development of registration standards, codes and guidelines. However, given the difference in regulatory purpose between accreditation standards and registration standards, codes and guidelines, there is considerable scope to expand the procedures for accreditation standards to address issues raised in the review. For example, new Procedures for the development of accreditation standards could:

- establish different requirements for development of new standards and reviews or updates of existing standards, including a streamlined process to enable more responsiveness to urgent issues
- establish requirements for setting standards addressing common issues such as appropriate consistent content
- set clear expectations about the governance and accountability elements of standards development and review under Part 6 of the National Law, including:
  - the establishment and composition of an advisory group(s) to oversee the process
  - be clearer about the engagement between National Boards and Accreditation Authorities in the development and review process
  - provide a clear framework for joint reviews and development of common standards where appropriate
- establish requirements for common terminology and possibly a common standards template, contributing to reducing duplication
- set clear requirements about the interface of accreditation standards with regulatory approach and standards used by the Tertiary Education Quality Standards Agency (TEQSA) and the Australian Skills Quality Agency (ASQA), which could flow onto templates, timelines and other areas with potential to reduce duplication.

Harmonising common accreditation standards would facilitate sharing assessors, and could also facilitate initiatives such as interprofessional education and improving Aboriginal and Torres Strait Islander health outcomes. There are outcomes-based statements and overarching principles that can be shared across all professions. For example, the overarching principles of assessment are the same, regardless of the profession. There is also potential for common or shared standards to assess aspects such as governance.

The Australian education sector is regulated through TEQSA for higher education and ASQA for vocational education. TEQSA has been operating for 5 years and the Higher Education Standards Panel first established the Higher Education Standards Framework (HESF) in 2011. A revised version of the HESF started on 1 January 2017. ASQA and the vocational education and training standards are at a similar stage of maturity.

Although TEQSA’s assessment methodology and focus is generally different to that of professional Accreditation Authorities, there is potential to improve the interface between accreditation within NRAS and the regulation of the education sector, to avoid overlap in standards and processes and establish greater information sharing where appropriate. The NRAS, TEQSA and ASQA are now all well established. With growing maturity, roles and standards have been more clearly delineated, providing opportunities to avoid duplication of effort and improve alignment between NRAS accreditation standards and processes and TEQSA/ASQA standards and process. The Accreditation Committees will explicitly consider this potential in their upcoming joint review of accreditation standards.
Risk based approaches

Risk based approaches to accreditation are an area of emerging potential and innovation. While establishing risk indicators and proportionate responses is complex and there is not yet an established research and evaluation history on which to draw, models are developing with potential for greater efficiency and effectiveness.

Traditional cyclical models of accreditation commenced in an environment of relatively stable numbers of education providers and approaches to learning and assessment. Cyclical models have tended to embed a periodic intensive focus on meeting all accreditation standards through a self-evaluation submission and site visit assessment. The regulatory framework established by the National Law provides for more flexible and responsive approaches through monitoring and reasonable satisfaction of ongoing compliance. This framework supports risk based models that offer opportunities to tailor methods and frequencies of monitoring compliance with standards based on specific issues and risk profiles.

A number of Accreditation Authorities, including Committees, are working to identify effective risk indicators and different monitoring methods that can be aligned to the risk profile of standards, professions and specific providers/programs. Three external Accreditation Authorities are collaborating on a project to explore risk based approaches, which has included consulting the Accreditation Committees and AHPRA about their work. The three Committees held a cross profession workshop to start to develop risk indicators and continue to collaborate on a range of monitoring approaches which are being piloted.

It may be possible to combine the most effective elements of cyclical and risk based approaches into a responsive model that advances the objectives and guiding principles of the National Law and the regulatory principles for the Scheme. For example, there may be some accreditation standards such as confirmed clinical placement arrangements which are so fundamental to the effectiveness of accreditation but, for some professions or providers, are likely to change from year to year. This may require high level annual or biennial monitoring depending on the risk profile of the profession, provider or program.

Monitoring outcomes and notifications data could be used to identify specific risks requiring more specific engagement with the provider and other key stakeholders. For example, clusters of notifications that relate to specific programs of study or providers could inform specific monitoring or themes in notifications that identify aspects of practice could be highlighted to education providers. In addition, there may be a need for a more comprehensive assessment of all programs after new or revised accreditation standards are introduced, particularly if the changes relate to higher risk areas. It may also be possible to draw on information from providers’ internal risk assessments.

Whilst traditional accreditation models may use site assessments to monitor compliance with conditions or standards, two Accreditation Committees have recently used teleconferences and face to face meetings in Melbourne rather than site visits to engage with providers and stakeholders as part of their risk based approaches to monitoring. The Committees found these approaches provide cost-effective, efficient and proportionate methods of responding to potential risks consistent with the objectives and guiding principles of the National Law and the regulatory principles for the Scheme.

Building research and evaluation into emerging models of monitoring is important to facilitate identification and consistent adoption of the most effective methods, particularly given the potential to reduce duplication and the regulatory burden on education providers. For example, many providers will have internal risk management frameworks and internal data and reports may be helpful in monitoring accredited programs.

Training and readiness of assessment panels

We agree that there is scope for greater collaboration across Accreditation Authorities in relation to the training and readiness of assessment panels. This could build on examples of cross-profession and collaborative approaches in assessor training such as joint training workshops conducted by AHPRA for accreditation assessors in the three professions with Accreditation Committees and the
Australian Pharmacy Council making its online training resources available to other Accreditation Authorities.

Aligning accreditation standards, processes and supporting documents (such as guidance and forms) and establishing a pool of shared assessors who could be selected for assessment panels across several professions could facilitate joint assessor training and other efficiency mechanisms. For example, if the review supports inclusion of consumers/community members on assessment panels, this would provide an opportunity to develop a pool of trained assessors who could be selected for assessment panels across several professions.

Many assessors are experienced practitioners or academics from the profession. Academics with experience in course design and academic management bring a different knowledge and skill set and again provide an opportunity to develop a pool of trained assessors. For example, there is currently a senior academic who is an educationalist and who has experience as an assessor for three of the Accreditation Authorities.

We agree there is scope to develop a common framework for selection and remuneration of assessors and panels. A consistent approach is already in place for Accreditation Committees and could provide a starting point for exploration of a broader approach across the Scheme, although the implications and possible unintended consequences would need to be carefully considered.

Building research and evaluation into policy on the size and composition of assessment panels and site assessment schedules is important to building shared understanding of what is ‘optimal’ for reliable and valid outcomes, particularly given the potential to improve efficiency and reduce cost.

**Consumers**

Currently there are varying levels of consumer/community involvement in accreditation governance and decision-making, with less involvement in assessment teams. In the accreditation context, there are a number of different consumer perspectives that could be involved, from community members to students.

We have had an increasing focus on consumer involvement and engagement since the Scheme commenced. Exploring opportunities for more consumer involvement in the accreditation functions is consistent with that philosophy and direction. However, we note that consumer involvement in education assessment teams is a recent reform in more established regulatory schemes such as the UK – the Health and Care Professions Council first involved ‘lay visitors’ in its education approval process in 2014-15. Although there are important differences between the National Scheme and UK regulatory approaches, there may be opportunities to draw on the experience of UK regulators such as the General Medical Council and Health and Care Professions Council in relation to consumer involvement in accreditation. For example, these regulators undertook substantial research and consultation about the merits and implications of greater consumer involvement in accreditation processes before this approach was implemented. Some or all of this research could be extrapolated to the National Scheme to support consultation and/or a pilot project to test the relevance and feasibility in the Australian context, and identify the issues and implications of change.

There would also be merit in evaluating the inclusion of consumers/community members on assessment panels where this currently occurs. Increasing the size of assessment teams would increase costs and if greater involvement of consumers is supported, then the optimal balance of skills and expertise will need to be considered.

**Cross subsidisation and related issues**

The scope and issues related to the funding of accreditation functions including revenue and costs are illustrated in the paper prepared by the ALG and now published in anticipation of the Review. This report shows the significant contribution from registration fees provided from National Boards/AHPRA to Councils for course accreditation. It also acknowledges that revenue from some assessment functions has generated surpluses in prior years which may have subsidised other areas of activity or funding reserves. We have an agreed policy that any requirement to increase the cost of registration fees above the forecast CPI band in a year requires advice to Ministers in the form of business case.
There is currently a similar position taken by AHPRA to our service agreements with Councils for accreditation fees in that proposed increases above the CPI band require agreement from the Board and AHPRA. This is particularly relevant where independent companies are granted the status equivalent to a statutory monopoly to exercise accreditation functions.

We support the development of clear, transparent funding principles for accreditation functions and have started work to explore this area, drawing on examples of good practice from other sectors. Our early work in this area has identified the importance of being clear about the scope and purpose of funding principles, their relationship with the guiding principles of the National Scheme and ensuring terms such as ‘cost-recovery’ are explicitly defined. It is also important to identify the implications and any unintended consequences of the proposed principles.

One of the challenges in developing such principles in the current environment is the considerable variance in size and volume of work across the different Accreditation Authorities, which create corresponding variations in the opportunities for full cost recovery of the various accreditation functions. These factors add to the complexity of considering principles related to cross-subsidisation. Although a principle of no cross subsidisation has inherent appeal, the implications and consequences of adopting such an approach would need to be carefully considered.

A starting point would be to consider the application of established funding principles from other sectors, modified as relevant to the National Scheme and accreditation context. This may provide more guidance about how the respective share of income provided from registrants and education providers should be determined.

Ensuring the relevance and responsiveness of health education (questions 8 – 18)

Input and outcome-based accreditation standards

We support an outcome focused approach to accreditation standards and processes and recognise that the Accreditation Authorities have also supported this approach. The Health Professions Accreditation Collaborative Forum has published principles which include statements that the councils use evidence based outcomes-focused accreditation standards and will consider processes, methods and resources primarily in light of the outcomes and results achieved and functions fulfilled. The Accreditation Committees have explicitly adopted an outcomes focus in their standards and processes.

However, the transition from prescriptive input based standards and processes to outcome based standards and processes is still evolving and there may still be some scope to refine current assessment processes to fully align their focus on outcomes. For example, some outcome focused standards and the associated assessment processes may still require education providers to submit evidence of the inputs they use to achieve an outcome rather than assessing evidence of the outcomes provided by the program of study. This type of ‘input linked’ standard may still constrain innovation as the assessors’ focus is driven by the guidance material which then creates expectations of inputs that are traditionally considered necessary to achieve the outcomes.

Outcome focused standards that require assessment of inputs may help to assure the quality of academic processes but may not measure whether program outcomes (graduates) meet the required standard for practice. Such standards may also use language that avoids prescribing the inputs – for example ‘staff are appropriately qualified’ or ‘facilities are adequate’. These standards are difficult for education providers to meet and are likely to mean that accreditation assessors rely on their knowledge and experience (rather than objective measures) particularly if guidance to providers and assessors is not clearly focused on outcomes (for example, outcomes of formal evaluation of adequacy of facilities by staff and students) and/or does not explicitly accommodate/allow innovation in program design and delivery.

Arguably, the primary regulatory purpose of accreditation standards and processes within the NRAS is to assure the relevant National Board that all graduates from approved programs have the knowledge, skills and attributes for safe and competent practice of the profession in Australia. Outcome focused standards can and should specify the outcomes required from the program and the processes for assessing a provider and program against the standards should objectively assess
whether or not those outcomes are achieved. The transition from prescriptive input based standards and processes to clear outcome focused standards and processes will continue to evolve as accreditation standards are reviewed and updated. Accreditation standards that more clearly define expected outcomes will facilitate efficient and consistent assessment because they provide clear parameters for education providers to meet and for assessment panels to evaluate.

It is possible that specific risks within particular professions may lead to accreditation standards that specify content and/or elements of curriculum design because the risks to the public cannot be addressed in other ways, but this is increasingly an exception rather than the norm. For example, there may be evidence that a minimum number of hours need to be spent in direct contact with patients in the workplace to develop the higher order cognitive and behavioural aspects of safe practice. Similarly, some professional attributes may be difficult to assess using outcome focused standards. In these cases, input focused standards remain important while valid and reliable assessment tools are (where possible) developed to evaluate whether programs provide graduates with these attributes (such as various aspects of professionalism).

**Health program development and timeliness of assessment**

The Discussion Paper raises the importance of accreditation in ‘driving innovation in health professional education and responding promptly to workforce reform priorities, through a proactive approach to the development… and implementation of accreditation standards’. It also recognises the importance of maintaining the currency and relevance of professional capability frameworks.

This submission uses the term ‘professional capabilities’ to refer to documents which describe the threshold capabilities for entry to practice or initial registration for NRAS professions. However, as the Discussion Paper recognises, there are a range of other names for these types of documents including entry-level competencies, professional competencies of the newly qualified practitioner, minimum competency standards for new graduates, professional attributes, graduate outcomes, graduate competencies, practice thresholds and standards for practice.

We understand the importance of these frameworks in ensuring that graduates of accredited programs have the knowledge, skills and professional attributes to practise the profession. The professional capabilities are typically referenced or embedded in the approved accreditation standards and considered as part of the assessment of programs and providers.

Professional capabilities have a critical regulatory purpose because they establish threshold capabilities for initial (and continuing) registration. Because the focus is on registrant capability, they should reflect contemporary practice and provide an important mechanism to respond to changing consumer and health service needs and priorities.

Historically, there have been a range of approaches to the governance, ownership and development of professional capabilities. The capabilities for some professions have traditionally been owned by the profession and developed jointly by stakeholders including the professional association, Accreditation Authority and National Board, with one stakeholder being appointed as ‘custodian’. In other cases the National Board has funded development of the professional capabilities reflecting their importance to the Board’s regulation of the relevant profession. Since the National Scheme, the direction is increasingly for National Boards to fund development and to ‘own’ the capabilities. These National Boards are also responsible for regular review of the professional capabilities to ensure they remain relevant to contemporary practice.

We agree that there is potential for a common approach to the process for developing professional capabilities to reflect their importance in professional regulation. One way to achieve this could be for AHPRA’s Agency Management Committee to develop procedures for development of professional capabilities, in consultation with stakeholders.

There is also potential to achieve increased commonality across accreditation standards and potentially professional capabilities, on areas relevant to all professions to complement profession-specific content. Joint work by some Accreditation Authorities on interprofessional education and the Health Professions Accreditation Collaborative Forum work on prescribing are examples which could
be built on to progress work on other important areas such as Aboriginal and Torres Strait Islander health and cultural competence.

As mentioned above, there could be specific streamlined processes to expedite the development and implementation of common content for accreditation standards and/or professional capabilities which respond to health priorities and workforce strategies identified by government.

There is scope to use the flexibility provided by the National Law to support risk based approaches that facilitate and enable innovation in education and service delivery.

The pathway to general registration for pharmacy is an example of using the flexibility provided by the National Law to respond to profession-specific regulatory considerations. The National competency standards framework for pharmacists in Australia (the Pharmacy Competency Standards) underpin the assessment of competence prior to general registration, the accreditation of undergraduate programs and the accreditation of intern training programs (ITP).

The Professional Practice Profile for Initial Registration as a Pharmacist, a customised entry-level competency tool incorporating guidance on Pharmacy School and Intern Training Provider contributions (the competency tool) has been developed from the Pharmacy Competency Standards. It articulates the complementary contributions of pharmacy schools and ITP providers to the continuum of learning and training leading up to initial registration as a pharmacist in Australia.

The competency tool supports the application and use of the Pharmacy Competency Standards through the mapping of contributions of pharmacy schools and/or ITP providers at Performance Criteria level, as well as the tailoring of Evidence Examples to provide examples of expected ‘endpoints’ of each stage. It focuses attention on and reinforces the fact that the continuum of professional learning and development begins on entry to a pharmacy school and that progression as an intern to initial registration (from provisional to general registration) is the first of many professional achievements along the continuum of learning which includes continuing professional development, and which may also lead to advanced pharmacy practice.

To require entry level competency upon graduation would require a review of undergraduate pharmacy programs to ensure that all outcomes could be achieved upon graduation. It would therefore require vastly different program accreditation standards and reaccreditation of all existing programs. This would require registered pharmacists in a vast range of practice sites and settings, to accept responsibility for facilitating and achieving work ready pharmacists subsequent to graduation, without the structure that is currently provided through a structured internship process of equal duration for all graduates, which is supported by accreditation processes such as ITP accreditation by the Australian Pharmacy Council, and preceptor and training site approval by the Board. Removal of the internship would also impact students who would most likely be required to undertake longer student clinical placements without payment and impact the existing pharmacy workforce which relies on employed and supervised interns to supplement the existing pharmacy workforce to safely deliver services to the public, while gaining the necessary practice experience to achieve competence to practice unsupervised.

The mentoring and supervision of interns by pharmacists also instils in interns, the importance of committing to the future development of the future members of the profession which is also articulated in the Pharmacy Competency Standards.

The written and oral examinations in the intern year are essential to reinforce learning and competent performance in practice by assessing knowledge, practical performance and legal and ethical matters faced in the practical setting.

Interprofessional education, learning and practice

We support the National Scheme facilitating interprofessional education, learning and practice to the greatest extent possible, while recognising that approaches may need some tailoring to the characteristics of specific professions, particularly those predominantly practising in parts of the private sector such as chiropractic, osteopathy and Chinese medicine. Since the Scheme commenced, there is more explicit recognition of the importance of interprofessional education and
practice in the accreditation context. For example, the Health Professions Accreditation Collaborative Forum has developed a shared definition of interprofessional education and a statement about and competencies for interprofessional learning (IPL) for use in their members’ processes for accreditation of health profession programs. The Aboriginal and Torres Strait Islander Health Practice, Chinese Medicine and Medical Radiation Practice Accreditation Standards developed by the three Accreditation Committees include specific content on IPL.

The National Scheme can make an important contribution to embedding interprofessional education and practice in the health system but cannot achieve this alone. Including IPL in entry to practice education is only one part of what is needed to effectively promote and build interdisciplinary practice. Clearly if interprofessional practice (IPP) is not promoted and supported in clinical placement and clinical practice settings, this can erode the knowledge, skills and attributes for IPP developed in the education context and maintain barriers to embedding IPP in the workplace. There is also scope to support IPP post qualification through continuous professional development.

There are opportunities for collaboration across the NRAS, education and health sectors to facilitate and support IPL and IPP more broadly. National Boards could support and encourage registrants to engage in interprofessional CPD experiences and Boards and Accreditation Authorities could work with existing projects considering how to embed IPL in health practitioner education. One such project is the current Department of Education funded National Interprofessional Education and Practice project. The Accreditation Liaison Group, which involves representatives of National Board Chairs, Accreditation Authority CEOs and Chairs and AHPRA, is meeting with the project leads to discuss potential collaborative opportunities.

Clinical experience and student placements

The Discussion paper raises a number of issues in relation to clinical experience and student placements. The National Scheme has the capacity to influence some of these issues but not others, such as the trend for health service providers to charge for clinical placements.

Accreditation system responsiveness to health priorities could be strengthened through appropriate content in accreditation standards, and professional competency frameworks which will then inform curriculum design and delivery including learning and assessment linked to clinical experiences. For example, accreditation standards could include flexible statements that require providers and programs to include learning and assessment relevant to current and emerging health priorities. This would enable responsiveness as health priorities evolve, such as the need for the program to produce graduates who can meet the health needs of the Australian community, with specific references for example, to Closing the Gap where required. While there will necessarily be a gap between the identification of a health priority and its reflection in curricula, there is scope to improve responsiveness through appropriate wording in accreditation standards where this does not already exist.

Outcome based accreditation standards should explicitly enable and encourage contemporary education practices and simulation-based education and training, consistent with the evolving evidence base, to be incorporated into the curriculum design and delivery including learning and assessment linked to clinical experience.

An example of an accreditation standard demonstrating this approach is ‘The education provider ensures its medical radiation practice program is designed to develop the knowledge, skills and professional capabilities required for graduates to be ready to engage in safe and effective practice of the medical radiation profession, including by ... designing an integrated, structured clinical education and placement program that provides each student with ... experiences (including patient contact, simulated learning and opportunities for inter-professional learning) across the scope of practice expected of entry level medical radiation practice practitioners’.

The delivery of work-ready graduates

The understanding of ‘work readiness’ varies amongst educators, employers and graduates. We consider it should be defined as the ability to meet the threshold capabilities for practice or readiness to start working as a registered practitioner for the first time.
The National Law is deliberately flexible to enable different pathways to general registration including provisional registration for some graduates to start working as a registered practitioner for the first time. These pathways recognise that, depending on risk and established approaches, the threshold capabilities for ‘first time’ practitioners to be granted general registration can be met through an education program alone or through an education program that provides graduates with the knowledge, skills and professional attributes to start working as a registered practitioner (threshold graduate outcomes) but requires structured supervision in the workplace (internship) to develop the higher order cognitive and behavioural aspects of safe practice (threshold capability for general registration). The key issue is that practitioners have a clear pathway to reach the threshold for general registration that addresses the risk profile and specific characteristics of that profession, not that the education and regulatory pathways to this level of capability should all be identical. In considering competence for general registration, it is critical to consider clinical competence upon graduation as well as skill development and competence in practice (the workplace) which is currently achieved during the internship period for professions such as pharmacy and medicine.

It is critical that the professional capabilities remain contemporary and reflect health service delivery needs. Learning and assessment linked to clinical placements must be relevant and help to prepare ‘first time’ practitioners for their transition from practice as part of their education to working as a practitioner. The National Scheme has a role in achieving these outcomes.

However, where gaps in work readiness relate to a ‘first time’ practitioner’s adjustment to the workplace and practice outside the education context, responsibility transfers to employers, who should be responsible for workplace induction, orientation, training and development for ‘first time’ practitioners.

For example, the internship for the pharmacy profession ensures that every pharmacist has the opportunity through supervised practice to demonstrate that they are able to apply competencies acquired during their accredited degree program through their performance in the real life practice setting. This is critical in pharmacy practice because of the potential risks associated with dispensing drugs whereby mistakes can have serious consequences for patient health and may be life threatening.

The complexity of pharmacy practice which involves the treatment of a broad range of conditions with a broad range of drugs and other therapies requires significant undergraduate knowledge and post graduate experience to ensure competence to practise in any type of practice site, unsupervised and in isolation from other health professionals.

Internship is additional to the clinical training student placements that are undertaken as part of all accredited and approved pharmacy programs. The internship is a comprehensive workplace training experience across an entire year, providing firsthand experience in dealing with a broad range of health conditions including seasonal health complaints. The current outcomes approach to accreditation of pharmacy programs enables pharmacy schools to achieve outcomes in various ways rather than requiring all programs to adopt the same approach, this includes approaches to student training experience in the workplace. There aren’t the same incentives to provide student placements in the workplace that exist in other professions and removing the internship requirement would require significant modification to the current flexible approach to how pharmacy schools ensure students achieve graduate competencies. The availability of training placements in pharmacy practices is under strain. There would be significant impacts on the education sector if universities were required to ensure accredited programs include the training in the workplace that is currently provided through largely privately funded employment of interns in private practice.

National exams

The discussion paper suggests that national approach to competency assessment of graduates has the potential to increase consistency of outcomes, create system-wide data to benchmark across education providers and their health programs, and deliver reliable, standardised information on graduate performance and quality. It may also facilitate a rationalised accreditation approach for assessing education programs, with the national examination being the means by which the measurement of individual competence for registration is achieved.
We accept the importance of using data to benchmark across educational programs and gathering information on graduate performance and quality. We consider patient safety and the Scheme’s objective to ensure that only people who are suitably trained and qualified to practise in a competent and ethical manner are registered requires a focus on ensuring all graduates achieve threshold capabilities for practice. Accreditation is our primary tool to achieve this objective. Comparative analysis of graduate outcomes will not assure patient safety.

Relying on a national exam to ensure graduates have met threshold capabilities is generally unnecessary within the current system of accreditation because assessment of programs against accreditation standards ensure graduates have achieved learning outcomes that reflect the Board’s expectations of graduate competence. This contributes to patient safety.

We do not consider a national assessment process allows for a more streamlined accreditation process. It would introduce an unnecessary regulatory requirement because the accreditation arrangements under the National Law are designed to ensure graduates of accredited programs have achieved the Board’s expectations of graduate competence.

Not all exams are about assessing student learning outcomes. It is important to differentiate between examinations that assess learning and those that assess capability/competence for regulatory purposes. Where National Boards require individuals to successfully complete national examinations, they are not assessing student learning. These examinations are specifically designed for other regulatory purposes – generally to ensure competence of individuals who have not completed accredited programs (including overseas qualified practitioners) and graduates of accredited programs whose pathway to general registration includes an internship. These examinations are part of the flexible pathways the National Law provides for individuals to gain registration.

For example, the Medical Radiation Practice Board of Australia (MRPBA) uses an online multiple choice question (MCQ) examination as part of a pathway to enable individuals to gain registration even when they do not hold an approved qualification or a qualification that is substantially equivalent to an approved qualification. The examination is an enabler, not a barrier, for individuals seeking to register in Australia and its use by the MRPBA reflects the flexibility provided by the National Law. This pathway to qualify is primarily for overseas qualified practitioners and is used in the absence of accreditation, not in addition to accreditation. Individuals who hold qualifications from accredited programs of study do not need to undertake the MRPBA examination.

Another example is the pharmacy profession where the examination is a well established part of a pathway to general registration that comprises accredited university-based education and practice based learning. The pathway to general registration in Australia as a pharmacist is a five year process (four year Bachelor of Pharmacy program + one year internship) or five year equivalent (science graduate + two year post-graduate Master of Pharmacy program + one year internship). As part of this pathway, the Pharmacy Board of Australia requires interns to complete and examination in order to gain general registration – the regulatory purpose of the examination is to ensure competence to practice and work readiness. Further details about the internship are outlined above. Overseas trained pharmacists (from countries other than UK, Ireland, Canada and USA) complete an internship alongside local graduates and gain equivalent training experience to ensure competence to practice and work readiness.

**Helping to create the current and future health workforce Australia needs (questions 19 – 37)**

**Interdependence of accreditation and registration**

National Boards are, as part of their functions, responsible for regulating the professions, including determining notifications about professional performance. National Boards are keenly aware of the objectives of the National Scheme, including the objectives relating to public protection, access to services and enabling the continuous development of a flexible, responsive and sustainable Australian health workforce and educational innovation.

While the National Law is silent on the attributes of board members, National Boards have established succession planning principles and regularly identify the mix of skills and knowledge they
need to undertake their functions. Most National Boards have practitioner or community members who are currently working in the education sector.

National Boards have the appropriate skills, knowledge and incentives to approve accreditation standards and accredited programs within the framework established by the National Law including consideration of the workforce needs of a rapidly evolving health system. National Boards have regard for the objectives and guiding principles of the National Law and the regulatory principles for the Scheme when they perform these functions.

If there is a perceived need for greater assurance that National Boards have the requisite knowledge and skills, it would be possible to formalise current approaches by articulating the knowledge, skills and incentives needed to determine accreditation standards and programs of study which best address the workforce needs of a rapidly evolving health system and the ways to achieve this with a greater or lesser level of formality for example, through collective agreement, Ministerial Council direction etc.

National Boards are often responsible for developing and reviewing professional capabilities and understand the role of capabilities in accreditation standards. The governance of projects funded by National Boards to develop competency frameworks and accreditation standards generally include oversight by a steering/advisory group including key stakeholders, individuals with knowledge and experience relevant to standards development and education and, in some instances, community/consumer representatives and/or an individual with knowledge and experience relevant to cultural considerations. One mechanism to formalise governance of these types of projects may be through Procedures established by AHPRA’s Agency Management Committee.

Accreditation authorities have independence of decision making on accreditation of programs of study. The regulatory system established by the NRAS creates an intrinsic link between Board approval of accreditation standards, accreditation decisions and National Boards’ decisions on eligibility of practitioners for registration. That is, in order to effectively regulate practitioners within the flexible framework of the National Law, a National Board relies on assessment against accreditation standards that it has approved or examinations and assessments that it has approved. Reforms that decouple this link create inherent risks to the integrity of the NRAS regulatory system. Many National Boards and Accreditation Authorities have long-standing and effective mechanisms that reflect this link and are critical in achieving the objective of the National Law to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered.

We do not consider changes to the interdependence between accreditation and registration are necessary to improve alignment of education and training with evolving health needs of consumers. We have outlined other lower risk ways elsewhere in this submission.

**Governance of Accreditation Authorities**

The Discussion Paper raises a range of issues relating to the governance of Accreditation Authorities, including whether current approaches to involving consumers and professional input are optimal.

External Accreditation authorities are companies limited by guarantee and subject to a range of corporate governance requirements as distinct from statutory authorities like AHPRA, National Boards and their Accreditation Committees. The Councils’ constitutions generally include ensuring that objectives prioritise the public interest and align with the delivery of accreditation functions under the National Law, together with robust conflict of interest processes. Further, most Councils are registered as not-for-profit organisations with the Australian Charities and Not-for-profits Commission (ACNC). They must meet a set of governance standards to be registered and remain registered with the ACNC which include being not-for-profit and having only charitable purposes that are for the public benefit.

Whilst there is already significant community representation in key accreditation decisions, there may be scope to improve the consistency and comprehensiveness of this involvement. One option is to establish common guidance on community representation/engagement and link this to the Quality Framework for the Accreditation Function.
The Quality Framework is the key mechanism to assess the performance of Accreditation Authorities. It requires Accreditation Authorities to have procedures to effectively manage conflicts of interest. If there are continuing concerns about this issue, and in particular, how members of Accreditation Authorities are currently selected, then one option would be to develop more specific common procedures either through collective agreement or AHPRA’s Agency Management Committee developing procedures under the National Law.

Role of Accreditation Authorities

The Discussion Paper asks whether the standard clause in AHPRA funding agreements with accreditation councils gives sufficient assurance that delivery of the accreditation functions meet the objectives of the National Scheme.

We agree that there is scope to enhance the standard clause in AHPRA funding agreements to give greater assurance that the delivery of accreditation functions is aligned with, and actively responding to, the objectives of the NRAS. This would include developing and reporting annually on key performance indicators for the delivery of accreditation functions.

What other governance models might be considered?

The paper explores governance arrangements in relation to a broad range of issues. As the paper identifies, the current governance arrangements involve 29 different entities (including statutory authorities and not for profit companies) within NRAS that make decisions and perform activities related to accreditation. As a result, there is significant reliance on goodwill and consensus approaches, which can be time consuming and resource intensive. The question is whether it is possible to streamline governance arrangements to increase the effectiveness of the accreditation functions, and which model will best do this.

The options proposed in the Discussion Paper sit at different points on the structural change spectrum, although all have potential to address the governance issues raised in the review in varying ways. Possible options for another governance model need to be fully considered, and impacts other than ease of implementation need to be evaluated. For example, establishing a single accreditation authority to provide policy direction on, and approval of, accreditation standards would involve the most significant change.

Any change which requires legislative amendment will take some time to implement so it would be possible to explore an interim approach within existing mechanisms. The risks and challenges associated with major change to the current structure include timing, transitional arrangements, loss of critical knowledge and expertise, and the potential loss of capital and intellectual property that Boards have invested in over the past seven years and corresponding cost of replacing this. A greater role for HPACF may be an alternative but this would require adequate resourcing and establishment of appropriate accountability mechanisms.

As identified elsewhere in this submission, there may be opportunities to use existing governance and accountability mechanisms more fully, including the Agency Management Committee procedures and the agreements between AHPRA and external Accreditation Authorities. These offer an opportunity to build a more streamlined and transparent governance model with input from all National Scheme bodies to address the issues identified in the review, and Ministerial Council’s ultimate response.

For example, recognition and accreditation of cross-professional competencies and roles could be dealt with in the existing system, including through the establishment of a cross-profession advisory group or even a multi-profession accreditation body. It would be possible to establish a multiprofession group to advise on common content in accreditation standards, and new or revised accreditation standards, to promote consistency where appropriate while retaining appropriate professional input to profession specific standards. This could help to disseminate good practice and also achieve the separation between standard setting and application raised by the discussion paper.
Accountability and performance monitoring

The Discussion Paper identifies the potential to improve existing reporting and performance monitoring of the accreditation functions. We agree that there is scope for improvement through the development of a suite of quantitative and qualitative metrics which are reported on annually and transparently. The National Scheme bodies have already been discussing ways to improve on reporting about the accreditation functions, including through an annual consolidated report on accreditation costs.

We consider that Accreditation Authorities should be responsible for reporting against the measures and National Boards/AHPRA should be responsible for monitoring performance against the measures.

Setting health workforce reform priorities

The National Law reflects that NRAS was established on the basis that Ministerial Council would not have a routine role in the formal consideration and adoption of proposed accreditation standards, but would have a ‘call in power’ where there are potential significant workforce implications. The Procedures for the development of accreditation standards provide a mechanism to advise Ministers of any standards with potentially significant workforce implications, in addition to the wide-ranging consultation required during the development of the standards. However, if a more formal requirement is preferred, it would be possible to expand Ministerial Council’s power to include issuing directions where there is a potential significant risk to the objectives and guiding principles of the National Law. This would ensure that Ministerial Council could intervene where appropriate but does not impose a routine role for Ministerial Council in considering and approving proposed accreditation standards.

We agree that clearer identification of health workforce priorities would help National Scheme bodies deliver on the workforce objectives of the National Law. There is currently no nationally articulated workforce reform agenda, which means that National Boards and Accreditation Authorities endeavour to respond to local agendas. We accept that accreditation is seen as a workforce lever but there is often a lack of clarity about how that lever can be used to facilitate workforce reform in a system that regulates by title rather than practice. More guidance from Ministers would be helpful in this regard.

We consider a national workforce reform agenda developed in consultation with key stakeholders would be more effective in delivering a national focus and facilitating appropriate regulatory responses from National Scheme bodies. As an interim step, with appropriate support, NRAS bodies could convene regular discussions with stakeholders about workforce reform priorities, in addition to the usual wide ranging consultation required in the development of accreditation standards.

Specific governance matters

The role of specialist colleges and post-graduate medical councils

The Discussion Paper asks whether there is sufficient scrutiny of the role of specialist colleges and post-graduate medical councils in accreditation. Health Ministers have asked the Medical Board of Australia (the Board) to evaluate and report on the performance of the sixteen specialist medical colleges in relation to the assessment of specialist international medical graduates (IMGs). The request relates to Recommendation 25 of the Snowball review of the NRAS.

In responding to the recommendation, the Board has made a commitment to set performance benchmarks, publish college specialist pathway data that it has been collecting and further report on specialist colleges’ performance. The Board has decided to appoint a provider to undertake an external review of the specialist medical colleges’ performance. A request for quote (RFQ) to select a provider to undertake the review closed on 10 March 2017 - http://www.medicalboard.gov.au/News/Requests-for-quote.aspx

Assessment of overseas qualified health practitioners

The Discussion Paper raises a range of issues about the assessment of overseas qualified practitioners. This is a unique area within the National Scheme, as the National Law explicitly
specifies that overseeing the assessment of overseas qualified health practitioners can be both an accreditation and a National Board function.

The discussion paper asks if there is a defensible justification for the bodies who have been assigned responsibility for accreditation of Australian programs not being assigned the function to assess overseas trained practitioners that justifies the same body always being assigned both these functions. There is not an automatic link between the expertise required for accreditation of Australian programs and the expertise required for assessment of overseas qualified practitioners seeking registration. The National Law provides flexible pathways for all applicants, including overseas qualified practitioners, to qualify for registration in Australia. The pathways that National Boards establish to enable overseas qualified practitioners to qualify for registration do not need to be identical for all professions or all qualifications. There are a range of reasons why some National Boards have not assigned the function to assess overseas trained practitioners to the bodies responsible for accreditation of Australian programs. These include the locus of expertise, volume of applications, impact on applicants and risk profile of the profession.

For the 2010 professions, many of the Councils undertook this function on behalf of state and territory registration boards prior to NRAS and the relevant National Boards have generally continued to assign this function to their Councils. The situation was different for the “partially regulated” 2012 professions and the transitional grandparenting provisions in effect until 1 July 2015 were also a factor in the relevant National Boards’ decisions on assessment of overseas qualified practitioners. If assessment of overseas trained practitioners was assigned to accreditation bodies that do not currently exercise this function, this would be a substantial change requiring careful preparation, management and transitional arrangements. There may also be time and cost implications for pathways to registration.

Currently we note that overseas qualified practitioners seeking to migrate and become registered in Australia often need to undertake two similar qualifications assessments, due to the different legislative framework, purpose and requirements of migration and registration assessments. We recognise the scope to reduce duplication in this area and support proposals to align the assessment of qualifications for individuals seeking both skilled migration visas and registration in Australia.

This alignment can occur in two ways – recognising the individual’s registration status for visa purposes as currently occurs for the medical and Chinese medicine professions or the same body being responsible for both assessments and the outcome being used for both purposes (such as the Australian Dental Council assessment for overseas qualified dentists).

We consider that these assessments should be done by bodies working within the framework of the National Law. In two professions – medical radiation practice and psychology – the professional associations have been appointed by the Minister of Immigration to assess qualifications for individuals seeking skilled migration visas. The Medical Radiation Practice Board of Australia is currently engaging with the Department of Immigration and Border Protection and Department of Education seeking to achieve this alignment.

Assessment processes

The National Law provides multiple pathways to assess overseas qualified practitioners, which provides regulatory flexibility to respond to the risk profile of the profession, volume of overseas qualified applicants seeking registration and other considerations including workforce needs.

There are options both in terms of the pathways to qualify for registration and in terms of the types of registration. Requirements for supervised practice generally relate to gaps in the equivalence of the knowledge and skills of an overseas qualified practitioner to those required for practice in the Australian context and are intended to manage risk arising from those gaps.

If more consistent approaches are desirable, there is scope to develop common protocols about assessment across all bodies undertaking this function.
Grievances and appeals

The National Boards/AHPRA/HPACF guidance document on the management of accreditation-related complaints is helpful but more could be done to disseminate consistency and good practice in complaints management across Accreditation Authorities.

If an external grievance process is to be considered, the National Health Practitioner Ombudsman and Privacy Commissioner would be an appropriate entity to undertake a process, rather than merits, review, consistent with the Ombudsman’s current role and powers.

Future directions and opportunities

A theme running through the Discussion Paper and this submission is that there are opportunities to deliver a more efficient and effective approach to accreditation in the NRAS.

These opportunities include enhancing approaches to the development of accreditation standards, accreditation processes and professional capabilities to better deliver on the objectives of the National Law, and enable more responsiveness to health workforce issues and education provider circumstances.

We are keen to work with Accreditation Authorities, to address issues raised in the review and the response that Ministers will ultimately make. In the meantime, we will also look for opportunities to accelerate initiatives to improve current approaches.

We recognise there is potential to use existing mechanisms to achieve change, alignment, consistency and greater efficiency, including Agency Management Committee procedures developed in consultation with National Boards and Accreditation Authorities, agreements with external accreditation entities and terms of reference for committees and the Quality Framework.