INDEPENDENT REVIEW OF ACCREDITATION SYSTEMS SUBMISSION

Anaesthesia Allied Health Practitioners (AAHPs) are healthcare professionals employed in both public and private hospitals generally within operating theatres but also in emergency departments and intensive care units. They work as integral members of the multidisciplinary theatre team which includes doctors, nurses and support workers.

AAHPs are employed exclusively within the specialty of anaesthesia working alongside registered anaesthetists as their qualified assistant. Currently AAHPs are a profession of voluntarily registered practitioners.

AAHP strives to be added to the list of professions registered within the National Registration and Accreditation Scheme (NRAS) through Australian Health Practitioner Regulation Agency (AHPRA).

The Review is of interest to AAHP in that as “accreditation is the antecedent to registration” it is of importance that as a body we understand the aims, processes and outcomes that successful accreditation requires of a health practitioner profession.

Two members of our National Board attended accreditation forums in Melbourne and Perth respectively in order to gain a greater understanding of the Review.

Points that AAHP would like to be considered are as follows:-

Risk management.
Whilst totally outcome based standards would appear to be the optimal measure AAHP does believe that certain inputs and processes would satisfy risk management concerns more effectively. In our specific case many of our outcomes are reliant upon the application of Australian and New Zealand College of Anaesthetists (ANZCA) recommended Position Statements. Without these inputs the outcomes could be invalid.

Accreditation cycles.
Whilst aware of the minimum two-year lead time required for curriculum changes AAHP does believe that accreditation cycles could be extended for particularly low risk professions/providers. Conversely high risk groups or providers should be liable to accelerated accreditation as deemed necessary.

Alignment with TEQSA/AQSA.
AAHP can see benefits to alignment with these bodies relating to reducing the burdensome overlapping accreditation cycles that universities/providers are faced with at present. Our
thoughts are that the NRAS Accreditation process would benefit from being distanced from the Registration side of the Scheme. This could provide an element of independence and could possibly even be divested to a Superaccreditation Agency combining all three current accreditation bodies. This may satisfy consumer wariness of professions accrediting themselves. The inclusion of lay members onto accreditation panels should also been seen as appositive step in a similar direction.

**Inter-professional Learning and Practice.**
AAAHP believes that this mode of learning reaps benefits for not just the participants but that over time bonds between professional groupings may be strengthened.

**Clinical Settings.**
The value of Simulation Centres should not be underestimated. Many key lessons in our particular field are enhanced by the use of simulation. Team work, communication and leadership/followership are able to be developed without risk to patients or patient flow.

**Internship.**
AAAHP acknowledges that many professions are utilising post graduate internships following Board registration. Whilst this may appear counterintuitive, it does seem to benefit both individual and consumer. However AAAHP experience suggests that in our field employers are looking to employ work-ready applicants and are significantly less supportive of those who require further training to achieve this criteria.

**Professional Competency Standards.**
As representatives of a profession outside of NRAS at present AAAHP cannot support these standards being brought into the Scheme unless the non-registered professions are included in the Scheme as well.

**Standard Entry to Practice Exam.**
AAAHP would welcome this for overseas applicants to our profession. At present it is possible to match applicants from New Zealand and the United Kingdom as their curriculum and training is broadly similar if not superior to Australia. In order to practice as Anaesthetic Technicians and Operating Department Practitioners respectively these practitioners must hold registration through the Medical Sciences Council (MSC) in NZ or Health Care Professions Council (HCPC) in the UK. Applicants from other countries are currently very difficult to assess therefore a standard entry exam would be a significant benefit as well as a revenue tool.

**Metro/Regional Placements.**
AAAHP would be in favour of accreditation standards taking into account the differing opportunities and restrictions that placements in diverse settings such as quaternary hospitals in capital cities and rural clinics/hospitals offer to candidates.
Responding to workforce developments.
A mechanism linking and responding to changes in healthcare needs shaping accreditation standards would appear to be essential if the Accreditation process is to be relevant to 21st century workforce development.

AAAHP looks forward to seeing the final Review and hopes its submission is of value.

[Signature]
Abdul Rahman
President
AAAHP