Submission to the Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions from the Australian Rural Health Education Network (ARHEN)

1. INTRODUCTION

The Australian Rural Health Education Network (ARHEN) welcomes the opportunity to make a submission to the Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme (NRAS) for health professions.

Since the implementation of NRAS in 2010, ARHEN acknowledges that it has created an approach that has offered greater flexibility and mobility for the health workforce in Australia’s rural regional and remote areas, opportunities for improving the quality of education, and the capacity to develop a more flexible, responsive and sustainable workforce.

Given its role (see Attachment A), ARHEN’s response is framed around key questions outlined in the Discussion Paper that are pertinent to University Departments of Rural Health (UDRHs) and to workforce development and support in rural, regional and remote Australia. The core business of UDRHs’ (see Attachment A) is clinical training, the design and delivery of which needs to meet accreditation standards and requirements.

UDRHs do not apply for accreditation as this is the responsibility of the home university that send students to the UDRH. However, from ARHEN’s point of view, there are areas where improvements are possible and needed, particularly in relation to the ways in which education and training for health professionals is delivered in rural, regional and remote contexts.

2. RESPONSES

Consistency and commonality in the development and application of accreditation standards

The development of accreditation standards that reduce barriers and promote harmonisation play a key role in workforce development, flexibility, mobility and interprofessional education and collaboration.

- It is ARHEN’s view that the principles of the NRAS should apply to all health professions including, for instance, where policies relate to professional conduct, education and training and clinical supervision.
- ARHEN would welcome sustained efforts to include other allied health professions under NRAS such as mental health, social work and speech therapy.
- ARHEN would like to see national standards that enable innovation and new initiatives such as the development of an allied health generalist pathway to enable the flexibility required to meet health needs in rural and remote areas.
- ARHEN strongly supports the inclusion of cultural competencies in all curricula, particularly
Aboriginal and Torres Strait Islander cultural safety given the requirement for rural placements in most disciplines. With their significant experience in this area, UDRHs are well placed to work with universities in develop appropriate and effective curricula and standards in this area.

- National standards should be flexible and should facilitate graduate entry pathways that articulate with postgraduate possibilities for broader and generalist roles (e.g. nurse practitioners, primary health care, allied health generalist).

- Barriers to accreditation such as cost need to be managed proactively, e.g., professions such as Aboriginal and Torres Strait Islander health workers which play a key role in overcoming disadvantage and reduced access to health care should continue to be subsidised.

“Despite the flexibility inherent in the National Standards, these are not well understood by the universities and colleges. Interprofessional supervision, the capacity to lengthen placements in rural areas and develop innovative training that reflects local needs—these approaches are not filtering through. Instead UDRHs must work with increasingly restrictive requirements and the rigid interpretation of standards. This situation seems to be getting worse in some disciplines, e.g., as in psychology where the clinical masters can’t be done part-time.

If we could use interprofessional supervision, service learning and longer rural placements and training in areas where there are significant service needs (as is our mandate), we could be so much more effective. NRAS should launch an education strategy aimed at the colleges and the universities to acquaint them with the National Standards and their intent so that they develop accreditation requirements that reflect them. This will give us the flexibility to be able to effectively implement the RHMT Program.”

UDRH Director

Establishment of a national body to research and provide expert input on workforce reform

To facilitate the workforce reform agenda, ARHEN would welcome the establishment of a national body that ensures there is an independent, evidence-based mechanism to advise Health Ministers on proposals for regulatory change in relation to the health workforce. Should such a body be established, it is critical to ensure that members with rural/remote health workforce experience are included in its governance structure.

The role of this body would be invaluable in:

- researching and articulating the workforce reform agenda
- providing independent advice on proposals for changes in standards put before the Ministerial Council
- monitoring and reporting to the Health Ministers on the contribution to reform by the National Scheme, including cross-professional initiatives
- applying nationally consistent data to issues of workforce reform and facilitating access to such data for organisations working in the area.
Single health professions board / National Boards

While a single health professions board might enhance consistency of decision-making across the professions on many matters, ARHEN believes that the need for profession-specific leadership, input and understanding is crucial to meeting workforce reform objectives.

A single board would struggle with structural inequities evident in the disparate resourcing of the professions and structural inequities around power, dominance and differential regard.

- The current structure of National Boards offers professional skills and expertise that is balanced with community input.
- While National Boards are currently constituted to have the appropriate knowledge and skills to determine accreditation standards and programs of study which best address workforce needs, geographic understanding and its impact on education and practice needs strengthening.
- ARHEN calls for the inclusion of professional and consumer members on all National Boards who understand rural and remote practice issues.

“Our composition should not only reflect the characteristics and needs of individual professions, but also have expertise on the most urgent workforce reform challenges, the nature of practice and the opportunities and barriers in those contexts. Rural and remote is THE challenge. The Boards need experts in this area to improve their understanding and to offset unintended biases and decisions that make things more difficult for us working in rural and remote Australia.”

UDRH Director

Changes in accreditation standards

ARHEN’s view is that changes in the accreditation standards should not be made at the expense of the rigour required to ensure safety and quality in education and service provision.

- Any changes in accreditations standards must take into account the potential impact on safe education and practise in rural, regional and remote contexts where the nature of practice can be more complex, of wider scope, and hold higher potential risks.
- Changes should not add unnecessary complexity, duplication, costs or encumbrances to achieving the goals which underpin NRAS.
- With regard to UDRHs, a set of common accreditation requirements across the organisation which provides a ‘boiler plate’ that covers all programs and disciplines would be beneficial—it could do away with the current need to repeat basic information i.e., once you have accreditation for one program, you could proceed to Part B of the application for the next program you are seeking to accredit.

“While we love to show off what we do (and how well we do it) to the accreditation related teams that visit UDRHs, surely they can share audit and review information on core requirements with the accrediting bodies for other disciplines. This would save time on hosting multiple visits and may strengthen interdisciplinary collaboration as they communicate with one another. Then they can focus on the specifics, having shared the common elements all registration bodies require.”

UDRH Director
• If a UDRH has accreditation to offer a program in a particular discipline there needs to be an element of flexibility in enabling it to make arrangements to continue to offer that program in another suitable site if this is required.

“As UDRHs, once we have accreditation to offer a program, we should be trusted to make alternative arrangements if we need to. For example, we would like to be able to use Cloncurry for nursing training during the wet season when other training sites are inaccessible. This would mean we could continue to offer training rather than suspend it for a period of time.

UDRH Director

Outcomes focussed approaches to accreditation and risk management

ARHEN supports a more outcomes-focused approach to accreditation standards that enables greater flexibility and diversity in how UDRHs design and deliver programs and that reduce the complexities involved in changing a curriculum or a program delivery model.

• The outcomes based accreditation framework should:
  o focus education providers on determining and demonstrating how they meet accreditation and curriculum specifications, including the depth, complexity and volume of learning, rather than simply ticking boxes associated with inputs and outputs
  o accommodate profession specific and interprofessional competency frameworks, facilitate appropriate assessment but be oriented towards outcomes rather than managing outputs
  o promote innovation and the development of programs that are responsive to the context of practice and the local learning environment
  o incorporate changing technologies and supervision models.

• Any shift to an outcomes based approach to accreditation should comply with the relevant Australian Qualification Framework (AQF) level and reflect contemporary accreditation practice in Australia and overseas.

• Input and process standards should continue to be maintained where required to ensure quality educational systems and a rigorous approach to teaching and learning.

• ARHEN supports a risk-assessment approach to accreditation. A stronger focus on elements associated with learning and practice in educational settings where risk is more significant would target resources, facilitate better monitoring, and provide a learning environment that focuses on student and client or consumer safety.

“An inputs/outputs approach can be a real problem in rural and remote placements. We may have a student on placement working with patients with very complex needs but because scheduled patients don’t show due to the vagaries of travel or whatever, they can’t tick off the nominal number of required consultations. This approach gives no weight to the fact that the patients they have seen have multiple issues and complex needs providing a much richer and challenging learning experience that has in fact ticked off all the learning requirements.

Director from a remote area UDRH
Delivering graduates who have the knowledge, clinical skills and professional attributes required for the current and future workforce

ARHEN believes that changes in accreditation systems are required to improve the responsiveness of education programs to deliver graduates with the appropriate knowledge, clinical skills and professional attributes for today’s workforce and for the future.

Currently UDRHs are not required to include key demographic information in their accreditation applications or explain how they will offer a program that will provide the student with skills and approaches that address existing and emerging health needs in the region.

To address this, ARHEN recommends that accreditation application proformas for UDRHs include sections that:

- require information on the geographic region, population health issues and challenges and socio-economic context
- include information on cultural issues and the development of competence and how the educational approach will ensure that this is addressed so that the clinician can effectively meet the needs of patients from different cultural backgrounds including Aboriginal and Torres Strait Islander patients
- explain how the curriculum responds to existing and emerging population needs in the region
- demonstrate appropriate consultative input from defined groups (e.g., past students, health professionals working in the area, placement providers, educators, clients and consumers etc.) into curriculum review.

Embedding healthcare priorities within curricula and clinical experiences

ARHEN is of the view that one of the most effective ways of embedding healthcare priorities within curricula and clinical experiences is to place students in areas where there are unmet service needs. In order to increase the capacity for UDRHs to do so, accreditation standards need to be developed in such a way that they accommodate innovative program models, and take a flexible approach to student placement sites used for training.

A critical factor in the ability to offer programs that respond to healthcare priorities is the use of flexible interprofessional supervision arrangements that take account of the nature of clinical practice being provided, the training level of the student, and access to remote supervision through video-conferencing for a proportion of the training time.

Current barriers to this strategy are that:

- colleges and university faculties are not all aware that current accreditation standards for each profession under NRAS do not preclude the use of interdisciplinary supervision models for student clinical placements thus this message is not getting through and needs strengthening
- accreditation standards should further clarify the role of discipline-specific supervision and emphasise the acceptability of clinical placement supervisors with the skills, knowledge, authority, time and resources to provide supervision that is appropriate to the learning outcomes expected from the placement.
“We have a great opportunity for a physio placement in Julia Creek. But our excellent, senior physio based there only works 3 days per week. We can’t get it accredited even though there are other senior clinicians on site who could offer interprofessional supervision and we have videoconferencing in place. This is a lost opportunity in providing an excellent placement and increasing access to much needed physio services in a remote area.”

Remote UDRH Director

- The cost and length of time involved in accrediting a new program or undertaking or reviewing accreditation means that innovation and changes to the curriculum are not made until reaccreditation is due. This often means that innovations are put on hold and programs that could be improved significantly continue as is. The current inflexibility, high cost and long lead time involved in seeking accreditation or to change the curriculum is a disincentive to innovation and the timely incorporation of emerging technologies.

Supporting inter-professional learning and practice

To facilitate interprofessional learning and practice, AHREN would like to see a common approach to the development of allied health professional competency frameworks where there are shared elements/domains.

- The embedding of interprofessional education and the promotion of inter-disciplinary practice should be explicitly addressed through accreditation by including a standard that requires the education provider to demonstrate how the program incorporates a defined proportion of interprofessional learning, practise and supervision.

- The architecture of this approach must enable the overlay of profession-specific requirements to ensure that education programs are delivering graduates with the knowledge, clinical skills and professional attributes they need to be effective practitioners of their profession.

- Changes in standards can often have a negative impact on under-served rural and remote communities and result in health workforce reforms that are more restrictive. For example, changes that increase professional differentiation, specialisation, and limit scope of practice (e.g., those that led to the differentiation of nursing and midwifery), should be avoided.

  “The continued tightening and a restrictive approach to standards and accreditation has a big impact on our ability to put students in areas of service need. For example, it is getting more difficult in physio when it should be becoming more flexible given that UDRHs are in place to provide the safety net of suitable placements and ensuring appropriate supervision.”

  UDRH Director

Technology support

Technology is growing in importance in service delivery, as a tool for clinical learning and for supporting students while they are undertaking clinical placements. The use of technologies is increasingly important in rural and remote educational contexts.

- To facilitate training in areas where there are workforce needs, technologies that support supervision should be recognised in accreditation standards and curricula.

- As well as including contemporary educational practices such as simulation and Virtual
Reality education and in the curricula as a vehicle for gaining clinical experience, videoconferencing platforms as supervision tools and for service delivery must be included.

“In rural and remote areas, videoconferencing is our ‘go to’ tool for connecting and we use it easily and frequently. Just as it is being validated as an effective tool in patient care through inclusion in Medicare rebates, that should be extended through its formal recognition as a valid vehicle for supervision and support. It is not just a clinical tool.”

Remote area URDH Director

**Clinical experience, student placements and work-ready graduates**

ARHEN would like to see a standardized approach to the assessment of clinical placements which outlines what students are required to achieve. This has occurred in the professions of physiotherapy and occupational therapy and enables better matching of students with their clinical placement and guides the learning and supervision focus which facilitates assessment. This approach is more likely to deliver work-ready graduates.

- National repositories for OSCIs and MCWs would also streamline teaching and learning.
- Currently, where a period of supervised practice as a pre-condition of general registration is required for work readiness e.g., nursing, the focus is on the hospital setting with little attention given to working in the community or a rural or remote setting. Programs that support the transition to practice in rural and community settings need to be developed and supported as part of the curriculum to provide choice for graduates who wish to practise in these contexts.

  “UDRHs have students working in Aboriginal Health Services, schools and a range of settings. These existing programs don’t address the particular issues they will face if they have a strong interest in working in a community setting in rural primary health care.”

UDRH Director

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Dr Lesley Fitzpatrick
National Director, ARHEN
ATTACHMENT A:
ARHEN’s role
ARHEN (www.arhen.org.au) is the peak body for UDRHs. It was established in 2001 and is funded by membership contributions from each UDRH. It is a representative, non-government organisation whose role is to provide a united and strong voice as well as integrative functions for university departments of rural health.

ARHEN’s functions include:

- facilitating a national focus and profile for UDRHs and a shared strategic direction
- leading and initiating the rural and remote health agenda in areas of education and research
- advocacy and representation to government and other decision makers
- providing advice to governments, UDRHs and the rural health sector
- sector consultation and coordination with UDRHs and other rural clinical education
- capacity building to enable more effective functioning of UDRHs and delivery on policy goals
- building evidence in related research and for policy development
- information sharing and dissemination among UDRHs and within the rural health sector.

In view of its role and that of the UDRHs, ARHEN has a particular interest in the Review. As well as contributing this submission, ARHEN would welcome the opportunity to be involved further in the process as the Committee develops its report and recommendations.

The role of UDRHs
University Departments of Rural Health (UDRHs) are funded under the Commonwealth Department of Health’s Rural Health Multidisciplinary Training Program (RHMTP). UDRHs have been a cornerstone of the rural health workforce strategy since the late 1990s. With representation in every state and the Northern Territory (www.arhen.org.au), they focus on expanding and enhancing the rural and remote area health workforce through in-situ inter-disciplinary education and training, research, professional support and service development.

UDRHs respond in diverse and complementary ways to the needs of their regions and have a significant academic role in building the knowledge base in rural and remote health and establishing and supporting clinical training placements.

Within defined geographic regions, UDRHs:

- coordinate and provide clinical placements in rural and remote areas for undergraduate and postgraduate health science students from Australian universities
- provide and support learning experiences which expose students to rural and remote area practice and prepare and encourage students to establish careers in these settings
- function as rurally based academic units that work with all health disciplines at undergraduate and postgraduate levels and with the existing workforce
- enhance expertise and the knowledge base in rural and remote health through research and by developing and testing solutions that inform the development of rural and remote healthcare
  - work with communities and health networks to support and meet the current and future health workforce needs and respond to challenges in rural and remote health including Aboriginal and Torres Strait Islander health.