NRAS ACCREDITATION SYSTEM REVIEW – CQUNIVERSITY SUBMISSION

IMPROVING EFFICIENCY

Accreditation standards

1. What would be the benefits and costs of greater consistency and commonality in the development and application of accreditation standards?

The development of a single set of standards and of accreditation processes would bring enormous efficiency benefits to education providers. A single set of standards and accreditation processes would facilitate consistency of approaches to addressing accreditation requirements across disciplines, schools and faculties and provide greater capacity for streamlining education provider preparations for accreditation applications. Education providers could more readily share administrative and other resources across their development of accreditation multiple accreditation applications and save time in gathering evidence for requirements where evidence may be common across disciplines, for example student support services.

A single set of accreditation processes would also promote efficiencies for providers by enabling consistent planning across disciplines, schools and faculties for accreditation reviews, based on a clear idea of expectations in terms of site visit lengths and nature, and requirements for documentation and inspection of facilities. A common set of accreditation standards and processes would facilitate reviews by interprofessional assessment teams, and could allow for common core curricula shared across health degrees to be reviewed on a single occasion by such team rather than on multiple occasions. This would potentially reduce the scope and length of more specialised reviews.

A common approach to the application of accreditation standards would also ensure greater consistency in the application of the National Law and adherence to the Quality Framework for the Accreditation Function. From CQUniversity’s experience there is great variation between accrediting authorities in terms of the application of standards frameworks in a fair and consistent manner. In some cases judgments are made by accrediting authorities to impose conditions on matters outside the scope of the accreditation standards. Some accrediting authorities also do not make it clear where a requirement needs to be imposed to ensure public safety as per National Law objectives and where a recommendation is being proposed for improvement of a program. Accrediting authorities should clearly differentiate where an action should be taken to ensure with compliance with an accreditation standard and where an action is desirable to improve a program though not essential to ensure public safety. In this way the intent of the scheme to ensure public safety can be maintained along with the Quality Framework’s of facilitating quality improvement.

Evidence that a common set of standards and processes for all NRAS professions is achievable can be seen from the Higher Education Standards Framework (Threshold Standards) 2015 and the accreditation processes applied by TEQSA. Since it commenced regulating higher education in January 2012 TEQSA has applied a common set of standards and processes in the accreditation of courses ranging from a Diploma of Business, to a Bachelor of Dental Prosthetics to a Doctor of Theology, with some additional standards applicable to research higher degrees. The Australian Dental Council (ADC) in its review of accreditation standards in 2013 combined four different sets of standards for dental professions into a single set of standards. Differences in required professional competencies and attributes can be accommodated by embedding reference these within the standards framework, as has been done by the ADC in its Accreditation Standards for Dental Practitioner Programs.
2. Should accreditation authorities be required to incorporate the decisions of TEQSA/ASQA assessments and accreditations of education providers as part of their own reviews?

CQU recognises that complete alignment between the Threshold Standards and the Standards for Registered Training Organisations (RTOs) 2015 and standards applying to NRAS courses is not achievable, or even perhaps even desirable. This is because the focus of TEQSA and ASQA on protecting students and the quality and reputation of the respective sectors they regulate is not the same as the NRAS accreditation system’s focus on protection of the public, although there is a common focus on facilitating high quality education and training. The standards frameworks are also subject to differing review cycles and approval processes, with the Threshold Standards being a disallowable legislative instrument.

Nonetheless, there are often areas of overlap in matters covered the Threshold Standards, Standards for Registered Training Organisations (RTOs) 2015 and NRAS standards frameworks, for example regarding student support services or institutional administrative and governance structures. In these areas of overlap, commonality or similarity of requirements would potentially benefit providers in terms of streamlining assessment of accreditation applications. Since TEQSA or ASQA is the primary regulator of many providers of NRAS courses and has at its disposal when assessing applications expertise in governance, finance or student support services, judgment by TEQSA or ASQA in these areas of overlap should take primacy. For example, in circumstances where a provider is registered with TEQSA and its student support services are found to be suitable this judgment should suffice to assure a NRAS accrediting authority that the provider meets the requirement of an NRAS standard pertaining to student support. Accrediting authorities should only make judgments on close overlap between TEQSA/ASQA requirements and NRAS accreditation requirements for institutions that are not regulated by TEQSA or ASQA, for example specialist medical colleges. Account should be taken by NRAS accrediting authorities of the nature of self-accrediting authority for those institutions with such authority, which includes a legally mandated responsibility to review and approve their own courses. The judgment of NRAS accrediting authorities should retain primacy in matters of public safety and program quality, for example regarding the clinical training provided and the adequacy of the curriculum to provide required knowledge to practice.

3. What are the relative benefits and costs associated with adopting more open-ended and riskmanaged accreditation cycles?

A more open-ended and riskmanaged accreditation cycle would save providers significant resources involved in preparing for, and managing and responding to, multiple and recurring cycle reviews of NRAS accredited programs. A risk-based approach that involved continuous monitoring through annual report analysis and feedback and analysis of relevant institutional data would be a more effective use of resources than a full, periodic review of every program regardless of its risk profile. Robust monitoring can identify education providers, programs or areas of risk. Risks associated with an open-ended approach could be mitigated by instituting a staged accreditation process that involved a full initial and post-initial site visit and review against accreditation standards, after which an institution that was compliant with accreditation standards would be subject to risk-based monitoring. A full post-initial review may be required for check on the implementation of undertakings made at initial accreditation. Once a program moved to risk-based monitoring raise if such monitoring raised any concerns with a program or institution, a partial or full review against the applicable standards could be conducted at any time subject to a risk assessment processes.
Training and readiness of assessment panels

4. **What changes could be made to current accreditation processes (such as selection, training, composition and remuneration of assessment teams) to increase efficiency, consistency and interprofessional collaboration?**

Comments at 1. above on the application a single set of accreditation processes apply to this question also. If a single NRAS accreditation agency was created this agency could mirror the support provided by AHPRA to the National Board in its support of accreditation assessment teams. This should include developing a single set of accreditation processes and guidelines, providing common training to all assessors, providing common secretariat, administrative and professional support to assessment teams, and applying a single remuneration schedule for assessors. Creating a single agency staffed by people with expertise in accreditation and professional education to support assessment teams would be enormously beneficial the process of accrediting programs. It would provide for consistent approaches in the training of assessors, the conduct of program assessment including visits, and the composition and remuneration of assessment teams. Professional support from the agency to assessment teams at site visits would improve the quality and consistency of the work of accreditation assessment teams. Having multiple accrediting authorities and applying multiple standards frameworks creates significant barriers to creating interprofessional assessment teams. A common set of standards and processes would therefore facilitate the creation of interprofessional assessment teams.

5. **Should the assessment teams include a broader range of stakeholders, such as consumers?**

There may be value in having student assessors from senior years as part of assessment teams to bring the perspective of current student to the assessment of a program. However, broader consumer participation can add to the cost of accreditation services without a corresponding improvement in accreditation assessment if a consumer representative has little understanding of program accreditation, professional education or the profession being accredited.

Sources of accreditation authority income

6. **What should be the key principles for setting fees and levies for funding accreditation functions, including how the respective share of income provided from registrants and education providers should be determined?**

The requirement for accreditation of NRAS courses is established under law and provides benefits to the public as a whole in terms of public protection and well trained health professionals. For this reason the costs of accreditation should not be borne alone by the education providers. On the other hand CQUniversity recognises that there would be a moral hazard if accreditation carried no cost since this could result in some ill prepared providers applying for accreditation on the basis that if they failed they could re-apply again, without incurring further cost and having drawn on feedback provided at assessment essentially free of charge. Accreditation fees charged to providers should nonetheless by reasonable and be based on a rational and published set of criteria linked to the actual costs of accreditation.

7. **Should fees charged for the assessment of overseas qualified practitioners and assessment of offshore competent authorities be used to cross-subsidise accreditation functions for on shore programs?**

CQUniversity does not offer a comment on this matter at this time.
RELEVANCE AND RESPONSIVENESS

Input and outcome based accreditation standards

8. **Should accreditation standards be only expressed in outcome-based terms or are there circumstances where input or process standards are warranted?**

The current trend in the development of accreditation standards is toward more outcomes-focused criteria. This is evidenced in the recently revised Threshold Standards 2015 and in other new standards frameworks within the NRAS, such as the ADC/Dental Council (New Zealand) Accreditation Standards for Dental Practitioner Programs. However, CQUniversity recognises that some account will need to be taken of inputs, and for this reason neither of these standards frameworks have removed references to inputs. This is because from the outset an accrediting agency needs assurance that an education provider and their program has the capacity to achieve intended or required outcomes. For example, it is reasonable for an accrediting agency to require assurance that a program will be appropriately staffed at commencement of delivery otherwise there is a risk that a cohort of students will be taught by inadequately qualified staff and intended or required outcomes will not be achieved. It is better to mitigate such as risk by ensuring appropriate staffing at the outset of the delivery of the program than to deal aftermath of inadequately trained graduates. On the other hand requirements around clinical training should be built around demonstration of clinical competence rather than schedule of minimum hours clinical training or similar. Competence can be achieved through a range avenues, including simulation, and the clinical training needed for competence may vary among students. Evidence is lacking a simple requirement of hours will ensure that students receive the quality of clinical training they require to be competent.

9. **Are changes required to current assessment processes to meet outcome-based standards?**

Current program assessment processes need to focus more on student outcomes including student performance data, such as student pass rates and retention and completion rates. Flexibility in provision of content should be permissible, for example blended learning and simulation, if it can be demonstrated that these approaches can lead to the same outcomes as more traditional approaches of face-to-face teaching and supervised clinical training with patients. Assessment should focus less on metrics such as the number of clinical hours provided and more on the quality of clinical training provided and the demonstrated competence of students and graduates. Assessment of well-established programs should be focused on outcomes data for graduates and currently enrolled students.

Health program development and timeliness of assessment

10. **Should there be a common approach to the development of professional competency frameworks and to the inclusion of consumers and possibly others in that development?**

CQUniversity does not offer a comment on this matter at this time.

11. **What are the risks and benefits of developing accreditation standards that have common health profession elements/domains, overlayed with profession-specific requirements?**

The response at 1. above indicates the benefits of a common set of accreditation standards and processes applied to all NRAS professions and the achievability of such a proposal based on the application of the Threshold Standards 2015 to a wide-range of courses across
highly varied disciplines and professions. Profession-specific requirements can be addressed by referencing a requirement within the generic standards that each program must meet the professional attributes and competencies/competency standards of the applicable profession. Here the Accreditation Standards for Dental Practitioner Programs, which applies to a range of dental professions in the both the higher education and Vocational Education (VET) sector, provides a model, with Standard clause 3.2 stating that a dental practitioner program is required to address “all relevant attributes and competencies” of the relevant dental profession. There are a number of such attributes and competencies for each dental profession.

12. What changes in the accreditation system could improve the timeliness and responsiveness of processes to ensure education programs are delivering graduates who have the knowledge, clinical skills and professional attributes required of the current and future workforce?

A single set of accreditation standards and processes and a single accreditation agency with common training of assessors would provide a level of consistency and certainty to providers in preparation for accreditation exercises and in doing so would reduce the burden of program accreditation. A more rationalised approach to accreditation would enable providers to more efficiently focus and plan their accreditation resources. The requirement for National Board to approve graduates from a program once accreditation has been granted, thereby requiring a two-step process graduates of a program to be eligible to practice, increases the length of time and complexity required to ensure that graduates from a program can be assured of their eligibility to practice. This two-step process introduces risks that a National Board may make a decision at variance with, or even conflicting with, the decision of the accreditation authority, despite the fact that the accreditation authority has applied clinical and educational expertise to the assessment of the program. Assessors engaged by accreditation authorities are often more knowledgeable of trends in innovation in healthcare education and training than members of National Board. A single requirement for program accreditation by the accreditation authority would therefore result in more timely, responsive and contemporary approach to accrediting programs.

Interprofessional education, learning and practice

13. How best could interprofessional education and the promotion of interdisciplinary practice be expressed in accreditation standards that would reflect the priority accorded to them?

CQUUniversity does not offer a comment on this matter at this time.

Clinical experience and student placements

14. How could the embedding of healthcare priorities within curricula and clinical experiences be improved, while retaining outcome-based standards?

CQUUniversity does not offer a comment on this matter at this time.

15. How best could contemporary education practices (such as simulation-based education and training) be incorporated into the curricula and clinical experience?

CQUUniversity does not offer a comment on this matter at this time.
The delivery of work-ready graduates

16. **Is there a defensible rationale for a period of supervised practice as a pre-condition of general registration in some professions and not others?**

CQUUniversity does not offer a comment on this matter at this time.

17. **How should work readiness be defined, and the delineation between registration requirements and employer training, development and induction responsibilities be structured?**

CQUUniversity does not offer a comment on this matter at this time.

National examinations

18. **Does a robust accreditation process negate the need for further national assessment to gain general registration? Alternatively, does a national assessment process allow for a more streamlined accreditation process?**

A system of national examinations could allow for the streamlining of accreditation processes. In a model of a single accreditation agency applying a common set of accreditation standards and processes, a national examination could facilitate the move away from cyclical accreditation reviews. As indicated above, there is a recognition of the need for more comprehensive initial and post-initial reviews against the applicable standards. However, if after that the accreditation system moved to a system of risk-based monitoring a national examination could be used as a key mechanism for monitoring programs against nationally agreed benchmarks. A national examination could therefore be used to facilitate the streamlining of accreditation processes in a move toward a risk-based approach, although it would not be a necessary pre-condition of such a move.

PRODUCING THE FUTURE HEALTH FORCE

Independence of accreditation and registration

19. **Do National Boards as currently constituted have appropriate knowledge, skills and incentives to determine accreditation standards and programs of study which best address the workforce needs of a rapidly evolving health system?**

The membership of National Boards is largely practitioner based, complemented community members. The membership does not necessarily have expertise in accreditation or in education and training. The governing bodies, accreditation committees and/or professional staff of accrediting authorities are generally composed of professional educators, members of the profession, practitioners, community members and experts in accreditation and standards. Accrediting bodies are therefore better positioned than National Boards to make judgments on accreditation standards.

20. **Would greater independence of accreditation authorities, in the development and approval of accreditation standards and/or approval of programs of study and providers, improve alignment of education and training with evolving needs of health consumers?**

In view of the greater access to expertise in accreditation, the application of standards frameworks and education and training, as outlined at 19. above, National Boards should not be the approving authority for accreditation standards that are generally developed by accreditation authorities. Accreditation authorities should instead be provided with the
authority to develop and endorse accreditation standards, with final approval being given by the Ministerial Council.

**Governance of accreditation authorities**

21. *Is there adequate community representation in key accreditation decisions?*

Accrediting bodies often have community representation on assessment teams, accreditation committees and/or governing boards. This representation could be formalised as part of the structuring of a single accreditation authority for NRAS professions.

22. *What changes are required to current governance arrangements to allow accreditation authorities to source professional expertise without creating real or perceived conflicts of interest?*

The governance arrangements of accreditation authorities should ensure, clearly and unambiguously, that the accreditation authority has responsibility for protecting the public and promoting improvement and innovation in healthcare education and training, and not to protect the interests of any particular profession. The membership and governance of accrediting authorities should not be dominated by particular professional associations.

23. *In the case of councils, what governance arrangements are necessary to allow them to separate accreditation activities from their commercial and other obligations as legally constituted companies?*

CQUniversity does not offer a comment on this matter at this time.

**Role of accreditation authorities**

24. *Is the standard clause in AHPRA funding agreements with accreditation councils sufficient to ensure that the delivery of accreditation functions is aligned with, and is adequately responding to, the objectives of the NRAS? What other governance models might be considered?*

CQUniversity does not offer a comment on this matter at this time.

**What other governance models might be considered?**

25. *What is the optimal governance model for carrying out the accreditation functions provided in the National Law while progressing cross-profession development, education and accreditation consistency and efficiency? Possible options include:*

- Expanding the remit of the AHPRA Agency Management Committee to encompass policy direction on, and approval of, accreditation standards;
- Establishing a single accreditation authority to provide policy direction on, and approval of, accreditation standards.

A single accreditation authority would be the optimal structure for progressing cross-profession development, and consistency and efficiency in the development and application of accreditation standards. Professional-specific matters could be addressed by creating separate accreditation committees for the professions each of which would report to the accreditation authority board. These accreditation committees could oversee the work of assessment teams for their respective NRAS professions, consider accreditation reports and make delegated accreditation decisions, and work with professional bodies to develop professional attributes and competencies/competency standards. The board of the accreditation authority would receive input from these accreditation committees in its
development of accreditation standards, which should be approved by the Ministerial Council. Having Ministerial Council approval would provide an appropriate degree of separation between the body developing the accreditation standards, that is the new single accreditation agency, and the body approving the standard. The corporate board of the single accreditation agency need not have representation from all professions as this could be provided through delegated accreditation committees. However, there should be appropriate professional education, professional practitioner, and community representation, along with legal and corporate governance expertise.

26. How best in any governance model could recognition and accreditation of cross-professional competencies and roles be dealt with?

A single accreditation agency with appropriate governance arrangements, supported by accreditation committees overseeing each NRAS profession as currently constituted would provide a mechanisms for encouraging the recognition and accreditation of cross-professional competencies and roles if such an agency was to work within the a single set of accreditation standards and processes.

Accountability and performance monitoring

27. What should be the standard quantitative and qualitative performance measures for the delivery of the accreditation functions across NRAS and who should be responsible for, firstly, reporting against these measures and, secondly, monitoring performance?

Performance measures for the delivery of accreditation functions could include:

- Average time taken to assess accreditation applications over the past 12 months
- Average time to make an accreditation decision over the past 12 months (from receipt of application until issuing of accreditation decision)
- Number of complaints/appeals received from providers over the past 12 months
- Average cost of accreditation reviews
- Average cost of other accreditation activities, for example meetings of accreditation committees
- Balance of positive/neutral/negative assessments by providers of accreditation review activities over past 12 months
- Average response times to provider inquiries/correspondence
- Ratio of accreditation staffing to programs
- Ratio of overall staffing to programs

The accreditation agency should be responsible for reporting against the accreditation function metrics. AHRA’s role could be expanded to monitor the performance of accreditation authorities, in view of its role in supporting the National Boards in their contracting of accreditation services to relevant accreditation authorities.

Setting health workforce reform priorities

28. What role should the Ministerial Council play in the formal consideration and adoption of proposed accreditation standards?

Accreditation standards should be subject to Ministerial Council approval to avoid a conflict of interest between the body responsible for developing the accreditation standards, the single accreditation agency proposed at 25., and the approving body. Ministerial Council approval would also provide additional reassurance that accreditation standards are consistent with the objectives of the National Law, the NRAS, and supporting policies and
principles. The Ministerial Council should not be involved in the development of the accreditation standards. This approach would in some way mirror what happens with the Threshold Standards where the Higher Education Standards Panel develops the Standards, which subsequently become a legislative instrument, and then TEQSA applies the Standards but is not responsible for their review or development.

29. Is the requirement that the Ministerial Council may only issue directions under s11(3)(d) if it considers a proposed accreditation standard may have a substantive and negative impact on the recruitment or supply of health practitioners, too narrow to encompass all the National Law objectives and guiding principles, and if so, how should it be modified?

The current circumstances under which the Ministerial Council may only issue directives if there is a substantive and negative impact on the recruitment or supply of practitioners is too narrow because the negative implications of a standards framework in these respects may not be immediately apparent to the Ministerial Council or may not be brought to its attention. There are currently NRAS accreditation standards frameworks for some professions that impose requirements that are not required for the protection of the public or to ensure or improve the quality of a program. Some requirements in terms of the numbers or type of clinical training or around the use of simulation have the effect of increasing the cost of programs, and the increase in cost in turn limits recruitment of students to a program. Full Ministerial approval of a single set of accreditation standards would mean careful consideration of any potential consequences for NRAS professions of accreditation requirements.

30. How best can a national focus on advice and reform be provided, at least for the delivery of accreditation functions, that:

- As part of a broader workforce reform agenda, regularly addresses education, innovative workforce models, work redesign and training requirements?
- Has regular arrangements for engagement with key stakeholders such as the regulators, educational institutions, professional bodies, consumers and relevant experts?

Accreditation standards should be subject to regular review, with a requirement that a review commence no later than three years after the last approval of the accreditation standards. This way providers can be assured that accreditation standards encompass innovation in education and training, and health workforce models. As part of this review the accreditation authority should engage with a broad range of stakeholders. Similarly, the accreditation authority should regularly review its accreditation processes with input from education providers. The accreditation authority should have within its remit engagement with NRAS professions through accreditation workshops, training of assessors, profession-specific fora, capacity building for NRAS institutions and international engagement with relevant accreditation agencies.

Specific governance matters

The roles of specialist colleges and post-graduate medical councils

31. Do the multi-layered assignment arrangements involving the National Boards, specialist colleges and post-graduate medical councils provide mechanisms for sufficient scrutiny of the operations and performance of these functions?

CQUUniversity does not offer a comment on this matter at this time.
Assessment of overseas health practitioners

32. Are there any reasons why processes for having qualifications assessed for skilled migration visas cannot be aligned with those for registration that are conducted under NRAS?

CQUniversity does not offer a comment on this matter at this time.

33. Is there 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?

CQUniversity does not offer a comment on this matter at this time.

34. Should there be consistency across the National Boards in assessment pathways, assessment approaches and subsequent granting of registration status for overseas trained practitioners?

CQUniversity does not offer a comment on this matter at this time.

35. Should there be a greater focus on assessment processes that lead to general registration for overseas trained practitioners without additional requirements such as supervised practice and how might this be achieved?

CQUniversity does not offer a comment on this matter at this time.

Grievances and appeals

36. Does the AHPRA/HPACF guidance document on the management of accreditation-related complaints resolve the perceived need for an external grievance/appeal mechanism?

Mechanisms for lodging complaints with NRAS accreditation authorities are currently inadequate. Mechanisms vary across accreditation authorities and an appeal of an accreditation decision to the accreditation authority generally constitutes the only avenue for appeal. Although external parties may be involved in the external review there may be a reluctance on the part of education providers to appeal a decision for fear of adverse consequences in future reviews of programs, particularly where a profession is small. Appeal mechanisms are often opaque and not well communicated to education providers on websites. There appears to be no mechanisms to appeal the decision of National Boards regarding decisions on the approval of programs since a search on the AHPRA website for National Boards does not provide any options for appeals regarding program approval decision, only information on individual practitioner registration appeals.

There is therefore a need for an external appeal mechanism for adverse decisions regarding the accreditation and approval of a program. The NRAS appeal mechanism should operate in a similar manner to appeal mechanisms in place for TEQSA whereby there is an initial internal appeal mechanism. In the event of dissatisfaction with the internal appeal TEQSA providers may appeal to the Administrative Appeals Tribunal (AAT) for reconsideration of the decision. A similar, legally binding external appeal mechanism should be available to education providers under the NRAS scheme where providers believe a decision has been made that is inconsistent with the intent and meaning of the applicable accreditation standard.
37. If an external grievance appeal process is to be considered:
   - Is the National Health Practitioner Ombudsman the appropriate entity or are there alternatives?
   - Should the scope of complaints encompass all accreditation functions as defined under the National Law, as well as fees and charges?

The National Health Practitioner Ombudsman is currently empowered to handle complaints regarding National Board but not NRAS accreditation authorities, which appears anomalous. Access to an external complaint mechanism for education providers to lodge grievances regarding the conduct of accrediting providers or National Board with regard to the accreditation or approval of a program would provide a mechanism for ensuring fair and consistent conduct toward education providers.

However, access to National Health Practitioner Ombudsman complaint mechanisms should not be a substitute for access to an external appeal mechanism. Education providers need access to a mechanism that is empowered to reverse a decision by an accreditation authority where due process has not been followed or there has been an error in the application or interpretation of an accreditation standard.