AUSTRALIAN GOVERNMENT
DEPARTMENT OF HEALTH

SUBMISSION ON DISCUSSION PAPER:

Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme (the Scheme) for health professions

Department of Health Submission to the Discussion

MAY 2017
The Commonwealth appreciates the opportunity to comment on the Discussion Paper. The Commonwealth is of the view that this review provides an opportunity to make significant improvements to the current accreditation process with a view to streamline processes, increase transparency and improve cross professional approaches. A more integrated accreditation system would support the education sector to produce a health workforce that is designed to meet the future needs of the Australian community, and will encourage a system that produces a health workforce that is responsive to new and innovative models of care.

**Improving system efficiency and transparency**

The Commonwealth acknowledges that the work of the Australian Health Practitioner Regulation Agency (AHPRA) Health Professional Accreditation Committee (HPAC) has resulted in considerable improvements in consistency across the professions in accreditation functions. However, the Commonwealth supports further consideration of the accreditation system including the development of a common framework or set of standards through the entire accreditation process and across professions, to create greater efficiencies, reduce costs and provide increased flexibility for education providers. Importantly, this approach would enhance an inter-professional focus for education and enhance innovation. Professional specific elements or domains remain critical and should be built on a common framework.

There should be no duplication between the National Registration and Accreditation Scheme (the Scheme) accreditation processes and those of the Tertiary Education Quality Standards Agency (TEQSA), and the Australian Skills Quality Authority (ASQA). The Commonwealth supports information sharing between the health accrediting bodies and that of TEQSA, which may need to be supported by a Memorandum of Understanding.

**Accreditation assessment teams:**
The Commonwealth understands that a majority of accreditation teams consist of representation from the specific profession discipline only, often with an emphasis on professional academics. The development of a common framework or set of standards should include the development of common policies for the accreditation assessment teams, including increasing the diversity of expertise of assessment teams, utilisation of professions from other disciplines, general education and accreditation professionals, and community representation.

The common framework should include transparency around the evaluation criteria used by assessment teams in their assessment of individual higher education courses. There should be publicly available information on the outcome of assessment panel deliberations, especially where there are conditions imposed or issues identified with specific courses. Benchmarking and quality control mechanisms should be built into the accreditation process, including support for consistent assessment methods and criterion within each profession, and across professions.

Consumers are an important part of the health system and their involvement should be considered across the entire accreditation process.

**Overseas trained health practitioners**
The Commonwealth Department of Health supports a one step process for assessing overseas health practitioners for permanent skill visa requirements and for registration. This process could be facilitated either through the accreditation council or the national boards. The Commonwealth Department of Education and Training would need to be consulted on any changes, noting that the Minister for Education is responsible for approving permanent skilled migration authorities.

The assessment of overseas trained health practitioners must include a skills based assessment process and not be reliant on a minimum level of qualification that is assessed equivalent to the Australian qualification framework level. Most professions require some level of supervised practice in Australia before they can
gain general registration status. The requirements for an overseas trained practitioner to be able to practice safely and competently in Australia in terms of the amount and level of supervised practice needs further consideration.

Risk assessment approach to accreditation of specific courses:
The Commonwealth supports further work being undertaken by all professions to further reduce the burden on the higher education sector, especially for the more established and well regarded courses. The recent move towards a risk-based accreditation process by the Australian Nursing and Midwifery Accreditation Council (ANMAC) is welcomed and is expected to be more efficient and effective for education providers and ANMAC.

Financial Transparency
The Commonwealth recommends greater transparency in financial management for accreditation authorities, including financial reporting. Given that some accreditation authorities exercise functions in addition to those stipulated under the Health Practitioner Regulation National Law Act 2009 (the National Law), the Commonwealth is of the view that income from the National Law accreditation functions be managed and reported as an independent income stream for each accreditation council and committee.

Financial viability and sustainability is important for the Scheme. As such, the income the accreditation authorities receive for their assessment of overseas trained practitioner registration requests should be maintained separately and not used to subsidise the accreditation functions under the Scheme. It is in the interest of all stakeholders to ensure organisations are not vulnerable should there be a significant change in demand for certain functions, including in the assessment of overseas professionals.

Health workforce capability and reform
It is increasingly acknowledged that the skills and qualifications gained from inter-professional education and learning, and the utilisation of assistant and support workers, will play an important role in ensuring the future health workforce is able to deliver sustainable and accessible services, especially in rural areas. The Commonwealth supports in principle, inter-professional learning as part of the undergraduate curriculum for health professionals to encourage multi-disciplinary practice and more innovative models of care.

Clinical placements:
Clinical placement opportunities should include inter-professional requirements and provide a diversity of experience across sectors, diverse communities, and in rural environments. Primary health care reform and increasing reliance on community services in the aged and the disability sector, means that it is increasingly important to provide experience for all the professions outside of traditional metropolitan large hospital experiences.

While a minimum number of clinical placement hours are mandated for some professions, such requirements remain controversial and are not supported by a substantial evidence base. Over time, this matter, along with an increased use of the simulation learning environment technologies, should be explored and investigated further by the accreditation councils and national boards.

Outcome based accreditation:
The Commonwealth supports outcomes based accreditation standards as this provides education providers with greater flexibility in the development of their curriculum, and to be more responsive to changes within health professions' scope of practice.

Post qualification examination processes:
The Commonwealth is of the view that the accreditation process, including the application of standards and approval of individual courses, should provide sufficient public and health sector confidence that higher education providers are producing professionals who are competent to practise in a safe and effective
manner, as would be expected of a new graduate professional. Currently, the psychology and pharmacy profession require graduates to pass a national exam prior to gaining general registration. Expanding this practice to other professions is not supported. These exams are an additional level of regulation and cost for graduates and professionals, and are unnecessary with a comprehensive well-functioning accreditation system.

*Oversight of accreditation functions:*
Currently, decisions on accreditation functions (both accreditation standards and approval of individual courses) under the National Law are made at an individual national board level. This approach could arguably limit consideration for cross-professional workforce innovation and reform, and limit broader consideration more generally outside of the profession.

Merit exists in the suggested option for the remit of the AHPRA Agency Management Committee (AManC) to be expanded to provide strategic policy oversight for accreditation and workforce reforms, and support cross professional approaches.

A single Forum to facilitate dialogue and decision making between employers and educators, is necessary, and could be a key focus of AManC. AManC could work in partnership with jurisdictions, private health sector, and professional bodies, with the aim of providing a more coordinated, flexible and streamlined system for collaboration and joint effort around the capabilities required for the health professionals of the future.

The use of AManC is the preferred approach rather than establishing an additional new entity, and potentially increasing the existing complexities in the system.

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