28th April, 2017

Dear Professor Woods,

The Faculty of Health and Behavioural Sciences at The University of Queensland welcomes the opportunity to provide a response to the Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions.

The faculty comprises six schools and teaches professionally accredited programs at undergraduate and postgraduate level (Australian Qualifications Framework (AQF) 7 – 10) in disciplines that include those currently regulated under NRAS and also some externally accredited professions (e.g. Social Work). Our range of disciplines include Psychology, Pharmacy, Occupational Therapy, Speech Pathology, Physiotherapy, Audiology, Social Work, Counselling, Nursing, Midwifery, Dentistry, Exercise Science, Clinical Exercise Physiology and Health and Physical Education. In 2016, we had 7136 students enrolled in our programs.

We agree that accreditation of our programs provides the assurance that our programs (and those of other higher education providers) have met established professional standards and that our graduates are competent in their chosen professions. As outlined by the World Health Organization (2013)¹, accreditation of health professionals’ education must be independent, transparent and the system and process should be periodically evaluated. We offer the following feedback in the spirit of strengthening our national accreditation system and look forward to more professions being included in the national scheme and thus subject to continuous review and the benefits of shared experience. In some instances below we offer feedback on disciplines not included in NRAS as a way of highlighting benefits and deficiencies of NRAS.

**Accreditation standards**

**Issue 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?**

Yes, TEQSA’s role in institutional quality assurance, governance and accountability should be acknowledged and the need for evidence of compliance with TEQSA standards be removed from accreditation requirements. Maintaining the need to re-address evidence already provided to another legislated body is redundant and costly in terms of resources for both the accreditation body and the higher education institution.

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Example: The School of Pharmacy is currently preparing documentation for their accreditation and from their experience the evidence needed to address each standard was cross-referenced many times through the document and often referred to evidence that had previously been submitted for internal university processes that are in place to meet Higher Education Standards legislation.

**Issue 3: What are the relative benefits and costs associated with adopting more open-ended and risk-managed accreditation cycles?**

The benefits are a better use of resources with a concentration of those resources where there is most need. However, since the suggestion here is an open-ended cycle (i.e. no terms for accreditation and consequently no necessity for a site visit) be the norm with a somewhat enhanced monitoring process, the process for monitoring will need to be addressed since it has the potential to be onerous for providers. There also needs to be trigger points for accreditation visits – these might be large percentage shifts in student numbers, staff numbers, change to program delivery method etc. and would clearly involve any new program.

**Input and outcome based accreditation standards**

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

Yes, we support outcome based accreditation standards and many of the NRAS accreditation bodies have already made significant changes in this direction. With the shift to outcome based standards, accreditation bodies could consider a requirement to provide evidence of assessment benchmarking between institutions to ensure learning outcomes are at the same standard between equivalent degree programs and assurance that graduates from a specific degree program have achieved the same outcomes and competencies to the same level, irrespective of institution. However, universities, like all businesses, need to differentiate themselves in the marketplace and institutions may have certain attributes and strengths that another institution will not share and this needs to be appreciated in the accreditation process as providing a diverse workforce that will meet the needs of the multicultural and diverse Australian population.

A few relevant examples are below to highlight inconsistencies in the current system and the negatives of an input based system.

- There are some anomalies in the use of outcome standards between the accreditation body and the board it provides accreditation on behalf of. For example, Pharmacy is moving towards outcome based accreditation standards, however, the Pharmacy Board still requires an input standard of hours for intern training.

- Another relevant example where appreciating the outcomes of the degree program and the profession would strengthen the system is the Australian Psychology Accreditation Council (APAC) and its accreditation standards. In this case, the input based methodology causing the forced standardisation of professional training programs is overly prescriptive and limits the capacity of education providers to be innovative and to respond flexibly and nimbly to changing conditions in the sector. Example: the Australian Psychology Accreditation Council (APAC) requires all accredited postgraduate programs to teach the same set of core capabilities and attributes. These represent a narrow view of what it is to be a psychologist, and do not adequately reflect the diversity of the discipline. Not all psychologists are therapists, therefore it
is inappropriate to expect that all graduates from accredited psychology training programs should be able to deliver cognitive behavior therapy, perform a mental status examination and provide counselling.

- Prescriptive regulations regarding staffing make it difficult for universities to run professional training programs. Example: APAC requires at least 50% of staff teaching into professional programs to be registered and endorsed. The requirement for registration and endorsement is making it impossible for many universities to staff these programs. The result has been the widespread closure of programs over the past decade in areas such as organisational, sport, counselling and health psychology, despite the fact that student and employer demand is growing rapidly. This is having a negative impact on workforce capacity, which runs counter to the guiding principles of the National Law.

**Health program development and timeliness of assessment**

**Issue 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?

We have some concerns about the responsiveness of the system as it currently has developed and the burden this places on our staff.

While there is agreement and an understanding that for new programs this is a necessary process and often complex and time consuming, for existing programs where there are only minor changes, or where changes only affect a proportion of the program, accreditation reviews could be more streamlined. Options that could be investigated involve putting the onus on the education provider to provide the evidence to support their change and to show that there has been no negative effect on the program or the student outcomes, rather than requiring a full accreditation report and site visit. Defining consistently the requirements to trigger a major program change versus a minor change would also be helpful. Appropriate training of assessors may assist in some cases. Timeliness would also be achieved by removing duplication and using TEQSA reviews and the TEQSA process for self-accrediting institutions whereby the institution has already had to show that it has robust processes in place for quality control and assurance of curriculum developments.

**Interprofessional education, learning and practice**

**Issue 13**: How best could interprofessional education and the promotion of inter-disciplinary practice be expressed in accreditation standards that would reflect the priority accorded to them?

Clearly IPE and IPP should be articulated in all health professional standards as an initial step. From our perspective, the importance of these standards should be reflected by ensuring barriers to the introduction of IPE innovations are then not made needlessly complex. We have encountered four barriers to the introduction of IPE in our accredited programs.

1. An excess focus on the technical skills of the profession (which constantly change) and insufficient on the teamwork elements (which are constantly needed) but rarely fully appreciated in the accreditation process.
2. The currently restrictive practice of some disciplines in insisting on only counting hours toward accredited practice where the supervisor is from the same profession - this practice is clearly restrictive with respect to IPE objectives.

3. Discipline protectionism – we highlight this as an example for issue 36. This particular challenge has prevented us from continuing with an IPE based course and subsequently move to splitting a course into two different discipline courses.

4. The response of accrediting authorities when notified of curriculum changes

For point 4 above, our experience with NRAS accrediting bodies regarding our introduction of an innovative first year course across all of our disciplines has been very positive. Indeed, despite a robust university approval process (details available on request), our concerns have centred on disciplines that are regulated outside of AHPRA.

**Clinical experience and student placements**

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

There is a need for all discipline boards to consider simulation in accreditation standards. There is now a considerable body of evidence that affirms the use of simulation in providing appropriate preparation for training. Standards that do have simulation do not specify the proportion compared to other placement modalities, however, assessors continue to use anecdotal testimony and personal perspectives, rather than evidence, to provide barriers to more routine use of simulation.

For example, for Physiotherapy there are no guidelines in the accreditation documentation as to the volume of simulation deemed appropriate for programs. Due to the national HWA project on simulation in physiotherapy (that had one aim to build capacity to undertake simulation) it is expected that most programs will have a component of simulation. Outcomes from a large random controlled trial RCT led by UQ in physiotherapy show no difference in learning outcomes or superior results when a block of simulation is compared to the usual clinical education model (Watson et al 2012, Blackstock et al 2013). More recent outcomes from the HWA project will be published soon. This work comparing simulation models across 16 universities and >1700 students produced positive results. There has always been a comparison of a block of simulation (weeks) and no discussion of an ideal volume across the program.


**Grievances and appeals**

**Issue 36:** Does the AHPRA/HPACF guidance document on the management of accreditation-related complaints resolve the perceived need for an external grievance/appeal mechanism?
No, we feel that the current guidance document does not resolve the need for an external grievance/appeal mechanism. The current document is very focussed on individuals rather than the ability to lodge a complaint about accreditation of a program. Additionally, the complaint is referred back to the authority against which a complaint may be made “From time to time, an individual or organisation may wish to make a complaint about an accreditation process. These complaints should be addressed to the Accreditation Authority.” (Section 2.1 Management of complaints relating to accreditation functions under the National Law – a guidance document). We believe there should be an external body to assess complaints if they cannot be resolved with the accreditation body.

We have no right to appeal to an independent body and make an academic argument, not just appeal process, we believe strongly that the current guidelines are inadequate. Importantly, the courses in question are IPE based and the concern of the assessors centred on teaching different cohorts together and thus the content being pitched to a non-specialist audience. To comply with the conditions we will now have to remove the IPE from our programs and teach different cohorts separately. Clearly a failure in appreciating the important and richness of teaching collaborative skills in an IPE environment, despite the rhetoric of the standards in encouraging such interactions.

Yours sincerely,

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