Submission to the Independent Reviewer

This submission

Osteopathy Australia appreciates this opportunity to comment on the discussion paper Accreditation Systems Review.

We have only responded to ‘issues’ where we have comment to add or concerns.

Osteopathy Australia

Osteopathy Australia is the national professional body representing over 85% of osteopaths across Australia. This gives us a unique voice for representing the profession and lobbying to ensure high standards—of healthcare and of regulation—are established and maintained.

Our core work is liaising with state and federal governments, regulatory or other statutory bodies, and key stakeholders throughout the healthcare landscape. We always welcome opportunities for input or collaboration, such as this.

Osteopathy Australia has extensive experience in working with the pre-NRAS State based schemes, the initial consultations and development of NRAS, and the operating NRAS scheme over the last 7 years. As such, our comments are based on these comparative experiences.

We have tried to work collaboratively with NRAS and AHPRA to improve standards and provide better, proactive protection for the public but have found them to be inflexible and resistant to constructive collaboration. This is a great failing of the scheme and resulted in a reactive, not proactive organisation. Having said that, we have found the Australasian Osteopathic Accreditation Council (AOAC) to be collaborative, innovative and interested in working with key stakeholders to achieve better outcomes—which sadly have often been stifled or delayed by referral to AHPRA.

Background

Osteopathy Australia provides this feedback on behalf of our members with a spirit of cooperation. This reflects our desire for high professional standards that maintain and improve the quality of osteopathy in Australia. Our members support and promote the National Registration and Accreditation scheme, and want it to operate better, at lower cost, and in a manner more conducive to public safety and public health.

Consolidated list of issues

Improving efficiency

Accreditation standards

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, and we note AOAC has reflected this in osteopathy accreditation standards already.

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?

Ultimately Universities in Australia make millions (or billions) of dollars in training health students each year and it should not be incumbent on health registrants to subsidise or fund university accreditation functions. Osteopathy
Australia supports the use of registrant’s funds to create efficient systems and fund the accreditation council; however, all other accreditation or overseas assessment functions should be funded through a user-pays models.

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?

No, as per question 6, all other accreditation or overseas assessment functions should be funded through the user. If income generated through the assessment of overseas qualified practitioners it should be used to invest in projects that improve processes and systems or fees should be lowered to prevent any barriers to potential applicants.

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?

Osteopathy Australia supported such changes and acknowledges the proactive work of the AOAC who already operates an accreditation standard expressed in outcome-based terms; however, it is also important to note that some inputs standards are needed to assess certain criteria such as a minimum AQF, for example.

**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?

Yes, if it is acknowledged that profession-specific requirements are equally essential.

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?

In osteopathy the accreditation standards have been amended 3 times over the life of NRAS as a proactive response to industry demands for more open, flexible and transparent processes; however, work on modernising competencies has been delayed and stalled. Currently osteopathy accreditation is based on decade old competencies published in 2009. These competencies are ‘owned’ but the National Board/AHPRA who has been consulting on (yet to be released) potential modernised versions since early 2015. They have just released another 12 month project on these. The inability of the National Board or AHPRA to move swiftly on developing, consulting and releasing modern competencies or capabilities is reducing AOAC ability to ensure education programs are delivering graduates who have the knowledge, clinical skills and professional attributes required of the current and future workforce. It is our opinion that had this project been conducted and ‘owned’ by the AOAC we would have current, work ready competencies or capabilities for osteopaths.

Producing the future health workforce

**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 Osteopathy Board of Australia, as an example, currently has only a couple of sitting members who have any higher level knowledge of education theory or relevant current experience in workforce development, university-based health education and/or training. As such it is difficult to comprehend that the current Board, as currently constituted, has the appropriate knowledge or skills to determine accreditation standards, let alone how programs of study could address the workforce needs.
This is not the fault of current sitting members; however, the current legislated Board composition requirements make the task of appointing a more appropriate skilled based Board virtually impossible; particularly in smaller professions. Osteopathy has 5 States or Territories with less than 50 registered practitioners as a pool of potential appointees.

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?

Yes.

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;

Osteopathy Australia had grave concerns with this proposal due to the past and ongoing failures of the AHPRA Agency Management Committee to implement efficiencies and transparencies across the NRAS scheme. Interestingly, despite several NRAS reviews their role at the head of AHPRA or their responsibility to be accountable for the past failures have been completely ignored in favour of blaming National Board or Councils. Osteopathy Australia therefore is concerned that they have not demonstrated adequate skills to implement such a vision.

Likewise, in Osteopathy, the National Board was a component in 6 month delays to approving new AOAC standards. Clear common, well documented processes and documented procedures are needed, independent of AHPRA.

- Establishing a single accreditation authority to provide policy direction on, and approval of, accreditation standards.

Osteopathy Australia strongly supports the need for more timely and efficient approval of accreditation standards. We also support establishing of a single accrediting authority as long as it is independent; truly inter-professional; transparent to all stakeholders including but also beyond Ministers; is adequately resourced; is small and efficient with well-defined performance indicators which are publically reportable.

Setting health workforce reform priorities

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

None.

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?

No.

Assessment of overseas health practitioners

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

Yes, the reality is being registered in another jurisdiction is an indicator of practitioners compliance and not clinical competence. Supervised practice is also an important component in raising awareness and understanding of local health systems, stakeholders and clinical culture.

**Grievances and appeals**

37. **If an external grievance appeal process is to be considered:**

- Is the National Health Practitioner Ombudsman the appropriate entity or are there alternatives?

Yes.