Introduction

In general, SA Health believes that accreditation systems are functioning well within the shared or networked governance framework under which the National Registration and Accreditation Scheme (the Scheme) currently operates. There are of course a number of complex tensions intrinsic to the effective functioning of both accreditation systems and the Scheme as a whole, and SA Health considers the Independent Review of Accreditation Systems (the Review) has provided a valuable opportunity to review progress and consider additional opportunities for improvement.

Rather than responding individually to each of the questions raised in the Discussion Paper, this submission makes some general comments in relation to the three key themes identified by the Reviewer. Comments are general in part because there are differences across the professions in relation to performance of accreditation functions.

In summary SA Health believes that at the least there are significant opportunities for Accreditation Bodies to learn from and cooperate with each other more closely, and also to engage more actively with stakeholders, including the jurisdictions. As the Scheme has matured, new mechanisms have emerged, such as the Forum of National Board Chairs, that have increased opportunities for parties within the Scheme to interact and collaborate and SA Health believes similar approaches may prove beneficial for accreditation functions. At this point in time SA Health is undecided about whether more far-reaching changes are warranted, but looks forward to further discussion on completion of the Review.

In any respect, an increased future focus and development of a suite of agreed KPIs across the domains of ‘improving efficiency’, relevance and responsiveness’ and ‘producing the future health workforce’ for accreditation functions would be supported.

Improving efficiency

SA Health supports efforts to improve efficiency in accreditation systems, while noting that it is important that any potential negative impacts of mechanisms to improve efficiency are also taken into account. Particular areas in which increased attention would be of value include:

- Routine review of similarities and differences between accreditation standards and processes would open up opportunities to establish greater consistency and commonality. While there are likely to be instances where there are sound reasons for differences in accreditation standards across the professions (or between specialties within a profession) there are also likely to be situations where differences may be harder to justify and where there may be considerable benefit gained from working towards greater consistency. Considerable work has been undertaken since the commencement of the Scheme to increase consistency in registration standards, and it is appropriate for there now to be additional scrutiny of the benefits that may arise from greater consistency in accreditation standards.
and processes. It would be appropriate for reporting to be required in relation to this.

- In addition to the potential benefits to efficiency, greater consistency of standards and processes may also contribute to building a shared evidence base to support decision-making in relation to accreditation functions and this would also be beneficial.

- SA Health agrees that where possible there is benefit in reducing duplication and increasing alignment between professional accreditation processes and the education accreditation processes for which the Tertiary Education Quality Standards Agency (TEQSA) and the Australian Skills Quality Authority (ASQA) are responsible. Work undertaken by the Australian Nursing and Midwifery Accreditation Council with TEQSA and ASQA has been welcomed as an example of what is possible in this regard.

- The increase of ‘light touch’ approaches to accreditation is supported, as long as effective risk management and governance systems are in place.

In relation to sources of income for accreditation functions, South Australia notes that a foundation of the Scheme is that registration fees align to functions performed, and any departures from this would require strong justification.

Relevance and responsiveness

Ensuring relevance and responsiveness requires Accreditation Bodies to balance a number of potentially competing factors, and SA Health suggests that many decisions about accreditation standards are made on the basis of limited evidence. It is therefore important that accreditation bodies are encouraged to partner with researchers to build a stronger evidence base in order to ensure that standards designed to be relevant and responsive are indeed achieving their aims.

SA Health supports an increased emphasis on outcome standards, while maintaining that there are circumstances where input / process standards are warranted in order to protect quality of outcomes. For example, SA Health would not support removal of the requirement of 800 workplace hours from the Registered Nurse Accreditation Standards. While this requirement is not based on strong evidence, specification of a minimum time provides at least some protection for exposure to clinical environments and practice. As a point of contrast, accreditation standards for dentistry do not specify a minimum number of clinical training hours, and a major workforce concern for SA Health is that students are graduating having had insufficient clinical experience.

To deliver graduates with the knowledge, clinical skills and professional attributes required of the current and future workforce requires educational innovation, which may be impeded both by input-based standards and also by long lead times to introduce change. A greater emphasis on outcome and risk-managed accreditation processes is likely to introduce greater flexibility and opportunity for innovation amongst educational providers.
Across a number of professions there are particular challenges for rural health services in providing clinical placement opportunities that meet accreditation requirements, and SA Health is of a view that increased flexibility in this regard would be of benefit.

SA Health considers increased dialogue across accreditation bodies about their approaches to such things as supervision standards, the use of simulation, the promotion of cultural safety for Aboriginal and Torres Strait Islander peoples, and clinical placement hours would be of value as part of a process of continuous review and improvement. For example, there have been significant differences between specialist Medical Colleges in relation to the use of simulation in training programs.

Greater dialogue across education providers as well as across accreditation bodies would also be of benefit. For example, while there is value to education providers having the opportunity to develop programs that meet accreditation standards in unique ways, there are significant workplace costs for clinical placement providers hosting students from different providers given the differences in assessment processes used. This can impact on sites’ ability to host cohorts from multiple institutions.

One matter on which accreditation bodies have moved at different speeds is incorporating into their standards explicit requirements that they encourage Aboriginal and Torres Strait Islander people to enrol, provide Aboriginal and Torres Strait Islander students with a range of supports and provide a curriculum designed to engender amongst all students the understanding, knowledge and skills to deliver clinically and culturally safe and respectful health services. Further work to embed strong governance, student support and curriculum frameworks in this regard would be of value.

SA Health believes there are benefits of developing accreditation standards that have common health profession elements/domains, overlayed with profession-specific requirements, but in doing so, it is important that the distinct knowledge base and practice wisdom of individual professions is not diminished. There are, however, a number of potential benefits to such standards, including support for interprofessional learning and potentially for the development of educational programs for new roles. SA Health acknowledges that, while there is considerable potential value in interprofessional learning, programs need to be carefully developed and evaluated for effectiveness.

Commencing work as a novice practitioner following graduation from a relevant educational program is a very significant transition in the life of all professionals, and it is not surprising that structured programs have emerged in a number of professions to support this transition. However, mandated programs limit flexibility, may tend to imply that skills at the level of a new practitioner are not required prior to entry, may create significant demands on health services providing programs, and may also cloud the fact that managing transitions will be an ongoing process throughout professional life.

In relation to nursing and midwifery, while completion of a formal transition to professional practice program is not a requirement of general registration, a de facto intern year has arisen, creating expectations that graduates will have access to such a program prior to obtaining ongoing employment.

In relation to medicine, SA Health does not believe there is good evidence for the medical intern program as currently constituted. SA Health supports moving eligibility to apply for general registration to graduation and moving away from current accreditation standards for the intern year. This need not preclude a requirement for supervised practice during a
transition to independent practice. It would however significantly increase flexibility of clinical learning opportunities in the initial postgraduate years. SA Health supports work being undertaken nationally to move towards a new model.

SA Health acknowledges both the fuzziness of the concept of work readiness and the responsibilities of employers to induct, train and develop newly qualified practitioners. Concern remains, however, about the apparent lack of work-readiness of numbers of new graduates across many professions. Building stronger relationships and dialogue between employers, education providers and Accreditation Bodies may contribute to addressing this ongoing concern, but is not likely to fully resolve it.

In relation to the question of the value of introducing independent national assessment processes, SA Health would welcome further consideration of this.

Producing the future health workforce

As indicated in the introduction, SA Health is generally supportive of the existing shared governance model of the Scheme, which provides for a high degree of professional autonomy in the management of key functions under the National Law.

However, for this model to work effectively, it is essential that National Boards and Accreditation Bodies communicate, consult and collaborate with each other and with a wide range of stakeholders, including other professions, education providers, employers, professional associations, governments and consumer representatives. The introduction of mechanisms such as the Forum of Board Chairs has facilitated one aspect of such interaction and there are also a number of Boards that have markedly improved their engagement with external stakeholders since the Scheme commenced. Anecdotal reports, though, suggest some Boards and Accreditation Bodies could still make significant improvements in relation to engagement.

While the Scheme has arguably been slow to embrace opportunities for contributing to workforce reform, there are some indications of change. For example, there appears to be a renewed interest amongst several Boards in advancing non-medical prescribing. Nevertheless, an increased focus on the role of Accreditation Bodies as well as National Boards in supporting workforce flexibility, new workforce models and workforce redesign would be valuable.

The composition of a profession can be one factor contributing to responsiveness to change. For example, in dentistry, where the profession is concentrated 85% in the private sector and only 15% in the public sector, the public sector incorporates workforce models with higher use of auxiliaries, moving towards a vertically integrated workforce in which all personnel are working to the top of their scope of practice. The predominance of private dentistry across the profession, and therefore within the standard setting and regulatory entities, can be an impediment to this. For example, there has been considerable professional resistance to supporting change to enable dental therapists to treat adults as well as children; a change which when proposed was arguably within existing scope of practice. In such instances, considering community access to services and costs of different workforce models needs to be given greater weight in professional considerations.
The increasing pressures towards sub-specialisation are also of concern, potentially leading to increased costs, for example through duplication of services. In an increasingly complicated and specialised health care environment, there is an important role for generalists, such as for medical perioperative generalists. Practitioners with the ability to support inter and transdisciplinary models of care have particular importance in rural and remote areas, as currently illustrated by the national project piloting the Allied Health Rural Generalist Pathway program, the education for which is being delivered through James Cook University.

In relation to increased involvement of consumers in accreditation functions, including in development of professional competency frameworks, accreditation standards and accreditation reviews, SA Health considers that in light of changing community expectations, service models and workforce models, greater involvement is appropriate. This, however, will require adequate support to enable it to be properly integrated and to maximise its value.

In summary, it appears that since the closure of Health Workforce Australia the impetus and responsibility for leading the vital national work of ‘continuous development of a flexible, responsible and sustainable health workforce’ has receded. While all parties, including jurisdictions, share responsibility to re-focus efforts in this regard, increased attention of Accreditation Bodies on this objective of the National Scheme would be welcome. Regular reporting would be useful.

Finally, in relation to overseas trained practitioners, SA Health is of the view that:

- There should be alignment between assessments of qualifications for skilled migration and for registration.
- Work being undertaken by the Australian Medical Council to compare the performance of Medical Colleges in assessment of International Medical Graduates is useful, and the development of scorecard approaches is facilitating valuable review.
- While there is value in developing rigorous assessment of equivalency that general registration need not be dependent on additional requirements such as supervised practice, the importance of adjusting to cultural context should not be underestimated. Given this, it may be appropriate that, rather than mandated supervised practice, which requires a higher level of expertise for the supervising practitioner, the provision of peer or near-peer support may suffice to support transition to practice in Australia.