TAFE NSW response to the consolidated list of issues 1 May 2017

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?

Benefits
A standardised approach would assist RTOs that apply for accreditation of qualifications that cross several disciplines. For example, the accreditation process varies from Nursing (ANMAC) to that for Aboriginal & Torres Strait Islander Board.

Costs
This would reduce cost impacts associated with the duplication of evidence.

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?

TAFE NSW agrees that accreditation bodies should be required to streamline the evidence provided to ASQA and TEQSA and incorporate their judgments into the accreditation process to reduce duplication, improve a risk management approach and reduce costs.

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

Benefits include:
- Risk based assessment of providers could reduce the amount of evidence required for reporting and also reaccreditation. This would streamline the process reducing the amount of evidence required, timeframes associated with accreditation and recognises well performing providers potentially reducing associated costs

Costs
- Providers would need to support ongoing monitoring, reporting and assessment of risk

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?

All assessment teams should have a professional staff member in their teams from their accreditation council who contribute to ensuring a common standard of assessment across accreditations.
5. Should the assessment teams include a broader range of stakeholders, such as consumers?

Although consumer input would be valuable, the addition of a consumer onto the assessment team may make some already large teams even bigger & make it more difficult to arrange site visits on dates that suit all members of the team.

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?

- Level of risk of the provider based on evidence of compliance with standards
- It is important to note that the funding received for training by the Government does not cover the costs associated with accreditation and monitoring. Therefore TAFE NSW must cover these costs through their internal budgets and through increased fees to students.

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?

- This could potentially reduce the cost of accreditation for on-shore providers and therefore reduce costs to students, increasing attraction to the sector in order to meet health workforce needs.

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?

TAFE NSW agrees that an outcome focus allows Education Providers to be more flexible & innovative in the delivery of their programs. However supports the retention of the input standard of a minimum number of hours of workplace experience, not including simulation.

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

- Accreditation bodies should also be required to factor in the requirements set by the AISC endorsed National Training Packages including mandatory workplace hours and other performance measures.
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?

There is merit in developing professional competency frameworks that are consistent across several health professions. This would improve the capability and flexibility of the workforce to meet complex health challenges.

It would be important to involve employers/industry in the development of competency frameworks and from a VET perspective also factor in the competency based outcomes that are implicit in the National Training Packages.

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

Benefits
- Broad workforce competencies could underpin and set the benchmark across a range of professions. This would facilitate the capability of the workforce to then transition into other professions to address shortages and meet industry needs.

Risks
- There would need to be consideration into the process for review and update of the core competencies in line with the various industry requirements. Timeliness would be a consideration. Training Packages timeframes would also need to be considered.

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?

Developing an accreditation is complex and time consuming. There are many influencing factors that are outside of the control of the education provider including
- Training package reviews, updates and release dates
- ASQA requirements for transition requirements and end dates
- Updates to standards for practice set by the registration body
- Updates to accreditation standards set by the accreditation body

The duration of the process impacts on the education provider’s capacity to respond quickly to changing industry needs. For example the reaccreditation timeline for the Diploma of Nursing was 24 months including development, assessment and decision.
Interprofessional education, learning and practice

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?

ANMAC accreditation standards expressly require this to be demonstrated.

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?

TAFE NSW is required to adhere to the National Training Packages which are developed and endorsed by industry.

In some instances (such as for qualifications in Aboriginal and Torres Strait Primary Health Care Practice) the training package sets a minimum number of workplace hours. In the case of the Diploma of Nursing, ANMAC sets a minimum of 400 clinical placement hours (excluding simulation).

The cost & availability of quality clinical placements has a direct impact on the experiences gained by students and their ability to gain graduate competencies. There needs to be an expansion of placements into primary care settings & some financial assistance to Vocational Education Providers to fund this.

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

Simulation-based education is a very valuable tool to allow students to practice skills in a controlled & supervised environment. However it should not replace the minimum number of clinical work placement hours. The National Training Package Units of Competency Assessment Requirements specify the Performance Evidence and Assessment Conditions which must be met in order to achieve competency and remain compliant with delivery requirements.

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?

- Yes. Clinical placement requirements exist for some qualifications and not for others. These requirements should be established based on industry feedback.
17. How should work readiness be defined, and the delineation between registration requirements and employer training, development and induction responsibilities be structured?

- Work readiness is based on successful completion of the qualification and any required clinical placement hours. Student entry into regulated qualifications should be based on registration requirements to ensure that the student is able to transition into employment post completion. Employers and industry have a responsibility to ensure that new entrant staff are inducted into their organisations via effective induction programs, and through additional supports such as through buddy systems, mentoring, supervision and ongoing professional development as required by the job role. Competency based frameworks could be developed which place supports in place for new entrants and makes clear the roles, supports and expectations for new entrants through to seasoned professionals.

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 National examination does not align with competency based training provided by the VET sector. If a student has successfully completed the qualification and meets the National registration standards that should be sufficient. The addition of an additional examination for entry to practice would need to be contextualised to reflect the content of Training Packages and be supported by the regulator, not the education provider. The risk is that education providers would teach to the exam.

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?

- Nil comment

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?

- Nil comment
Governance of accreditation authorities

21. Is there adequate community representation in key accreditation decisions?
   - Nil Comment

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?
   - Advisory or Consultative Committees could assist with managing conflicts of interest

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?
   - As above

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?
   - Nil Comment

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.

   - Nil comment

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

Setting health workforce reform priorities

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

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?
   - Nil comment

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?
   - The development of a National Workforce Agenda with clear goals, principles and strategies would assist industry and education sector to address needs and growth
   - Advisory committee structures that actively engage relevant stakeholders to inform agenda development would be essential

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?
   - Nil comment
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?

   Processes for qualifications assessed for skilled migration visas should be aligned with those for registration

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?
   No

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

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?
   There should be rigorous assessment processes and supervised practice for general registration for overseas trained practitioners

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?
   - Nil comment

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?
   - Nil comment