Australian Osteopathic Accreditation Council (AOAC) response to the Review of the National Registration and Accreditation Scheme for Health Professions Consultation Paper (August 2014)

The Australasian Osteopathic Accreditation Council welcomes the opportunity to provide this response to the Review of the National Registration and Accreditation Scheme for Health Professions Consultation Paper (Consultation Paper).

Background

The Australian Osteopathic Accreditation Committee (AOAC) (formerly the Australian and New Zealand Osteopathic Council) registered with the Australian Securities and Investments Commission (ASIC) as a company limited by guarantee on 23 February 2010.

AOAC is an independent, not for profit, organisation. The governance structure consists of a Board of Directors supported by an Executive Committee, an Accreditation Committee and a Qualifications and Skills Assessment Committee. The Board of Directors comprises Directors who possess skills in osteopathic education and/or accreditation, represent the professional interests of registered osteopaths and community representatives appointed on the grounds that such persons possess particular skills, experience or expertise required by the board from time to time.

In consideration of the Trans Tasman Mutual Recognition Act (1997) (Cth) (TTMRA), the Constitution and processes of AOAC include stakeholder representation from New Zealand to encourage collaboration and uniformity.

AOAC, then ANZOC, was initially assigned the role of accreditation authority for osteopathy for a period of three years from 1 July 2010, by the Australian Health Workforce Ministerial Council prior to the commencement of the National Registration and Accreditation Scheme. In December 2012, after an extensive review and consultation with stakeholders, the Osteopathy Board of Australia (OBA) decided to re-assign this authority under the Health Practitioners Regulation National Law 2012 (the National Law) for a further period of five (5) years from 1 July 2013. As the assigned external accreditation entity, AOAC works with the OBA to deliver specified accreditation functions under a formal agreement with AHPRA on the OBA’s behalf.

Under Regulation 2.26B of the Migration Regulations 1994 (Cth), the Minister for Education has assigned AOAC to be the assessing authority to conduct skills assessments for prospective migrants in the occupation Osteopath (ANZSCO 252112). AOAC ensures that its assessment of qualifications, both for migration and for registration purposes are aligned and this promotes efficiency and consistency.
The aims of AOAC are to:

- Create a policy framework that helps ensure that ‘equivalency’, as encompassed in the Trans-Tasman Mutual Recognition Agreement, is maintained.
- Assess for the purpose of granting accreditation to programs leading to the eligibility of people for registration as an osteopath in Australia.
- Advise and make recommendations to the osteopathic regulatory authorities relating to the accredited status to be granted to an osteopathic program.
- Advise and make recommendations to the osteopathic regulatory authorities (or successor body(s)) and other relevant interest groups on matters concerning the registration of osteopaths.
- Develop, review and maintain accreditation standards and processes to assess osteopathic programs.
- Assess the suitability of overseas-trained osteopaths to practise in Australia.
- Provide information and advice to government bodies concerning the adequacy of a person’s skills in the field of Osteopathy for the purposes of migration to Australia.
- Provide information and advice to government bodies relating to law and policy concerning the registration of osteopaths in Australia.
- Establish and maintain relationships with bodies or organisations having objects and functions in whole or in part similar to the objects and functions of AOAC.

AOAC is also a member of the Health Professions Accreditation Councils’ Forum (Forum). The Forum consists of the eleven accreditation councils which have been appointed under the Health Practitioner Regulation National Law Act 2009 (National Law) by their respective National Board as external Accreditation Authorities.

**Cost of Accreditation within the Scheme**

We note that a comparison of the costs of regulation of osteopaths between Australia and the United Kingdom found that Australia’s costs of regulation, including the cost of accreditation, are lower overall.

It is difficult to quantify the real cost of providing accreditation services when such a significant proportion of professional services is provided at no or marginal cost.

The cost of accreditation is modest for such an integral part of the Scheme. AOAC has received on average only $158,957 per annum from the Osteopathy Board of Australia from 1 July 2012 to 30 June 2015 representing approximately 27% of an osteopath’s general registration fee. While AOAC is committed to delivering appropriate services at high quality, the modest funding for our accreditation related-activities limits our capacity to contribute to policy initiatives and new developments.

AOAC notes the competing demands and tension between the National Boards and education providers in relation to the way costs of accreditation are apportioned. The small number of osteopathic programs in Australia necessitates a higher contribution from registration fees than other larger occupations due to the inability to distribute costs between a pool of educators without imposing unacceptably large costs on each program. In this way, osteopathy has kept fees comparatively low to educators. AOAC considers that, in accordance with Principle (3)(b), fees charged should remain reasonable having regard to the efficient and effective functioning of the Scheme. AOAC further considers that to achieve this all users should contribute towards the Scheme, that is, registrants, education providers, and the ‘public purse’ because there is a public benefit.
AOAC draws attention to the significant establishment costs for NRAS. We expect to see costs reducing as the Scheme matures. Indeed we note that registration fees for osteopaths have been reduced this year.

AOAC strives for ongoing efficiency gains. Its success in this is evidenced by the reduction in operating funding received from AHPRA over the past few years. Ways AOAC has saved costs include:

- Contracted secretariat services reducing overhead costs associated with maintaining an office and staff
- A shared secretariat with the Australian and New Zealand Podiatric Accreditation Council which maximises efficiency and effectiveness between the two organisations
- Minimising meeting costs through
  - ensuring that committee and board meetings are only held when there is business that must be transacted, and
  - holding most meetings by teleconference with only 1-2 face to face meetings per year (thus keeping travel and accommodation costs to a minimum)
- Reducing the size of the Board from nine to seven members
- The level of fees paid to individual council and committee members for undertaking the duties of AOAC and their augmentation with pro bono contributions of professional services
- Contracting with the Australian Pharmacy Council to administer examinations for internationally qualified osteopaths, which utilises their infrastructure efficiently without the need for AOAC to establish structures and processes for this purpose.

**Significant Features of Accreditation in the Scheme**

The following features are important aspects of the Scheme as it is currently operating and should be retained.

*Independence of co-regulatory functions*

The National Law clearly articulates a co-regulatory approach between National Boards and Accreditation Authorities. The co-regulatory approach provides for an important separation between the respective responsibilities of the Accreditation Authority and the National Board.

Independence of the accreditation function, especially decision-making processes, from the influence of any single stakeholder is internationally recognised as a fundamentally important principle of accreditation. The International Network for Quality Assurance Agencies in Higher Education (*INQAAHE*) *Guidelines of Good Practice in Quality Assurance*\(^2\) state that an external quality assurance agency ‘must be independent, i.e. it has autonomous responsibility for its operations, and its judgments cannot be influenced by third parties’. Loss of the independence of the accreditation functions under the Scheme would degrade the integrity of the quality assurance aspects of the Scheme and would not be in the community’s interests.

AOAC and the OBA have developed a strong working relationship that provides for independence, accountability and efficiency. Working in partnership ensures that accreditation supports the registration policies of the OBA. **AOAC values the good relationship it has with the OBA.** Such a relationship relies on each body having a clear understanding of the roles and functions of each other under the NRAS.
In a small profession such as osteopathy, the involvement of two separate bodies increases the resources into policy development for regulation and the OBA regularly seeks advice from AOAC on a range of regulatory matters. The OBA has contracted AOAC, with its specific educational expertise in osteopathy, to undertake a range of projects to meet its objectives. These include the development of a competent authority pathway to expedite the registration of osteopaths registered in the UK, the evaluation of its introduction and provision of recommendations on the registration of applicants who do not meet recency of practice standards.

**Strong relationships with profession and education providers**

AOAC has a close and ongoing engagement with education providers, professional associations, and osteopathic regulators on the development of osteopathic education programs, the assessment and monitoring of programs, and consultation on development of accreditation standards and capabilities. In fact, in a recent standards development workshop, the professional association reported that the relationship between education providers and the accreditation authority has improved significantly since the introduction of the Scheme. AOAC, by virtue of these relationships, is able to engage the expertise of educators and the professions, some of which is contributed at little or no cost to AOAC and the Scheme in general.

Working with other health professional accreditation councils through the Forum has provided immense benefits in the sharing of best practice, provision of joint training for accreditation panels, utilisation of expertise from other authorities, development (through the Accreditation Liaison Group) of clear frameworks for operation and achieving consistent interpretation and application of the co-regulatory approach articulated by the National Law, including attention to the objectives and principles of the Scheme.

AOAC has strongly supported initiatives of the Forum over the past year, with the maturity of the Scheme, to increase the consistency and alignment of standards and processes across professions. While some progress has been made, unfortunately lack of resources has limited the rate of progress on moving towards a vision of largely common accreditation standards, with addition of profession specific standards and the development of shared accreditation assessments enabling the range of health professional programs in one educational institution to be assessed at the same time, thus significantly reducing the accreditation associated workload of education providers.

**Increased short-term investment in accreditation would have considerable financial gains in the longer term through significant reduction in the overall cost of accreditation under the Scheme.**

AOAC believes that these relationships are important in achieving the objectives of the National Law. This approach is supported by reports that regulatory goals are more likely to be achieved with regulation that has buy-in by those stakeholders being regulated.³

**Strong International relationships for quality, innovation and efficiency**

The accreditation functions under the National Law cover not only the accreditation of education programs and providers, but also the assessment of overseas trained practitioners and examinations more broadly. AOAC maintains strong relationships with its international counterparts:

- to ensure that Australia achieves international best practice in the assurance of quality health practitioner training through accreditation and assessment
- to be responsive to innovations internationally in education of, and service delivery by, health practitioners; and
to facilitate mobility of health practitioners between jurisdictions, through ‘competent authority’ or other processes, with due regard to patient safety, quality, fairness and efficiency.

**Technical expertise for quality accreditation functions**

The technical expertise required to undertake these functions must be recognised. As an example, AOAC’s standard assessment pathway includes an examination process involving a written and practical examination as well as a portfolio exercise. The development and design of examination questions and clinical practical examinations, which are set at the right standard (safe practice), and are robust and fair requires the input of expert educators and practitioners.

**Responses to Specific Questions raised in the Consultation Paper**

For the purpose of this response, AOAC has elected to respond only to questions 3 – 5 and 20 – 27.

3. **Should a single Health Professions Australia Board be established to manage the regulatory function that oversees the nine low regulatory workload professions? Estimated cost saving $11m per annum.**

AOAC does not agree that a single Health Professions Australia Board be established to manage the regulatory function that oversees the nine low regulatory workload professions. It is important that professions, themselves, oversee the regulation of their profession.

It is AOAC’s view that the continued existence of distinct National Boards for each health profession is the best option to achieve the objectives of the National Scheme. The essential work of preventive regulation that all of the National Boards undertake to ensure that the objective of public safety is met should not be underestimated. Again, we note that the costs of regulating osteopaths in Australia is considerably less than the United Kingdom comparator given.

As the professions are so varied it is not possible for one Board to have specific knowledge of profession specific issues. Whilst approximately $11m of theoretical savings has been identified in this model, AOAC strongly disputes this figure and considers that the additional costs of ensuring profession specific expertise would reduce the estimated savings considerably. Any major change in structure would inevitably require establishment funding in the short term and there would be no guarantee of the level of any future return of that investment.

Savings are more likely to be found through ongoing focus on efficiency in operation of the current scheme. AOAC considers that there is considerable room for savings within the current structures. We question the need for monthly face-to-face national board meetings, for example. Other international jurisdictions, such as New Zealand, manage the role with quarterly or two-monthly board meetings. Reducing the number of board meetings for smaller professions where there is little business, could achieve significant savings without the need to reduce the profession input.

In the event that Ministers agree that a Health Professions Australia Board is established, AOAC urges careful consideration of how this Board can best assure the full involvement of the osteopathy profession.
4. **Alternatively, should the nine National Boards overseeing the low regulatory workload professions be required to share regulatory functions of notifications and registration through a single service?** Estimated cost saving $7.4m per annum.

The design of the scheme, with all professions being administered by AHPRA, already allows for the delegation of functions and, therefore, sharing of functions between professions.

There is an implication that the nine ‘low workload’ professions do not require full regulatory force. This is not substantiated in the consultation paper. Based on the data presented, particularly the ratio of complaints to registrant numbers, these professions have been selected not on risk but on level of activity. They are not ‘**low risk**’ rather they are ‘**low activity**’. Five of the professions had higher ratio of notifications and complaints per practitioner than nursing. This does not suggest a lighter regulatory regime, it only indicates potential efficiencies in processing complaints due to low numbers. More detailed analysis of the actual costs of administering each complaint may indicate where more streamlined processes could reduce costs.

AOAC would also like to point out that measuring risk on the basis of numbers of complaints and notifications is simplistic. While reporting the numbers and types of notifications and complaints are important indicators of risks in the National Scheme, and analysis of these data can help improve safety, it is only one measure of risk. The data is based largely on voluntary reporting and relies on an analysis of historical data. Identifying and responding proactively to indicators of risk as they emerge in professional practice is most likely to occur as a result of the professional expertise of board members.

National Boards need to be able to respond quickly to, and on occasion play a leading role in actively promoting changes in professional practice if the objectives of the National Scheme for workforce mobility and a flexible workforce are to be met.

**These activities require a detailed knowledge of the complexity of each profession,** and the ability to benchmark standards for safe practice internationally as well as nationally. They do require **considerable profession specific expertise,** not to mention the respect and recognition of the profession.

5. **Should the savings achieved through shared regulation under options 1 or 2 be returned to registrants through lower fees?**

AOAC believes that decisions on how to distribute any savings achieved through shared regulation should be carefully considered. They will vary depending on the level and reasonableness of registrants’ fees and the needs of the Scheme at that particular time. AOAC considers that increased investment in accreditation at this time to support a significant increase in cross-profession accreditation standards and processes would reap considerable long-term financial returns (as stated earlier). We also appreciate the recent reductions to osteopathic registration fees.

The key objective is to increase efficiency as much as possible with an objective of achieving a high level of public safety within the lowest cost.
To what extent are National Boards and Accrediting Authorities meeting the statutory objectives and guiding principles of the National Law, particularly with respect to facilitating access to services, the development of a flexible, responsive and sustainable health workforce, and innovation in education and service delivery?

AOAC cannot comment on how the OBA is meeting the statutory objectives and guiding principles and full explanations of how AOAC is performing its role to meet these objectives has already been provided earlier in this submission.

The objectives and guiding principles of the National Law are broad and extend from matters specific to education and training, workforce sustainability and access to services. AOAC works to meet the objectives and the guiding principles of the National Law.

Objectives directly related to accreditation functions
The objectives relating to facilitating the provision of high quality education and training of health practitioners (s3(2)(c)) and facilitating the rigorous and responsive assessment of overseas qualified practitioners (s3(2)(d)) particularly relate directly to accreditation functions. Accreditation standards and accreditation of programs of study against those standards are fundamental determinants of the quality of the education and training of health practitioners. AOAC develops processes to assess overseas-qualified practitioners and undertakes those processes, and therefore controls the responsiveness and rigorousness of those assessments.

Other objectives
AOAC also addresses other objectives, particularly ensuring protection of the public, workforce mobility, public access to services, the development of the workforce and innovation in the education of, and service delivery by, health practitioners in the way it exercises it role.

Protection of the public
The quality of the assessment of overseas-qualified practitioners, accreditation standards and accreditation of programs of study determines whether practitioners who complete programs of study or are assessed as qualified for registration have the knowledge, skills and professional attributes to practice their professions and is critical to protecting the public.

The standards and processes by which AOAC exercises its functions are set to protect public safety by ensuring that osteopathic applicants for registration are appropriately qualified, while also minimising barriers to entry of new practitioners.

One of the core roles of AOAC is to ensure that only osteopaths who are suitably trained and qualified to practise in a competent and ethical manner are registered. AOAC achieves this by setting accreditation standards for education and training that are contemporary, robust, benchmarked nationally and internationally and are responsive to the needs of the community. When applied, the accreditation standards ensure that educational programs have didactic and experiential education that is appropriate, have professional input, and assessment processes that are robust, transparent and fair.
Flexibility to achieve workforce objectives of the Scheme

There is a commonly expressed misconception that accreditation standards are inhibiting innovation. While there may be a few examples of this, in fact, generally accreditation standards are broad, leaving a lot of flexibility for individual educators to design programs. AOAC is embracing the modern approach to accreditation in its current review of osteopathic accreditation standards.

The nature of healthcare delivery is changing rapidly, and will look very different in five years’ time. For this reason accreditation processes and standards have to continue to be responsive to those changes, and allow for innovation. In order to be responsive to the highly dynamic environments of both education and health, and to enable innovation in the education of, and service delivery by, health practitioners, AOAC is moving towards outcomes-focused accreditation standards that continue to be evidence based.

A learning outcomes-based approach to quality assurance is consistent with current best practice, including the regulation of higher education programs in Australia. Through their common membership of the Forum, Accreditation Authorities share information on their practices and experiences in implementing these standards.

In the agreements between the Accreditation Authorities and AHPRA, on behalf of the national boards, a number of emerging issues were identified as important to consider in current and future work, including cross-profession collaboration and innovation, inter-professional learning, and simulated learning environments. Members of the Forum have mapped accreditation standards to identify opportunities for collaboration and to be confident that there are no barriers to innovation. Several accreditation authorities which had scheduled reviews of their accreditation standards are currently working together to share findings of best practice while still fully engaging with the respective professions, education providers and international counterparts.

Accreditation can contribute to a flexible and sustainable workforce within a profession – setting appropriate learning outcomes for practitioners, requirements for lifelong learning, skills to reflect on and improve practice, requiring education providers to review and change their programs in response to developments in the profession, science and community needs, leads to innovation in programs for a profession.

In order to further contribute to the objectives of the Scheme concerning the development of a flexible, responsive and sustainable workforce, AOAC would welcome a comprehensive debate about the challenges and opportunities for health workforce reform by governments and all stakeholders.

Essentially, AOAC considers that it is delivering on these objectives and guiding principles within its sphere and is not inhibiting access to services, the development of a flexible responsive and sustainable health workforce, or innovation in education and service delivery (which, we note, is largely in the ambit of educators and health providers).

Accreditation standards aim to be drivers and enablers of responsive practice and innovation.
The assessment of overseas qualified practitioners by Accreditation Authorities also contributes to access to services by having assessment standards that ensure practitioners are safe and competent to practise their professions anywhere in Australia, while not being too prescriptive to prevent them registering.

21. **Should the proposed reconstituted AHWAC carry responsibility for informing regulators about health workforce reform priorities and key health service access gaps?**

For effective engagement and successful progress on key issues there is a need to establish a process of good debate and informed interaction with accreditation authorities and other relevant stakeholders. AOAC recognises the importance of this engagement, and are willing to have these discussions with the relevant parties, which may include a reconstituted AHWAC.

22. **To what extent are Accrediting Authorities accommodating multidisciplinary education and training environments with coordinated accreditation processes or considering future health practitioner skills and competencies to address changes in technology, models of care and changing health needs?**

The key to full accommodation of multidisciplinary education and training is to focus on outcomes of training, and this is endorsed by AOAC in the development and implementation of Standards.

Ultimately, the extent to which multi-disciplinary education and training is provided is the role of educators and should be encouraged as a key contributor to facilitating team work and multi-disciplinary professional practice. It is the role of policy makers and health providers to drive these initiatives. Accreditation processes can, and do, support this but cannot make it happen.

Through the Forum, AOAC is working to strengthen cross-professional accreditation standards and processes, as has been discussed earlier in this submission. Work has commenced on identifying common accreditation assessment processes, common policies and procedures, and joint projects where representatives from a variety of the professions are involved. This includes:

- establishing a common standard for non-medical prescribing,
- mapping of accreditation standards to identify the commonalities and differences and enable planning of work to align them
- developing standards where four of the professions are collaborating together to develop standards at the high level that are applicable to across professions.
- developing common policies on complaints and appeal processes
- providing joint accreditation training and sharing of accreditation utilisation of members from other professions on accreditation panels.

23. **What relationship, if any, is required between regulators and educational institutions to ensure the minimum qualification for entry to professions remains available?**

A good relationship between regulators and educational institutions is important. Independent Accreditation Authorities facilitate the ability to focus on these relationships as they have credibility and educational expertise and their work closely aligns them with educators.
The focus of the National Law is on defining accreditation standards to be used to assess whether a program of study, and the education provider that provides the program of study, provide persons who complete the program with the knowledge, skills and professional attributes necessary to practise the profession in Australia. The focus of the accreditation authority therefore, is on ensuring that the program meets approved accreditation standards rather than the level of qualification awarded.

Having said that, it is important that the standards are not so prescriptive so as to deter educators from offering programs and maintain the balance between ensuring that the programs are accessible while also providing graduates with the necessary competence to practise safely. Standards developed in consultation with educators will ensure that they are consistent with current education trends and remain feasible.

24. **How effective are the current processes with respect to assessment and supervision of overseas trained practitioners?**

AOAC believes the current processes are effective but is about to embark on an evaluation of the competent authority pathway, that was introduced at the beginning of 2014 to test its effectiveness.

AOAC understands that ten accreditation authorities currently undertake the assessment of overseas trained practitioners (including osteopathy). They employ a range of approaches, dependent on the nature of the profession involved, but typically including desktop assessment of training and qualifications, written and clinical examinations, portfolio assessment and / or workplace-based assessment. Significant variation in training and outcomes associated with health practitioner education occurs across (and also within) international jurisdictions. Accordingly, assessment processes need to reflect this.

Nine of the accreditation authorities, including AOAC, assessing overseas assessing authorities have established competent authority pathways to provide streamlined assessment pathways for applicants from some jurisdictions where the standard of training is considered to be equivalent to Australia for the profession in question.

AOAC ensures that assessment processes are appropriately benchmarked to the standard of Australian trained practitioners to enable the provision of a healthcare workforce that meets the requirements of the Australian public. Similarly, much attention is focused on ensuring timely access to assessment opportunities, at a cost to applicants that is reasonable and ensures that costs are recovered.

The competent authority pathway for UK registered osteopaths commenced at the beginning of 2014. This process consists of an online module, which presents a range of information on osteopathic practice and health systems and regulation in Australia, and an on-line open-book examination to test understanding of the content of the module. It is easy to administer in the country of origin and ensures speedy processing of applications. The OBA has developed a supervision requirement that is implemented by AHPRA. A full evaluation of the pathway, including the supervision arrangements has been commissioned from AOAC and this will commence shortly.
25. **Should the appointment of Chairperson of a National Board be on the basis of merit?**

AOAC believes that the Chairperson of a National Board should be appointed on the basis of merit.

Contemporary corporate governance principles recommend having independent chairs so as to contribute to a culture of openness and constructive challenge that allows for a diversity of views to be considered by the board. Any chairperson of a National Board will also need to possess adequate technical background and have the respect of the profession.

26. **Is there an effective division of roles and functions between National Boards with accrediting authorities to meet the objectives of the National Law? If not, what changes are required?**

The National Law clearly articulates a co-regulatory approach between national boards and Accreditation Authorities that provides for an important separation between the respective responsibilities of the accreditation authority and the national board. Accreditation Authorities are, and should be, independent but complementary. It is important that Accreditation Authorities are able to perform their accreditation functions independently while also maintaining a respectful partnership with the National Board to ensure that registration objectives are aligned.

AOAC supports the current arrangements under the scheme, which is working well for osteopathy, while acknowledging that the Scheme is still evolving and there is still a need for clarity on the nature of independence.

27. **Is there sufficient oversight for decisions made by accrediting authorities? If not, what changes are required?**

AOAC believes there is sufficient oversight for decisions made by Accrediting Authorities.

Accreditation Authorities are accountable for its accreditation functions through

- Reporting against the agreed quality framework for the accreditation function six monthly to AHPRA and the OBA under the Agreement with AHPRA
- Regular (most lately 2012) thorough assessment and evaluation by AHPRA and the OBA on its performance leading to the OBA’s decisions on where to assign the accreditation functions and which accreditation functions to assign
- Annual submission to support funding, including provision of a well-articulated budget with justification and provision of annual reports
- Maintenance of a website with all information regarding policies freely available, including publication of all annual reports as soon as they are finalised
- Policies on appeal and review for dissatisfied educators or international applicants
- Ability for judicial review of accreditation decisions.

---
