Australian and New Zealand Podiatry Accreditation Council (ANZPAC) response to the Review of the National Registration and Accreditation Scheme for Health Professions Consultation Paper (August 2014)

The Australian and New Zealand Podiatry Accreditation Council welcome 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 and New Zealand Podiatry Accreditation Council (ANZPAC) was incorporated in South Australia on 16 April 2008 and transitioned to a company limited by guarantee in September 2012.

The Podiatry Board of Australia has determined that their accreditation function is to be exercised by an external accreditation entity. As the assigned external accreditation entity, ANZPAC works with the Podiatry Board of Australia to deliver specified accreditation functions under a formal agreement with AHPRA on the Board’s behalf.

ANZPAC is an independent body with membership currently comprising the Podiatrists’ Board of New Zealand and members of the Executive Committee. The Board of Directors comprises registered podiatrists, nominees from the Australasian podiatry professional associations (Australasian Podiatry Council and Podiatry New Zealand), and nominees from educational institutions offering podiatric programs of study in both Australia and New Zealand and community representation.

The purpose of ANZPAC is to assess and accredit podiatric education programs that aim to graduate persons who are eligible for registration as a podiatrist in both Australia and New Zealand. A recent expansion of our function sees ANZPAC undertaking the accreditation of those courses that aim to produce podiatric surgeons (specialist accreditation) and endorsement for scheduled medicines (prescribing). A secondary purpose is to assess the qualifications and skills of overseas trained podiatrists for skilled migration to Australia or eligibility to practice in Australia and New Zealand.

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

ANZPAC was initially assigned the role of Accreditation Authority for the podiatry profession by the Australian Health Workforce Ministerial Council prior to the commencement of the National Registration and Accreditation Scheme for a period of three years from 1 July 2010. In December 2012 the Podiatry Board of Australia agreed to continue this assignment to ANZPAC for a period of five (5) years from 1 July 2013.
In accordance with the Migration Regulations 1994 (Cth) – regulation 2.26B, the Minister for Education has approved ANZPAC as the assessing authority to conduct skills assessments for prospective migrants in the occupation Podiatrist (ANZSCO 252611).

ANZPAC 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.

Objectives and Guiding Principles of the National Law

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

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)) 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. ANZPAC develops processes to assess overseas-qualified practitioners and undertake those processes, and therefore control the responsiveness and rigorousness of those assessments.

Other objectives

As part of the accreditation function, ANZPAC 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.

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 ANZPAC exercises its functions are set to protect public safety by ensuring that graduates from an Australian podiatry program of study are appropriately trained. ANZPAC also ensures that the skills assessments that it undertakes, both for migration and for registration purposes, ensure that only applicants whose qualifications are substantially equivalent to those of an Australian or New Zealand graduate are granted a positive skills assessment.
Facilitate workforce mobility

There is a commonly expressed misconception that accreditation standards inhibit innovation. While there may be a few examples of this, generally accreditation standards are broad, leaving a lot of flexibility for individual educators to design programs. ANZPAC is embracing this current approach to accreditation in its current review of entry-level podiatry 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 to continue to allow for innovation. For this to occur, accreditation standards need to be set as threshold standards, allowing education providers to continue to innovate and encouraging diverse approaches. In a co-regulatory model, where accreditation authorities develop standards and National Boards must approve them, both accreditation authorities and National Boards need to support this approach to setting accreditation standards.

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, ANZPAC 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 that 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, ANZPAC would welcome a comprehensive debate about the challenges and opportunities for health workforce reform by governments and all stakeholders.
Cost of Accreditation within the Scheme

ANZPAC notes that a comparison of those professions covered by the HCPC in the United Kingdom (of which podiatry is one) shows remarkable similarity in Australia. As an individual profession, the cost of regulation of podiatrists in Australia is higher than the HCPC cost, however the Consultation Paper further notes that the comparison is less perfect as other professions as the HCPC also covers several other professions not regulated in Australia.

It is difficult to quantify the real cost of providing accreditation functions when such a large proportion of professional services is provided on a pro bono basis. The cost of accreditation is modest for such an integral part of the Scheme. ANZPAC has received on average only $138,692 per annum from the Podiatry Board of Australia over the three-year period 1 July 2012 to 30 June 2015. This represents approximately 10% of a podiatrist’s general registration fee. While ANZPAC is committed to delivering appropriate services at high quality, the modest funding for providing the accreditation function limits our capacity to contribute to policy initiatives and other new developments.

ANZPAC notes the competing demands and tension between the National Boards and education providers in relation to the fees charged for accreditation, and which bodies should pay and in what proportion. ANZPAC considers that, in accordance with Principle (3)(b), fees charged should remain reasonable having regard to the efficient and effective functioning of the Scheme. ANZPAC 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.

ANZPAC notes that there were significant start up costs for the Scheme, and would expect to see costs reducing as the Scheme matures. ANZPAC continuously strives for ongoing efficiency as a way of maximising revenue it receives from AHPRA. Examples of this include:

- Utilising contracted secretariat services thereby reducing overhead costs associated with maintaining an office and staff on costs
- Sharing “back office” functions with the Australasian Osteopathic Accreditation Council, which maximises efficiency and effectiveness between the two organisations
- Minimising meeting costs by ensuring that Board and Committee meetings are only held when there is business that must be transacted and by holding most of these meetings by teleconference with only 2 face to face meetings per annum (thereby keeping travel and accommodation costs to a minimum)

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.
ANZPAC recognises the importance of the independence of the accreditation functions and together with the Podiatry Board of Australia have developed a strong working relationship that provides for independence, accountability and efficiency.

Any compromise of independence, accountability and efficiency may have a detrimental effect on the working relationship between ANZPAC and the Podiatry Board of Australia. This type of experience is consistent with views expressed by the not for profit sector more broadly when engaged by government to provide services, where heavy handed contractual and reporting requirements and contracts have been used to micromanage providers and cause impediments to efficient and effective service delivery.

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 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.

Several Accreditation Authorities who had scheduled a review 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. This maintenance of independence while working collaboratively allows each profession’s nuances to be recognised while efficiently working toward common goals – an important aspect which would be lost if we adopt an United Kingdom style HCPC approach as proposed in the Consultation Paper.

**Accountability**

ANZPAC is accountable for its accreditation functions through:

- Reporting against the agreed quality framework for the accreditation function six monthly to AHPRA and the Podiatry Board of Australia under the Agreement with AHPRA
- Regular (most lately 2012) thorough assessment and evaluation by AHPRA and the Podiatry Board of Australia on its performance leading to the Board’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.

**Strong relationships with professions and education providers**

ANZPAC has a close and ongoing engagement with podiatric education providers, professional associations and podiatry regulators on the development of podiatry education programs of study, the assessment and monitoring of programs, and consultation on the development of accreditation and competency standards.
ANZPAC, by virtue of these relationships, is able to engage the expertise of educators and the profession, some of which is contributed at little or no cost to ANZPAC and the Scheme in general.

Working with other Accreditation Authorities 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.

ANZPAC 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.

Strong international relationships

ANZPAC believes that strong international 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.

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. ANZPAC 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, ANZPAC’s competency assessments and Stage 2 Assessment include an examination process involving a practical examination. 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.
ANZPAC’s Role in New Zealand

Given the small number of registered podiatrists (approximately 300), the Podiatrists Board of New Zealand has assigned the role of Accreditation Authority for New Zealand to ANZPAC. ANZPAC is also responsible for the assessment of overseas-trained practitioners wishing to register in New Zealand. ANZPAC now enjoys with the Podiatrists Board of New Zealand the benefits highlighted earlier in previous section.

As a member of the company, the Podiatrists Board of Australia (PBNZ) contributes financially to the operations of ANZPAC and has representation on the Board of Directors. Under Australian corporation law any such any change to the corporate structure of ANZPAC would need approval from the PBNZ.

Answers to Specific Questions raised in the Consultation Paper

For the purpose of this response, ANZPAC has elected to answer 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.

ANZPAC does not agree that a single Health Professions Australia Board should be established to manage the regulatory function that oversees the nine low regulatory workload professions. It is our assertion that the individual professions themselves oversee the regulation of their own profession.

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, ANZPAC would like to see further evidence to support how this figure was derived and the impact of ensuring profession specific expertise would have on the final annual cost saving.

Maintenance of independent voices in debates affecting all professions will be compromised under this model, and as previously alluded to, the regulatory function comprises more than the complaints and notification function.

ANZPAC is concerned that the Consultation Paper asserts “there may be significant annual savings if any of the functions under the National Scheme could be fully centralised. For example…a central accrediting body could (hope) to save about $2.9m per annum.” This quantum of savings represents only, at best, a 2.08% of expenses saved (based on 2012-2013 Annual Report). These approximate savings would also be significantly eroded when the actual cost of establishing such a central accrediting body are considered. The small amount of savings does not justify such a significant change in infrastructure.

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.

It is ANZPAC’s view that the continued existence of separate and 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 safe practice is met should not be underestimated.

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’. This does not suggest a lighter regulatory regime. It only indicates possible efficiencies in processing complaints due to low numbers.

ANZPAC would also like to point out that measuring risk on the basis of numbers of complaints and notifications is very 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 are therefore most effectively carried out by National Boards having considerable profession specific expertise, not to mention the respect and recognition of the profession.

Of the two options presented, ANZPAC supports option 2. In the event that Ministers agree that a Health Professions Australia Board is established, ANZPAC urges careful consideration of how this Board can best assure the full involvement of the podiatry profession.

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

ANZPAC suggests that any savings achieved through shared regulation could be directed towards cross-profession projects that will continually improve the Scheme.

20. **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?**

One of the core roles of ANZPAC is to ensure that only podiatrists who are suitably trained and qualified to practice in a competent and ethical manner are registered. ANZPAC 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.
Accreditation standards aim to be drivers and enablers of responsive practice and innovation. The Health Professions Accreditation Councils Forum is one of the vehicles for discussion and interaction with key stakeholders such as Government, other accreditation regulation bodies such as TEQSA and ASQA and active groups such as Aboriginal and Torres Strait Islanders cohorts. The Forum is also a vehicle for Accreditation Authorities to share best-practice policies and procedures, including appeals mechanisms and feedback tools that can be used to encourage continuous quality improvement in accreditation activities.

The assessment of overseas qualified practitioners by ANZPAC also contributes to access to services by having assessment standards that ensure practitioners are safe and competent to practice their profession anywhere in Australia. ANZPAC recognises that assessments must not be a barrier to the entry of appropriately qualified podiatrists into Australia and in recognition of this has received project funding from the Department of Education, Employment and Workplace Relations (DEEWR)(now DIITRE) to explore opportunities for mutual recognition with the United Kingdom and South Africa.

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. ANZPAC 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 ANZPAC in the development and implementation of Standards. ANZPAC encourages education providers to be innovative in the delivery of programs that assist multidisciplinary education outcomes, bearing in mind that innovations should not be to the detriment of any profession-specific accreditation standards. Evidence based and outcome focused accreditation standards assist in allowing such innovation.

The members of the Health Professions Accreditation Councils’ Forum have commenced the process of 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, and the development of Standards where four of the professions are collaborating together to develop Standards.
23. **What relationship, if any, is required between regulators and educational institutions to ensure the minimum qualification for entry to professions remains available?**

The National Law defines accreditation standards, for a health profession, as a standard 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 practice the profession in Australia. This places the focus of the assessment of the Accreditation Authority on program of study’s and the provider’s ability to meet approved accreditation standards rather than the level of qualification awarded.

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

ANZPAC notes that ten Accreditation Authorities currently undertake the assessment of overseas trained practitioners (including podiatry). They use a range of approaches, dependent on the nature of the profession involved, but typically include 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 ANZPAC, assess overseas assessing authorities and have established competent authority pathways to provide streamlined assessment pathways for applicants from some jurisdictions where the standard of training is considered to be comparable with Australia for the profession in question.

ANZPAC is acutely aware of its responsibilities under the National Law and its accountabilities and the expectations of a range of stakeholders in this area of the National Scheme. ANZPAC devotes considerable effort to ensuring the assessment processes are appropriately benchmarked to the standard of locally 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 given the requirements and accountabilities associated with the function.

Of particular significance to ANZPAC in this regard is the capacity for the bodies involved in the assessment of overseas trained podiatrists to access documents required for multiple components of the assessment pathway through an electronic portal, thus reducing the time and expense incurred by applicants at the different stages of the process.

25. **Should the appointment of Chairperson of a National Board be on the basis of merit?**

ANZPAC 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?**

ANZPAC believes there is an effective division of roles and functions between the Boards and Accrediting Authorities with these articulated in the National Law.

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

ANZPAC believes there is sufficient oversight for decisions made by accrediting authorities.

Under the model of accreditation functions established by the National Law, National Boards are ultimately accountable for overseeing accreditation functions through their decisions about the body, which will perform accreditation functions. In turn, National Boards are accountable to the Australian Health Workforce Ministerial Council. Accreditation authorities are accountable for their performance of accreditation functions via six-monthly reporting against the Quality Framework to their respective National Board (or more frequently if requested) and their decisions may be subject to appeal through the courts.

Further, in 2012 there was a review of the accreditation arrangements for each of the first ten professions to be regulated under the National Law (including podiatry). The submissions continue to be available publicly and are a useful reference on the work of accreditation authorities.

As a result of these reviews, each National Board determined that its Accreditation Authority was meeting the domains of the Quality Framework for the accreditation function and would continue to exercise accreditation functions. For ANZPAC this was for a five-year period from 1 July 2013.