DEAR MR. SNOWBALL

SUBMISSION TO THE REVIEW OF THE NATIONAL REGISTRATION AND ACCREDITATION SCHEME FOR HEALTH PROFESSIONS

The Australian Nursing and Midwifery Accreditation Council (ANMAC) welcomes the opportunity to contribute to the review of the National Registration and Accreditation Scheme for health professions (National Scheme).

ANMAC is the independent accrediting authority for nursing and midwifery under the National Scheme. Our organisation plays a key role in protecting and promoting the safety of the Australian community by promoting high standards of nursing and midwifery education by setting standards for accreditation for nursing and midwifery programs and accrediting education providers and programs of study leading to registration or endorsement. We are also responsible for reviewing and improving accreditation standards for all professional categories under our mandate.

There is no doubt the legislative reform taken on 1 July 2010 to introduce a consistent set of criteria for registration and regulation of health practitioners has been a success for the nursing and midwifery professions. The introduction of a single ‘act’ covering all professions over separate acts using parallel language has provided a coordinated regulatory approach that promotes engagement between governments, enhances accountability to the public and promotes the mobility of nurses and midwives within Australia.

With the numbers of nurses and midwives contributing more to the size of the health workforce than any other profession the quality of the Australian health system is inextricably linked with the ability of these professionals to meet standards and provide safe, competent and ethical care. ANMAC is committed to providing quality education standards and assessment services commensurate with the needs of a contemporary health system. We support the work of the Independent Reviewer as a way of ensuring that the objectives of the National Scheme are being achieved and identifying areas for improved performance of its components for the future. This submission comprises four parts:

Part 1 – Overview of ANMAC’s Contribution to the National Scheme

Part 2 – Future Thinking

Part 3 – ANMAC Performance Improvement Priorities

Part 3 – Response to Questions from the Consultation Paper
PART 1: Overview of ANMAC’s Contribution to the National Scheme

Role of ANMAC

1. ANMAC\(^1\) is the independent accrediting authority for the nursing and midwifery professions under the National Scheme and was assigned this role by the Australian Health Workforce Ministerial Council (AHWMC) in April 2010 for an initial period of three years. In 2012 an extensive review founded on principles agreed by the National Boards, the accreditation authorities through the Australian Health Professions Councils’ Forum (HPAC Forum) and the Australian Health Professions Regulatory Agency (AHPRA) was conducted, resulting in the Nursing and Midwifery Board of Australia (NMBA) appointing ANMAC as the nursing and midwifery professions’ accreditation authority for a further five year period to 30 June 2018.

2. ANMAC is accountable to the NMBA for assuring the Australian community that nurses and midwives who complete programs accredited by ANMAC can practise and care for people in a safe and competent manner. As an efficient and effective proxy for assessing the competence of every graduate, ANMAC ensures that programs leading to registration and endorsement of nurses and midwives in Australia meet or exceed NMBA-approved accreditation standards. These standards apply to entry to practice education programs leading to registration as an enrolled nurse, registered nurse or midwife; as well as endorsement as a nurse practitioner or eligible midwife. ANMAC is also responsible for the education accreditation standards for programs for re-entry to the register and entry for internationally qualified nurses and midwives leading to registration. Each set of standards is subject to cyclic review involving broad consultation with a range of stakeholders including the profession, educators, governments and the public.

3. Prior to July 2010, eight State and Territory nursing and midwifery regulatory authorities were responsible for accrediting programs of study for the professions. National accreditation of nursing and midwifery education programs leading to registration or endorsement now means that with national accreditation standards all programs are assessed and an accreditation determination made by one single organisation.

4. It has been calculated that in Australia there are as many as 480 accredited nursing and midwifery education programs and these are delivered by approximately 160 education providers across the higher education sector and the vocational education and training sector.

5. The accreditation process is robust, open and transparent and takes a number of months to complete, with many stakeholders involved. During 2013-14 ANMAC accredited 41 full submissions, 39 without conditions and two accredited conditionally. The average processing time for each assessment was 54 weeks. ANMAC received nine applications for major modifications to currently accredited programs of study during that year. Eight of the major modifications were approved without conditions, one major modification was approved with conditions. The average processing time for major modifications was 29 weeks. Sixty-nine submissions were received from education providers requesting minor changes to approved programs of study, all requests were reviewed and assessed by the relevant accreditation committee. The NMBA approved all programs of study accredited by ANMAC in 2013-14.

6. Unlike the nine other Accreditation Authorities captured by the National Scheme in July 2010, ANMAC had to first build and successfully operationalise a new organisation from the ground up, developing a robust governance scheme to support the quality, efficiency,

\(^1\) On 1 July 2010, the Australian Health Workforce Ministerial Council appointed the Australian Nursing and Midwifery Council (ANMC) as the independent accrediting authority for the nursing and midwifery professions under the National Registration and Accreditation Scheme. Before the scheme was introduced, ANMC had been the peak body for the nursing and midwifery professions and had developed the codes of professional conduct and ethics, the national competency and accreditation standards used by state and territory based regulatory bodies and subsequently adopted by the new National and Midwifery Board of Australia (NMBA). Following appointment as the independent accrediting authority, ANMC changed its name to the Australian Nursing and Midwifery Accreditation Council (ANMAC) to reflect its principle role as an accrediting authority.
effectiveness and consistency of the assessment and determination processes. This activity was essential in demonstrating the rigour of the ANMAC processes and providing confidence to the NMBA to make a subsequent and independent decision as to whether an education program accredited by ANMAC is to be approved as a program leading to a qualification suitable for the purposes of registration or endorsement.

7. ANMAC is registered as a company limited by guarantee with five member organisations:
   - Council of Deans of Nursing and Midwifery (Australia and New Zealand)
   - Australian College of Nursing
   - Australian Nursing and Midwifery Federation
   - Australian College of Midwives
   - Congress of Aboriginal and Torres Strait Islander Nurses and Midwives.

8. The Board was initially constituted from these member organisations as well as three community members, relevant experts nominated by the vocation education and training sector and representatives from the Australian Government and state and territory governments; subsequent amendments to the Constitution now see additional community members and educational experts from the higher education sector represented on the Board to govern the business of ANMAC.

Regulation of internationally qualified nurses and midwives

9. Developing, reviewing and providing policy advice on accreditation and skilled migration matters is also part of ANMAC’s mandate, although unlike many other Accreditation Authorities, ANMAC does not have the delegation for assessing authorities in other countries or for assessing internationally qualified practitioners under the National Law. ANMAC is an assessing authority for the Australian Department of Immigration and Border Protection and, as such, assesses the qualifications of registered nurses and midwives wanting to migrate to Australia under the General Skilled Migration category.

10. Through this process, ANMAC determines whether registered nurses and midwives are suitable for migration or whether they may need to undertake further education in order to be eligible for migration in the stated skill category. The Minister for Immigration gazetted ANMAC as an assessing authority in pursuant to the Migration Act 1958, Migrations Regulation Amendment 1999 (Cwth), 2.26B. ANMAC’s experience with this function could be extended to applications for registration from all internationally qualified nurses and midwives.

Accreditation and assessment services fee structure

11. As requested by the Independent Review Team this section provides information on the ANMAC fee structure for accreditation and assessment services.

12. This regulatory environment is associated with surges and troughs in accreditation applications as education institutions scope their courses of study. Furthermore, the current fees charged by ANMAC do not fully meet the operating expenses associated with conducting the accreditation, assessment and monitoring functions.

13. The current fee structure commenced on 1 July 2010 and is based on ‘Accreditation Assessment Types’, specifically using the duration of a program of study as the key driver. This determination was made in circumstances where there was limited financial data available regarding the costs of the accreditation function, formerly undertaken within each jurisdiction. The current fee structure is represented in Table 1.
### Table 1: Current Fee Structure for ANMAC Accreditation Services

<table>
<thead>
<tr>
<th>Accreditation Assessment Type</th>
<th>2010/11</th>
<th>2011/12</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Duration of &lt; 6 months</td>
<td>$10,000</td>
<td>$10,000</td>
<td>$10,000</td>
<td>$10,300</td>
<td>$10,600</td>
</tr>
<tr>
<td>Program Duration from 6 – 12 months</td>
<td>$22,000</td>
<td>$22,000</td>
<td>$22,000</td>
<td>$23,000</td>
<td>$23,700</td>
</tr>
<tr>
<td>Program Duration of &gt; 12 months and includes up to 2 campuses</td>
<td>$35,000</td>
<td>$35,000</td>
<td>$36,000</td>
<td>$37,000</td>
<td>$38,100</td>
</tr>
<tr>
<td>Dual Degree (leading to registration as a nurse and midwife)</td>
<td>n/a</td>
<td>$50,000</td>
<td>$51,000</td>
<td>$52,000</td>
<td>$53,600</td>
</tr>
<tr>
<td>Additional fee for &gt; 2 campuses</td>
<td>$5,000 per additional campus</td>
<td>$5,000 per additional campus</td>
<td>$5,000 per additional campus</td>
<td>$5,000 per additional campus</td>
<td>$5,150 per additional campus</td>
</tr>
<tr>
<td>Major Modification of a Program</td>
<td>$10,000</td>
<td>$10,000</td>
<td>$10,000</td>
<td>$10,300</td>
<td>$10,600</td>
</tr>
<tr>
<td>Minor Modification of a Program</td>
<td>nil charge</td>
<td>nil charge</td>
<td>nil charge</td>
<td>nil charge</td>
<td>nil charge</td>
</tr>
</tbody>
</table>

Since 1 July 2010, ANMAC’s accreditation fees have risen only by indexation.

14. The current fee structure is not sufficient to provide full cost recovery to ANMAC for accreditation services. The costs incurred by our organisation to accredit an individual program have been estimated by an independent financial review\(^2\) to be approximately $65,000 based on an average assessment period of nine months duration. Considered within these costs are the diversity of the programs, the geographical spread, associated governance arrangements and the skill level of staff required to undertake the accreditation. These costs do not include the ongoing monitoring function required to be undertaken by ANMAC under the provisions of the National Law.

15. During the past twelve months, ANMAC has introduced efficiencies into both Accreditation and Corporate Services in order to shift the organisation from its resource-intensive start up and development phase into a more service demand driven organisation.

16. ANMAC is currently implementing a revised job costing system that will provide greater transparency over the cost of an individual accreditation as well as the appropriate allocation of overheads. An intended follow-on from this project will be the implementation of a revised fee structure to more appropriately match the activities of accreditation and ongoing monitoring during the five-year accreditation cycle (pending any recommendations from the review of the National Scheme that may relate to funding mechanisms). Please refer to Part 2 for further discussion of both projects.

\(^2\) Duesburys Nexia 2011
Part 2: Future Thinking

17. During the course of the consultation process for this review the Accreditation Authorities were posed with a series of horizon scanning questions by the Independent Reviewer – this submission has attempted to address these questions in an effort to help guide future operations of the National Scheme.

What should the National Scheme look like in 5-10 years’ time and what role should the accreditation of health professionals in Australia play?

18. The registration and accreditation system for health professions in Australia has most certainly been strengthened by the removal of the patchwork of duplication across the professions and the establishment of a national scheme that has the support of all Australian governments – ideally, the foundations laid by this National Scheme should continue into the next decade.

19. ANMAC believes the national accreditation and assessment of programs of study by independent Accreditation Authorities should continue as a means of enhancing public safety and quality of programs, and ensuring consistency in education for the health professions to promote seamless transitions between jurisdictions.

20. ANMAC’s vision for the future is to enable a high-performing nursing and midwifery workforce by delivering high-quality education accreditation services and assessment service. Internationally, Australia’s model of national accreditation for nursing and midwifery programs of study is respected. In harmonising the system in 2010, Australia now has a national register of approved programs of study, clear accountability for accrediting programs of study, particularly where education providers cross jurisdictional boundaries, and congruence in nursing and midwifery education which has been a contributor to workforce mobility.

21. There are resources, skills and expertise within large Accreditation Authorities such as ANMAC that could be better used for capacity building within smaller, like health professions to gain economies of scale, including the sharing of core elements of education accreditation standards.

22. Within the accreditation component of the National Scheme, including via the Accreditation Liaison group and the HPAC Forum, there is genuine desire to move towards creating a more efficient system for standards development, assessment and accreditation. It would be useful if the National Scheme provided some goals and targets relevant to the Guiding Principles to provide direction and encourage progress in this area.

23. Lastly, we believe priority should be given to discussions on the paradigm for funding the accreditation function. Fees are currently charged to Higher Education and Vocational Education and Training providers as funding via the National Scheme does not fully cover all costs associated with the assessment, accreditation, monitoring and assurance processes undertaken by Accreditation Authorities, creating considerable angst. Should education providers pay a fee for accreditation and assessment or should the National Scheme fully fund the cost of these functions?

Are we under or over regulated or just right? How can we create efficiencies?

24. ANMAC firmly supports regulation of health professions to a level that is proportionate to the risk that it is seeking to mitigate, or right-touch regulation.

25. ANMAC commenced as a new organisation at the launch of the National Scheme in 2010. Now entering our fifth year of operation, and with well-established systems and processes, ANMAC recognises that performance standards and economics must both be served and we are working to identify areas where efficiencies can be made to ensure our operations reflect ‘right touch’ philosophy.
26. In addition to the financial efficiency activities described in this paper, we consider regulation benefits should be measured beyond financial metrics – including consumer satisfaction, reputation, engagement etc. – and we are committed to ensuring our work leads and is consistent with international best practice. Our 2014-2015 strategic plan includes a number of qualitative activities to measure ANMAC’s performance and reputation within the National Scheme.

What contribution can accreditation make towards future mobility and reform of the health workforce?

27. ANMAC believes adoption of uniform education accreditation standards for programs of study leading to registration or endorsement of nurses and midwives has been one of the contributors to enabling mobility and reform of the health workforce in recent years to some degree. We believe the standardisation of these processes at national level has provided stakeholders such as the community and public and private health care providers with a greater degree of confidence that the education of nurses and midwives is of a consistent standard, regardless of the institution of study, and the congruency of the education of nurses and midwives across Australia is producing a high standard of graduates.

28. Accreditation of programs of study is one element of a broader strategic map that is required to achieve workforce mobility. ANMAC is committed to supporting (for example):

- Timely approval of programs to help contribute to overall supply/demand issues and the availability of a new graduate workforce.
- In collaboration with education providers, development of programs of study in geographically diverse areas to move away from the urban bias most often seen with tertiary education and foster a pool of rural and remote educated nurses and midwives from regional and remote Australia who stay working in these areas.
- Education accreditation standards that ensure contemporary health care needs are addressed including, for example, advances in health technologies, primary health care and the needs of Aboriginal and Torres Strait Islander peoples.

How do you manage competing demands from: the professions, education institutions, and the need for access to services from a general public and facilitate future reform of the health workforce?

29. It is evident a greater degree of congruence is needed between key stakeholders in the health care arena of the future. It is difficult to suggest a single set of best practices that can be proposed as a model for performance improvement. ANMAC believes further discussion and consideration should be offered to the following gaps within the current system:

- Establishing a sector strategy to help define priorities and manage the competing demands and support engagement of all stakeholders critical to supporting health workforce reforms.
- Whilst investment has been made in collating data on health workforce, strategic documents supporting the National Law and the National Scheme do not describe a strategic plan that contains clear goals, targets, accountabilities and performance measures for stakeholders of the National Scheme to be working collectively towards to achieve workforce reforms.
- Agreement and communication on a sustainable system for funding of services provided by the National Scheme.
Part 3: ANMAC Performance Improvement Priorities

30. Commencing in the 2013/2014 financial year, ANMAC has been working to implement more effective and efficient financial and operational processes. We consider that regulation benefits should be measured beyond financial metrics – including consumer satisfaction, reputation, engagement etc. – and we are committed to ensuring our work leads and is consistent with international best practice. Our 2014-2015 strategic plan includes a number of qualitative activities to measure ANMAC’s performance and reputation within the National Scheme. This section briefly describes two key projects that are currently (intended completion by Q1 2015) underway.

Revised Job Costing

31. ANMAC is currently developing a revised framework to more accurately determine costs of:

- Accreditation of a program of study
- Monitoring activities required over the five-year accreditation cycle of a program of study
- Development/review of a nursing or midwifery education accreditation standard.

32. Costing will include all direct expenditure incurred by the ANMAC accreditation team as well as an indirect expenditure allocation of corporate charges pertinent to each of these activities.

33. Depending on the complexity of the program, the education providers experience with the accreditation process and the quality of the application for assessment; a program of study may take an average of nine months to accredit. With this in mind, data will be collected over a time period sufficient to ensure coverage of all aspects of ANMAC accreditation activities.

34. A further benefit of this project will be the ability to track costs on a monthly basis so that monitoring can be undertaken on each of the accreditation activities to provide more relevant financial reporting for decision-making. In addition, ANMAC proposes to use more timely and detailed financial information as a platform for revising the fee structure.

Revised Fee Structure

35. In 2013, ANMAC underwent an extensive financial modelling project to evaluate alternative revenue-collection scenarios with regard to accreditation services. The project identified that the current fee structure did not provide an adequate cash flow to enable ANMAC to be self-funding; there was no clear budget line and funding for costs related to ongoing monitoring of programs and no revenue attached to this activity; and using program duration as the driver for the current fee structure is not congruent with the input of costs associated with undertaking program accreditation.

36. ANMAC has identified that the time period required to accredit a program of less than six months can be equivalent to the time required for a three-year program, depending on the complexity of the program and quality of the application. There is also a need to address concerns from smaller Education Providers commonly in regional areas about the upfront accreditation fees and costs in general.

37. This work is intended to provide a greater level of transparency and equity for ANMAC’s accreditation process and develop a fee structure that more clearly shows the breakdown of components of the budget funded through the NMBA from registration fee revenue. Upon completion of the Revised Job Costing project, ANMAC will revisit and update the financial modelling relating to a revised fee structure, acknowledging that communication and consultation with Education Providers on the new proposed model is critical.
Need for Collaborative Practice

38. If Australia’s future health system is to meet the increasing demands created by an ageing population, burden of disease and workforce shortages health professionals need to be engaged in dialogue about the healthcare system aims and inter-professional and inter-sectoral action needed to improve quality and safety.

39. Interdisciplinary and collaborative practice are still not the norm and there is a need for better exchange of information between employers, regulators and the health professions on how collaborative efforts can improve practice environments and health systems. Models of successful collaborative practice should be shared via a dedicated national forum to help foster the establishment of inter-professional teams and collaborative cultures to identify and sustain continuous improvements in the quality of care.

40. ANMAC is committed to helping to lead improvements in interdisciplinary and collaborative practice.

PART 4: Responses to Questions from the Consultation Paper

In this section ANMAC has provided responses to questions raised in the public consultation paper. Please note ANMAC has also contributed to the submission prepared by the HPAC Forum.

Q1. Should the Australian Health Workforce Advisory Council be reconstituted to provide independent reporting on the operation of the National Scheme?

In line with the view provided by the Health Professions Accreditation Councils’ Forum (HPAC Forum), ANMAC supports the suggestion that an appropriate body be responsible for independent reporting on the operation of the National Scheme.

Although advice is provided to the Australian Health Minister’s Advisory Committee via the Commonwealth’s Department of Health and the Health Workforce Principal Committee, there is value in the Scheme’s governance structure including a body with members who have particular expertise in health, regulation, education and training to ensure the Scheme reflects contemporary practice. It seems sensible and efficient to re-instate the Australian Health Workforce Advisory Committee (AHWAC) given the diversity in membership of this group and the determinations already included in the National Law.

With reference to mechanisms for reporting, Accreditation Authorities are already subject to performance monitoring. A Quality Framework for Accreditation has been established as the principal reference document for national boards and AHPRA to assess the work of Accreditation Authorities. Accreditation Authorities provide six-monthly reports to their national boards on developments relevant to the domains of the quality framework. They also give statistics on matters such as accreditation decisions made, applications by overseas trained practitioners, and complaints considered. Furthermore, each Accreditation Authority must also undergo periodic assessment and provide data to support the organisation’s continuation as the external accreditation entity.

ANMAC supports the continuation of this existing, comprehensive reporting mechanism and would welcome discussion on increasing the transparency of the performance review reports across the Scheme via an agency such as AHWAC.

Q2. Should the Health Workforce Advisory Council be the vehicle through which any unresolved cross-professional issues are addressed?

ANMAC believes that the Australian health profession regulation and accreditation system requires an accountability framework for managing cross professional issues that cannot be resolved by National Boards. Regulatory bodies should continue to be responsible for ensuring their members meet acceptable standards for competence and conduct and it seems reasonable for an independent authority with legislative permissions, such as the Australian Health Workforce Advisory Council, to act in a mediation-like role to help resolve an issue or support decision-making.
Q3. Should a single Health Professions Australia Board be established to manage the regulatory functions that oversee the nine low regulatory workload professions? Estimated cost saving $11m per annum.

Q4. 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 pa.

ANMAC supports the position submitted by the HPAC Forum for these questions.

Q5. Should the savings achieved through shared regulation under options 1 or 2 be returned to registrants through lower fees?

ANMAC supports any savings achieved through shared regulation strategies being re-directed to registrants via lower fees if sufficient funding is available to support all other components of the National Scheme including cross-professional activity and the accreditation function if a system of recovery of some of these costs from education providers is not the preferred model.

Q6. Should future proposals for professions to be included in the National Scheme continue to require achievement of a threshold based on risk to the public and an associated cost benefit analysis?

Q7. Should the National Law be amended to recognise those professions that provide adequate public protection through other regulatory means?

Q8. Should a reconstituted Australian Health Workforce Advisory Council be the vehicle to provide expert advice on threshold measures for entry to the National Scheme to the Health Workforce Ministerial Council?

Again in line with the response provided by the HPAC Forum, ANMAC supports the achievement of a threshold based on risk to the public as the primary criteria for new health professions to be added to the National Scheme.

ANMAC also believes that it appears unnecessary to amend the National Law to recognise those professions that provide adequate public protection through other regulatory means if these measures are adequately managing risk and achieving desired results. This is in line with the right-touch regulation philosophy encouraging proportionate and targeted activities.

A reconstituted AHWAC seems an appropriate body to provide expert advice to the Ministerial Council on revised threshold measures for entry to the Scheme if required.

Q9. What changes are required to improve the existing complaints and notifications system under the National Scheme?

Q10. Should the co-regulatory approach in Queensland, where complaints are managed by an independent commissioner, be adopted across all States and Territories?

Q11. Should there be a single entry point for complaints and notifications in each State and Territory?

Q12. Should performance measures and prescribed timeframes for dealing with complaints and notifications be adopted nationally?

Q13. Is there sufficient transparency for the public and for notifiers about the process and outcomes of disciplinary processes? If not, how can this be improved?

Q14. Should there be more flexible powers for National Boards to adopt alternative dispute resolution, for instance to settle matters by consent between the Board, the practitioner and the notifier?

Q15. At what point should an adverse finding and the associated intervention recorded against a practitioner be removed?

Q16. Are the legislative provisions on advertising working effectively or do they require change?

Q17. How should the National Scheme respond to differences in States and Territories in protected practices?
Q18. In the context of the expected introduction of a National Code of Conduct for unregistered health practitioners, are other mechanisms or provisions in the National Law required to effectively protect the public from demonstrated harm?

Q19. Should the mandatory notification provisions be revised to reflect the exemptions included in the Western Australian and Queensland legislation covering health practitioners under active treatment?

ANMAC supports the review of the existing complaints and notifications process and implementation of an amended system that reflects greater responsiveness and accountability.

Q20. 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?

ANMAC supports the comments provided in the HPAC Forum submission. ANMAC is committed to maintaining the currency and integrity of the education accreditation standards for the nursing and midwifery professions and ensuring that these standards contribute to a relevant health system.

Our standards are principle based and we aim to ensure that these standards are protected without inhibiting diversity and innovation. In this environment of rapid technological innovation and knowledge increase, maintaining skills and developing competence at the cutting edge of practice are key responsibilities for individual nurses, midwives and employers. We are aware of the need to ensure that the public and other stakeholders can be reassured that the quality of accreditation standards are upheld and keep pace with change and we facilitate this by ensuring our public consultation processes are robust, broad reaching and enable appropriate consideration of inputs.

Details can be found at our website www.anmac.org.au

We believe that our education standards are encouraging innovation in education and service delivery and supporting education providers to deliver programs of study that aid the development of a flexible workforce.

Q21. Should a reconstituted AHWAC carry responsibility for informing regulators about health workforce reform priorities and key health service access gaps?

ANMAC agrees that it is reasonable for AHWAC to be reconstituted and that the independent body carry these responsibilities.

Q22. 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?

ANMAC supports the comments provided in the HPAC Forum submission. As described in Part A of this submission, we have diversified the membership base of the ANMAC Board to ensure that our organisation is well informed of these priority areas.

Q23. What relationship, if any, is required between regulators and educational institutions to ensure the minimum qualification for entry to professions remains available?

ANMAC supports the position submitted by the HPAC Forum for this question.

Q24. How effective are the current processes with respect to the assessment and accreditation of overseas trained practitioners?

ANMAC is aware of the new model for assessing qualifications of internationally qualified nurses and midwives for registration and has provided information on assessment of registered nurses and midwives to the NMBA as needed. We are committed to working with the NMBA to ensure clarity around the processes for assessment and accreditation of overseas trained nurses and midwives for registration.

Q25. Should the appointment of Chairperson of a National Board be on the basis of merit?
ANMAC supports the suggestion that the Chairperson of a National Board should be appointed on the basis of merit.

**Q26. Is there an effective division of roles and functions between National Boards and accrediting authorities to meet the objectives of the National Law? If not, what changes are required?**

As two independent entities under the National Law, the NMBA and ANMAC have two distinct and separate roles and responsibilities in relation to the accreditation functions. The regulatory bodies carry out separate and independent functions and work under a partnership based on the underlying premise that the two agencies will work together to promote the objectives and guiding principles of the National Scheme. The relationship works well and is strengthening.

The NMBA and ANMAC, together with AHPRA, hold two joint forums a year to build a strong collaborative relationship between the organisations. Discussions have centred on how the strategic goals of the regulatory partnership will be realised in effective collaboration, communication and operational systems; and the criticality of the NMBA and the Board of ANMAC continuing to focus on strategies to ensure:

- A competent and ethical nursing and midwifery workforce to protect the community
- Ongoing development of a flexible, responsive and sustainable health workforce
- ‘Right touch’ regulation
- The importance of stakeholder engagement and effective consultation in the work of both NMBA and the Board of ANMAC
- Exploration of the opportunities for research to underpin the development and review of accreditation standards, e.g. requirements for clinical experience and simulation in education programs
- Matters relating to internationally qualified nurses and midwives seeking to be registered and work in Australia
- Strategies for increasing the awareness of nurses and midwives of all aspects of regulation.

The NMBA and ANMAC are committed to working under a regulatory partnership and no changes to the role or functions are required at this time.

**Q27. Is there sufficient oversight for decisions made by accrediting authorities? If not, what changes are required?**

Yes. ANMAC is accountable to the NMBA for assuring the Australian community that nurses and midwives who complete programs accredited by ANMAC can practise and care for people in a safe and competent manner. Education Accreditation Standards developed and all programs of study assessed for accreditation are approved by the NMBA and the National Board is involved in all consultation processes surrounding these activities. In addition to the reporting requirements of the Quality Framework extensively described in the HPAC Forum response, members of the leadership team at AHPRA and ANMAC have established a bimonthly liaison group to enhance communication between the agencies and provide the opportunity to effectively manage the operational aspects of the accreditation function as it applies to both entities.

**Q28. The Review seeks comment on the proposed amendments to the National Law.**

ANMAC has no comments on these proposed amendments.
Thank you for the opportunity to present these comments for consideration by your Review Team. Thank you also for making yourself and senior officers of your team available to us during your public consultation process. We look forward to reviewing the recommendations of the review in due course.

Should you require any further information please do not hesitate to contact me on telephone 02 6274 9128 or Louise Carter, Executive Director Strategy Implementation and Communications at louise.carter@anmac.org.au.

Yours sincerely

Donna Mowbray

Acting Chief Executive Officer