Health Professions Accreditation Councils’ Forum

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To: Australian Health Ministers’ Advisory Council

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A submission in response to the Consultation Paper, August 2014, for the Review of the National Registration and Accreditation Scheme for health professions, prepared by Independent Reviewer Mr Kim Snowball commissioned by the Australian Health Ministers’ Advisory Council to undertake the review.

The Health Professions Accreditation Councils’ Forum is pleased to have the opportunity to make a submission in response to the Consultation Paper for the Review of the National Registration and Accreditation Scheme for the health professions.

About the Health Professions Accreditation Councils’ Forum

The Health Professions Accreditation Councils’ Forum (‘the Forum’) is a coalition of the accreditation Councils of the regulated professions. Each of the Councils is appointed under the Health Practitioner Regulation National Law Act 2009 (the National Law) as the accreditation authority for the relevant profession-specific National Board and is part of the National Registration and Accreditation Scheme (NRAS).

The Forum comprises:

- Australian Dental Council
- Australian Medical Council
- Australian Nursing and Midwifery Accreditation Council
- Australian Pharmacy Council
- Australian Physiotherapy Council
- Australian Psychology Accreditation Council
- Australasian Osteopathic Accreditation Council
- Australian and New Zealand Podiatry Accreditation Council
- Council on Chiropractic Education Australasia
- Optometry Council of Australia and New Zealand
- Occupational Therapy Council (Australia and New Zealand) Ltd

The Forum has been meeting regularly since 2007 to consider matters of common interest, principally matters concerning the accreditation of education and training programs in the health professions.

The Forum responds collectively to consultation processes and papers on matters common to the relevant professions.

In general, a submission made by the Forum constitutes the shared response of the Forum members and is confined to general issues that are common to all the health professions. Each member Council may make a separate submission, and the views expressed do not override any views expressed by a member Council in its own separate submission.

Member Accreditation Councils have agreed to the content of this submission and the principles outlined, however it is not possible to represent the views of each Council on each and every matter raised in the questions posed, and a Council may address specific matters in its own submission in more depth.
Statutory Roles of the Members of the Forum

The members of the Forum are external accreditation entities and are independent companies limited by guarantee, registered under the Corporations Act 2001. Member organisations vary considerably in their membership, objectives, roles and functions. Their statutory roles under the Health Practitioner Regulation National Law 2009 (the National Law) arise directly from the decision of the relevant National Board to appoint them to undertake the accreditation function for the NRAS under S.43 of the National Law. A National Board can decide whether to appoint an external entity (and which body) or whether to establish an accreditation committee to undertake the accreditation function.

In 2009 most Accreditation Authorities (or their predecessors) were assigned to undertake the accreditation function under the National Law by the Australian Health Workforce Ministerial Council (AHWMC) for a period of 3 years from 1 July 2010. In 2012, the National Boards and the Australian Health Practitioner Regulation Agency (AHPRA) undertook a review of each of these Accreditation Authorities and its performance against the domains of the Quality Framework for the Accreditation Function (Quality Framework) to inform the decisions on how to continue to implement the accreditation function under the National Law. This process has been described in the report of the review of accreditation arrangements which was submitted to Ministerial Council, through the Australian Health Ministers’ Advisory Council and its Health Workforce Principal Committee. In summary, the review of the accreditation arrangements required substantial submissions by each of the ten Accreditation Authorities, consultation with stakeholders and involved a full assessment of how each Authority was conducting its accreditation functions, including reviewing the organisational governance and management, policies, and financial viability as well as accreditation standards and processes. Consultation elicited views and recommendations from stakeholders on the organisation that should undertake the accreditation functions for the profession. This process, in effect, constituted an evaluation of each of the entities undertaking accreditation and provided an opportunity to transfer the function to another organisation or a committee.

Following this review process, all members of the Forum (i.e. each of the ten Accreditation Authorities) were re-assigned responsibility for the accreditation function for their respective profession.

Introduction

The introduction of the National Registration and Accreditation Scheme (the Scheme) represents a significant achievement. Members of the Forum consider it to be effective and largely appropriate for achieving the objectives of the Scheme. They recognise that it is still early in the implementation of the Scheme and improvements can be made to the Scheme’s efficiency and effectiveness.

The accreditation functions are critically important for achieving the objectives of the Scheme. By providing quality assurance of the standards of education and training, they provide the mechanism for practitioners to meet requirements for eligibility of registration in the Scheme.

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1 Appendix 1: Accreditation within the National Registration and Accreditation Scheme (NRAS) – a paper developed by the Accreditation Liaison Group, 2014 – Attachment B “Report to Ministerial Council on review of accreditation arrangements”
The 11 external accreditation entities and the three accreditation committees exercise the accreditation functions independently, within the parameters of the National Law and the Quality Framework, the principal benchmarks for assessment of the work of those Accreditation Authorities. The accreditation functions cover:

- **Education and training.** Under the Scheme, accreditation is an important quality assurance and quality improvement mechanism for health practitioner education and training. Through developing accreditation standards and assessing programs against those standards, these Authorities provide the key quality assurance mechanism to ensure that graduates completing accredited and approved programs of study have the knowledge, skills and professional attributes to practise the relevant profession in Australia. By national and international benchmarking Accreditation Authorities ensure best practice in accreditation standards. At any one time, these Authorities oversee more than 120,000 health professional students as they progress through more than 400 accredited programs of study that lead to general registration.²

- **Overseas trained practitioners.** Accreditation Authorities also develop and undertake processes to assess overseas qualified practitioners who are seeking registration and work in Australia, and therefore are responsible for the responsiveness and rigour- of those assessments, and for establishing that individuals have the knowledge, skills and competence to practise in the Australian health care setting.

- **Other functions.** Accreditation of programs for specialist registration, examination of locally trained practitioners, and quality assurance of programs for continuing professional development are some of the other functions also undertaken by these Authorities under the Scheme.

In addition to the direct benefits attained through the accreditation functions exercised in Australia, there are indirect benefits from activities of the Accreditation Authorities conducted outside Australia. Under the Trans-Tasman Mutual Recognition (TTMR) arrangement any person registered in Australia to practise an occupation is entitled to practise an equivalent occupation in New Zealand, and vice versa, without the need for further testing or examination³. However, many of the Accreditation Authorities under the Scheme exercise similar functions on behalf of New Zealand regulatory authorities. This consistency in accreditation functions between the two countries assures consistency in the competency of health practitioners when the TTMR arrangement is applied. While the costs of accreditation outside Australia are not borne by the entities or individuals within Australia, the value in protecting the Australian public with this common assignment of function cannot be disregarded.

**Response to the Consultation Paper**

Members of the Forum acknowledge the significant work to prepare the Consultation Paper released on 29 August 2014, and consider it to provide a valuable framework by which the Scheme can be examined and opinions on its future canvassed.

Members of the Forum note the areas where a need for change has been identified, and the options presented for consideration.

The Forum agrees that accountability of such a large National Scheme is important. The Scheme is complex. The consultations as part of this review demonstrate that there is still variable understanding of the Scheme, and of the role of AHPRA, the National Boards and the

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² These figures sourced from the AHPRA Annual Report 2012 – 2013, p 130
³ Note Medicine is exempt from the TTMRA, but there is still a joint process for accreditation of programs.
Health Professions Accreditation Councils’ Forum

Accreditation Authorities, which affects the capacity of organisations and individuals to contribute appropriately. Improved accountability, coupled with enhanced communication is strongly supported.

The Forum agrees that the efficiency and effectiveness of the Scheme’s operations must be kept under review, with the expectation that the operational and cost efficiency of the Scheme will continue to improve. Members of the Forum look forward to further discussion concerning the potential benefits and risks of consolidating functions between professions.

Forum Members note the Consultation Paper identifies several areas as requiring closer scrutiny, including areas relating to the governance and operation of the accreditation functions covered by the Scheme. This response focuses on these issues, and Forum members indicate their commitment to contributing to the development of solutions in areas where processes and practices can be improved.

As the Consultation Paper explains, Accreditation Authorities and National Boards have complementary functions under the National Law. These roles and functions can work effectively, and do in professions where good processes have been established. For some professions, national accreditation processes are quite new, and the understanding of these roles, and relationships between the National Board and the Accreditation Authority have had to develop. The work by the Accreditation Authorities, the National Boards and AHPRA to develop good practice guidelines when issues arise is contributing to better delineation of roles, with clear expectations about good practice.

As the review moves to consider the area of accreditation, members of the Forum agreed that aspects of the current Scheme that should be maintained in any future model include:

- Appropriate independence and accountability of co-regulatory functions
- Strong relationships with professions and education providers
- Flexibility to achieve workforce objectives of the Scheme
- Strong international relationships for quality, innovation and efficiency
- Technical expertise for quality accreditation functions.

Without these, the objectives of the Scheme, particularly in relation to protecting public safety, facilitating high-quality education and training and facilitating the assessment of overseas-trained health practitioners, will be compromised. As the Scheme continues to mature, the capacity of Accreditation Authorities to contribute to areas such as cross-profession collaboration, facilitating innovation in education and training and achieving efficiencies, without compromising quality, will be more apparent.

Given the co-dependence of all aspects of the Scheme, appropriate resourcing of the accreditation functions is essential to achieve the objectives of the Scheme. Further, the current requirement for accreditation councils to re-negotiate funding every year, despite their assignments running for periods of three years, is seen as inefficient, and also an impediment to longer-term strategic planning and thereby the overall effectiveness of the Scheme.

Responses to specific questions in the Consultation Paper will expand on these themes further.
Responses to questions posed in the Consultation Paper

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

The Health Professions Accreditation Councils’ Forum (the Forum) 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 also 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.

Accreditation Authorities are already subject to performance monitoring. The *Quality Framework for the Accreditation Function* (Quality Framework) 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.

The Forum supports the continuation of these, comprehensive reporting arrangements and would welcome discussion on increasing the transparency of the performance review reports across the Scheme via an agency such as AHWAC.

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

The Health Professions Accreditation Councils’ Forum considers it essential that the professional regulation and accreditation system clearly outlines an accountability framework for managing cross-professional issues that cannot be resolved by National Boards.

While the regulatory bodies should continue to be responsible for ensuring their practitioners meet acceptable standards for competence and conduct, it seems reasonable for an independent authority with legislative permissions, such as the Australian Health Workforce Advisory Council, to act in mediation-like role to help resolve an issue or to support decision-making.

3. 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.

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 pa.

It is the Forum’s view that of the two options put forward in the Consultation Paper for achieving efficiencies in the management of regulatory functions, 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 professional advice that all of the National Boards undertake to ensure that the objective of safe practice is met should not be underestimated. It is, however, difficult to price because it is almost always based on professional advice which is provided at no or marginal cost.

This ‘preventive’ work of the National Boards includes approving both the Standards for accreditation and the accredited programs to be recognised for registration purposes, as well as agreeing on the mechanisms to assess overseas trained health practitioners seeking to practice in Australia. National Boards also issue a range of specialist guidelines which can enhance public access to safe care. Such guidelines range from the relatively straightforward, such as appropriate recency of practice rules for practitioners who leave a profession for a period of time, to the more innovative, such as allowing therapeutically trained optometrists to independently diagnose and manage glaucoma in line with current international practice in New Zealand, the United States and in Canada.

While reporting the numbers and types of notifications and complaints are important indicators of risks in the National Scheme, and analysis of this data can help improve public safety, they are lagging indicators. Identifying and responding to leading indicators of risk as they emerge in professional practice are most likely to occur as a result of the professional expertise of National Board members. The Consultation Paper notes that the current notifications per ‘000 practitioners are already higher in several of the ‘lower regulatory workload’ professions [podiatry, chiropractic, and optometry], than in one of the ‘higher regulatory workload professions’ [nursing]. National Boards need to be able to respond with agility to, and on occasions play a leading role in promoting, changes in professional practice if the objectives of the National Scheme for workforce mobility and a flexible workforce are to be met.

The following examples illustrate how National Boards have recently enabled changes in professional practice:

- The Occupational Therapy Accreditation Standards (December 2013) now explicitly provide that up to 20% of clinical placement experience can be gained through well-developed simulation activity. The Occupational Therapy Board of Australia has initiated a national, multi-site research project to evaluate the use of simulation as a partial substitute for traditional clinical placement.

- The Pharmacy Board of Australia has approved an expanded scope of practice for pharmacists to enable them to administer vaccinations. The Australian Pharmacy Council has prepared standards for the accreditation of courses which train pharmacists to administer vaccines.

These activities all require a detailed knowledge of the complexity of each profession, and the ability to benchmark the 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 each profession in Australia and overseas, and which include multiple-State representation to deal with local and regional variations.

Given this view, of the two options outlined in the NRAS Review Consultation Paper, the Forum views the option set out in Question 4 as the best way to ensure that all of the regulated professions in the National Scheme retain an equivalent access to governance and policy setting capacity to encourage regulation which is innovative and focussed on continuous improvement.
In the event that Ministers decide that a merged Health Professions Australia Board is their preferred option, the Forum’s view is that considerations such as the above, which go beyond numbers of registrants and notifications to the key question of how best to assure safe professional practice of an internationally competitive standard, must be developed and applied in further consultation with the professions before the composition of any merged Board is finalised.

The Forum notes that further work on the modelling of changes and the costs is still to be done and it looks forward to contributing to this work.

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

The desire for the National Scheme to operate efficiently and the cost to individual registrants to be kept as low as possible is appreciated. Nevertheless the Forum notes that the Scheme currently does not possess a universal active mechanism for funding of cross-professional activity, and consideration of such may be of value.

6. 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?

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

8. 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?

The Forum supports the achievement of a threshold based on risk to the public as the primary criterion for new health professions to be added to the Scheme. The COAG criteria applied at the time the National Scheme was established still appear relevant to assessing that risk, as does further regulatory impact assessment in accordance with the COAG best practice regulation requirements.

It appears unnecessary to amend the National Law to recognise those professions that provide adequate public protection through other regulatory means, given Ministers have available other mechanisms to document this recognition such as through communiques and policy statements on the AHMAC website.

There does, however, seem to be confusion about which professions are covered by the Scheme and the implications of inclusion in the Scheme. For example, the Quality Framework requires Accreditation Authorities operating in the Scheme to develop accreditation standards that:

- meet relevant Australian and international benchmarks
- are based on the available research and evidence base
- are developed with stakeholder involvement and wide ranging consultation
- are regularly reviewed
- take account of AHPRA’s ‘Procedures for Development of Accreditation Standards and the National Law’.

These expectations are not in place for health professions which are not covered by the Scheme.

A reconstituted AHWAC would appear to be an appropriate body to provide expert advice to the Ministerial Council on revised threshold measures for entry to the Scheme, should the COAG criteria require amendment in the future.
9. **What changes are required to improve the existing complaints and notifications system under the National Scheme?**

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

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

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

13. **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?**

14. **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?**

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

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

17. **How should the National Scheme respond to differences in States and Territories in protected practices?**

18. **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?**

19. **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?**

The Forum notes the considerable material on AHPRA’s website and those of the various health complaints entities about complaints and notifications processes, and information in AHPRA annual reports about the numbers of notifications managed. Despite this, submissions to previous enquiries into the operations of the National Scheme indicate that the health professions regulatory environment is complex and can be unclear to those raising concerns as well as those against whom complaints are raised.

As bodies that contribute to regulation of health professions, Accreditation Authorities are keen to see these complex and important processes managed well. Forum members support a single entry point for complaints and notifications in each State and Territory.

Forum members note that 60 per cent of notifications assessed by the National Boards result in a finding of no further action. This suggests that there are considerable opportunities to improve the management of notifications so that these cases can be addressed quickly and resources directed to managing other aspects of the processes and to other areas of the Scheme. For this reason, Forum members also support more flexible adoption of alternative dispute resolution processes – either by National Boards or by referral to those processes as used by complaints commissioners.

The Forum members note that nine of the professions in the Scheme account for a very small number of notifications and support proposals to improve and streamline the management of notifications and complaints for this group. It is important to appreciate that as the result of health workforce reform initiatives, and changes to the role and scope of practice of some professions (for example extending prescribing to non-medical professions), the regulatory workload for some professions may increase in the future.

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4 Page 17 Consultation Paper
5 Consultation Paper
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?

The core role of the Accreditation Authorities is to ensure that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered. The Accreditation Authorities contribute to this in two ways: by setting Standards for education and training that are contemporary, robust, nationally and internationally benchmarked, and are responsive to the needs of the community, and by ensuring that these Standards are applied to Australian programs. When applied, the Standards ensure that educational programs have appropriate didactic and experiential education, have professional input, and employ assessment processes that are valid, reliable and fair. Additionally, ten Accreditation Authorities assess the qualifications of internationally trained health practitioners to ensure that they meet these standards, including verifying the credentials of these practitioners and providing appropriate assessments and examinations. Nine Accreditation Authorities also assess overseas standards setting bodies to identify the programs that meet Australian standards for registration. Accreditation is largely concerned with National Law objectives (c) to facilitate the provision of high quality education and training of health practitioners and (d) the rigorous and responsive assessment of overseas-trained health practitioners.

Under the National Law, Accreditation Authorities develop accreditation standards and National Boards approve them. Since the National Scheme inception most Accreditation Authorities have reviewed their Standards. The modern principle for standard-setting is to prepare “evidence based and outcome focused” standards; that is, standards that are not unnecessarily prescriptive and where an education provider provides evidence of achievement of the outcome. These types of standards enable and facilitate diversity of approaches and innovation by education providers. By the Accreditation Authorities being cognisant of the contemporary issues of key stakeholders, educational developments, developments in the practice of the professions and the needs of the public, Government, and employers, they can set standards that drive and enable responsive practice and innovation.

There is still some more work to be done in this area of Standard setting for some professions, as some Accreditation Authorities do not yet have sufficiently outcome-focused standards. However, these professions endorse the need to make such changes and have plans in place including working with the assistance of other Accreditation Authorities in this process. To assist this work, the Forum has undertaken a mapping of Standards across the 11 professions, including examining commonalities, with a particular focus on areas of interest in health workforce reform.

The Forum is also one of the vehicles for discussion and interaction with key stakeholders such as government, other accreditation bodies such as TEQSA and ASQA and other groups interested in development of curriculum frameworks or accreditation standards for specific topics, such as an Indigenous Health Curriculum Framework. 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.

By encouraging flexible delivery of practice, the Accreditation Authorities support workforce mobility and greater access to service. One example of this is the UNE Bachelor of Pharmacy program which is delivered in a blended learning modality with online learning and face-to-face residential schools, allowing students to learn from remote and regional locations. These students are able to undertake their experiential placements in their local communities, which enables remote communities to retain skilled practitioners and maintain services.
Innovation in education and service delivery is exemplified by the changes made to accreditation standards to support the use of simulated learning platforms, enabling students to develop core skills before they use them in a clinical setting or professional practice. This is also assisting in the development of a sustainable health workforce, as such innovation prepares graduates for competent safe practice across the breadth of their scope of practice.

The assessment of international health practitioners by Accreditation Authorities contributes to access to services by having assessment standards that ensure practitioners are safe and competent to practice their profession anywhere in Australia. In many professions, internationally trained health practitioners constitute a large proportion of the rural workforce, and Accreditation Authorities recognise that assessment of these practitioners must not be a barrier to the entry of appropriately qualified practitioners into Australia. There are examples of flexibility in this area such as the workplace-based assessments of overseas trained medical practitioners, and competent authority processes. All those Accreditation Authorities that undertake the assessment of international health practitioners strive to keep their assessment processes rigorous, fair and transparent and to set applicant fees appropriate to the cost of the process.

21. Should a 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. Accreditation Authorities recognise the importance of this engagement, and are willing to have these discussions with the relevant parties.

The Forum can see the benefits of such a role within the Scheme, and agree that a reconstituted AHWAC may be an appropriate body. As previously stated, the Forum agrees that accountability within the National Scheme is necessary and that this could reasonably come from AHWAC provided it is appropriately constituted.

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?

Accreditation Authorities are fully aware of the changes in health care models and encourage 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 Standards. However, the fact that each of the health professions regulated under the National Scheme are seen as sufficiently different and autonomous to require regulation for their own scopes of practice must be acknowledged.

Accreditation Authorities are only one part of the mix with respect to driving innovation within a profession; National Boards, professional bodies, educators and practitioners also have roles. Accreditation Authorities consult widely with these stakeholders on their Standards, and are responsive to their feedback, with National Boards having the final approval in what is presented to them following this consultation.

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

Evidence based and outcome focused Standards assist to encourage innovation in interprofessional education. Those Authorities with outcomes focussed Standards require the
education provider to ensure that their graduates are equipped for patient-centred care as part of multidisciplinary teams. However, some education provider’s perceptions of what constitutes interprofessional education, and what can be seen as a solution to implementing interprofessional education, does not always align with what the profession expects. Accreditation Authorities are not convinced of the validity of some of the approaches taken, with an example being the introduction of common health first year programs, in which students are placed together in large learning environments before they are professionalised within their own future roles.

The members of the Forum have commenced the process of workshopping common assessment processes, common policies and procedures, and joint projects where representatives from a variety of the professions are involved. This is part of the continuing quality improvement that each Council is undertaking under the Quality Framework, and also in response to concerns from education providers on timing and logistics of accreditation visits. The Forum is currently working on complaints policy. Four professions are collaborating to develop Standards at the high level that are applicable across professions.

The Forum’s recently established Accreditation Managers Sub-committee will provide further opportunities for the sharing of best practice processes and procedures.

The Forum has also started work on establishing a common Standard for non-medical prescribing. This work is based on the NPS MedicineWise prescribing competencies and the Health Practitioner Prescribing Pathway developed by Health Workforce Australia. This is a substantial piece of work, and will include a process for collaborative common assessment methods that could be used for a number of the professions considering expanding their scopes of practice to include limited prescribing.

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

The question raises issues concerning the relationships and differences between the regulation of higher education and the health professions. Under the Tertiary Education Quality and Standards Agency Act 2011, each higher education provider that is registered in the ‘Australian University’ provider category and meets the requirements under Section 45(1) of the Act is authorised to self-accredit each course of study that leads to a higher education qualification that it offers or confers. TEQSA may authorise other categories of higher education providers to self-accredit certain courses of study.

The Australian Qualifications Framework (AQF) is the national policy for regulated qualifications in Australian education and training. It incorporates the qualifications from each education and training sector into a single national qualifications framework.

Universities, through their own course approval mechanisms, have the power to approve the level of qualification for a program of study, but their programs should adhere to AQF guidelines. TEQSA has indicated that universities must comply with the AQF by January 2015 to retain registration as higher education providers.

The National Law defines accreditation standard, 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 practise the profession in Australia. This places the Accreditation Authority’s focus on the assessment of the program of study’s and the provider’s ability to meet approved accreditation standards rather than the level of qualification awarded.
Where there have been substantive changes in the level of qualification offered, Accreditation Authorities have drawn attention of their National Boards to this change, and considered the implications of the change for accreditation. For example, in response to the introduction of Australia’s first primary medical qualification set at Masters Degree level in 2011, the Australian Medical Council consulted with education providers, professional bodies, student associations, health consumer bodies, jurisdictions, health workforce bodies and higher education regulators on the change and developed a policy paper addressing the issues arising and the changes it would make to its accreditation processes as a result of the developments.

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

As the Consultation Paper notes, one of the objectives of the National Law is to facilitate the rigorous and responsive assessment of overseas-trained health practitioners. Coupled with this are other objectives of the National Law, including ensuring protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered, and the facilitation of access to services in accordance with the public interest.

The background paper previously provided to the Review Team, which is at Appendix 1, lists the ten Accreditation Authorities which assess overseas trained practitioners. 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, and the Accreditation Authorities use a range of approaches, including desktop assessment of training and qualifications, portfolio assessment, written and clinical examinations, and workplace-based assessment, depending on the nature of the profession involved and the associated risks.

Nine of the Accreditation Authorities 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. Variation within professions across jurisdictions and individual programs require that such pathways are carefully considered. For example, while some professions may have recognised competent authority arrangements in relation to training undertaken in the United Kingdom (UK), the absence of training in radiography in at least one of the chiropractic programs recognised in the UK does not enable the application of competent authority recognition for all programs recognised in the UK, since being a registered chiropractor enables recognition in this component of practice in Australia.

All Accreditation Authorities involved in the assessment of overseas trained practitioners are acutely aware of their responsibilities under the National Law, their accountabilities and the expectations of a range of stakeholders in this area of the National Scheme. As noted in the Consultation Paper, Australia has a significant reliance on overseas trained practitioners, particularly in rural areas, and Accreditation Authorities who conduct the assessment functions devote 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.

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6 Appendix 1: Accreditation within the National Registration and Accreditation Scheme (NRAS) – a paper developed by the Accreditation Liaison Group, 2014
Similarly, much attention is focussed on ensuring timely access to assessment opportunities, at a cost to applicants that is reasonable given the requirements and accountabilities associated with the function.

The above notwithstanding, all Accreditation Authorities are cognisant of the 2011 Australian Government House of Representatives enquiry into the processes associated with the assessment of overseas trained doctors and the resultant *Lost in the Labyrinth* report. This report made in excess of forty recommendations that were relevant to a range of bodies, including the Australian Medical Council (AMC) and the Medical Board of Australia. Both these bodies, in conjunction with others, such as the specialist medical colleges, were proactive in responding to recommendations, and resultant changes have seen significant streamlining and increased clarity and transparency of processes associated with applications, to the benefit of applicants and the health care system.

Of particular significance in this regard is the capacity for the bodies involved in the assessment of overseas trained doctors 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. Other Accreditation Authorities are interested in this approach, which, if able to be funded, could result in increased efficiencies for applicants.

The construction by the AMC of a purpose-built National Test Centre in Melbourne to increase access to the clinical examination component of its examination requirements is another notable initiative, with the facility able to be accessed for use by other Accreditation Authorities and education providers.

In summary, the assessment of overseas trained health practitioners is a complex, high stakes activity conducted by ten of the independent Accreditation Authorities for their National Boards.

The system is felt to work well, given the need for public safety, balanced against other considerations, including the ability of a geographically dispersed population to access healthcare in appropriate settings. The Accreditation Authorities that undertake this function are aware of the important stakeholder considerations involved in the activity and are committed to achieving further cooperative initiatives reflective of areas identified through the *Lost in the Labyrinth* report.

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

The Forum agrees that the Chairperson of a National Board should be appointed on the basis of merit.

Chairs of National Boards are appointed by the Minister, rather than following the private sector practice of the chair being appointed by the board itself. However, the definition of merit requires some consideration. The ABC and SBS Acts for example, provide that the assessment of applicants is based on merit if:

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7 House of Representatives Standing Committee on Health and Ageing
Lost in the Labyrinth: Report on the inquiry into registration processes and support for overseas trained doctors Tabled 19 March 2012

8 Special Broadcasting Service Act 1991, Part 3A.
a) an assessment is made of the comparative suitability of the applicants for the duties of that Director, using a competitive selection process; and
b) the assessment is based on the relationship between the applicants’ experience, skills and competencies and the experience, skills and competencies genuinely required for the duties of that Director; and
c) the assessment focuses on the capability of the applicants to achieve outcomes related to the duties of that Director; and
d) the assessment is the primary consideration in nominating the candidates for that appointment.

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. However, any Chairperson of a National Board will 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 and 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. The co-regulatory approach provides for an important separation between the respective responsibilities of the Accreditation Authority and the National Board with the key features being:

- the Accreditation Authority is required to develop accreditation standards following wide reaching consultation with stakeholders, to use these standards to assess programs of study and the education providers offering them, and to accredit programs of study and the education providers that meet the accreditation standards;
- the National Board is required to approve the accreditation standards [s35(c)(i)], and to approve accredited programs as providing a qualification for the purposes of registration or endorsement in the relevant health profession [s35(d)].

The Accreditation Authorities recognise the importance of the independence of the accreditation functions. 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 capacity to make decisions free of the influence of any other party and the integrity of the quality assurance aspects of the Scheme and would not be in the community’s interests.

Many National Boards and Accreditation Authorities have developed a strong working relationship that provides for independence, accountability and efficiency. However for some Accreditation Authorities and National Boards this relationship is still maturing, and in an effort to ensure that the functions are carried out correctly at times there may appear to be a compromising of independence, accountability and efficiency. This experience is consistent with views expressed by

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9 ASX Corporate Governance Principles and Recommendations 3rd Edition

the not for profit sector\textsuperscript{11} 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.

Although maintaining the independence of their work on quality and standards, the Accreditation Authorities (member councils of the Forum) recognise and support the need to demonstrate accountability in exercising the accreditation functions under the National Law. Forum members, AHPRA and the National Boards, particularly through the Accreditation Liaison Group, have worked collaboratively since the introduction of the Scheme to achieve consistent interpretation and application of the co-regulatory approach articulated by the National Law, including attention to the objectives and principles of the Scheme. The Forum believes this approach provides for best balance in decision-making. Examples include the development of:

- Policies and processes concerning the implementation of accreditation functions as set out in the agreed document \textit{Accreditation under the Health Practitioner Regulation National Law Act}. This document covers a range of issues associated with accreditation functions, including relationships and communication between Accreditation Authorities, National Boards and AHPRA concerning accreditation, the application of the \textit{Quality Framework for the Accreditation Function}, and the \textit{Procedures for the Development of Accreditation Standards}.

- \textit{Guidelines for reporting accreditation decisions and recommendations on accreditation standards to National Boards}.

Such collaborative work has been a balanced, efficient and effective way to achieve consistent interpretation and application of the Law, and has often proved to be particularly helpful to the smaller Councils.

Forum members recognise that further work is still required to clarify expectations and improve understanding of responsibilities under the co-regulatory approach, in order to ensure the most effective and efficient practices by both the National Boards and the Accreditation Authorities. Some Accreditation Authorities have experienced what they consider to be inappropriate and unnecessary practices, such as requiring a National Board representative on every assessment team visit conducted by the appointed external Accreditation Authority; requesting, as standard practice, to review the material gathered by an Accreditation Authority and used to make the accreditation decision, rather than having confidence in the application of agreed policies and processes and the accountability demonstrated through monitoring the performance of the Accreditation Authority as set out in the agreed Quality Framework; and some National Boards deferring decisions on approval of accreditation despite Accreditation Authorities submitting clear reports.

Some Accreditation Authority reports in the early days of the Scheme did not have the clarity needed for National Boards to have confidence to make a decision. This has been proactively addressed in some instances by the implementation of risk frameworks from the Accreditation Authority, with open dialogue with National Boards.

Members of the Forum are aware that there are examples of excellent relationships between an Accreditation Authority and a National Board and with the maturing of the Scheme and the commitment and collaboration of the entities involved, the interpretation and application of the National Law will continue to be refined and clarified including further improvement of practices.

and responsibilities, improving the effectiveness and efficiency with which accreditation functions are undertaken.

Where there are disputes or concerns about roles, this might be referred to AHWAC.

The members of the Forum are committed to working collaboratively, and have over a number of years committed significant resources to this. There is however currently no mechanism within the Scheme for funding of multi-profession projects. The Forum believes that formally incorporating multi-profession work in the roles of both the Accreditation Authorities and the National Boards, backed by an appropriate funding allocation, would assist in streamlining and finding efficiencies, and deliver more in relation to multi-profession approaches.

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

Members of the Forum believe that there is good oversight of the decisions made by the Accreditation Authorities through a range of mechanisms but recognise that improvements can be made.

The mechanisms include the provisions of the National Law supplemented by agreed approaches across National Boards, Accreditation Authorities and AHPRA, which support the accreditation functions to operate effectively, and provide oversight of the decision making of the Accreditation Authorities. They include:

- The Quality Framework for the Accreditation Function, as a measure of good practice for accreditation bodies
- Six monthly reports to the National Board against the Quality Framework
- Reviews of the accreditation arrangements for the 2010 professions.
- Development of good practice principles between National Boards, Accreditation Authorities and AHPRA, and.
- AHPRA Procedures for the development of accreditation standards.

The Quality Framework is central to reviewing the work of the Accreditation Authorities setting parameters for their work by identifying benchmarks of good practice across eight domains:

1. Governance
2. Independence
3. Operational management
4. Accreditation standards
5. Processes for accreditation of programs and providers
6. Assessing authorities in other countries
7. Assessing overseas qualified practitioners
8. Stakeholder collaboration.

These domains of the Quality Framework are the principal reference for National Boards and AHPRA to assess the work of Accreditation Authorities and should remain so. Accreditation Authorities provide six-monthly reports to their National Boards on developments relevant to the domains of the Quality Framework.
The Quality Framework was also used in 2012, when the performance of the Accreditation Authorities of the first ten professions to be regulated under the National Law were assessed during the review of accreditation arrangements. The process of the review was considered jointly by the National Boards, AHPRA and the Accreditation Authorities. The process established required the Accreditation Authority to prepare a submission assessing its performance against the domains of the Quality Framework and a wide consultation by the National Board. In this review process each Accreditation Authority prepared a detailed submission explaining their roles and functions, and providing evidence of their performance against the domains of the Quality Framework. These submissions were available publicly and each National Board consulted widely in making a decision as to the future accreditation arrangements for their respective profession.

While Forum members believe strongly in the need for independent decision-making, it is important to explain the concept of independence which applies to accreditation functions in the National Scheme. The Intergovernmental Agreement explains the concept of independent accreditation as:

“Governance arrangements that provide for community input and promote input from education providers and the professions but provide independence in decision-making”

Independence from government was explicitly included by late 2008, when the consultation paper about accreditation arrangements was issued by the National Registration and Accreditation Implementation Project. The consultation paper referred to the World Health Organisation/World Federation of Medical Education Guidelines for Accreditation of Basic Medical Education (2005) statement that “The legal framework must secure the autonomy of the accreditation system and ensure the independence of its quality assessment from government, the medical schools and the profession”.

This concept of independence is reflected in the Quality Framework.

Under the governance domain, it requires “The accreditation authority's governance arrangements provide for input from stakeholders including input from the community, education providers and the profession/s”. Accreditation Authorities have adopted governance structures which provide for stakeholder input into accreditation decision making at a range of levels. Typically this would include an expert accreditation panel, an accreditation committee to which it reports, and often also includes a board of directors which makes the final decision on accreditation.

Under the independence domain it is required that “The accreditation authority carries out its accreditation operations independently. Decision making processes are independent and there is no evidence that any area of the community, including government, higher education institutions, business, industry and professional associations - has undue influence. There are clear procedures for identifying and managing conflicts of interest”.

In relation to review of accreditation decisions, consistent with this concept of independence, accreditation decisions are reviewable through a process of internal review by the Accreditation Authority. Under the National Law, an Accreditation Authority that decides to refuse to accredit a program of study must make available a process of internal review of the decision. The 2008 consultation paper about accreditation arrangements implies that by reference to external appeals education providers would continue to have access to the appeal arrangements existing before the National Scheme, namely recourse to review through the courts.

Accreditation Authorities recognise that education providers may wish to seek reconsideration of accreditation decisions other than those which result in refusal of accreditation, and/or review of the findings and judgments in an accreditation report. The Quality Framework requires
Accreditation Authorities to have complaints, review and appeals processes which are rigorous, fair and responsive, and to report to their National Board on the complaints made.

Currently the complaints, review and appeals practices vary, and members of the Forum have begun work on the development of good practice guidelines for complaints mechanisms. In this work the Forum members are considering the development of a standardised feedback tool to gather feedback on accreditation processes from education providers, as well processes that would enable external input to the review of accreditation processes and decisions.

In relation to decisions about accreditation standards, National Boards approve accreditation standards developed by Accreditation Authorities. Under section 25 (c) of the National Law, one of the functions of AHPRA is to establish procedures for the development of accreditation standards, …… approved by National Boards, for the purpose of ensuring the national registration and accreditation scheme operates in accordance with good regulatory practice. Accreditation Authorities must apply the AHPRA Procedures for the development of accreditation standards.

Ministers have the power to issue a direction to a National Board about a proposed accreditation standard or proposed amendment of an accreditation standard if (a) in the Ministerial Council’s opinion, the proposed accreditation standard or amendment will have a substantive and negative impact on the recruitment or supply of health practitioners and (b) the Council has first given consideration to the potential impact of the Council’s direction on the quality and safety of health care, and this is appropriate.

Education providers have expressed concerns to Forum members about the costs and the regulatory burden of accreditation. The costs of accreditation vary depending on the complexity of the profession, the programs and providers. The regulatory burden may vary depending on the stage of development of the program, with greater oversight of developing programs, and the number of conditions on program/providers accreditation. Through the Forum, members are working together to improve the efficiency of processes and where possible reduce operating costs.

All Accreditation Authorities currently receive some funding from AHPRA through their National Board and hence are subsidised by the registrations in that profession. All charge a proportion of the accreditation costs to education providers, although their business models vary. They are aware of, and under the Quality Framework required to report on, the principle that fees charged should remain reasonable having regard to the efficient and effective functioning of the Scheme. Accreditation fees charged to education providers contribute towards (but do not cover) the cost of accreditation being: initial and re-accreditation of a program; monitoring to ensure continued compliance with standards; review of proposals for program changes; and providing advice to the provider. Under this model, there is limited funding available for Accreditation Authorities to undertake other accreditation related work such as develop policy, review of issues that apply to more than one program and provider, and contribute to national policy debates. The Forum members are concerned about their capacity to contribute appropriately to achieving important objectives of the Scheme, beyond business as usual accreditation processes, where the capacity to charge fees and the funding through the Scheme is constrained.

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

The Forum wishes to make no response to this question.
Should the Independent Reviewer require further information the Chair of the Health Professions Accreditation Councils’ Forum would be happy to expand on the comments made in this submission on behalf of the Forum.

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