IAHA Submission to Review of the National Registration and Accreditation Scheme

Indigenous Allied Health Australia (IAHA) is the national Aboriginal and Torres Strait Islander allied health peak body and aims to improve the lives of Aboriginal and Torres Strait Islander peoples and influence generational change, through national allied health leadership, building a responsive workforce, advocacy, partnerships and support across the multiple sectors that influence health and wellbeing. IAHA membership comprises allied health professionals from over 20 allied health disciplines within both registered and self-regulated professions.

IAHA advocates from the perspective of the allied health collective and does not seek to comment upon, nor influence, discipline specific issues that may arise through the review of the National Registration and Accreditation Scheme (National Scheme).

Of the three options proposed to address the disproportionate regulation between the lower and higher regulatory workload of the professional groups, IAHA is inclined to support the second option of retaining the nine separate National Boards but consolidating the functions underneath them into a single national service to the nine professions. This option would maintain the professional integrity and identity in the regulation of each of the professions whilst still offering a significant cost savings.

IAHA acknowledges that the National Scheme sets a minimum standard of professional practice and requires a minimum standard of qualification to practice using a protected title. IAHA asserts that this includes personal, organisational and system-wide capability to be culturally responsive. IAHA recommends that The National Scheme facilitates the explicit articulation of consistent minimum threshold standards for culturally responsive and safe professional practice in meeting the needs of Aboriginal and Torres Strait Islander Peoples.

IAHA further asserts that Accrediting Authorities set profession accreditation standards that build the capacity of education providers to produce graduates who have the skills, knowledge and experiences to work effectively with and deliver culturally responsive care to Aboriginal and Torres Strait Islander peoples.

As stated in the discussion paper, the objectives and guiding principles of the National Scheme include facilitating access to services provided by health practitioners in accordance with the public interest; enabling the continuous development of a flexible, responsive and sustainable Australian health workforce; enabling innovation in the education of, and service delivery by, health practitioners; and restrictions on the practice of a health profession are to be imposed under the National Scheme only if it is necessary to ensure health services are provided safely and are of an appropriate quality.

IAHA appreciates that the National Scheme has a very strong focus on embedding and promoting responsiveness, flexibility, innovation, sustainability and access to services as key objectives and guiding principles surrounding the regulation of health professions. Any changes to the National Scheme should keep this focus at the forefront.

IAHA therefore expects every agency within the National Scheme to contribute to these objectives and behave in a manner consistent with the guiding principles, within the context of ensuring cultural safety for Aboriginal and Torres Strait Islander peoples and utilising a culturally responsive approach.
Accreditation Authorities

Currently it is the National Boards that decide who will exercise accreditation function and contracts are in place between the Accreditation Authority and AHPRA on behalf of the National Board. The National Boards also approve, refuse or require a review of the standards, approve accredited programs of study and can also refuse or approve a program with conditions.

IAHA acknowledges that it is the responsibility of the health education providers to ensure their graduates attain the necessary skills, knowledge and attitudes that will enable them to deliver culturally responsive care. However, it is the Accreditation Authorities that set accreditation standards for education providers; accredit programs of study; may refuse to accredit programs of study if it believes the course does not meet the accreditation standards; monitor accredited courses; and may withdraw accreditation of a course if it believes the course no longer meets the approved accreditation standards, or impose conditions on a program. There is currently significant disparity across accreditation standards for the 14 registered professions with regards to ensuring the cultural safety of Aboriginal and Torres Strait Islander peoples through the delivery of high quality, culturally safe and responsive professional practice.

IAHA asserts that greater consistency is required across all accreditation standards when addressing Aboriginal and Torres Strait Islander accreditation requirements.

The National Scheme aims to protect the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered. To ensure this occurs, IAHA strongly advocates that all Accrediting Authorities under the revised National Scheme establish accreditation standards that require education providers to be accountable for how they:

1. Address Aboriginal and Torres Strait Islander peoples in their health program philosophy and purpose
2. Embed comprehensive curriculum coverage of Aboriginal and Torres Strait Islander Health (studies of the history, culture and health of Aboriginal and Torres Strait Islander people) across the program.
3. Engage in education strategies that involve partnerships with relevant local Aboriginal and Torres Strait Islander communities, organisations and individuals.
4. Outline strategies used to ensure that students have the requisite knowledge and skill in delivering culturally responsive care.
5. Provide clinical learning environments that provide students with experience in the provision of culturally responsive health care to Aboriginal and Torres Strait Islander peoples living in urban, rural and remote locations.
6. Use educational expertise, including that of Aboriginal and Torres Strait Islander people, in the development and management of the program.
7. Articulate how the educational environment and resources are consistent with and support the program’s Aboriginal and Torres Strait Islander philosophy and purpose.
8. Ensure staff recruitment strategies are culturally inclusive and reflect population diversity and take affirmative action to encourage participation from Aboriginal and Torres Strait Islander people.
9. Collaborate with Aboriginal and Torres Strait Islander health professionals and community members to provide feedback and advice to the program.
10. Utilise strategies and admission policies that target groups under-represented in the program, highlighting initiatives for and numbers of Aboriginal and Torres Strait Islander students, to ensure student profile is reflective of the community profile.

In order to produce more culturally safe and responsive allied health graduates, Accreditation Authorities established under the National Scheme must commit to embedding these recommendations within all health profession accreditation standards. It is important that the revised National Scheme enable Accrediting Authorities to build the capacity of education providers to produce graduates who have the skills, knowledge and experiences to work effectively with and deliver culturally responsive and safe care to Aboriginal and Torres Strait Islander peoples.