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Mr Kim Snowball
Independent Reviewer
Review of the National Registration and Accreditation Scheme for health professions
GPO Box 4541 Melbourne VIC 3001

Email: nras.review@health.vic.gov.au

Dear Mr Snowball

Universities Australia, Health Professions Education Standing Group (HPESG) – Review of the National Registration and Accreditation Scheme for health professions

Thank you for the opportunity to provide this submission to the Review of the National Registration and Accreditation Scheme (NRAS) for health professions. Universities Australia (UA) values the opportunity to contribute to the Review and your effort to engage the university sector in the process.

I am advised that the NRAS Review Project Team is accepting submissions today, but will also accept additional material up until 5pm on Friday 17 October. UA would like to take the opportunity to provide the Review with more detailed material on some of the impacts of the NRAS on the sector, as identified in this submission, over the coming week.

The Review deals with issues of considerable importance to Australian universities since universities are responsible for educating most of Australia’s health workforce. Some 120,000 students are currently enrolled in Australian university courses leading to entry level health professional practice. The number of students has increased by almost 100 per cent over the decade in response to COAG initiatives to address severe health workforce shortages.

Our universities play a vital role in the development and delivery of Australia’s health service system and capacity. However, the extent and importance of that role is not always well understood. This means that decisions are sometimes made in relation to health policy that impact adversely on universities’ capacity to fulfil their education and workforce development objectives, without adequate understanding or management of those implications. Consequently, UA established the Health Professions Education Standing Group (HPESG) to engage on a cross-sector and cross-discipline basis with policy issues that impact on the sector’s capacity to deliver the highly skilled health professions the community needs. The Review of the NRAS for health professions is such an issue.

The HPESG has commenced discussions with accreditation bodies (notably the Health Professions Accreditation Councils’ Forum) and we are encouraged that a constructive working relationship will continue to develop. We see the NRAS Review as an opportunity further strengthen collaboration in pursuing improvements to the system.
HPESG supports the continuation of the NRA, which is a relatively recent development but has already enabled a number of significant improvements. In particular, national practitioner and student registrations have been very welcome developments. Nonetheless, there is considerable scope for refinements to better achieve the intent and sustainability of the Scheme.

Broadly speaking, the HPESG believes that given the serious challenges to Australia’s health system - workforce shortages; service access and workforce mal-distribution (particularly in rural, regional and outer metropolitan locations); shortages of clinical education placements; misalignment of available places with contemporary health service practice and supervisor capacity; and rapidly escalating and unsustainable clinical placement costs - it is appropriate that the Review ensures accreditation arrangements address and do not exacerbate these problems.

We have focused our comments on the accreditation aspects of the NRAS, which we believe warrant more consideration and support than they have received to date.

UA also strongly supports the practice of accreditation functions being undertaken by skilled practitioners, and expect that will continue even though administrative functions in relation of the some Boards may, as suggested by the Review, be re-configured and streamlined.

More detail on UA’s position and responses to the questions posed in the Review consultation paper is provided in Attachment A.

If you would like to discuss these comments please contact Mr Allan Groth, Policy Director, Workforce Development Universities Australia on 02 6285 8106 or at a.groth@universitiesaustralia.edu.au.

Yours sincerely

Belinda Robinson
Chief Executive
Universities Australia
Health Professions Education Standing Group (HPESG)

Comments on the Review of the National Registration and Accreditation Scheme (NRAS) for health professions

The NRAS is a relatively recent development and deserves continuing support. The Review has the potential to strengthen the operations and efficiency of independent and expert health professions accreditation activities, with benefits for health system quality, safety, capacity and sustainability.

Australia’s universities are responsible for educating most of Australia’s health workforce. Some 120,000 students are currently enrolled in Australian university courses leading to entry level health professional practice. The number of students has increased by almost 100% over the decade in response to COAG initiatives to address severe health workforce shortages.

We play a vital role in the development and delivery of Australia’s health service system and capacity. However, the extent and fundamental importance of that role is sometimes not well understood. This means that the education and workforce development role and capability of universities (and other educators) are sometimes impacted by decisions made in health portfolios, without adequate understanding or management of the implications of those decisions in preparing the health workforce.

Independent accreditation processes enhance community confidence in the quality of the healthcare system and the services it delivers. It provides international assurance of the standards maintained by Australian universities, health services and practitioners.

We have focused our comments on the accreditation aspects of the NRAS, which we believe warrant more consideration and support than they have had to date.

As the Reviewer has acknowledged in the consultation paper accreditation issues have not been adequately considered in the Review process to this point.

Key Issues:

The consultation paper (page 70) describes Accreditation functions under the NRAS as follows:

*Accreditation Authorities are appointed by the National Boards to recommend education and professional standards and to ensure that the education bodies that teach the courses meet the minimum requirements of those standards. The standards are intended to ensure that students are equipped with the knowledge, skills and professional attributes required to practice their chosen health profession.* (p 70 of consultation paper)
Issues relevant to Accreditation functions are implicit in the Review’s Terms of Reference, guided by the objectives and guiding principles of the Scheme (reproduced at Appendix I at the end of this paper).

UA provided advice to the Review team in July 2014 noting a number of issues which warranted careful attention and recommending those issues be considered within the scope of the Review. Many of those issues are reiterated below.

We have included overarching comments, and follow these with more specific comments against pertinent questions posed in the Review consultation paper.

We recommend these issues be included in advice to senior officials and Ministers.

Overarching comments

The Review should explicitly and substantially address the following:

- Funding of accreditation activities, including the AHPRA allocation;
- Cost pressures on education providers driven by accreditation activity;
- The variable processes and demands of accreditation bodies – within and outside of NRAS;
- The relationship between accreditation activities, broader health and education policy developments and the contemporary healthcare environment facing practitioners and educators.

- With respect to Accreditation functions, we also believe it is appropriate that the Review provide Ministers with insight as to some of the practices and impacts of health accrediting bodies that operate outside of the NRAS. These, nonetheless, impact on the capacity of universities to prepare future health professionals for practice in serving the Australian community;
  - It is appropriate that Health Ministers and senior officials are aware of accreditation issues relevant to their broader portfolio responsibilities where professions operate within the health system but are not included in NRAS.

- In the absence of a national body with substantial and specific capacity and skills for health workforce analysis and planning, it is important that the NRAS Review assist in ensuring officials and Ministers have insight to and an opportunity to improve communication flows, integration and coherence of crucial aspects of the health workforce development, reform and regulation.

- Funding - the increasing cost of accreditation in universities is a problem for many disciplines, sometimes resulting in valuable resources being taken away from the core activities and straining relationships. A significant shortcoming is the lack of coherent funding arrangements for accreditation activities. When the scheme was established the matter was debated but not resolved.
  - We note the funding provided to accreditation boards through AHPRA is extremely limited and appears to be less than 5 per cent of the Agency’s total funding allocation.
  - The absence of adequate funding for accreditation functions has contributed to large additional financial imposts being placed on universities, at a time when other financial pressures on the sector have been escalating dramatically. This matter should be addressed in the Review.
• Universities have no option but to obtain course accreditation. We face increasing accreditation fees, even though many universities also provide very substantial in-kind support as academic staff often perform accreditation roles.
  
  o This means there are limited incentives on accreditation bodies to contain accreditation costs imposed on universities. There are potentially perverse incentives to maximise accreditation requirements.
  
  o There are instances of increases in accreditation fees of 600% and greater, reducing teaching capacity in order to meet unexpectedly high accreditation charges.
  
  o Some accreditation bodies (not necessarily within the current NRAS structure) levy charges on universities that resemble annual membership fees and appear designed to meet establishing professional organisations rather than providing necessary accreditation services. Charges may be justifiable in some cases however there is often no transparent breakdown of charges or apparent justification for costs.

• In principle, HPESG supports greater coverage of health profession accreditation bodies within the NRAS. We recognise that in conducting the Review strong emphasis has been put on the need to limit expansion of the Scheme to those professions that pose a serious potential risk to public safety, and on grounds of cost.
  
  o Nonetheless, we believe there may be broader benefits to the system if other professions were brought in, or otherwise aligned, with standards and practice which tend to be more consistent and well developed among NRAS professions.
  
  o Some accrediting bodies outside the NRAS have taken a more rigid approach to accreditation and/or changed standards with minimal consultation. Some do not appear to have appeal processes. The potential for broader efficiencies, cross-disciplinary collaboration and innovative practice is likely to be greater within a more inclusive NRAS.

• Several health professional educator representatives (across disciplines) have expressed the view that some recent accreditation processes are more accountable and appropriate than pre-NRAS accreditation practices.
  
  o The practices and professionalism of several accreditation boards – especially if outcomes-focussed - dare rated very highly by university staff. However, there are differences between professions and the following concerns have been expressed in relation to some accreditation activities:
    ▪ There is too much focus on inputs to curricula rather than capability or outcomes achieved by students;
    ▪ There are instances of onerous and/or changeable requirements;
    ▪ Some accreditation requirements stifle innovation in course development and design, and can be a limitation on cost-effective practice developments; and
  
  o Requirements can contribute to/reinforce fragmentation.

• Some accreditation bodies have and are currently seeking to extend their influence to matters that are arguably beyond the scope of the accreditation program into matters that are more properly the purview of universities.
These and related issues are touched on in responding to specific questions posed in the Review consultation paper.

Questions

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

Reconstitution of AHWAC is warranted as:
- It potentially provides avenue for cross-profession, cross-sector as well as jurisdictional advice to Ministers on health workforce issues;
- Enhances the capacity for connections which were reduced with the disbanding of HWA;
- It is important that Ministers are able to access breadth of views on workforce issues given the contemporary mixed, health service system and need for coordination in advancing innovation and reform;
- It would complement the roles of AHMAC and HWPC; and
- Consideration should be given to education provider representation or formal links to health education bodies’ forum.

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

- No comment on scopes of practice issues.
- Re: accreditation developments – it could potentially be a forum to consider developments in accreditation involving more than one discipline – provided it has appropriate representation and input.

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.

- It is critical that health professional, disciplinary experts maintain oversight of independence as per current arrangements.
- Streamlining operational and administrative arrangements across Boards may yield benefits, subject to that professional independence being protected.
- The proposed formation of a single Health Professions Australia Board to manage regulatory functions for the nine ‘low regulatory workload’ professions may provide the advantage of enabling other professional/accreditation bodies to be brought under the AHPRA umbrella.
  - This may assist in improving the consistency and overall quality of accreditation standards and processes (including availability of appeals) and openness to innovation, without significant additional cost.
  - It may also help ensure that complementary and alternative therapies are subject to appropriate standards.
- Where savings are achieved through streamlining arrangements, consideration should be given to diverting a portion of that funding to currently underfunded accreditation functions.
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.

- As per question 3.

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

- We suggest consideration be given to whether a portion of savings should be directed to fund currently unfunded accreditation activities (being met by default by universities).
- Note that no adequate provision was made to accreditation functions when NRAS was established and the current AHPRA allocation for accreditation functions appears to be about 5% of their budget.

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?

- Note that risk to the public and cost/benefit are important issues.
- However, it is clear that the NRAS threshold for entry based on risk to public safety is not commonly understood by the community and this is of concern to some health professions (not in NRAS). Better communication and/or further public information may be warranted.
- Further, by restricting NRAS inclusion on these grounds presents other difficulties, such as finding alternative avenues and mechanisms to address systemic issues in relation to non-NRAS professions (e.g. around accreditation).

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

- Benefit in making the rationale for inclusion or otherwise in the national scheme explicit and readily accessible to the broader community.
- Where NRAS – and Ministers – are satisfied that public protection (or other matters for which government might be expected to be accountable) is met through other means, this should also be made explicit and accessible.

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?

- Subject to comments made in relation to questions 1, 2 and 7 above.

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

- No comment.

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

- No comment.
11. Should there be a single entry point for complaints and notifications in each State and Territory?

- No comment.

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

- No comment.

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?

- No comment.

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?

- No comment.

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

- No comment.

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

- No comment.

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

- No comment.

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?

- No comment.

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?

- No comment.
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?

- There is scope for improvement in how NRAS arrangements support the objectives and guiding principles of the Scheme. They might include:
  - Greater transparency and standardisation of process: supported by documentation, flow charts, and templates;
  - Flexibility to allow points of differentiation between universities, and encourage modern curricula and learning methods – reflecting changing community needs and health care provision, as well as educational developments and student expectations; and
  - Review of clinical placement and other requirements to ensure programs meet skills needs, are contemporary and expose students to optimal learning opportunities (noting that current requirements may be appropriate for some professions). Universities strongly encourage the adoption of evidence-based requirements.

- We recognise that some accreditation bodies, notably the Health Professions Accreditation Councils Forum, have and/or are developing good practice guidelines. This is positive and the HPESG welcomes the opportunity to collaborate in the further development and application of good accreditation practice. There is potential for education providers and the professions to identify best practice models of accreditation and to develop mechanisms to promulgate it across the disciplines covered by NRAS (and potentially beyond).

- Accreditation should reflect contemporary practice, which is most likely to be achieved by involving informed independent practitioners. Accreditation requirements should ensure quality but do so in a way that recognises and is responsive to the pressures educators and practitioners confront in contemporary university and clinical settings. Accreditation should not be a barrier to innovation. There is concern that in some cases accreditation processes:
  - have become “compliance frameworks” rather than as intended; and
  - are stifling innovation – as pedagogical variance, innovative and efficiency are constrained by an over focus on inputs and standardised restrictive requirements on process and practice that are not evidence based or sound educational practice.

- There may be value in the Review assessing the potential for a mechanism to ensure accountability is strengthened under the NRAS. Such a mechanism could assess matters such as whether:
  - accrediting bodies retain an appropriate focus;
  - arrangements and incentives in place under the NRAS ensure it achieves overarching objectives, such as enabling innovation in the education of health professionals, and enabling innovation in service delivery by health professionals;
  - effective appeal mechanisms are in place (and preferably extend to accrediting bodies outside of the NRAS);
  - duplication is minimised and consistency, proportionality, regulatory necessity, and related risks are considered adequately in establishing processes and requirements; and
  - variability between Accreditation Boards is minimised on such things as:
    - Clarity and transparency of requirements – as currently some are clear while others are vague (without clear requirements) and information provided is
subsequently rejected for meeting (unspecified) requirements – this is time consuming and costly;

- A mixed understanding of issues such as privacy which restricts university capacity to provide information on individuals (and entities), being subject to legislative control; and
- Lack of understanding that the documentation required by state authorities in administering clinical placement arrangements varies by jurisdiction – with some Accrediting bodies (possibly unaware of these differences) requesting information from universities where that information is not held or assumes the existence of substantial and detailed datasets that do not exist (and are not required to or funded).

- There may also be benefit in ensuring the development of active, formal communication processes between Boards, Accrediting agencies (where Boards have given this role to third party providers) and education institutions.

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

- Yes, subject to answers provided to questions 1 and 2.

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?

- There is significant scope for improved performance in this aspect of accreditation. Obviously, the extent to which accreditation activities actually facilitate these developments varies considerably. Crucially, making positive advances in these areas without compromising (and preferably reinforcing) quality practice and safety will depend on effective, collaborative and outcome-oriented approaches from all parties, most notably universities and accrediting bodies.
- The potential for these developments to be progressed and yield benefits will depend on the capacity of the parties to dedicate time and resources to that purpose.
- The developing engagement at a strategic, system-wide level between the university sector (through HPESG) and the Health Professions’ Accreditation Council Forum is a positive development in this regard.

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

- As noted elsewhere in this paper, considerable scope exists to improve the coherence and integration of policy and operations regarding the education, training, planning, distribution and practice of Australia’s health workforce. If acted upon, some of the issues raised in the NRAS Review (e.g. reconstituting AHWAC) could contribute to that broader agenda.
- Appropriate support levels for accreditation functions would also facilitate improvements in this regard, including promoting the prospects of cost-effective and innovative education and practice and broader workforce reform.
24. How effective are the current processes with respect to assessment and supervision of overseas trained practitioners?

- Options for improving current processes should be considered.
- Example - Internationally qualified nurses and midwives: there is an anomaly between the NMBA standards and those with suitable qualifications being unable to register and the processing time is also a hindrance to health individuals and the health services seeking to employ appropriately qualified staff.
- For instance, at time of writing we are informed that some international nurses (with a degree) have been waiting since last October for approval to undertake bridging programs.
- One university (at least) has cancelled two programs because of the delay, with broader implications in a) addressing workforce shortages and b) for the reputation of Australia’s third largest export industry.
  - A possible option: In light of the long-term projected shortages in the nursing workforce and continuing issues with workforce distribution, AHMAC might consider establishing an independent body to review such the processing of such applications.

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

- No comment.

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?

- It is important that National Boards that delegate accreditation function to other bodies retain close oversight and accountability for the performance of those functions.

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

- Many NRAS professions are well developed and have mature, robust professional oversight of accreditation functions, which include extensive relationships with education providers. Others within the NRAS system are developing and there have been notable improvements since the establishment of NRAS. The nature of the NRAS process appears to be assisting with the consistency and clarity of accreditation functions across the Boards. That should continue.
- Of greater concern, as noted elsewhere, are some of the accreditation bodies operating outside of the NRAS.
- At a broader governance level, health minister oversight of NRAS appears to align clearly to the portfolio accountabilities as regards registration functions. The alignment is less clear as regards accreditation of education courses.
  - This area deserves some attention, at least to clarify explicit responsibilities, and to possibly identify which who, and through what means, issues such as the funding of accreditation should be addressed, if not through Health Ministers and NRAS.

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

- No comment.
Appendix I - NRAS objectives and guidelines

The National Scheme operates according to six objectives set out in the National Law:

- to provide for the 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
- to facilitate workforce mobility across Australia by reducing the administrative burden for health practitioners wishing to move between participating jurisdictions or to practise in more than one participating jurisdiction
- to facilitate the provision of high quality education and training of health practitioners
- to facilitate the rigorous and responsive assessment of overseas-trained health practitioners to facilitate access to services provided by health practitioners in accordance with the public interest, and 72 Independent Review of the National Registration and Accreditation Scheme for health professions
- to enable the continuous development of a flexible, responsive and sustainable Australian health workforce and
- to enable innovation in the education of, and service delivery by, health practitioners.

The National Scheme also has three guiding principles that underpin its operation and inform all decision-making processes:

- the scheme is to operate in a transparent, accountable, efficient, effective and fair way;
- fees required to be paid under the scheme are to be reasonable having regard to the efficient and effective operation of the scheme
- restrictions on the practice of a health profession are to be imposed under the scheme only if it is necessary to ensure health services are provided safely and are of an appropriate quality.