Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions

Guidelines for preparing a submission

Submissions are due **COB Friday 29 September 2017** and should be submitted electronically to admin@asreview.org.au. Please note: Due to project timelines, extensions to the due date cannot be granted.

Please contact the Review team at the above email if you require further information or assistance in making a submission.

Preparing a submission

1. You are required to complete the Submission to the Draft Report Cover sheet and include this as part of your submission. You are also requested to use the Draft Report - Submission Template. Both documents are included below.
2. Submissions as Microsoft Word (.docx) files are preferred. PDF files are also acceptable if produced from text based software. Please do not send password protected files. Track changes, editing marks and hidden text should also be removed from submissions.

Publication of Submissions

3. Each submission, except for any attachment supplied in confidence, will be published on the COAG Health Council website. The Independent Reviewer reserves the right to not publish material that is offensive, potentially defamatory or out of scope of the Review.
4. For privacy reasons, all personal details (e.g. home and email address, signatures, phone numbers) will be removed from your submission before they are published on the website.

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5. Material supplied in confidence should be clearly marked 'In Confidence' and be in a separate attachment to non-confidential material. Information which is of a confidential nature or which is submitted in confidence will be treated as such, if the reasons why the information should be treated as confidential are provided.

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Submission template instructions

7. You are requested to respond to any or all of the themes, issues and draft recommendations raised in the Draft Report using the template below. If you wish to provide additional information or evidence which is not in direct response to the draft recommendations, please provide these as attachments. Space has been provided after each theme for comments/feedback. You are asked to elaborate on the reasons for your decision to support/not support. Please note that failure to substantiate your arguments can reduce the value of your submission.
8. If you disagree with a draft recommendation, it would assist the Review if you could suggest an alternative approach which addresses the issues raised. Please provide evidence whenever possible (e.g. case studies, literature references, cost benefit analyses) to support your views as outlined in your submission.

COAG HEALTH COUNCIL

Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions

Submission to the Draft Report

Cover Sheet

Please complete all fields

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Individual or organisational submission: Organisation

Organisation (if relevant): Health Professions Accreditation Collaborative Forum

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Please select one of the following:

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Review of Accreditation Systems within the National Registration and Accreditation Scheme

Draft Report - Submission Template

Funding the accreditation system

The Review has examined opportunities to improve transparency and accountability, minimise duplication and reduce costs through greater efficiency and effectiveness. In doing so, it has undertaken a financial assessment of the accreditation system, including the fees charges by accreditation authorities as well as the expenditure they incur in the exercise of their functions. It has also undertaken a consideration of the fees and costs of other like systems.

There are many complexities involved in comparing the cost of accreditation across jurisdictions (both in Australia and overseas) due to the differing nature of health practitioner registration schemes and accreditation arrangements, intersections with other parts of public systems and different funding methodologies. Despite these differences, the Review has concluded that:

- There are elements within comparator international regulatory systems which can inform improvements in Australia and they need to be addressed in a continuous cycle of improvement and review.
- Assessment of the cost effectiveness of the National Scheme can only be achieved once there is a consistent and transparent funding and accounting framework.

The Review is recommending the adoption of consistent accrual accounting and business standards and the development of a single set of funding principles to guide the setting of fees and charges for accreditation and the application of a transparent cost recovery policy and methodology. The Commonwealth's model of public Cost Recovery Implementation Statements should also be employed when levies and charges for accreditation activities are to be set.

Specific draft recommendations are 1, 2 and 3 in the Draft Report.

Response – You are invited to respond to the general directions proposed in Chapter 3 of the Draft Report and any or all of the specific recommendations.

About the Health Professions Accreditation Collaborative Forum

The Health Professions Accreditation Collaborative Forum ('the Forum') is a self-funded coalition of the accreditation entities of the regulated professions. Each of these entities 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', or 'the Scheme').

The Forum comprises:

- Aboriginal and Torres Strait Islander Health Practice Accreditation Committee (ATSIHPAC)
- Australian Dental Council (ADC)
- Australian Medical Council (AMC)
- Australian Nursing and Midwifery Accreditation Council (ANMAC)
- Australian Pharmacy Council (APC)
- Australian Physiotherapy Council Ltd (APhysioC)

Response – You are invited to respond to the general directions proposed in Chapter 3 of the Draft Report and any or all of the specific recommendations.

- Australian Psychology Accreditation Council (APAC)
- Australasian Osteopathic Accreditation Council (AOAC)
- Australian and New Zealand Podiatry Accreditation Council (ANZPAC)
- Chinese Medicine Accreditation Committee (CMEA)
- Council on Chiropractic Education Australasia (CCEA)
- Medical Radiation Practice Accreditation Committee (MRPAC)
- Occupational Therapy Council (Australia and New Zealand) Ltd (OTC)
- Optometry Council of Australia and New Zealand (OCANZ)

A submission made by the Forum constitutes the shared response of the Forum members. Each member Council may make a separate submission. 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.

The three Committees in the Forum, the Aboriginal and Torres Strait Islander Health Practice Accreditation Committee, the Chinese Medicine Accreditation Committee, and the Medical Radiation Practice Accreditation Committee will not be submitting their views to the Review in this document, but rather in conjunction with their respective national boards.

Introduction

Australia does well in international comparisons on a number of health metrics. Premature death rates continue to decline. In the Lancet study on global burden of disease published in early September[1], Australia found itself in the top decile of scores on the health-related sustainable development goals index along with Nordic countries, the UK, a subset of western European countries, Singapore, Canada, and Israel.

On the other hand, there are significant challenges facing the health system. Chronic illness is replacing early death as a cause of lost years of healthy life, including health loss from diabetes, Alzheimer's disease, and osteoarthritis. Australia also faces significant challenges of varying health outcomes based on location, economic inequality and health workforce distribution.

The Forum agrees with the Review that accreditation has an important role to play in meeting these challenges. It can do so by ensuring that Australian health education system is sound, and that standards of education for NRAS professions remain high. Accreditation is part of a network of interlocking regulatory, education and health care systems that support the delivery of health outcomes, and it has proven to be a flexible and responsive component of the NRAS scheme since its inception in 2010.

The Review

The Forum appreciates the opportunity to contribute this submission to the Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions ('the Review'). The Forum also has also appreciated the opportunities it has had to discuss accreditation reform with the Review authors, and the willingness of the authors to listen and debate the merits of different points of view.

The Forum considers that the Report sheds light on a number of important issues and has given a wide range of stakeholders an opportunity to express their opinions about the state of NRAS accreditation. Several of the issues raised are in areas where the Forum also believes improvements can be made, such as funding principles, common terminology, and interprofessional education. The Forum also agrees with the Review that the paucity of guidance to the governance bodies in the National Scheme on health workforce and system priorities is a key issue; this was also raised in the 2014 Review of NRAS. The Draft Report however does not adequately document what is working well in

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accreditation or where expertise lies, despite the many examples provided by Forum members to the reviewers. It does not rely sufficiently on evidence for its key recommendations. It proposes an added layer of bureaucracy which will likely lead to increased costs, without a full business case as to why enhancement of existing mechanisms would not deliver a better outcome without introducing the risk of an untested model. The aim of this submission is to provide the evidence to support this analysis.

Funding of accreditation

In the Forum's earlier submission to the Review, the Forum set out some of the principles that it considers underpin the funding of accreditation, including the user pays principle, user-beneficiary alignment, and the balance between service and regulation in accreditation. The Forum also stated that a degree of pricing flexibility in accreditation fees is desirable, given the different configurations and scales of accredited professions. The Forum agrees that funding of accreditation should be fair, transparent and sufficient for the tasks, and supports the development of funding principles to guide boards, education providers and accreditation authorities in this regard.

Forum members have also worked with National Boards and AHPRA to promote accountability through regular reporting by accreditation authorities against the Quality Framework. The costing work of the ALG has brought a high standard of consistency and transparency to accreditation cost accounting, and the Forum is currently working to enhance this work to include activity data in the form of an accreditation balanced scorecard. The Forum regards the Review's recommendation concerning the provision of activity information and financial data as a natural complement to this work and supports the recommendation.

However the Forum expresses reservations regarding the recommendation which relates to the proposed use of Cost Recovery Implementation Statements (CRIS). The use of this document is governed by Commonwealth Cost Recovery Guidelines (CRG), which specify elaborate procedures (including 24 processes, 14 outputs and 9 requirements) for Australian Government entities charging the non-government sector some or all of the costs of a specific government activity. Whereas in the case of the Commonwealth government these processes often relate to income streams in the order of millions of dollars per annum, in the case of accreditation they would be applied to organisations with annual cost recovery amounts as low as $20K to $30K. The Forum considers that mandating the use of these regulations from another sector with different operating requirements would be pose an unreasonable burden.

The Forum considers that the development of funding principles described above should include the development of fit-for-purpose cost recovery implementation processes which are consistent with the scale of the accreditation authority and with legislation governing the not-for-profit sector. This legislation sets out the standards a registered entity will need to comply with, depending on its particular circumstances, such as size, sources of funding, the nature of activities and the needs of the public.

PSA cost estimates

The Forum objects to the repetition, without supporting evidence, of the UK Professional Standards Authority (PSA) assertion in the text of the draft Report that accreditation costs in Australia are three times as high as they are in the UK (p26). The PhillipsKPA report 'Professional Accreditation: Mapping the Territory' released on 4th September 2017 states, "AHPRA published a paper on the costs of accreditation in NRAS to clarify issues with the PSA study and present a more accurate analysis of costs"[2]. The Review misses the opportunity to clear this matter up, claiming lack of comparable figures (p27), when the real problem is the egregious and simply traceable accounting error in the PSA paper.

It is also disappointing that the Review acknowledges it could not have done its work satisfactorily without the ALG costing figures, but implies a problem with those figures by quoting non-material inconsistencies in the reporting of accreditation costs by various sources (p31). The Forum considers that gaining a complete picture of NRAS

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accreditation costs would be facilitated if registration boards and AHPRA could add their accounting of accreditation-related activities to those already provided by the ALG.

Accreditation of NRAS health profession programs of study cost $10.9M in 2015/16. This was less than 6% of AHPRA's total expenditure in the equivalent period, and provided the resources for the accreditation of 746 programs across 338 providers. International benchmarking by the AMC found medical accreditation costs to be 38% lower than the UK. According to a Forum analysis based on the ALG costing figures, the statistically confirmed cost drivers of NRAS accreditation were scale and the amount of work to be done, which together explained 75% of variation in costs[3]. The Forum considers this is solid evidence of NRAS accreditation efficiency, and requests that that the Review include these additional facts in its final report.

Improving efficiency

The accreditation system requires sound and fit-for-purpose processes which are designed to reduce complexity and unnecessary duplication, increase clarity and transparency and reduce cost within the system. Each step of an accreditation process has direct resource implications for both education providers and accreditation authorities (and indirect cost implications for students, practitioners and consumers). Greater commonality in accreditation standards, terminology, assessment processes and reporting requirements across the professions, as recommended by this Review, should create opportunities for greater efficiency and effectiveness in the accreditation of education programs and providers.

There are also opportunities to streamline processes that currently overlap with regulators who operate outside the National Scheme. While the education sector regulatory authorities, the Tertiary Quality Standards Agency (TEQSA) and the Australian Skills Quality Authority (ASQA), have different overarching purposes and foci for accreditation, their underlying domains and processes are largely the same and intersect with National Scheme regulators at the point of health education. Clarification and separation of roles and responsibilities should further reduce duplication, costs and administrative burdens.

Specific draft recommendations are 4 and 5 in the Draft Report.

Response – You are invited to respond to the general directions proposed in Chapter 4 of the Draft Report and any or all of the specific recommendations.

Efficiency of the accreditation process

The Draft Report puts considerable emphasis on inconsistency or duplication in accreditation standards and processes, without quantifying the impact of these inefficiencies on accreditation authorities or education providers or the costs of changes. The Draft Report states that "Overall, the Review is confident the governance reforms proposed under this option… will result in significant reductions in costs and burdens… Quantification of this, however, can only occur as the precise elements of the new accreditation model are developed." (p131) In the Forum's view the failure to quantify these benefits at this advanced stage of the Review reduces the credibility of some of the Review's assertions regarding accreditation inefficiency.

Relying on qualitative arguments can be misleading. For example, the Forum considers that the area of regulatory overlap with TEQSA and ASQA is much smaller than the one implied in the Draft Report. TEQSA has consistently indicated in discussions with Forum members that it also believes this to be the case. The overlap in standards quoted in the Draft Report in many instances refers to different processes occurring at university and faculty level. Similar conclusions have emerged from discussions with ASQA.

Some differences in standards are appropriate and are due to customisation and responsiveness to needs of the education of a particular profession. In particular, accreditation authorities consult on accreditation standards to ensure appropriate professional and stakeholder input. The consultation process also has another goal – to promote buy-in and ownership by stakeholders such as professions, education providers and consumers, as standards cannot be effective without commitment and support. The Forum is concerned that a 'standards template'might lead to a least common denominator approach that is not consistent with the objectives of the National Scheme.

Similar concerns are raised about recommendations for entirely consistent assessment processes, procedures and timeframes. Education providers offer programs of study of varying length, have numbers of students or trainees that range from tens to thousands, across one or many locations, with differing risk profiles, for example. Prescribing the same approach for all processes, procedures and timeframes would seem to be at odds with the Review's interest in using risk-based approaches to improve efficiency.

Response – You are invited to respond to the general directions proposed in Chapter 4 of the Draft Report and any or all of the specific recommendations.

The Forum strategic action plan includes work on efficiency (one of the Forum's main focuses, along with public safety, leadership and innovation). This work includes projects on shared terminology, data collection and reporting, training materials and definitions of major change in a program of study. In this work the Forum follows the principles that consistency is desirable where there is evidence of best practice, where it is likely to lead to greater transparency and understanding of accreditation processes, and where alignment will create greater impact because processes, materials or terminology are used more frequently. For example, in the Forum's work on standardised terminology, usage frequency is a criterion for assessing benefit from standardisation. The Forum has also attached importance to data collection and reporting, and agrees with the Review that a common reporting framework could deliver value. However risk indicators need to be statistically tested for validity, and there is currently not enough data to this data to assess which risk indicators have broader application across professions.

Quality and performance of assessment panels

With regard to recommendations for assessment panels, accreditation authorities have developed networks for sharing expertise, training materials and practices. The Forum supports team members who have skills required for a variety of teams, such as health consumer members and health facility managers, working across professions if desired. However the Forum questions what additional value would flow from a common register of experts, given teams must have at their core subject matter experts - members of the profession and people with educational expertise – who are most likely to want to engage in accreditation assessments where they can use that expertise.

For accreditation to work as a quality improvement and peer review process, success is based on the selection of a team with appropriate skills and knowledge for accreditation assignments based on the specific programs or provider being reviewed. Each accreditation authority is seeking to adjust elements such as team composition, team training, and remuneration to support the peer review model for that profession, and the Forum is concerned that regulations which are too prescriptive about how this takes place weaken the model.

Relevance and responsiveness

The health education system is critical in delivering a health workforce that is responsive to emerging health and social care issues and priorities. Education providers are guided by accreditation standards and competency standards in designing contemporary programs of study. The Review has explored the constraints created by the existing accreditation regulatory system, together with opportunities to deliver relevant and responsive health education programs which align with the National Law objectives. The Review has identified a number of key enablers:

- Adoption of outcome-based approaches for accreditation standards.
- Encouragement of innovative use of technological and pedagogical advances such as simulation-based education and training in the delivery of programs of study and a common, cross-professional approach to the inclusion of interprofessional education as a mandatory requirement in all accreditation standards.
- A requirement that clinical placements to occur in a variety of settings, geographical locations and communities, with a focus on emerging workforce priorities and service reform.
- Adoption of a common approach to the development of domains and learning outcomes for competency standards for professions that ensures relevance to contemporary health care needs.

The Review has also explored the issue of what 'work ready' means. Clarification is required on the differences between the normal induction, support, orientation and mentoring provided by employers to assist new graduates and requirements set by National Boards that restrict the attainment of general registration on first entry into the workforce. Accordingly, the Review is proposing the need for clearer demonstration of the need for supervised practice requirements and national examinations.

Specific draft recommendations are 6 to 11 in the Draft Report.

Response – You are invited to respond to the general directions proposed in Chapter 5 of the Draft Report and any or all of the specific recommendations.

Relevance and responsiveness enablers

The Forum agrees that education providers are guided by accreditation standards and competency standards in designing contemporary programs of study, but providers are also innovating in order to make their programs attractive in a competitive market and to reflect their own pedagogic research and strengths. Developments in scenario or simulation based training for example did not develop from changes in accreditation standards. It is important that standards encourage innovation in a way that does not limit them to a specific approach which will quickly become outdated. One of the ways that standards can do this is by retaining an outcomes focus.

On the other hand, Forum members are not aware of set of standards in Australia or comparator countries that are wholly or largely outcome-based. This is because input- or process-based standards, deployed in a non-prescriptive manner, are a critical component of assuring quality in the delivery of programs. The Review seems to tacitly acknowledge this by making recommendations in areas that could be described as process or input-based, such as simulation based education and training (SBET) and interprofessional education (IPE), and clinical placements. The Forum's approach on these issues is reflected in the views put in our earlier submission:

- On SBET: "The Forum sees its role as promoting discussions regarding the best mix of approaches to meet an educational goal, and ensuring that education providers are able to review and evaluate their educational practices to ensure that the appropriate teaching and learning approach is chosen. Key topics in these discussions revolve around appropriate uses of simulation, as well as deployment issues such as curricular integration, distribution of simulation training over time, outcome measurement, and strategies that promote the transfer of learning from simulation to clinical practice."
- On IPE: "As interprofessional education itself also continues to develop and evolve, the Forum members have agreed to adopt the Forum IPE statement and the IPE competencies as reference material and recognise that

education providers will continue to review and develop IPE in their own learning outcomes, curriculum content, learning and teaching approaches and assessment methods."

- On clinical placements: "Education providers are not able to achieve these changes without agreement and support of healthcare facilities and community practitioners. Where there have been significant improvements in exposure to non-urban and non-acute clinical settings, this has been supported through other government policy initiatives and, crucially, funding. Accreditation can be an enabler of these changes, by setting appropriate accreditation standards that emphasise clinical teaching in a wide variety of settings and models of care."

In these areas the Forum sees its role as promoting discussions regarding the best mix of approaches to meet an educational goal. Mandatory requirements tend to lead to compliance responses, and miss the quality improvement dimension as a result. The Forum supports the Review's recommendations in these areas, but reiterates that the most useful way to raise these matters is to do so in a way that allows a discussion about how they support outcomes, and avoid where possible a narrow, prescriptive or mandatory approach.

Competency standards

The Forum agrees with the Review that "accreditation standards and competency standards are inextricably linked" (p74), and considers that the logical way for competency standards to be managed is together with accreditation standards in wide consultation with regulators, educators and the profession. Accreditation authorities possess the right skills and knowledge for this task, given they develop accreditation standards. The two are linked: competency standards define the expectations of graduates (generally at a high level), accreditation standards link to these standards, often drawing out specific elements of the competency standards and by requiring programs to demonstrate how curriculum and assessment align with the competency standards. The accreditation authorities also have the right relationships to fulfil this task, including with the professions, with National Registration Boards, whose registration standards need to be taken into account in aligning education with workforce requirements and with education providers whose graduates need to meet these standards. This view is at variance with the Review's governance recommendations, where it is proposed that the two types of standards are split and governed by separate boards. With regard to other issues raised by the Review, the Forum reiterates its views from its earlier submission:

- "Where accreditation authorities are driving the development of competency frameworks, broad consultation takes place in line with procedures for development of accreditation standards. That said, the Forum considers that some efficiencies may flow from a shared understanding of what constitutes good practice in the particular case of competency standard development. For example, the AHPRA statement on development of accreditation standards could be revised to be appropriate for best practice in the development of competency frameworks."

Supervised practice

Regarding the recommendation on supervised practice, as the Draft Report states, skill gaps from graduate to practitioner 'seem to primarily relate to functioning as a health professional within a system, rather than lacking specific clinical and technical skills' (p85). These skills are developed partly as a response to responsibility for patient welfare, and cannot be imparted fully in a program of study. Patient safety considerations also require that practitioners in high risk professions have an opportunity to learn them in a supervised environment before they have the opportunity to practice on their own. A number of studies have demonstrated the importance of supervised practice for these professions. For example, as recently as 2015 a Review of Medical Intern Training[4] found that "the concept of a general internship remains valid". It is difficult to see how a clearer demonstration could easily be achieved or what level of proof would be required, so the Forum questions this recommendation in its current form.

Response – You are invited to respond to the general directions proposed in Chapter 5 of the Draft Report and any or all of the specific recommendations.

Other measures of accreditation effectiveness

The Draft Report states, "Consumers expect that the system produces competent and skilled graduates who are ready to work in new and evolving healthcare environments" (p68). Analysis is scarce, however, that might enable assessment of whether such essential measures of relevance and responsiveness are being met (i.e. whether the system is producing competent and skilled graduates). Data from national exams and benchmarking of exam results show that new health education programs are being added without lowering standards. Beyond graduation, preparedness for work in new and evolving environments is addressed through accreditation standards requiring a commitment to life-long learning, enquiry driven learning and teaching methods, so that graduates are prepared for change – a constant for health practitioners. Publicly available quality measures such as Quality Indicators for Learning and Teaching (QILT) also show consistency of quality of NRAS health profession education, as assessed by graduates. Although these outcomes are not just a function of accreditation, they are important evidence that the system is working, and the in the Forum's view the Draft Report would benefit from inclusion of these perspectives.

Another key dimension of relevance and responsiveness is the way accreditation has responded to the growth of international education relationships. Forum members expend significant effort in ensuring international recognition of accreditation because of its importance for recognition of Australian degrees in various markets. The growing internationalisation of health profession education is a key driver of accreditation standards and processes, and is not always consistent with the requirements of inter-professional standardisation.

Reforming governance - the importance of consumers

The Review considers that there should be greater consumer involvement in accreditation functions to ensure a continued focus on patient centred care and to provide an important addition to professional input. However, effective participation requires clear identification of where such involvement would provide most value and consumers will require additional support and training if they are to be expected to participate as equal members. Consumer involvement (whether it be service users, students and/or employers) in governance committees and assessment processes should be considered where it is relevant, rather than as a matter of course across all functions. Nonetheless, it should be considered in the following areas:

- In the development of professional competency standards.
- In the design of education and training programs, including curricula.
- In the assessment of programs of study and education providers as appropriate.

The Review is also supportive of the AHPRA Community Reference Group and considers that its Terms of Reference should be expanded to include a consumer perspective on accreditation.

Specific draft recommendations are 12 and 13 in the Draft Report.

Response – You are invited to respond to the general directions proposed in Chapter 6 of the Draft Report and any or all of the specific recommendations.

The Forum agrees with the Review that consumer representation can produce a variety of benefits, including safeguarding the public interest by bringing in the views of people who have neither professional self-interest nor commercial links to the health-care industry; contributing a user perspective or 'patient voice'. Consumers also bring additional skills into the mix, depending on their background for example, legal, financial, management or media. All accreditation authorities have health consumer and community input to their accreditation processes. Some accreditation authorities have included health consumers on boards of directors, committees or advisory groups, others on accreditation teams. Education providers expect consumers to be engaged in the design of education and training programs, including curricula. The Forum considers that the key is finding the point at which consumer representation can bring the greatest benefit for the specific profession and authority, and supports the recommendations of the Review regarding consumer participation in accreditation processes.

Reforming governance - the overarching model

The Review considers that the greatest constraint to reform of the accreditation system is its model of governance. The current arrangements are unable to provide an actively regulated and managed accreditation system that delivers on all of the objectives set out in the National Law. The Review has developed three options, all drawn from submissions and its own analysis and are evaluated in detail in the Draft Report.

Option 1 - Enhance an existing forum or liaison committee

The first option explores streamlining the time-consuming and resource-intensive nature of the current governance arrangements through enhancing the role of an existing forum or liaison committee. A cross-professional advisory body could provide advice on common approaches to accreditation standards and processes, and develop reference and guidance documents to promote principles of consistency, efficiency and transparency. Submissions to the Discussion Paper suggested that the Health Professions Accreditation Collaborative Forum (HPACF) or the AHPRA Accreditation Liaison Group (ALG) could assume this more formalised role with membership expanded with additional representatives from consumers, education providers and jurisdictions.

Option 2 - Enhance the Agency Management Committee

An option advanced in the Discussion Paper that could provide the desired integrative and determinative approach to accreditation was to expand the remit of the AHPRA Agency Management Committee (AManC). Very few submissions directly addressed this option, rather they either indicated support for another option or proposed a new one. Of those that did address the expanded AManC option, support was limited.

However, the AManC, in its supplementary submission, proposed a different role to that set out in the Discussion Paper and this has formed the basis for the configuration of the second option. The AManC proposed it could become responsible for *"…..developing strong and clear cross-professional requirements for good regulatory practice through new procedures for the development of capability and competency standards and enhancing the existing procedures for development of accreditation standards whilst respecting the profession specific standard setting function of National Boards." (p2).* Responsibilities and operations, as proposed by the AManC in its submission, could include:

- AManC, in consultation with each National Board, deciding which body will be assigned responsibility for the accreditation functions for each profession.
- AManC would create a standing committee to advise on approaches to approving programs of study, procedures for the review of accreditation arrangements, procedures for accreditation standards development and review, and procedures to support multi-profession approaches, including the development and use of professional capabilities. The committee would comprise representatives from accreditation authorities, National Boards, AHPRA and potentially other key stakeholders such as government and education providers.
- A program of study accredited by an accreditation authority being automatically deemed to be approved without the need for a decision by a National Board. A Board would retain the power to restrict a program's approval for registration, including imposing conditions on a program of study or on graduates' registration.

Option 3 – Establish integrated accreditation governance

The third option is a governance model that separates the regulation of accreditation from that of registration and establishes a single national cross profession accreditation framework for health workforce education and training within the National Scheme. The option establishes a **Health Education Accreditation Board** with a secretariat drawn from AHPRA, to sit alongside the National Registration Boards with the following responsibilities.

- Assignment of Accreditation Committees.
- Determination of common cross-profession policies, guidelines and reporting requirements, including the fees and charges regime.
- Approval of accreditation standards across the professions that meet its policies and guidelines.

- Development and management of the relationships with TEQSA, ASQA and the Australian Commission on Safety and Quality in Health Care (ACSQHC), including agreements for the delineation of responsibilities between the respective accreditation systems and how they interact.

Accreditation Committees would be established and be responsible for the development of accreditation standards for approval by the Accreditation Board. Accreditation Committees would have independent responsibility for the assessment and approval of on-shore programs of study and education providers, authorities in other countries who conduct examinations for registration, programs of study in other countries and the qualifications of overseas health practitioners.

Accreditation Committees would be able to be appointed within external entities, provided that decisions made by a Committee under the National Law are autonomous from the hosting entity. The external entities (such as the current accreditation councils) must establish their Accreditation Committee operations in a manner that would enable the functions to be covered in the same manner as other National Scheme entities defined in the *Health Practitioner Regulation National Law Regulation 2010.* This should not relate to the general governance and operations of the external entity beyond normal contractual requirements. External entities should be permitted to have other commercial arrangements. A Committee could be responsible for accreditation functions of more than one registered health profession where the relevant Committees agree to merge.

Profession specific competency standards should be developed by **National (Registration) Boards** and recognised under the National Law in accordance with the legislative provisions established for development of registration standards and their approval by Ministerial Council. These standards are currently developed outside of the regulatory purview of the National Scheme and yet, via the accreditation standards, they have very significant influence on the education foundation of the workforce and ultimately on health service models. This reform should strengthen the National Registration Boards' trust in the accreditation standards and in the integrity of the accreditation system more generally.

Specific draft recommendations are 14 to 25 in the Draft Report.

** Note: As observed in the Draft Report, the NRAS Governance Review may be considering proposals for other changes that impact of the role of the AManC. It is possible that such changes could encompass it taking responsibility for some of the Ministerial Council's roles. Given this, if you wish, your response could also encompass the potential for the AManC undertaking the functions proposed for the Accreditation Board.*

Response – You are invited to respond to the general directions proposed in Chapter 7 of the Draft Report and any or all of the specific recommendations (*refer also to the Note in the above summary).

Health Education Accreditation Board proposal

The proposal for a Health Education Accreditation Board ('Accreditation Board') revives a recommendation from the 2005 Productivity Commission report Australia's Health Workforce to "should establish a single statutory national accreditation board for health workforce education and training"[5]. However when it came time to pass legislation to create NRAS, the Government decided to integrate geographically (state based registration was integrated into a national scheme) but maintain professional alignment in registration and accreditation. In making this decision, the Government implicitly recognised that in many countries education, research, and delivery of services in health care are organised along professional lines.

By reviving the original Productivity Commission concept, the Review is proposing a significant departure from the structure that has been in place since 2010. The Review justifies this by arguing that a) major reform is necessary, and b) changes to governance will deliver the desired reform. The Forum has taken issue with the former assertion in the previous sections. The purpose of the following section is to assess the latter assertion by evaluating the effects of the Accreditation Board proposal on accountability, independence, accreditation effectiveness, and accreditation efficiency.

Response – You are invited to respond to the general directions proposed in Chapter 7 of the Draft Report and any or all of the specific recommendations (*refer also to the Note in the above summary).

Accountability

In the current system, governance of accreditation is concentrated in two entities: an accreditation authority that provides accreditation decisions and monitors programs, and a National Registration Board that carries out regulatory approvals. The regulatory relationship between the two entities maintains the nexus between accreditation (of health education programs) and registration (of the graduates who undertake those programs). The current system works well in general, albeit in some limited instances regulatory approvals have taken too long, or been held up at some stage after accreditation decisions have been reported by the accreditation authority.

The Review's proposal would entail a significant change to the regulatory process, with accreditation functions allocated across five entities within NRAS:

1. The Accreditation Board takes responsibility for accreditation standards and policy, integrated across professions
2. Accreditation Committees take responsibility for accreditation decisions within a professional accreditation domain, and report to the Accreditation Board
3. National Registration Boards take responsibility for competency frameworks
4. Accreditation authorities take responsibility for accreditation operations
5. AHPRA provides secretariat functions to the Accreditation Board

In the proposed system, accountability is weakened by the large number of entities involved. Both National Registration Boards and the Accreditation Board have responsibility for accreditation issues, splitting accreditation accountability at the board level. The linkage between accreditation and registration has been weakened. Part of the problem lies in the hybrid nature of the Accreditation Board proposal, with horizontal integration of the accreditation function while registration functions retain their original alignment. Hybrid management structures are generally acknowledged to complicate accountability.

Independence

The Draft Report states that, "It is important that accreditation decisions in relation to standards, policies and individual assessments are protected from the risk of stakeholder capture and that those decisions are made in an objective manner in the public interest." (p106) It also bolsters the case for government involvement by citing the need for government stewardship (p103), the need to mitigate professional 'monopolies' (p102), that independence from government is relative (p102), and so on. According to the Review, the implicit solution to the perceived problem of undue stakeholder influence is to expand government oversight through the creation of an Accreditation Board that reports to the Council of Ministers and is held accountable through a number of regulatory guidelines. The Forum however questions the assertion of inappropriate stakeholder influence in NRAS, for which the Review does not provide examples or evidence. Accreditation authorities are governed by laws and regulations which specifically require them to act in good faith; not to misuse their position; and to disclose perceived or actual material conflicts of interest. In the Forum's experience these laws, and similar principles developed by accreditation authorities themselves, are scrupulously observed in governing boards, committees and by staff involved in accreditation.

The Forum also questions whether the expansion of government influence in NRAS as proposed by the reviewer is the most efficient way for Ministers to achieve their desired health policy objectives. The Draft Report quotes the Council of the Organisation for Economic Co-operation and Development (OECD) on the importance of independent regulatory agencies "where there is a need to be seen as independent, to maintain public confidence in the objectivity and impartiality of decisions" (p110). The Forum considers that one of the strengths of NRAS is the separation of policy and regulation, which enables National Registration Boards and accreditation authorities to concentrate on maintaining standards, leaving the policy focus for jurisdictions. The current contracts with accreditation entities

provide a lower regulatory-cost mechanism for ensuring the implementation of government policies than the reviewer's proposed model.

Accreditation effectiveness

In the Forum's view, the NRAS has provided a governance environment that enables accreditation authorities to focus on their core businesses of accreditation and assessment of overseas practitioners, and make the best use of their core competences in the areas of accreditation and assessment processes, knowledge management and facilitation of talent networks. At the heart of this governance environment is the peer review model of accreditation. The recently published PhillipsPKA report "Professional Accreditation, Mapping the territory" affirms the views of Australian stakeholders as to the value of peer review as a key component of accreditation. "In general, professional accreditation is valued by all stakeholders. Most accreditors and education providers stress the value of accreditation as a stimulus to self and peer review, a benchmarking process and an opportunity for continuing quality assurance and improvement"[6].

The peer-review model has a number of advantages over more compliance-focused models, including a high degree of acceptance by education providers, low cost due to the goodwill of well qualified personnel (whose accreditation remuneration does not cover lost income in most cases), and subject matter expertise. To work at its best, the model requires good training of the "peers" who contribute to the accreditation process, clear guidelines for their work, and checks and balances to ensure appropriate decision making.. By and large though it has delivered important benefits, including:

- A responsive system which has scaled up with numbers of graduates, and enabled rapid growth in international education, as well as responding to the need for interprofessional education and increased Indigenous participation in the health workforce
- A system with the right degree of specialisation to keep pace with technological change and to deliver competitive graduates for today's increasingly specialised and global labour markets
- A system that has supported diversity and innovation in educational practice while upholding standards
- A system that allows sharing between peers with spin off benefits in terms of development of collaborative relationships across the sector

Assessing the accreditation effectiveness of the proposed Accreditation Board is difficult, as it would depend on many unspecified factors such as composition of boards and committees and workplace culture. The Forum suspects that Accreditation Board-led accreditation would be more political, less expert, and on the limited overseas experience, possibly more 'lowest common denominator' than the current model. It might be, as the Review implies, more able to deliver outcomes in cross-professional areas. However, the hard evidence for the Board is lacking. The Health and Care Professions Council (HCPC), a UK accreditation regulator of covering 16 health and care professions in the United Kingdom provides a basis of comparison. The analogy is limited for a number of reasons, in that the HCPC a) does not cover most the professions regulated separately under NRAS including the high risk professions of medicine, nursing, pharmacy and dentistry, and b) is responsible for operations as well as governance (i.e. it includes the equivalents of the Accreditation Board, accreditation committees, National Registration Boards, accreditation authorities and AHPRA in one organisation).

Despite the differences, the lack of alternatives makes the HCPC model worth discussing, and in the Forum's view it has an unclear track record on accreditation. Australia and New Zealand Podiatry Accreditation Council (ANZPAC) observers on a HCPC monitoring visit considered it to be "a tick box exercise, rather than an assessment designed to improve quality and assess strengths and weaknesses" (p51). The Draft Report's reply was, "These observations highlight the importance of a robust, thorough and consistent assessment methodology and the need to ensure accreditation is strongly underpinned by a quality assurance philosophy". However the Forum considers the real problem is not one of methodology or philosophy, but of governance. It is important to note that the objectives of the

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National Law make quality improvement not just quality assurance a key objective of the Scheme. The HCPC governance model is simply not consistent with the peer review and quality improvement objectives of NRAS accreditation. Furthermore, the lack of international comparisons is itself telling. Other comparable countries have not implemented similar systems, and the dearth of comparisons increases the risk associated with moving to an untested model.

Accreditation efficiency

The Draft Report suggests that the likely cost of the Accreditation Board would be $430,000. Yet we know from AHPRA documents including annual reports, reports of external accounting consultants and FOI requests that the board and committee sitting fees and other direct board costs amount on average to $1.5 million per board. To be consistent with AHPRA management accounting conventions, to this number we must also add an allocation of overhead. The precise amount required is not known. AHPRA has allocated around $1M of overhead on average to the Boards with a low volume of notifications (<100 p.a.) in recent years, so it is unlikely that the additional costs of the Board will total less than the sum of these two amounts, namely $2.5M per annum. This represents a substantial increase on the current cost base for accreditation. These costs cannot simply be transferred from existing AHPRA overhead, because a large number of new functions are being proposed for the Accreditation Board to oversee, and under management accounting principles, these new functions must be allocated an appropriate share of overhead. How these functions would sit with the existing "accreditation" work of AHPRA is not known, since the costs of this work and what it entails is not publicly available information.

Summary and recommendation

In summary, the NRAS accreditation system has now been operating successfully for seven years with a strong track record of standards management and accreditation review. Inter-professional consultation and coordination mechanisms have been set up through the Forum and the ALG (which are capable although under-resourced). A robust set of performance monitoring and change management mechanisms for accreditation authorities are in place in the form of the Quality Framework, accreditation authority contracts, and the legal framework governing the sector.

The Forum considers that the proper functioning of this system is put at risk by some of the recommendations of the Review, particularly a significant and new governance body. The magnitude of the governance shift represented by the Accreditation Board proposal is not commensurate with the magnitude of the actual issues which need to be improved in the accreditation system, nor is it convincingly demonstrated that the preferred governance proposal would actually address those issues. When the Review's reform objectives are considered apart from the governance recommendations of the Draft Report, the Forum considers that these can be achieved more effectively and at significantly less cost by:

- a committee to oversight interprofessional issues with representation from national boards, accreditation authorities, and AHPRA, as well as consumer representatives and education providers
- a group such as the Forum to coordinate interprofessional work, but with proper funding
- more robust performance requirements in current contracts with accreditation authorities
- Ministerial endorsement of selected non-governance recommendations in the Draft Report, and
- clearer government direction on accreditation and workforce matters, also recommended in the Draft Report

Clearly, thought needs to be given to the terms of reference and the powers granted to the group mentioned in the first dot point above. As a start, the Forum recommends that the group could publish an annual report of the

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activities and costs of NRAS accreditation, to provide a transparent and authoritative basis for evaluating the performance of NRAS accreditation. This should include performance information relating to National Registration Board and AHPRA accreditation involvement and approval of programs that have been through an accreditation process and accreditation standards, in order to provide an end-to-end view of the regulatory process. The group could also report progress in areas requiring cross-profession coordination and of policy significance, such as progress towards consistency in process and standards, and promotion of interprofessional education.

The Forum's proposal needs to be tested further with stakeholders, but it performs reasonably well in terms of the dimensions of accountability, independence, effectiveness and efficiency:

- It leaves the current accountability mechanisms intact by not spreading accreditation functions over a large number of entities, but increases accountability for all entities with accreditation related roles, not just the accreditation authorities
- It preserves accreditation independence with a right-touch solution that doesn't introduce unnecessary government oversight of non-policy areas
- It increases accreditation effectiveness by improving interprofessional coordination and drives performance by creating greater transparency in reporting of accreditation costs and activities
- It maintains the current efficient mechanisms without adding a costly additional statutory body

By designing appropriate governance mechanisms, the Forum believes that health accreditation can address the reform objectives of the Review, but do so without jeopardising an efficient and fit for purpose health accreditation function.

Reforming governance - the inclusion of non-registered professions

The opportunity to consider unregistered professions in the overall reform of accreditation of health education under the National Scheme was raised in a number of submissions. Unregistered professions operate outside of the National Scheme.

Amendment of the National Law is proposed to allow unregistered health and social care professions to apply to access the skills and expertise of the Accreditation Board and operate their accreditation activities under the umbrella of the Accreditation Board, subject to specified conditions and in a manner that would have no implications for the registration of those profession. All applications for registration would continue to be dealt with through established Ministerial Council processes and in accordance with the COAG agreed criteria.

Specific draft recommendation is 26 in the Draft Report.

Response – You are invited to respond to the general directions proposed in Chapter 7 of the Draft Report and any or all of the specific recommendations.

Given the Forum's view on governance recommendations and the proposed Health Education Accreditation Board, the Forum is not able to support this recommendation in its current form. However since its creation, the Forum has been dedicated to facilitating the exchange of skills and expertise. The Forum recently held discussions with members of the National Alliance of Self Regulating Health Professions (NASRHP) on how the two groups might best work together in areas of mutual interest. It should be noted that the Forum's work in this area is not resourced, and the development of additional collaborations, training or other material is limited by this.

The Forum is interested in further developing links that would foster such exchanges (due to the timing of the Accreditation Systems Review, a decision on this was delayed until the Review was completed). The objective would be to deliver tangible benefits in the areas of improved systems and processes, enhanced governance practices and efficiency improvements. The funding of such a program would be at the mutual agreement of Forum members and the unregistered profession participants.

Assessment of overseas trained practitioners

For overseas trained health practitioners seeking to practice in Australia, accreditation, registration, and skills assessments are part of a broader process that requires engagement with numerous organisations responsible for immigration, state and territory governments, recruitment agencies National Boards, the Australian Health Practitioner Regulation Agency (AHPRA) and potential employers. The Review has focused on decisions, processes and governance relating to functional assignment, monitoring and reporting across the variety of arrangements for the assessment of overseas practitioners. Proposals are:

- AHPRA should lead the development of a whole of National Scheme approach to the assessment of overseas trained practitioners for skilled migration and professional registration and a more consistent approach towards the assessment of overseas trained practitioners and competent authorities.
- The Accreditation Board should lead the development of a more consistent approach to the assessment of overseas trained practitioners and competent authorities and pursue opportunities to pool administrative resources.
- The Accreditation Board, in collaboration with National Boards, Accreditation Committees and specialist colleges, should develop a consistent and transparent approach for setting assessments of qualification comparability and additional supervised practice requirements for overseas trained practitioners, with the latter being aligned with Australian trained practitioner requirements.
- Specialist colleges, in relation to the assessment of overseas trained practitioners, should have their decisions subject to the same requirements as all other decisions made by the entities specified under the *Health Practitioner Regulation National Law Regulation 2010.*
- The Australian Medical Council should undertake all monitoring and reporting on specialist medical colleges in relation to the assessment of overseas trained practitioners.
- Specialist medical colleges should ensure that the two pathways to specialist registration (passing the requirements for the approved qualification or being awarded a fellowship) are documented, available and published on college websites and the information is made available to all prospective candidates

Specific draft recommendations are 27 to 32 in the Draft Report.

Response – You are invited to respond to the general directions proposed in Chapter 8 of the Draft Report and any or all of the specific recommendations.

The Forum supports AHPRA leading a consultation process focused on alignment of skilled migration and professional registration for overseas trained practitioners (OTPs), but this should not imply a further expanded role for AHPRA in this area beyond that consultation process.

With regard to greater consistency among professions in OTP assessment processes, the Forum's view, put in our earlier submission, was that given the wide diversity of settings, treatment modalities, specific skills and levels of risk, consistency of assessment process is unlikely to be achievable. However there may be opportunities to share best practice and increase transparency in assessment processes, which the Forum would support.

Other governance matters, including grievances and appeals

The Review is proposing the appointment of the National Health Practitioner Ombudsman and Privacy Commissioner (NHPOPC) to review any decisions made by the following entities specified under the *Health Practitioner Regulation National Law Regulation 2010*:

- Accreditation Committees in relation to programs of study and education providers of those programs.
- Postgraduate medical councils and specialist colleges (medical, dental and podiatric) in relation to the accreditation of training posts/sites.
- Any designated entity exercising an accreditation function regarding an assessment of the qualifications of an overseas practitioner.

Given the number and variety of entities, it is proposed that the National Health Practitioner Ombudsman and Privacy Commissioner should progressively review those entities' grievances and appeals processes, with the view to making recommendations for improvement by each entity where it is considered those processes are deficient.

Specific draft recommendations are 33 to 35 in the Draft Report.

Response – You are invited to respond to the general directions proposed in Chapter 8 of the Draft Report and any or all of the specific recommendations.

In our earlier submission the Forum wrote:

- "The Quality Framework for Accreditation has requirements about managing complaints about our work, and accreditation authorities have to report to AHPRA and National Boards regarding the complaints. All accreditation authorities have processes that allow for feedback on accreditation assessments and escalation of unresolved issues.
- Regarding the issue of a channel outside the accreditation authorities for unresolved complaints and grievances, the Forum could potentially offer a channel external to any one provider, depending of course on the scope of the complaint.
- The Forum is unclear about the extent of a "perceived need" for an external grievance handling body. Those accreditation authorities which have dealt with major complaints by education providers indicate that they have set up independent processes to address the complaint."

The majority of complaints received by the National Health Practitioner Ombudsman and Privacy Commissioner concern the administrative actions of AHPRA and the 14 National Health Practitioner Boards in relation to notifications about the health, conduct or performance of registered health practitioners. Some complaints are also received from health practitioners in relation to their registration, privacy and handling of FOI requests. The Forum questions whether it makes sense, in terms of regulatory efficiency, to add another type of complaint from educational institutions for the NHPOPC to handle in the absence of a clear and demonstrated problem with the existing mechanisms. On this basis the Forum also questions the need for a NHPOPC review of grievances and appeals processes. It would seem to be a costly and potentially time-consuming procedure for a system that has not been found to have problems in the past.

Setting national reform priorities

A key issue identified by the Review is the paucity of guidance to the governance bodies in the National Scheme on health workforce and system priorities. Consistent and regular policy guidance should be provided by governments and then acted upon by the National Scheme as a whole. This needs to be integrated into overall national reform processes and directions, given that workforce responsiveness is a critical enabler. The Review is proposing the COAG Health Council oversight a policy review process to identify health workforce directions and reforms that:

- Aim to align workforce requirements with broader health and social care policies.
- Engage health professions, consumers, private and not-for-profit health service providers, educators and regulators.
- Is approached in a formal manner in a regular cycle to ensure currency and continuous improvement.

The Review is also proposing that the COAG Health Council (as the Australian Health Workforce Ministerial Council) should then periodically deliver a Statement of Expectations to AHPRA, the AManC, National Registration Boards and the Accreditation Board that encompasses:

- National health workforce reform directions, including policies and objectives relevant to entities.
- Expectations about the role and responsibilities of National Scheme entities, the priorities expected to be observed in conducting operations and their relationships with governments.
- Expectations of regulator performance, improvement, transparency and accountability.

Finally, the Review is proposing the Australian Health Ministers' Advisory Council should work with AHPRA and other entities within the National Scheme to develop a set of clear, consistent and holistic performance indicators that respond to the Statement of Expectations.

Specific draft recommendations are 36 to 38 in the Draft Report.

Response – You are invited to respond to the general directions proposed in Chapter 8 of the Draft Report and any or all of the specific recommendations.

The Forum appreciates the Review's decision to consider the policy context for NRAS accreditation and provide recommendations regarding a policy review process and articulation of Ministerial expectations with regard to the accreditation sector, and the Forum supports these recommendations.

References:

1. GBD 2016 SDG Collaborators, and others, 2017, “Measuring progress and projecting attainment on the basis of past trends of the health-related Sustainable Development Goals in 188 countries: an analysis from the Global Burden of Disease Study 2016”, The Lancet, Vol. 390, No. 10100

2. PhillipsKPA 2017, “Professional Accreditation, Mapping the Territory”, p27, https://docs.education.gov.au/system/files/doc/other/professional_accreditation_mapping_final_report.pdf

3. Forum Submission to the Review, May 2017, (attachment)

4. Wilson and Feyer 2015, “Review of Medical Intern Training”, p7, http://www.coaghealthcouncil.gov.au/portals/0/review%20of%20medical%20intern%20training%20final%20report%20publication%20version.pdf

5. Productivity Commission 2005, “Australia’s Health Workforce”, p111, https://www.pc.gov.au/inquiries/completed/health-workforce/report/healthworkforce.pdf

6. PhillipsKPA 2017, “Professional Accreditation, Mapping the Territory”, p43, https://docs.education.gov.au/system/files/doc/other/professional_accreditation_mapping_final_report.pdf