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

Submission to the Draft Report

Cover Sheet

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Organisational submission

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Joint Response from AHPRA and thirteen National Boards to the Draft Report from the Independent Review of Accreditation Systems

Introduction

AHPRA and National Boards welcome the opportunity to comment on the substantial reform proposals in the Draft Report released by the Review team on 4 September. The 38 detailed recommendations and their progress following the Review are of significant interest and impact to our mission and work and that of our partners and stakeholders. We support improvements to the National Scheme to make it as effective and efficient as possible.

The Draft Report proposes substantial recommendations, many of which would require legislative amendment along with transfer of functions between existing and new National Scheme bodies, as they are currently framed.

This submission has been developed jointly by AHPRA and thirteen National Boards (joint response). It includes additional responses from four participating National Boards - Chiropractic, Medical, Optometry and Psychology. The Chiropractic and Psychology Boards express different views on some aspects especially the governance options, the Medical Board has responded in more detail on aspects of the Draft Report specific to medicine and the Optometry Board has identified issues it considers critical to its regulatory role. The Pharmacy Board has made a separate submission reflecting or referencing much of this joint response content but expressing different views on some aspects especially the governance option. We consider the proposed governance changes are the crucial reform issue of the Review. We have focused on the potential to achieve maximum benefits of identified reform for minimal cost, regulatory burden and timeframe.

Governance

We provide further detail below, however, in our view, the Reviewer's preferred governance option of a new statutory Board to be established in the Scheme in addition to the 15 National Boards and AHPRA does not represent the most efficient and effective governance reform proposal and is likely to have other, possibly unintended, impacts. We consider the establishment of 12 new Accreditation Committees as statutory entities in addition to the existing 11 Councils and 3 current Accreditation Committees as unnecessary complication and cost to the registrants (who fund the cost of the Scheme) and to education providers. It is our view that option 3 disrupts the critical link between registration and accreditation and, in doing so, potentially weakens the ability of the Scheme as a whole to achieve its objectives, including protection of the public.

Our strengthened option 2 (option 2.5 below) would deliver the benefits of identified reform through far less significant legislative change than option 3. A clear mandate from the Australian Health Workforce Ministerial Council (AHWMC) about the desired outcomes and responsibility for reform together with the changes described below would give existing entities legitimate and clear accountability for improving the accreditation functions within the Scheme.

The key features of option 2.5 are:

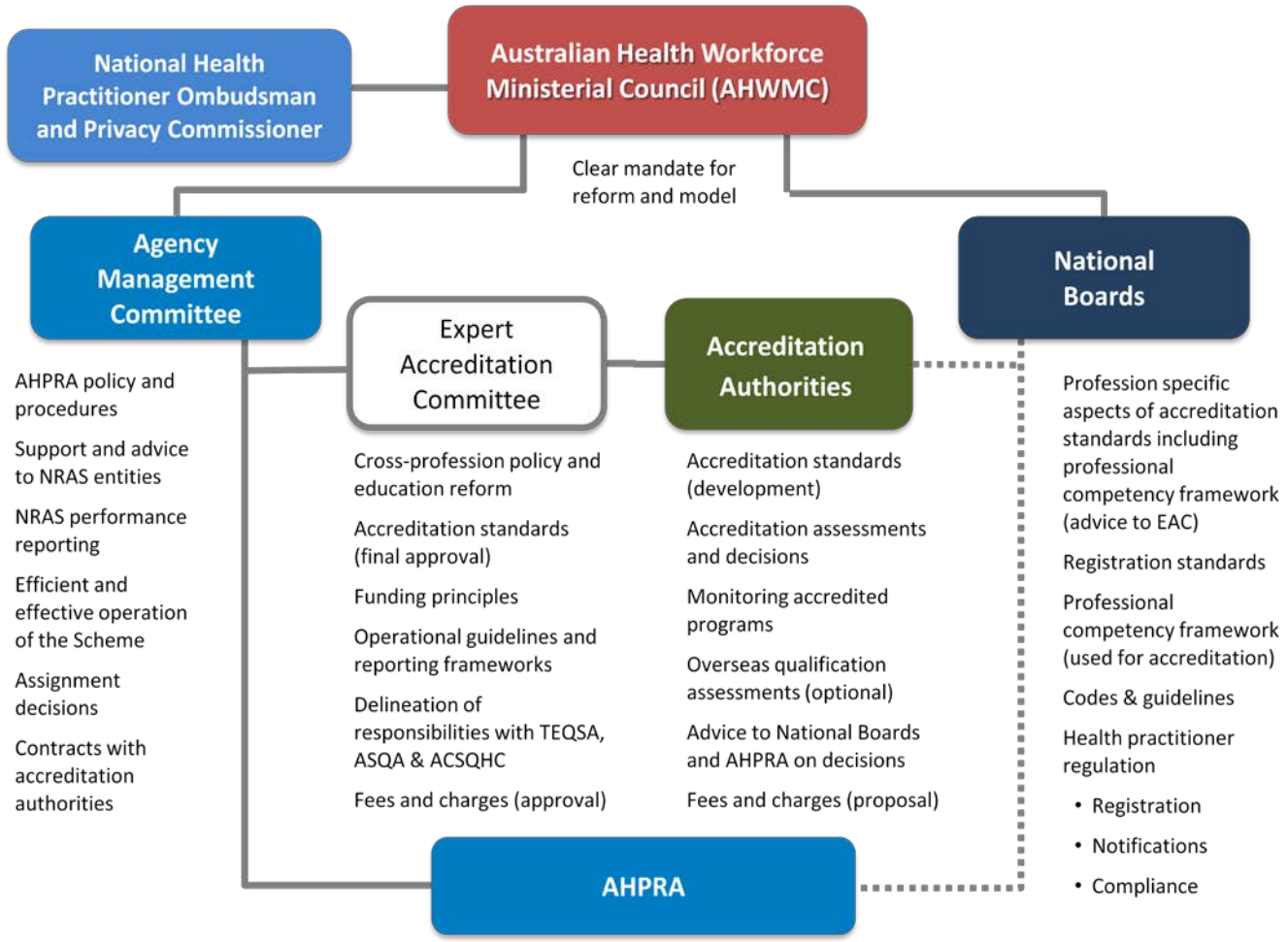
- Clear authority and mandate from AHWMC for the Agency Management Committee (AManC) to lead and be accountable for system reform through:
  - AManC establishing an expert accreditation committee drawing on key expertise
  - AManC making future assignment decisions in consultation with National Boards (legislative change required)
- AManC having final approval of accreditation standards (legislative change required). The relationship between the Expert Accreditation Committee (EAC) and Accreditation Authorities would require direct

transmission of proposals for approval after meeting the requirements for development of standards including wide ranging consultation Authority/assignment enables stronger, more effective use of existing levers to deliver identified reforms:

  - Use contracts to establish clear responsibility, accountability and performance framework, including delivering on specific reform initiatives such as setting reasonable fees, levies and charges
  - Strengthen procedures for development of accreditation standards to achieve reform
  - Establish procedures to achieve reform: common policy framework, assignment processes, consolidated reporting, funding principles etc.

- Strengthens whole-of-scheme, multi-profession approach drawing on relevant expertise
- Maintains critical link between registration and accreditation through standards development and approval processes and use of existing entities
- Establishes consultation / advisory mechanisms to inform AManC and reform
- Minimises complexity, cost and bureaucracy – achieves needed accountability and reform much more simply and efficiently

The structures and brief outline of functions under option 2.5 would be as follows:



The principles underpinning option 2.5 set out below are based on the principles for governance reform provided by the Independent Reviewer:

- NRAS is a single national scheme encompassing multiple professions

- All entities must balance all National Law objectives in performing their functions: applying a whole of health workforce perspective as appropriate
- There are two distinct but connected areas of regulatory focus that require specialised expertise:
  - Individuals (health practitioners)
  - Accreditation standards, accreditation of programs of study and education providers
- Governance arrangements must provide all with confidence in the expertise of each responsible entity and the integrity and validity of their decisions
- Duplication of regulatory activities within and outside the Scheme should be avoided
- Governance arrangements should operate with the minimum necessary costs and administrative burden
- Regulatory entities and decision-making processes must be free from actual or perceived undue influence

We provide further description of option 2.5, including responsibilities of each entity, under the relevant section on governance and also in an appendix to this joint response.

Finally, we note that to expedite improvements, if Ministers ultimately support an option which involves legislative change, they could provide some clear direction to National Scheme bodies in advance of proposed amendments, to create momentum for progress consistent with Ministers' views. This could include National Boards delegating their power to assign accreditation functions and/or approve accreditation standards in anticipation of legislative amendments being made.

AHPRA and 13 National Boards

October 2017

Joint Response from AHPRA and thirteen National Boards to the Draft Report from the Independent Review of Accreditation Systems

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.

We support recommendations **1** and **3** which are consistent with the National Boards/AHPRA joint submission to the ASR Discussion Paper (our previous joint submission). As noted in our previous joint submission, funding principles should draw on examples of good practice from other sectors such as Cost Recovery Implementation Statements (CRIS). There may be others.

We broadly support recommendation **2**. While recognising that CRIS will involve additional work and resources for bodies exercising accreditation functions, we can see potential for CRIS to increase accountability and transparency in relation to fees for accreditation functions.

Our early work on funding principles has identified the importance of ensuring terms such as 'cost-recovery' are explicitly defined to underpin consistent application of a cost recovery policy and methodology by accreditation authorities.

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.

We continue to support the development of cross-profession policies and guidelines which are founded on good practice and evidence. These will help to avoid duplication and improve the efficiency and effectiveness of the accreditation process and the quality and performance of assessment panels. We support recommendations **4** and **5** which are broadly consistent with views we expressed in our previous joint submission.

We support work to achieve more commonality and alignment where beneficial. This could include, for example, more commonality and alignment in embedding Aboriginal and Torres Strait Islander cultural competence in health education and assessment panel training.

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.

Our response addresses these recommendations in two groups: those directed at improving the relevance and responsiveness of education and those directed at registration requirements (intern arrangements, supervised practice and national exams).

<u>Relevance and responsiveness of education</u>

We generally support recommendations **6**, **7** and **8**. The direction of these is broadly consistent with views we expressed in our previous joint submission. We note recommendation **6** reflects current practice. However some aspects of the proposed clinical placement requirements in recommendation **8** are quite prescriptive and potentially conflict with encouraging innovative use of technological and pedagogical approaches (recommendation **7**) to achieve learning outcomes relevant to settings and communities where clinically-relevant learning is essential but traditional placements are not available (such as greater use of placements in Aboriginal community controlled health services). The relevant learning outcomes could be achieved in a range of approaches to clinical education.

<u>Registration requirements</u>

Recommendations **9 – 11** address registration requirements such as intern programs, supervised practice and examinations. We have concerns about the focus on registration, rather than accreditation, and that these recommendations take insufficient account of the deliberate design of the National Law, international practice and statutory safeguards against unwarranted restrictions on practice. Some National Boards have established registration requirements to respond to specific risks to the public. The requirements generally reflect international practice by comparable regulators. They were established in accordance with the National Law and the procedures for the development of registration standards, following wide ranging consultation, impact assessment and final approval by Ministerial Council, safeguarding against unwarranted restrictions on practice.

The regulatory framework of the National Law deliberately provides for flexible pathways to registration. Provisional registration **enables** individuals who are **qualified** for general registration to **register and enter the paid workforce** before they have the depth of experience required to practice fully without supervision of some areas.

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.

We support strengthening transparency and accountability and in this context, the procedures for development of registration standards could be updated to require National Boards to clearly articulate the need for supervised practice requirements and national examinations. The current requirements for intern programs and examinations are regularly reviewed, and these review processes could also provide an opportunity to better articulate the reasons for relevant requirements.

Interns are not students – they are employees who need some structured supervision to protect the public. The use of internships in the medical and pharmacy professions is international practice and interns make a valuable contribution to the health workforce. However, there may be potential to explore outcome-based approaches that consider skills acquisition and how capability for practice can be demonstrated rather than time-based models. Covering the current content of intern programs in pre-registration programs of study would be a substantial change involving significant time and resources with a corresponding impact on health education, health workforce supply and health service delivery. It would also be a substantial departure from international practice.

Recommendation **10** would broaden the definition of *program of study* in the National Law. The proposed change would substantially increase cost, may have significant unintended consequences and not achieve the desired outcomes. For example, individuals in the current provisional registration pathway to general registration may be eligible only for "Limited registration". Wording that better aligns with the National Law would be *If National Boards set requirements for general registration additional to domestic qualification attainment that requires further education that is a "program of study" as defined in the National Law, these should be accredited by accreditation authorities.*

Current evidence on good practice approaches to workplace based assessment of clinical competence for regulatory purposes shows both formative and summative approaches can be valid. Accordingly, recommendation **11** seems somewhat too prescriptive and unaligned with good regulatory practice. Sections 54 and 59 of the National Law already require these examinations to be conducted by the relevant accreditation authority unless the National Board decides otherwise. The proposed change would substantially increase cost.

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.

We support the general direction of recommendations **12** and **13** as broadly consistent with views we expressed in the previous joint submission. We also support the general direction of greater consumer involvement, including groups with particular health and cultural needs such as Aboriginal and Torres Strait Islander peoples.

The National Scheme has had an increasing focus on consumer involvement and engagement since it commenced. Exploring opportunities for more consumer involvement in the accreditation functions is consistent with that philosophy and direction.

We support exploring the merits and implications of any proposed changes to consumer involvement through research and evaluation before implementation.

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).

Our views about these recommendations vary – many are appropriate regardless of the ultimate model of governance (see list at the end of this section), while we are unconvinced about others. In relation to the findings about National Board expertise, we note National Boards typically involve senior academics and practitioners who have been involved in accreditation bodies, as well as community members and a range of other experience (see information published on Board websites).

The three options sit at different points on the structural change spectrum and we are not convinced by the Review's Impact assessment that the benefits of option 3 would outweigh the costs and burden. Further, the general directions and recommendations for governance reform do not reflect an integrated view of accreditation within the national registration and accreditation scheme as a whole. We are particularly concerned that option 3 adds new entities and complexity without adequately considering options that avoid this. Our alternative proposal for a strengthened option 2 (option 2.5) would deliver the benefits of desired reform through far less complex change than option 3. Option 2.5 establishes incentives for existing entities to progress improvements without the need for new entities and, compared to option 3, minimises complexity, cost and bureaucracy and potentially expedites implementation time.

We do not support recommendation **14** in its current form. The National Law separates the accreditation functions (exercised by accreditation authorities) from functions related to regulation of individual practitioners (exercised by National Boards and AHPRA). This creates two distinct but connected areas of regulatory focus. It is our view that further structural separation is unnecessary and is not in the interests of the Scheme as a whole. National Boards cannot change accreditation standards developed by the accreditation authorities. Accreditation authorities make decisions under the National Law to accredit programs of study with or without conditions. National Boards cannot change and do not approve these decisions. National Boards do not assess or accredit domestic programs against accreditation standards – these accreditation functions are solely exercised by accreditation authorities. Conversely, accreditation authorities do

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).

not approve qualifications for registration purposes or make decisions on the suitability of individuals for registration – these are registration functions.

We agree change is needed to establish clear responsibility and accountability for ensuring the efficient and effective delivery of the accreditation functions within the Scheme. However, the proposed new entities and structural separation in option 3 add complexity and interfere with the critical link between registration and accreditation. This link is fundamental to public safety and option 3 potentially weakens the ability of the Scheme as a whole to achieve its objectives, including protection of the public. Our whole of Scheme view is that governance arrangements must provide all (individuals and entities within and outside the Scheme) with confidence in the expertise of each responsible entity and the integrity and validity of their decisions. We consider that option 2.5 would achieve this and expand on the responsibilities of existing National Scheme entities under option 2.5 in Appendix 1.

In the interests of clarity, we have expanded on allocation of some key responsibilities under option 2.5:

Accreditation standards – AHPRA's existing statutory responsibility to establish procedures for the development of accreditation standards to ensure the Scheme operates in accordance with good regulatory practice would continue. Accreditation authorities would continue to develop accreditation standards in accordance with AHPRA's procedures and policies and guidelines established through new responsibility and accountability mechanisms. Final approval of accreditation standards rests with Agency Management Committee. National Boards have a critical role in, and would retain regulatory oversight of, profession specific aspects of accreditation standards and provide advice on approval of those aspects to the AManC Expert Accreditation Committee. It is our view that these arrangements sufficiently separate standard setting from their application as it is accreditation authorities, not the National Boards or AHPRA, that are applying the accreditation standards to assessment of programs and to their accreditation decisions. National Boards do not assess programs against the accreditation standards.

Accreditation of programs of study and approval of qualifications for registration – under Option 2.5, accreditation authorities would continue to assess and accredit programs. National Boards would continue to approve qualifications for registration as a key aspect in their role in protecting the public by registering only suitably qualified and competent individuals. We reject the proposal under option 3 that accreditation authorities would make decisions on qualifications for registration. The Reviewer's reason for this proposed change is to overcome perceived problems associated with National Boards imposing conditions on their approval of accredited programs for registration purposes. We note National Boards currently only take action about accredited programs in exceptional cases where clear public safety concerns arise, and we consider this to be an important safeguard and appropriate criterion for intervention. We agree work could be done to streamline the program accreditation/qualifications approval interface but we note option 3 does not overcome the perceived problems because National Boards could still establish threshold standards for registration and impose conditions on registration. We believe option 2.5 provides a more workable, effective and efficient mechanism for legitimate concerns about the capacity of graduates to practise safely to be addressed in the program accreditation/qualifications approval interface. We propose that an accredited program is approved as providing a qualification for registration purposes on receipt of a report on accreditation unless the National Board has, on the basis of a notice from the accreditation authority, or for any other reason, legitimate concerns about the capacity of graduates to practise safely.

Duplication and interface with other regulators – the AManC would be responsible for work to address duplication and the interface with other regulators. This would build upon established relationships between AHPRA and TEQSA/ASQA and would not replace relationships between accreditation authorities and these regulators.

<u>Recommendations that would be appropriate in any reformed governance model</u>

We agree that the substance of the following recommendations or specific aspects of them, should largely apply to any entity that has accountability and responsibility for ensuring the efficient and effective performance of the accreditation functions.

16 (reporting to Australian Health Workforce Ministerial Council (AHWMC) and receiving directions from AHWMC) – no change to existing arrangements under option 2.5

17 (statutory appointments and appropriate expertise) – under option 2.5, AManC would establish an Expert Accreditation Committee that reflects the elements of this recommendation.

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).

18 under option 2.5, AHPRA would continue to support AManC including the new responsibilities. We agree there needs to be a mechanism to fund multi-profession aspects of option 2.5.

We generally support the intent of recommendation **20** but as part of option 2.5.

We generally support the intent of recommendation **21** but as part of option 2.5.

Recommendation **22** is not relevant but the intent is reflected in option 2.5. Option 2.5 is based on existing entities undertaking the scheduled review of accreditation arrangements by 30 June 2019.

Recommendation **23** is not relevant but the intent is reflected in option 2.5. We support seeking expressions of interest for bodies to exercise the accreditation functions for periods of five years as part of the scheduled review of accreditation arrangements.

We support the intent of recommendation **24** to enable more joint or merged bodies where mutually agreed.

On recommendation **19** to change the functions of accreditation authorities, we note that functions reflect current practice and do not consider any legislative change is required under option 2.5. Although not essential for option 2.5, it could be helpful for the legislative amendments arising from the review to include setting out the functions of accreditation authorities in a similar manner to functions of other entities within the Scheme.

In relation to recommendation **25**, we agree that National Boards should have responsibility for professional competency frameworks formally under the National Law and note this is consistent with views we expressed in the National Boards/AHPRA joint submission to the ASR Discussion Paper including the importance of evolving health care needs and cultural safety (particularly in the context of Aboriginal and Torres Strait Islander peoples). As indicated in the joint submission, we support work to establish a common approach to professional competency frameworks and agree that wide ranging consultation (which is the typical approach now) is important. While developing procedures for the development of professional competency frameworks could be helpful, we do not agree professional competency frameworks should be developed in accordance with the same legislative provisions for the development of registration standards. Ministerial Council approval of the professional competency frameworks adds a layer of complexity that is not required in achieving identified areas of reform. Under option 2.5 National Boards would have responsibility for approving professional competency frameworks consistent with common cross-profession policies and guidelines. This approval responsibility provides a direct link to setting requirements for the knowledge, skills and attributes of graduates. Option 2.5 also recognises that not all National Boards have yet taken on the role of developing professional competencies, and there can be significant expenses involved in this work. Establishing procedures for the development of professional competency frameworks and National Boards approving the competency frameworks used for profession-specific accreditation can achieve identified reforms without unintended consequences, additional costs or duplication of effort.

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.

We recognise the potential benefits to the health and education sectors of consistent approaches to accreditation across the health professions and would undertake this new stream of work on a cost-recovery basis if Ministers required us to offer it in addition to our core functions. Additional detail would need to be developed including the source of start-up funds and definition of "unregistered health and social care professions". Care would be required to ensure that additional regulatory burden is not placed on the health system or consumers as an unintended consequence and additionally that consumers are not at risk of unregistered professions misrepresenting themselves as registered through association with the new accreditation scheme. These issues would benefit from further research and the timing of this reform may need to follow other reforms which would support its implementation.

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.

We support a number of the general directions in Chapter 8 in relation to greater consistency and streamlining but question the basis for others.

Our joint submission recognised the potential for further consistency in relation to the assessment of overseas qualified practitioners, and broadly aligns with recommendations **27** and part of **28**. We would be happy to work with relevant bodies about where administration requirements could be streamlined.

Our reading of recommendation **27** is that it is suggesting a one-step approach, not that all skilled migration assessments are undertaken by accreditation authorities. Under current arrangements, where skilled migration assessments are undertaken by accreditation authorities, international students who complete accredited domestic programs must apply to accreditation councils for a skills assessment even when they hold general registration. This can lead to delays in employment because they need to wait for the skills assessment to get a suitable visa. For some professions with high numbers of international students, this can be a significant proportion of applicants for assessment for skilled migration purposes. We do not support reforms that increase the burden on individuals who require a skills assessment for migration purposes.

As identified in our joint submission, we recognise the scope to reduce duplication in this area, including for domestic graduates, and support proposals to align the assessment of qualifications for individuals seeking both skilled migration visas and registration in Australia. We support reforms that offer the option to recognise the individual's registration status for visa purposes – particularly for domestic graduates. We do not support reform that requires a registered

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.

practitioner to apply separately for skilled migration assessment, particularly for the medical and Chinese medicine professions where this is not currently required.

On recommendation **28,** we recognise the potential for further consistency in relation to assessments that have the same regulatory purpose and support related reform. However, we note the term "competent authority" is not used in the National Law. The current "competent authority" pathways have different purposes under the National Law and may be impacted by the proposed recommendation in its current form. It may be helpful to clarify the intended meaning of "assessment of competent authorities" to avoid unintended consequences.

On recommendation **29**, we suggest additional supervised practice requirements for overseas trained practitioners are aligned with the Board-approved professional competency framework, not with requirements for Australian trained practitioners. We note whilst we support the general direction of this recommendation, it may be challenging to implement due to global variation within and between professions. We do not support reforms that would constrain the flexible pathways provided by the National Law as these were deliberately designed to contribute to workforce flexibility, innovative approaches and access to services.

We support the general direction of recommendation **30** and agree it would be helpful for the decisions of specialist medical colleges about international medical graduates to be subject to the same requirements as other entities. We note the specialist dental colleges do not assess overseas qualified dental specialists under the National Law. We also note the Australasian College of Podiatric Surgery (ACPS) does not undertake the same functions as specialist medical colleges. While the ACPS currently assesses overseas qualified podiatric surgeons under the National Law, it is an interim arrangement until work on a new process is completed.

We suggest unintended consequences may be avoided if the wording of recommendation **29** was refined to specify "… the assessment of overseas trained practitioners **seeking specialist registration under the National Law**".

Recommendation **31** proposes a move in reporting responsibility from the Medical Board of Australia (MBA) to the Australian Medical Council. In considering this issue, it is important to recognise that reporting has only relatively recently been implemented and is continuing to develop. Given the early stage of this work, the reasons for the shift are not completely clear and a change could be premature. The MBA is committed to continuous quality improvements and, as more data is gathered, it will inform evidence-based performance indicators and reporting metrics that are appropriate, comparable and aligned with other relevant National Scheme reporting regimes.

Our reading of recommendation **32** is that there may be some misunderstanding about current arrangements. The key information is contained in the registration standard for specialist medical registration published on the MBA's website. The registration standard identifies that the MBA does not require an individual seeking specialist registration to be a fellow of the relevant college but rather to have passed all the requirements of the specialist medical college. The pathway to specialist registration is the same as the pathway to fellowship by virtue of the approved program of study being the fellowship program but there are two distinct outcomes at the end of the pathway for local graduates and for international medical graduates (IMGs). The option to not apply for fellowship is available to IMGs going through a comparability assessment.

Other governance matters, including grievances and appeals

The Review is proposing the appointment of the National Health Practitioner Ombudsman and Privacy Commissioner 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.

We support these general directions.

Our reading of recommendations **33** and **34** is that only decisions subject to a grievance or complaint (not all decisions) would be subject to a process review by the National Health Practitioner Ombudsman and Privacy Commissioner (NHPOPC), as currently applies to decisions by the current entities specified under the *Health Practitioner Regulation National Law Regulation 2010*.

In relation to Recommendation **33**, we support the NHPOPC having jurisdiction over bodies working within the National Scheme. Accordingly, we support the concept of the NHPOPC being able to undertake a process review of decisions by specialist medical colleges and postgraduate medical councils. We note the specialist dental colleges do not exercise accreditation functions under the National Law. We also note the Australasian College of Podiatric Surgery (ACPS) does not undertake the same functions as specialist medical colleges. While the ACPS currently assesses overseas qualified podiatric surgeons under the National Law, it is an interim arrangement until work on a new process is completed. This is covered by recommendation **30** and the ACPS does not exercise any other accreditation functions.

Recommendation **34** is consistent with our joint submission and we support the proposal in principle.

Recommendation **35** is consistent with our commitment to improvement within the National Scheme and also generally supported.

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.

Our joint submission advised that more clarity about workforce reform priorities would be helpful and we recognise the potential of proposed recommendations **36** and **37** to deliver this.

We note the implementation of outcomes of the AHMAC review of Principal Committees and that this is proposed to ensure regular communication of health system and service reform priorities to National Agency's in future, including to AHPRA.

We have previously agreed that meaningful agreed performance indicators would be a helpful development and are keen to be involved in this work in addition to the performance reporting we have in place and planned.

We note the general directions proposed in the Draft Report and these recommendations could helpfully link with COAG Health Council's work http://www.coaghealthcouncil.gov.au/CHC/Priorities such as improving health outcomes for Aboriginal and Torres Strait Islander peoples.

APPENDIX 1: RESPONSIBILITIES OF EXISTING NATIONAL SCHEME ENTITIES UNDER OPTION 2.5

The key elements of option 2.5 are clear authority and mandate from Ministers through AHWMC to lead system reform, establishing an accreditation committee of Agency Management Committee drawing on appropriate expertise and moving responsibility for assignment decisions and final approval of accreditation standards to the Agency Management Committee. The responsibilities of existing National Scheme entities under option 2.5 are set out below. For ease of comparison with option 3, we have used language similar to that used to describe functions of new entities in the Draft Report.

Agency Management Committee (Expert Accreditation Committee)

Agency Management Committee, through its Expert Accreditation Committee, would have clear responsibility and accountability for ensuring the efficient and effective performance of the accreditation functions as part of its role to oversight performance across the Scheme. Agency Management Committee would have the following responsibilities in addition to existing functions, based on the functions set out in the draft report for the proposed Health Education Accreditation Board:

- Assignment of accreditation functions, including assignment to multi-professional accreditation authorities where their predecessor Councils/Committees, or future bodies, agree.
- Final approval of accreditation standards developed by accreditation authorities in accordance with the Procedures established under the National Law and Expert Accreditation Committee policies and guidelines. National Boards would provide advice on approval of profession specific aspects of accreditation standards to the Expert Accreditation Committee.
- Determination of common cross-profession policies, guidelines and reporting requirements for inclusion in all accreditation standards or for recommendation to National Boards for inclusion in professional competency frameworks.
- Determination of policies and guidelines on the criteria and processes for course accreditation and for assessment of internationally qualified practitioners following consultation with stakeholders such as education providers, Accreditation Authorities, National Boards, employers, professions, consumers and governments.
- Development and management of the overall relationships with TEQSA, ASQA and ACSQHC, if necessary, this would include agreements with those regulators on the policies and procedures for the clear delineation of responsibilities between the respective accreditation systems and how they interact.
- Determination of the interface between the NSQHS Standards, Accreditation Standards and professional competency frameworks.
- Active participation with accreditation authorities and National Boards in the National Scheme's role in developing a flexible, responsive and sustainable health workforce and in enabling innovation in the education of, and service delivery by, health practitioners.

AManC would establish an Expert Accreditation Committee (EAC). Membership of the EAC would provide the expertise to enable AManC to fulfil its responsibilities in the public interest. This should be broader than a governing body and comprise an appropriate mix of individuals with relevant expertise such as educational, accreditation and health professional experts, service providers, safety and quality expertise and service users (community and consumers). Consideration would be given to drawing on expertise relevant to health workforce issues including Aboriginal and Torres Strait Islander health.

AManC would continue to report to the AHWMC in the same manner and similarly receive directions as appropriate.

Accreditation authorities

Accreditation authorities would continue to exercise any accreditation functions set out in section 42 that are required under the contract with AHPRA and make decisions set out in Part 6 of the National Law. Existing accreditation authorities would continue until the scheduled review of accreditation arrangements.

A key difference to current arrangements is that accreditation functions would be exercised in accordance with the policies and guidelines set by the AManC and AManC would make assignment decisions and continue to enter into contracts with external accreditation entities in consultation with the National Board. The functions below are generally consistent with the functions set out in the Draft Report for the proposed new Accreditation Committees.

All accreditation authorities would:

- Develop accreditation standards for final approval by AManC
- Assess programs of study and education providers and accredit and monitor of programs of study and providers which meet (or substantially meet) approved accreditation standards.
- Provide advice and recommendations on accreditation matters to AManC and the National Board, as required

Some accreditation authorities would:

- Assess authorities in other countries who conduct examinations for registration in a health profession, or accredit programs of study and approve those which would provide a practitioner with the knowledge, clinical skills and professional attributes necessary to practise the profession in Australia.
- Assess the knowledge, clinical skills and professional attributes of overseas health practitioners whose qualifications are not approved qualifications for the health profession.

The accreditation authority would continue to have in place governance and processes that ensure decisions made under the legislated requirements of the National Law:

- Place the public interest foremost and ensure that professional input to decision making is based on the expertise of individuals rather than representing the interests of any particular stakeholders.
- Ensure complete transparency in decision making.

AManC should conduct regular reviews of all accreditation authorities (external entities and committees), including the opportunity for other bodies to tender for the function as part of a review of accreditation arrangements for each profession.

National Boards

National Boards would continue to focus on the key elements of the National Scheme covering the regulation of individual practitioners, protecting the public and setting the standards and policies that all applicants for registration and registered health practitioners must meet. Under option 2.5, National Boards' responsibilities would include:

- Advice to the AManC Expert Accreditation Committee on approval of profession specific aspects of accreditation standards – essential from a whole of Scheme perspective and for National Board confidence in integrity and validity of decisions while no longer having powers of final approval of accreditation standards.
- Approval of qualifications for registration purposes - clarifies scope of National Board approval decision.

- Oversight of assessment of practitioners whose qualifications are not approved qualifications for the health profession. The Optometry Board of Australia considers this to be a critical role in performance of their regulatory functions.
- Approval of professional competency frameworks.
- Registration standards and policy.
- Codes and guidelines.
- Notifications.
- Enforcement.

The National Boards' responsibilities outlined above are generally consistent with option 3 but the addition of the first two dot points supports the integrity of the connection between registration and accreditation and provides all (individuals and entities within and outside the Scheme) with confidence in the expertise of each responsible entity and the integrity and validity of their decisions. An essential design criterion for new accreditation governance arrangements is that National Boards continue to have that confidence, while no longer having the role to finally approve accreditation standards. Their ability to have that confidence when approving qualifications for registration would include assurance that successful candidates of accredited programs of study have the knowledge, skills and professional attributes necessary to practice the profession in Australia. The Optometry Board of Australia emphasises the importance of this safeguard in determining the suitability of graduates for registration.

ADDITIONAL RESPONSE FROM CHIROPRACTIC BOARD OF AUSTRALIA

16 October 2017

Professor Michael Woods
Independent Reviewer
Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions

Email: admin@asreview.org.au

Dear Professor Woods

Re Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions – draft report

The Chiropractic Board of Australia (Board) appreciates the opportunity to provide feedback to the recommendations proposed in your draft report. The Board is very supportive of initiatives to improve the accreditation system and believes such changes can be achieved in a strengthened option1 but accepts that the same improvements could be achieved in the option 2.5 proposed in the joint response by National Boards. The Board is not satisfied that any sustainable evidence has been tendered that adding additional layers of complexity and bureaucracy (as per Option 3) will in fact achieve these goals. The Board therefore rejects any model that increases complexity and bureaucracy of the National Scheme.

Regardless of the mechanism chosen to effect these improvements, the Board emphatically rejects any changes that remove the Boards power and authority over decision making in relation to the:

- approval of accreditation and related competency standards for the profession
- approval of approved programs of study under s49 of the National Law, and
- oversight of the assessment of overseas trained practitioners

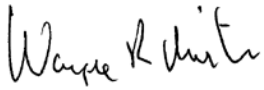
The Board is firmly of the view that public safety is paramount and that accreditation and competency standards and the registration of competent practitioners are inextricably linked. The superstation of competency and registration standards creates a risk of variance between the two processes which may result in reduced levels of proficiency in the profession, thereby increasing public risk. It is for the same reason that the registering authority (the Board) must have both an oversight and approval role in the approval of any standards relating to the accreditation of programs and competency of practitioners for the chiropractic profession.

The Board is fully supportive of measures that will clearly improve transparency and remove any duplication that occurs in the current accreditation system, and is also supportive of increased cross professional consistency and general quality improvement. The Board however notes that professions are at varying stages of maturity and have varying levels of professional and health system infrastructure; and the smaller and younger professions are at risk of losing competencies essential to the proper practice of their profession if standards are homogenised to the extent that important profession specific elements are lost. In addition, consideration of the profession specific implications of cross professional standards is

particularly important for less developed professions who for example may not have adequate access to sufficient cross professional training facilities. Consideration of these elements is essential to ensure the safe and effective practice of the profession and this requires detailed knowledge and understanding of the profession such as that possessed by the Board. This is another reason why the Board believes that ultimate approval of accreditation and contingent competency standards should remain the reasonability of the National Boards.

The Board hopes that this in principle feedback may help shape a better accreditation system that fulfills the needs of all concerned.

Yours Faithfully



Wayne Minter AM
Chair Chiropractic Board of Australia

ADDITIONAL RESPONSE FROM MEDICAL BOARD OF AUSTRALIA

Submission – Medical Board of Australia

16 October 2017

Draft Report from the Independent Review of Accreditation Systems

The Medical Board of Australia (the Board) appreciates the opportunity to make a written submission to the consultation on the *Draft report from the Independent Review of Accreditation Systems.*

A joint response from the Australian Health Practitioner Regulation Agency (AHPRA) and the National Boards has been submitted. The Medical Board endorses the comments in the joint response and makes the following additional comments.

Governance arrangements

The Board acknowledges, as identified in the draft report, that there are some issues around governance and fee setting, however, the Board believes, as outlined in the joint response, that these are best addressed within existing National Scheme frameworks as per the option proposed in the joint response. The Board believes it is in a strong position to make improvements in these areas, using existing levers and noting the current accreditation model for the medical profession.

The Board notes the perception that there has been insufficient progress in areas around governance, accountability, fee principles and cross profession collaboration.

The complexity of bringing 14 professions together should not be underestimated and the Board believes there have been significant achievements over the last seven years. There are numerous advantages with continuing with the current model (with amendments); conversely the risks of implementing major change at this point in time should not be underestimated.

Significant pieces of work continue to occur across the National Scheme, such as the development of cross profession standards, policies and guidelines. The collaborative process itself has been refined and improved. The openness of these processes and the willingness to continue the dialogue has contributed significantly to a greater level of understanding and trust across the National Scheme.

The role of the Agency Management Committee (AManC) has also evolved with mechanisms now in place to enable greater dialogue between itself and the Boards, all of which is underpinned by AHPRA. This has supported better multi-lateral understanding and enabled the AManC to influence across the National Scheme.

The Board believes that its accreditation processes work well and that the Australian Medical Council (AMC) is a respected accrediting authority both domestically and internationally. The contract with the AMC requires them to collaborate and encourages development of common accreditation protocols and fee structures. It believes that the AMC has made a positive contribution to accreditation across the National Scheme, actively participating in the multi-profession Accreditation Liaison Group (ALG).

ADDITIONAL RESPONSE FROM MEDICAL BOARD OF AUSTRALIA

The Board and the AMC have developed a process to ensure that requests for funding by the Board are appropriate and consistent with the objectives in the National Law. The cost of accreditation is on a cost recovery basis and the costs are split between the Board and those being accredited. However, apart from these broad principles there has been no further work on the apportionment of costs. These are areas which would benefit from broader discussion with implications beyond the Board and the AMC. The Board therefore welcomes the comments on the need for further work on cost principles.

The Board believes that understanding the history and culture of the 14 (soon to be 15) Boards, building on the significant effort and achievement to date within the National Scheme to achieve consistency in areas other than accreditation and most importantly, leveraging the trust that has been hard fought for between the Boards, AHPRA and the AManC, will deliver the best results for greater commonality and therefore effective and efficient accreditation.

The risk associated with the introduction of a new body is that this will stall current activities. It could be anticipated that in this period much of the energy of interested parties (particularly the professional bodies, universities and other education providers) will be diverted and the progress made emphasising the common ground will be lost. It will take time for a new body to establish itself and begin to develop the trust of all the existing parties within the National Scheme.

These risks are not evident in the strengthened option 2 (option 2.5) outlined in the joint AHPRA and National Boards response. Weaknesses in the existing arrangements will be addressed by providing a clear mandate to the AManC in this area.

Roles and accountabilities

As noted in the draft report, there are a number of entities with interconnecting but distinct roles and accountabilities.

The AMC is the authority responsible for accrediting education providers and their programs of study for the medical profession. The AMC accredits medical schools (an approved program of study qualifies a person for general registration) and specialist medical colleges (an approved program of study qualifies a person for specialist registration).

At the request of the Board, the AMC also assesses and accredits bodies (postgraduate medical councils (PMCs)) that accredit intern training programs in each state and territory. PMCs assess intern training programs against standards which were developed by the AMC and approved by the Board. The PMCs are not education providers and accreditation of these bodies is not a National Law function.

The Board:

- registers medical practitioners and medical students
- develops standards, codes and guidelines for the medical profession
- investigates notifications and complaints about medical practitioners
- where necessary, conducts panel hearings and refers serious matters to tribunal hearings
- approves accreditation standards and accredited programs of study.

The Board has concerns about the proposed further separation of accreditation and registration functions. The Board relies on the AMC's expertise in education. The Board has a responsibility to protect the public and the Board must be satisfied that when it is granting registration, the person has completed an approved program of study and is safe and competent to practice.

The graduate outcome statements are an integral part of the accreditation standards and provide the basis for the Board to have confidence that graduates have the requisite knowledge, skills and attributes. The Board does not see the need for a separate set of competency standards for medical graduates.

ADDITIONAL RESPONSE FROM MEDICAL BOARD OF AUSTRALIA

Specialist colleges

The Board notes comments made in the draft report and the recommendations about the specialist medical colleges. Over a number of years, the Board, AHPRA and the AMC have worked together to streamline the specialist pathway for international medical graduates (IMGs). Removing the requirement for IMGs to apply for a specialist assessment via the AMC has reduced unnecessary steps and duplication and improved timeliness and communication. The IMG assessment is a registration function, not an accreditation function. Under Section 59 of the Health Practitioner Regulation National Law as in force in each state and territory (the National Law), the Board can require an individual to undertake an examination or assessment to assess the individual's ability to competently and safely practise the specialty. AHPRA, on behalf of the Medical Board, has appointed the AMC accredited specialist medical colleges to conduct this examination or assessment.

The Board has developed *Good practice guidelines for the specialist international medical graduate assessment process* and the appointment of the colleges by AHPRA on the Board's behalf makes clear the colleges' obligations. The *Guidelines* provide clarity about the process for both colleges and IMGs. Both the *Guidelines* and the Board's *Registration standard for specialist registration* make it clear that it is eligibility for the fellowship qualification that is required, not ongoing fellowship (college membership).

The Board has set performance benchmarks and collects and publishes colleges' specialist pathway data to enable monitoring of college assessments. The external review of the specialist medical colleges' performance in the assessment of specialist IMGs, which was commissioned by the Board, is currently being undertaken by Deloitte Access Economics. The Board is continuing work in this area and believes that reverting data collection and the setting and monitoring of benchmarks to the AMC would undermine the steps taken to date to reduce duplication with no apparent benefit.

Medical internship

The Board notes comments made in the draft report about the purpose of the internship. On completion of an approved program of study, medical graduates are required to apply for provisional registration to undertake 12 months supervised practice. This internship allows medical graduates to consolidate and apply their knowledge and skills. The provisional registration limits the practitioner's scope of practice to pre-approved positions that include appropriate supervision to support safe practice. The internship and the 'intern training' is distinct from the approved program of study, noting that all medical practice is characterised by a continuum of training, continuing professional development and lifelong learning. Interns are a key part of the workforce and service delivery for the health service where doctors-in-training provide patient care during the intern year, prevocational years (with general registration) and in specialist training programs.

The Board notes that the Independent Review of Medical Intern Training recommended changes to the medical internship rather than abolishing it, recognising also the potential significant workforce impacts. Health Ministers asked jurisdictions, together with the PMCs, the Board and the AMC to undertake further work on the feasibility and prioritisation of the recommendations. This work is still in progress.

ADDENDUM FROM OPTOMETRY BOARD OF AUSTRALIA

The Optometry Board of Australia (Board) believes that it is central to the regulatory function, that they have a critical role in the development of the professional component of the accreditation standards and assessment of overseas registrants.

In order for the Board to determine the suitability of graduates for registration, the Board believes that it should be an integral part of the process for ongoing monitoring of approved courses.

The Board supports the operational facilitation of this recommendation through section 44 of the Health Practitioner Regulation National Law as in force in each state and territory, as this provides a mechanism by which the Board can continue to determine the funding of the accreditation authority (OCANZ) and the proposed Expert Accreditation Committee.

ADDITIONAL RESPONSE FROM PSYCHOLOGY BOARD OF AUSTRALIA

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.

Psychology is the third largest registered health profession and has a sophisticated and large accreditation system (more than 500 courses across more than 40 providers) that must meet the complex and demanding expectations of the Australian public from psychologists across multiple domains of the community - including health services, schools, prisons, community centres, business and industry, organisations, elite sport, family, civil and criminal courts, victims of crime and compensation schemes, the military, and across the lifespan from perinatal to end of life contexts.

In response to Recommendations 1, 2, 3:

The Psychology Board of Australia (PsyBA) is supportive of the AHPRA and National Boards Joint Submission and notes in addition:

The Psychology Board of Australia (PsyBA) agrees there is merit in setting a consistent methodology in the setting of fees and charges. This should be transparent and based on the principles of cost recovery.

The Board believes the fees and charges model should include provision to fund the establishment and ongoing work of the new Accreditation Board, rather than increasing the burden on National Boards and therefore on individual registrants, who pay annual fees for their registration. Specific direction from the reviewer and Ministers in this regard would be appreciated.

ADDITIONAL RESPONSE FROM PSYCHOLOGY BOARD OF AUSTRALIA

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.

The Psychology Board of Australia (PsyBA) is supportive of the AHPRA and National Boards Joint Submission and notes in addition:

The Psychology Board of Australia agrees in consistency across the scheme. The NRAS has established remuneration principles for National Boards and AHPRA which would be desirable to also apply to the accreditation committees.

Please note:

- In Psychology, APAC's fees are already consistent with the AHPRA Schedule of Fees.

- In August the PsyBA approved APAC's new accreditation standards. Therefore, the discussion of these standards being in development and not approved is now incorrect. This should be amended in the final report.

- APAC's new accreditation standards follow the contemporary recommended template of other boards, including Dental. Thus, the reforms suggested by the reviewer are already in place for Psychology. This should be amended in the final report.

ADDITIONAL RESPONSE FROM PSYCHOLOGY BOARD OF AUSTRALIA

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.

The Psychology Board of Australia (PsyBA) is supportive of the AHPRA and National Boards Joint Submission and notes in addition:

The Psychology Board of Australia agrees with Recommendations 6, 7, 8. APAC and the PsyBA have worked together to already achieve these reforms and the new approved accreditation standards for psychology meet these recommendations.

Recommendations 9: The PsyBA agrees. Please note the Board already clearly defines intern programs and required examinations at the conclusion of the period of supervision and these standards are based on defined, published competencies.

Recommendation 10: The PsyBA does not agree. Because interns are undertaking individual supervised practice programs within workplaces, which have an examination at the conclusion, these programs correctly sit within the registration functions of the Board. The National Examination relates to the Board's standards, codes and guidelines and is one of the functions of the National Board, provided under the National Law. The National Law permits both Boards and Accreditation Councils to run examinations and we recommend no legislative change in these functions or arrangements.

<u>Correction of errors:</u>

The Board would like to point out the following errors in the consultation paper in relation to the supervised practice and examinations.

ADDITIONAL RESPONSE FROM PSYCHOLOGY BOARD OF AUSTRALIA

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.

Pg 86 states '"…all graduates have undertaken extensive clinical education as part of their professional entry qualification.". This is incorrect. Psychology students do not undertake any clinical education or applied clinical practice in undergraduate study and are therefore unable to demonstrate competence across all areas without completing supervised practice.

Pg 91 states "The timing of the psychology examinations suggests that it is aimed at assessing competency of a graduate the completion of five years of education and training as opposed to an assessment at the completion of internship prior to general registration". This statement is incorrect. The aim of the psychology exam **is** to assess competency at the completion of the internship prior to registration.

The decision to allow provisional psychologists in the 5+1 to sit the exam from the start of the internship year, and to allow provisional psychologists in the 4+2 to sit the exam after completion of 1540 hours, was made to allow maximum flexibility to these provisional psychologists to sit the exam at a time that suited their schedule. The exam is available to be sat approximately 70 days per year, spread over four months (February, May, August, November). Otherwise there was a risk of an intern having to renew provisional registration for the purpose of completing the exam after their internship year is completed. This was an operational decision, made in response to feedback, not a policy decision in regards to the *purpose* of the exam. In practice, candidates typically apply to sit the exam within the final months of their internship, just prior to applying for general registration.

ADDITIONAL RESPONSE FROM PSYCHOLOGY BOARD OF AUSTRALIA

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 Psychology Board of Australia (PsyBA) is supportive of the AHPRA and National Boards Joint Submission and notes in addition:

Recommendations 12 and 13: We request that the wording "patient-centred healthcare" be amended to "client-centred healthcare" to reflect the fact that psychology practice is broader than healthcare with patients. Psychology practice can include a large range of clients, across different sectors of the community - including organisations and industry, sport, schools, community settings, prisons, the military, and legal courts of law.

ADDITIONAL RESPONSE FROM PSYCHOLOGY BOARD OF AUSTRALIA

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).

The Psychology Board of Australia (PsyBA) is supportive of the AHPRA and National Boards Joint Submission however notes these additional considerations in relation to governance:

The Psychology Board of Australia agrees with Recommendations 15 - 26, with caveats noted below.

The PsyBA does not agree with Recommendation 14.

An Accreditation Board (option 3) proposal has merit as it will have the independence and decision making to achieve reform. It is also directly responsible to Ministers. It is good governance to separate decision making bodies - Boards - from the administrators of the scheme (AHPRA/AManC) - who already have multiple other responsibilities.

The caveat of the PsyBA is a concern that the recommendations go too far and break the link between the National Board and the Accreditation Board / Councils / Committees. We support the commentary of the Joint submission in relation to these issues.

The PsyBA is concerned that the link between the Registration Board, Accreditation Board, and Accreditation Committee needs strengthening. The PsyBA believes that the National Boards should retain the approval of individual accredited courses of study. It is good governance to complete the triangle between these three entities as follows:

The National Boards should retain the approval of discipline specific Accreditation Standards as they have the right expertise and responsibility to make these decisions - or at least there should be a transparent mechanism whereby the

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).

views of the National Board form an important part of the consideration of the decision, should it be done by an Accreditation Board. A single Accreditation Board cannot have the expertise across all 15 regulated health professions to be in a position to competently approve standards. There needs to be a clear and accountable mechanism whereby approval is made by those who have the right expertise and authority within the NRAS. National Boards have that expertise (most are a mix of senior practitioners and academics with accreditation experience) and our view is that this is currently working well.

The National Boards should retain the approval of accredited courses of study as suitable for registration as a practitioner within Australia. Accreditation council's work is already broader than what is required by the National Board, and includes work overseas and for non-registered professions and other types of work. Pre-2010 there were situations where Accreditation Councils accredited courses that were not suitable preparation for Registration, and vice versa - Board approved courses that were not Accredited. We do not want to re-introduce these conflicts or problems. It is important for the integrity of the scheme for the National Board to identify clearly which accredited programs are suitable for registration.

The PsyBA does not agree that all accountability for accreditation committees be held by the Accreditation Board through to Ministerial Council. Rather, the PsyBA supports a shared accountability - some to the Accreditation Board and some to the National Board. A purpose of Accreditation is to ensure programs produce graduates who are fit to practice and be registered. The three should align.

At present, the governance proposal breaks the relationship between Accreditation and Registration except at the high level development. We do not believe the reviewer has articulated a sufficiently safe argument for change that does not introduce further risks of a misalignment between National Board standards setting and Accreditation council enforcement by breaking apart the current link between the two.

The National Board is the appropriate authority to approve standards and recommendations from accreditation committees in relation to individual courses of study. This is currently the case and requires no legislative change.

There are over 500 individual courses of study in psychology across 9 specialist areas of practice with over 40 providers, and the Psychology Board has the right expertise to approve. A generic Accreditation Board will not have the profession-specific expertise to approve Standards or Accreditation Recommendations for 15 professions.

The proposal to remove the National Board's approval process, as proposed by the reviewer, is not right touch and does not improve public safety. The reviewer's proposal that the Accreditation Council both accredits and then approves their accreditation decisions, does not enhance public protection - accreditation and approval are different governance decisions and the current arrangement of the Council accrediting a program and a National Board approving it for registration is working well. Note that it is very rare for National Boards to not approve accreditation decisions. However the reserve power to refuse ensures integrity in the scheme.

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 professions. 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.

ADDITIONAL RESPONSE FROM PSYCHOLOGY BOARD OF AUSTRALIA

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.

The Psychology Board of Australia (PsyBA) is supportive of the AHPRA and National Boards Joint Submission and notes in addition:

Recommendation 26: We agree with the proposal, as long as the burden of cost is managed by the Accreditation Board and the cost is not passed onto registered health professionals through their professional registration fee.

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 Psychology Board of Australia (PsyBA) is supportive of the AHPRA and National Boards Joint Submission and notes in addition:

The PsyBA reiterates the position of its earlier submission that there should be a 'one-stop shop' for the assessment of overseas qualified practitioners for both immigration and registration and welcomes the opportunity to discuss possible approaches with Commonwealth Agencies.

ADDITIONAL RESPONSE FROM PSYCHOLOGY BOARD OF AUSTRALIA

Other governance matters, including grievances and appeals

The Review is proposing the appointment of the National Health Practitioner Ombudsman and Privacy Commissioner 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.

The Psychology Board of Australia (PsyBA) is supportive of the AHPRA and National Boards Joint Submission.

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 Psychology Board of Australia would welcome regular reporting on expectations in relation to the workforce from the COAG Health Council.