



Aboriginal and Torres Strait
Islander Health Practice
Chinese Medicine
Chiropractic
Dental
Medical
Medical Radiation Practice
Nursing and Midwifery
Occupational Therapy
Optometry
Osteopathy
Pharmacy
Physiotherapy
Podiatry
Psychology

Australian Health Practitioner Regulation Agency

Review of accreditation arrangements – assignment of accreditation functions

August 2018

Consultation report

Executive summary

The Aboriginal and Torres Strait Islander Health Practice, Chinese Medicine, Chiropractic, Dental, Medical, Medical Radiation Practice, Nursing and Midwifery, Occupational Therapy, Optometry, Osteopathy, Pharmacy, Physiotherapy, Podiatry and Psychology Boards of Australia (the National Boards) and the Australian Health Practitioner Regulation Agency (AHPRA) have completed a scheduled review of their accreditation arrangements from mid-2019 when the current terms end. All National Boards except for the Paramedicine Board of Australia¹ participated. The National Law² sets out the accreditation functions in the National Scheme³; these include developing accreditation standards, accrediting programs of study against approved accreditation standards and assessing overseas qualified practitioners. The last review of the assignment of accreditation functions occurred in 2012, when the accreditation authorities for the first 10 professions to join the National Scheme went through a rigorous review process.

It is each National Board's decision as to whether the accreditation functions for the profession it regulates will be carried out by an external accreditation body or a committee established by the Board. If the Board decides on an external organisation, AHPRA enters a contract with them which specifies the scope of accreditation functions and sets out associated reporting requirements and funding arrangements. If the National Board decides on a committee, these matters are specified in terms of reference.

The *Quality Framework for Accreditation*, which was developed before the 2012 review of accreditation arrangements, articulates the expectations of accreditation authorities operating under the National Law. It identifies eight key performance domains. Each accreditation authority submits a report on their performance against this Framework twice a year. For the 2018 review, AHPRA developed a multi profession analysis of accreditation performance over the last five years primarily based on accreditation authorities' reports against the Quality Framework and on a review of authorities' published annual reports and financial statements. This analysis was released for public consultation earlier in 2018.

This report describes the consultation process, summarises the feedback received from the public consultation and outlines next steps.

The consultation feedback finds that most accreditation authorities are performing their accreditation functions effectively. In addition to questions about current accreditation arrangements, the consultation document asked specifically for comments on how future accreditation agreements could address a number of issues raised in the Accreditation Systems Review (ASR) draft report. The feedback identified areas for improvement across the system and all accreditation authorities.

As foreshadowed in the agreed process and the multi-profession consultation paper for the review of current accreditation arrangements, there will be a new agreement established for the next assignment period. In particular, the new agreement will address continued progress on key issues for the exercise of accreditation functions. These issues include reducing duplication and regulatory burden, enhancing safety and quality, embedding interprofessional learning and practice, improving Aboriginal and Torres Strait Islander health, addressing cultural safety, achieving greater consistency, sharing good practice and strengthening governance and accountability.

National Boards and AHPRA wish to recognise the strong support from the accreditation authorities for an open and transparent review process, and acknowledge the authorities' significant contribution to Australia's health workforce and the National Scheme through their important work, including leading work to address some of the key issues above.

National Boards and AHPRA sincerely thank stakeholders for their feedback about the current and future accreditation arrangements in the National Scheme.

¹ The Paramedicine Board of Australia is undertaking an expression of interest process about the accreditation functions for the paramedicine profession. The Board is expected to make an announcement about this issue later in 2018.

² Health Practitioner Regulation National Law, as in force of each state and territory (the National Law).

³ National Registration and Accreditation Scheme (the National Scheme).

Introduction

Under the National Law, each National Board must decide whether the accreditation functions for the profession it regulates will be undertaken by an external accreditation entity or a committee established by the National Board (section 43). If the Board decides on an external entity, AHPRA enters a contract with that entity. The terms of the contract must be in accordance with the health profession agreement between AHPRA and the relevant National Board (section 44). The contract specifies the scope of accreditation functions and sets out associated reporting requirements and funding arrangements. If the National Board decides on a committee, these matters are specified in terms of reference.

A scheduled review of the existing arrangements for accreditation functions for all professions was due to commence in 2017. In February 2017, National Boards agreed that the existing Accreditation Authorities would continue to exercise the accreditation functions until 30 June 2019 and to defer the scheduled review of accreditation arrangements, given the likely timeframe for the Accreditation Systems Review (ASR) outcomes to become clear.

In early 2018, National Boards and AHPRA agreed to undertake a focused review of the accreditation arrangements to enable National Boards to make decisions about the future assignments of accreditation functions when the current terms end in mid-2019.

Consistent with the agreed review process, AHPRA developed a multi-profession analysis of accreditation performance over the last five years primarily based on the reports against the Quality Framework that accreditation authorities submit twice yearly but also based on a review of authorities' published annual reports and financial statements. This analysis was translated into [a multi-profession consultation paper](#) which was released for public consultation in April 2018.

Consultation process

Public consultation on the *Review of accreditation arrangements – assignment of accreditation functions* was open from 17 April 2018 to 14 May 2018. The National Boards and AHPRA sought feedback on the future accreditation arrangements from mid-2019, when the current term of assignment of accreditation functions ends.

The consultation was announced in a media release, news items on each National Board's webpage, actively promoted on social media and directly advised via email to National Board and AHPRA common and profession-specific stakeholders. The National Boards and AHPRA invited feedback from all practitioners, stakeholders and the community. In addition to general feedback, stakeholders were invited to provide feedback on specific questions about their experience of the current accreditation arrangements and comments on future accreditation arrangements.

The media release explained how stakeholders could participate, and included a link to the AHPRA public consultation webpage.

The AHPRA webpage had a link to an online survey with the multi-profession consultation paper available for download. The option to provide written feedback via email was also available.

Overview of responses

There was a modest response to the consultation process, with written responses from 20 stakeholders and 40 substantive survey responses (survey responses on individual questions vary from 18 to 43, although there were over 350 survey responses commenced and not completed).

A range of different stakeholder groups provided feedback including professional associations, education providers, jurisdictions (Commonwealth and state/territory health departments), AHPRA's [Community Reference Group](#), individual practitioners and consumers. The largest group contributing was education providers (14).

The consultation feedback can be broadly classified into the following groups of responses:

1. positive comments about the current accreditation arrangements
2. criticism of the current arrangements or specific aspects of them

3. suggestions about how the current arrangements could be improved
4. comments which are peripherally or not clearly related to accreditation arrangements eg continuing professional development or scope of practice

The themes arising from each of these groups are outlined below.

Summary of themes

Positive comments about the current accreditation arrangements

The majority of responses provided positive comments about:

1. current performance of profession specific accreditation authorities, in particular their stakeholder collaboration
2. the broad range of stakeholders represented within accreditation authority governance including community and the professional body
3. current functional independence between National Boards and accreditation authorities, and
4. accreditation standards development by the accreditation authority and approval by the Board as an effective and efficient method of establishing accreditation standards

Positive comments were also made about:

1. current work to streamline and reduce duplication through cross-profession approaches (eg: harmonised approach to accreditation standards and development of risk-managed accreditation procedures), and
2. cost recovery approach to fee structures for education providers

Criticism of the current accreditation arrangements or specific aspects

Responses included criticism of the following aspects of the current arrangements:

1. failure to address modern and emerging workforce needs (eg: public health, rural and remote issues, community dentistry and new medical specialties)
2. inconsistent approaches to assessment of overseas qualified practitioners
3. potential conflict of interest for accreditation committees exercising accreditation functions under National Board oversight
4. how accreditation authority dependence on National Board funding could impact on independence of accreditation authority decisions
5. delays in National Board approval of accreditation standards for one profession
6. excessive duplication, regulatory and administrative burden and cost, and
7. inconsistent level of detail in published information about education provider fees/costs for each accreditation authority

Suggestions about how the current accreditation arrangements could be improved

Responses suggested the following improvements:

1. additions to several domains of the Quality Framework for Accreditation to enhance accountability and good practice

2. initiatives to enhance transparency and accountability (eg: shared key performance measures to benchmark accreditation authorities, more consistent publication of accreditation outcomes and annual reports, availability of funding and cost/fee information including how fees are determined)
3. initiatives to support innovation and flexibility in programs including output/outcome focussed standards
4. greater clarity about independence of accreditation committees
5. transparent management of real or potential conflict of interest between AHPRA and accreditation authorities' operations
6. initiatives to reduce duplication, regulatory and administrative burden and cost (eg: reduce overlap with TEQSA/ASQA, consistent cross-profession formats and terms, shared accreditation database, strengthened collaboration and sharing of information/resources, continued harmonisation of accreditation standards across professions, standardised training for accreditation assessors/teams)
7. enhance interprofessional education (IPE) and interdisciplinary practice in accreditation standards (eg: allow cross-discipline supervision and simulated learning activities that support IPE and build evidence base for using simulation in IPE)
8. earlier engagement with jurisdictions when accreditation standards are developed
9. improved engagement between migration assessing authority and National Board where Board assesses overseas qualified practitioners for registration
10. enhanced formal mechanisms for relevant stakeholder input, including from the professions, education providers, accreditation authorities, health service providers and government, and
11. funding and support for the Health Professions Accreditation Collaborative Forum to undertake collaborative work

Conclusion

The majority of responses to consultation provided positive comments about current accreditation arrangements and most of the criticisms and issues raised in feedback are not new and are not specific to individual accreditation authorities.

The consultation feedback is consistent with themes from the Accreditation Systems Review (ASR) draft report which clearly identifies areas for reform/improvement across the accreditation system. The National Boards have already considered, at least at a high level, approaches to address these areas. This includes incorporating relevant requirements in the new agreements and terms of reference that will take effect on 1 July 2019. The Health Professions Accreditation Collaborative Forum and some individual accreditation authorities are leading work in some areas such as the contribution accreditation can make to improving Aboriginal and Torres Strait Islander health and cultural safety.

After considering a range of factors including the multiprofession analysis and responses to consultation, thirteen National Boards decided to continue to assign the accreditation functions for the relevant profession to the current accreditation authority for the period 1 July 2019 – 30 June 2024. The Podiatry Board of Australia has decided the accreditation functions for this period will be exercised by a committee established by the Board.

National Boards and AHPRA recognise COAG Health Council's decisions on the outcomes of the yet-to-be-released ASR final report may have implications for National Boards' decisions about the assignment of accreditation functions for the period 1 July 2019 – 30 June 2024.

Next steps

In the short term, National Boards and AHPRA have identified three key areas of work to progress the critical outcomes of improved transparency, accountability and performance:

1. New accreditation agreements/terms of reference

2. Principles for accreditation funding and fees

3. Reporting parameters and qualitative and quantitative key performance indicators (KPIs)

As foreshadowed in the consultation paper, there will be new accreditation agreements/terms of reference established for the next assignment period. These documents will be the centrepiece of work to achieve progress on funding and fee principles and enhanced accountability through reporting against key performance indicators. This work will drive progress on priority issues in accreditation over the next five years.

These issues include reducing duplication and regulatory burden, enhancing safety and quality, embedding interprofessional learning and practice, improving Aboriginal and Torres Strait Islander health, addressing cultural safety, achieving greater consistency, sharing good practice and strengthening governance and accountability. The new agreement will provide for variations and additional requirements that may be requested during the term of the agreement to address any new issues arising or matter considered appropriate in light of the recommendations of the ASR.

National Boards and AHPRA sincerely thank all those who contributed to the review process and provided valuable feedback on these important issues.