



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

Submission to the Discussion Paper

Cover Sheet

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**Feedback on the Draft Discussion Paper for the
Independent Review of the Accreditation Systems
within the National Registration and Accreditation
Scheme for Health Professions**

**Presented to Professor Michael Woods,
Independent Reviewer**

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Executive Summary

Safety and quality are paramount in Australia's accreditation system. Reforms to the accreditation functions of the National Registration and Accreditation Scheme (NRAS) must support the development of a suitably trained workforce that is both safe and enabled to provide quality services. Graduates must have not only clinical practice skills, but also skills in life-long learning and the drive to improve the practice of their profession.

The Australian Physiotherapy Association (APA) believes that there are opportunities for reform within the accreditation system. Reforms could harmonise the wording and the requirement of proof from entry level programs, between different professions accreditation standards and guidance documents. They could ensure that standards follow the language used by the Tertiary Education Quality Standards Agency (TEQSA).

Individual accreditation councils could be supported better to work together to ensure that their standards and procedures operate using common nomenclature and criteria where possible, but retain individual standards for each profession.

We believe it is important that this review utilise the strengths of the current system. Some significant features that should be retained are:

- Profession specific accreditation standards
- Profession specific professional competency frameworks
- Profession specific accreditation authorities
- The Health Professions Accreditation Council Forum (HPACF)

All of these features of the current system are important to maintain public safety and quality health practice. Accreditation standards and professional competency frameworks should continue to be approved by members of the relevant profession.

Possibly one of the most important features of the accreditation system for physiotherapists is profession-based ownership of the professional competency framework, the Physiotherapy Practice Thresholds in Australia and Aotearoa New Zealand. This ownership is by the industry, not just one body, and is vital to improve the responsiveness and safety of the physiotherapy workforce.

We believe that there is great potential for the HPACF to be an extremely useful body. It could be better utilized by government to lead a process of harmonisation between the accreditation councils.

As part of the review, consideration has been given to specific cycles and timelines for accreditation. We do not support a model of accreditation that excludes cyclical assessment processes. Accreditation councils are set up to have the training and experience to recognise risk within a physiotherapy program, where-as university program staff are experts in their areas of physiotherapy, education and learning. A combination of cyclical and risk based accreditation is already working within the physiotherapy accreditation system and this approach should be strengthened and harmonised across the professions.

We believe that a robust accreditation system needs to consider the global health workforce, and how practitioners move around the globe. NRAS structures should be flexible enough to facilitate international partnerships and firm enough to ensure quality standards are met.

The APA believes that reforms guided by the principles outlined in this submission are reasonable and have a good probability of assisting universities, accreditation authorities and graduates. They would streamline requirements and make them less onerous to all parties, without sacrificing quality or safety in the health professions.

About the APA

The Australian Physiotherapy Association (APA) is the peak body representing the interests of over 23,000 physiotherapists and their patients. APA members are registered with the Physiotherapy Board of Australia, have undertaken to meet the APA Code of Conduct, are expected to use the latest research in practice and often have further and/or expert qualifications.

The APA sets a high standard for professional competence and behaviour and advocates best practice care for clients. It is our belief that all Australians should have access to high quality physiotherapy to optimise health and wellbeing.

Vision

That the whole community recognises the full benefit of physiotherapy

Belief

That all Australians should have access to high quality physiotherapy to optimise health and wellbeing

Purpose

To leverage our global leadership position for the benefit of physiotherapy and consumers

Part 1 - A health accreditation system for the future

Looking forward to a global workforce

Increasingly Australia is acknowledging the importance of its role as a global citizen. This means that we have a part to play in facilitating cooperation on portability and supply in our region and in the rest of the world, while ensuring that our health professionals are safe and of high quality.

Our accreditation system needs to consider the global health workforce, and how practitioners shift around the globe. Health workers in our global society should be facilitated to move where and when they need. This might be to assist in a disaster relief operation, to facilitate work in the development of their profession in our neighbouring countries, or to migrate to another country for a professional challenge.

The review should look at this issue of global portability as more than a question on funding capacity. We need to look beyond micro issues of how assessment of international health workers can fund accreditation costs in Australia. We must look at how best to structure a system to facilitate both incoming and outgoing health professionals.

National Registration and Accreditation Scheme (NRAS) structures should be flexible enough to facilitate international partnerships and firm enough to ensure quality standards are met. Our accreditation system should feature mechanisms to facilitate bi- and multi-lateral agreements between nations, which in turn can facilitate maintenance of professional standards and worker portability.

These are difficult issues for an accreditation system to work with, but this review is an important opportunity to consider long term global opportunities and challenges for health accreditation.

Quality and safety in the accreditation system

The risks of turning out poorly trained graduates in the health professions are far greater than in other industries. That is why safety and quality are paramount. Reforms to the accreditation functions of the NRAS must support the development of a suitably trained workforce. Graduates must have not only clinical practice skills, but also skills in life-long learning and the drive to improve the practice of their profession.

The cost and regulatory burden of accreditation is certainly an issue that needs public dialogue. However the Australian Physiotherapy Association (APA) believes that a more important question is how do we ensure that graduates meet the threshold of safety and quality that the Australian health system requires?

The first step to addressing this is to measure the outcomes of the system. One way to do so is by measuring the number of notifications made to the Australian Health Professions Regulation Agency (AHPRA). When measured in this way, physiotherapy can be seen as a relatively safe profession. In 2015/16 physiotherapists made up 4.4% of all registered providers, but had only 1.1% of notifications made. Of these, no physiotherapist had their registration suspended or cancelled. In 64% of these cases the National Board determined that there was no risk to the public and no action was necessary.¹

To drill this information down specifically to accreditation is difficult. Another way to look at outcomes would be through a study of specific graduate cohorts in their first year of employment via employer survey. This could be referenced back to the accreditation outcomes of the graduates' physiotherapy program. Cohorts across a range of different universities and years of graduation could be compared. While this is done to some degree already, a wider and more cohesive approach would provide us with a useful tool to reviewing the safety and quality elements of the accreditation process.

We believe that the NRAS should invest more in measuring outcomes of accreditation across the health professions, rather than measuring inputs which mainly consider cost and regulatory burden.

Streamlining the system - commonality and harmonisation

We also need to consider what opportunities are there are to streamline, increase efficiency and harmonise to make the system more efficient without sacrificing any elements of safety and quality.

Universities tell us that they face a significant burden of regulation, especially considering each campus will often have a number of regulated health programs, each requiring individual assessment. Common elements not specific to each program such as inter-professional learning, access to complaints mechanisms and student support are assessed by each accreditation council for each accreditation cycle. Streamlining these common elements presents opportunities for reform that would reduce costs and the regulatory burden on universities.

To do so could be as simple as harmonisation of wording and the requirement of proof between different professions accreditation standards and guidance documents. Common elements between professions could follow the language used by the Tertiary Education Quality Standards Agency (TEQSA) which is familiar to universities.

This does not mean that we support the development a single set of standards common to all health professions. What we need out of harmonisation is a process where individual councils work together to ensure that their standards and procedures operate using common nomenclature and criteria where possible, but retain individual standards for their profession. Harmonisation does not mean one set of common standards or professional competency frameworks are produced. Nor does it mean a one size fits all approach to accreditation procedures.

Each profession has its own clinical elements and it is vital that these be reflected uniquely in accreditation standards and in professional competency frameworks.

International examples show that homogenization of accreditation standards is not the way forward to promote safety and quality in the health professions.

Since common accreditation standards across a range of professions were introduced by the Health and Care Professions Council (HCPC) in the UK, the proportion of complaints to the number of registered health professions has risen each year². This is not a trend that we would like to see in Australia.

Universities require specific information when it comes to meeting accreditation standards for a specific profession. The APA does not believe that common accreditation standards can specifically meet this need.

Such open wording required that would allow sufficient breadth to cover all of the regulated health professions would not be a useful tool, and detailed guidelines that sit beneath such common accreditation guidelines would need to be developed by each individual profession.

It would be in these guidelines that inconsistencies across the professions are likely to appear, eroding the possible benefits. For example, there are common guidelines between physiotherapy, dentistry and optometry, but each council has developed guidelines and templates for demonstrating that programs have met the standards. Each has varying requirements, possible outcomes, lengths of program accreditation and require different evidence^{3, 4 & 5}.

Opportunities for reform

The APA supports reform that makes best use of resources – both human and financial, provided that savings do not result in cuts to the safety and quality of health professionals.

Reforms aimed at harmonization of accreditation standards must do so for all registered health professions. To separate out specific professions would remove any potential gains, particularly around interdisciplinary practice, which is a key way harmonization could improve education in physiotherapy and other health professions.

The APA believes the following broad areas which could benefit from harmonization between the professions and with TEQSA where appropriate:

- Wording of common elements in standards and requirements for demonstration that standards have been met
- Accreditation cycles and possible outcomes from an accreditation assessment
- Major changes/risk triggers and procedures for reassessment
- Assessment process timeframes

Utilisation of existing infrastructure and frameworks

The Australian Physiotherapy Council (APC) is set up to perform a number of important functions as well as the accreditation of entry level physiotherapy courses. The APC assesses international applications for eligibility for limited registration, skilled immigration assessments for the Australian Government, runs programs to train a variety of different assessors and performs a number of other functions.

We believe that the APC is the appropriate body to continue to ensure all profession specific elements of entry level courses are rigorously assessed for the physiotherapy profession. Given its range of functions, the APA believes that the safety and quality of the physiotherapy profession would be compromised if the APC did not continue to perform its assessment functions.

The APA firmly believes that accreditation standards and professional competency frameworks should continue to be approved by members of the relevant profession.

The Health Professions Accreditation Council Forum (HPACF) is also an extremely useful body that is currently under-utilized by government. We believe that the HPACF should be funded and strengthened to be the body that oversees health accreditation processes. In particular, it should be responsible for leading the harmonisation of accreditation standards and procedures.

Risk based and cyclical accreditation

While we support review of specific cycles and timelines for accreditation, we do not support a model of accreditation that excludes any cyclical assessment. The APC has been specifically set up to have the training and experience to recognise risk within a physiotherapy program, where-as university program staff are experts in their areas of physiotherapy, education and learning.

A combination of cyclical and risk based accreditation is already working within the physiotherapy profession through:

- A requirement for the submission of annual reports;
- Three to five year accreditation cycles depending on the need identified during the review; and
- Where major changes have been made to the course.

The APA believes this approach should be strengthened and used as a model to be harmonised across the professions.

Since the implementation of the NRAS, the physiotherapy profession has had a newly established university program that underestimated the risk in changes throughout the four year cycle of the first cohort. The program had provisional accreditation, but failed to meet the criteria for full accreditation on completion of the final year. Subsequently, the first cohort of graduates was not eligible for registration with the Physiotherapy Board of Australia.

Close monitoring and a full understanding of the breadth of requirements for programs is needed. This is particularly important in physiotherapy, where there are a large number of entry level program formats and high student demand. Physiotherapy courses are therefore highly profitable course for universities. This demand combined with the removal of the cap on university places has meant that there are many new programs being established.

This paper will discuss this opportunity for reform in more detail at the relevant question below.

Part 2 – APA’s responses to the discussion paper questions

The APA does not have comment on all 37 of the questions posed in the discussion paper, so our responses are limited to certain questions as outlined below.

Question 1

What would be the benefits and costs of greater consistency and commonality in the development and application of accreditation standards?

Any changes must not risk quality or safety

The APA cautions against thinking of the accreditation system in terms of “cost and burden” (p.22) ⁶, rather than in terms of setting and maintaining standards that turn out competent and safe health professionals.

We agree with the discussion paper that streamlining parts of the accreditation process could be beneficial. But we caution that the review must not consider changes where there are costs in quality and safety for the patients of any professional group.

Commonality in some aspects would be useful

The discussion paper proposes that “the lack of commonality and consistency may also be undermining broader system level opportunities to deliver integrated patient centered care (such as multidisciplinary teams) which link health, community and social services” (p20) ⁷.

While we agree that better cross-professional education in entry level education would be beneficial for health professionals and their patients, the accreditation system is neither the cause nor the cure for Australia’s fragmented and complex health system. As such, a range of approaches are needed to better integrate the health system.

There is already a significant degree of commonality between some health professions’ accreditation standards. The physiotherapy, dentistry and optometry standards are based on the same model, and retain a large degree of similarity. The physiotherapy standards have only recently been published (December 2016) so potential benefits to the profession are unlikely to have been realised yet. Structural change such as consistent guidelines that sit underneath these standards could assist in the realisation of any benefits.

A harmonised approach to the common elements of health professions accreditation processes

The establishment of an authority to oversee the assessment of consistent health accreditation requirements may help to streamline and increase commonality in the accreditation process.

Programs should be able to use the same evidence and wording to allow accreditation of the common elements of programs leading to registration with the National Board. This would not include profession-specific competencies. Exactly which standards could be harmonised would be an entirely separate consultation process. The Health Professions Accreditation Council Forum (HPACF) would be the most logical and qualified body to lead this process.

There would be some financial cost to fund the HPACF to guide the development of common requirements for councils.

Profession specific elements must remain unique. The physiotherapy profession is unique in its core skill set and treatment approach. Likewise, clinical competencies must be incorporated individually to each health profession’s training program.

Question 2

Should accreditation authorities be required to incorporate the decisions of TEQSA/ASQA assessments and accreditations of education providers as part of their own reviews?

Accrediting authorities have a differing purpose, but this should not stop recognition of common goals

TEQSA says of its regulatory approach "The role of TEQSA is to safeguard the interests of all current and future students studying within Australia's higher education system."⁸ This is an important perspective, but the approach diverges significantly from that of AHPRA and the National Boards. Rather than safeguarding students and the education system, the NRAS exists to protect the public and ensure supply, safety and quality of Australia's health workforce. It protects the general public.

Notwithstanding the differing approach there are a number of synergies that accreditation councils have explored with TEQSA, and it may be useful to further develop these in a coordinated way across the health professions.

Question 3

What are the relative benefits and costs associated with adopting more open-ended and risk-managed accreditation cycles?

The physiotherapy profession has an accreditation period of between three to five years, depending on the risks identified during the assessment process. Once a program has been accredited for the relevant period, a full re-accreditation process is implemented, which takes nearly a year to complete.

The APC already has an annual reporting requirement and major change policy⁹. This uses a risk based model to trigger an assessment of the impact of changes that could prompt a full accreditation cycle prior to the completion of the usual five year cycle. Major changes include:

- Changes to a program's attributes, such as award level or program duration
- Changes to curriculum
- Changes to resources and infrastructure

Harmonisation of accreditation structures could be beneficial

The APA would support harmonisation of this combined cyclical/risk based model across the accreditation councils. We believe that this should be supported by a broader discussion on the methodology for triggers for reaccreditation, and how these are identified by the accreditation councils.

As accreditation can be triggered by profession specific standards, we support a system where re-accreditation is managed and assessed by a profession specific accreditation process.

Sources of accreditation authority income

The APA notes that the cost of accreditation is higher in Australia than in the UK, but cautions against direct comparisons. As noted in AHPRA's report Cost of Accreditation in the National Registration and Accreditation Scheme¹⁰, the role of accrediting agencies varies significantly. The HCPC has no requirement to consider program relevance, quality improvement and workforce need. This function is carried out by the professional association and union, the Chartered Society of Physiotherapists (CSP).

The CSP also undertake an accreditation process of physiotherapy programs separate to that of the HCPC. This allows graduates to be eligible for chartered membership of the CSP. This accreditation process would be accompanied for fees, but would also be partly supported by membership fees of the CSP. This makes direct comparisons to Australia's accreditation system for physiotherapist inaccurate.

The APA believes that any savings made from the harmonisation of accreditation functions should be passed on in the form of cuts to the cost of registration for physiotherapists. Any savings made by the universities in the cost of accreditation of entry level programs, should likewise be passed on to physiotherapy students.

Relevance and responsiveness

Question 8

Should accreditation standards be only expressed in outcome-based terms or are there circumstances where input or process standards are warranted?

Accreditation requirements should include a mixture of outcome based and input based standards.

We believe that universities are well placed to consider pedagogy and learning methods in their programs. It is also true that universities are businesses and face real world financial imperatives in their programs.

That is why it is important to be clear about necessary inputs into some aspects of physiotherapy courses. This is particularly important for hard-to-attain inputs, such as student placement requirements.

Minimum placement requirements can assist universities to prioritise program placements, and have a clearer understanding of what is required, particularly when setting up new programs.

Health program development and timeliness of assessment

Question 10

Should there be a common approach to the development of professional competency frameworks and to the inclusion of consumers and possibly others in that development?

We believe a common approach to the development of professional competency frameworks would reduce the standards of safety and quality within the physiotherapy profession, and would endanger the public.

We support a consistent approach to the accreditation of common elements of health programs; however common requirements should not be extended to professional competency frameworks.

Profession-based ownership of competency frameworks is vital to improve the responsiveness of the physiotherapy workforce

The APA fundamentally disagrees with the discussion document on the concept of ownership of the professional competency frameworks. It claims that diversity in ownership of professional competency frameworks “raises questions about the responsiveness of the health workforce to deliver future health care needs, adopt new roles and deliver integrated services through interprofessional practice, especially if each profession is controlling their scope and practice requirements” (p37).

While there is certainly a strong role for cross professional consultation on professional standards, the APA completely rejects the notion that authorship and ownership of professional standards by a single government authority would somehow improve responsiveness and integration of services. In fact the contrary to this is true.

Ownership of the professional standards by the profession ensures that scope and practice requirements are far more adaptable than would be if included in a government instrument.

As a professional association, our members in the workforce now have a greater opportunity than ever before to contribute to provide information and advice on the scope of the profession. Through our membership and engagement with the profession, we have overwhelming reach to ensure that the profession has a say in the development of policy. They are able to advise on ways in which physiotherapists

could improve their workplaces to better respond to the needs of their patients, adopt new roles and scopes and better work as part of multidisciplinary teams.

A large part of the work of the APA revolves around expanding the roles of physiotherapists, and responding to health workforce needs through innovation. We partner and consult with other organisations and associations (who represent both consumers and other health professions) to ensure that our members have a broad based approach to their work.

Flexibility and contemporary practice are important in professional competency frameworks.

It is worth noting that the threshold learning outcomes (TLOs) cited in the discussion document were based on analysis of existing professional competency frameworks prior to 2011. It would be unfortunate to limit the development of new models of health practitioner competency using a static description of learning outcomes for health practitioners.

So while it may be tempting to look for a common approach to the formulation of profession specific competency frameworks, we believe that this would stifle the development of contemporary professional frameworks and limit the schemes ability to take a global approach to professional competency frameworks.

International comparators are misleading in the physiotherapy profession

Looking to the HCPC in the UK as a country with common standards is misleading. The UK effectively has a two tiered system, with two individual accreditation processes.

The first process owned and administered by the HCPC leads to registration with that body, therefore licensure to practice as a physiotherapist within the UK. The second process is owned by the CPS, and completion of a CPS accredited course leads to chartered membership of the CPS.

The APA would not look to replicate this two tiered system in Australia.

We should be facilitating global portability of physiotherapists

Requiring a specific framework for accreditation standards would risk inhibiting global approaches to regulation. The Physiotherapy Practice Thresholds for Australian Aotearoa New Zealand are an example of international co-operation; however rigid requirements mandated by NRAS may not have allowed the development of such bi-national thresholds to take place.

The physiotherapy profession is consistently looking for opportunities to work with overseas accreditation authorities to increase portability of professional competency frameworks. Given the complexity of arrangements, this is already a complex and difficult task. It would be made far more so were additional requirements restricting the format of professional competency frameworks implemented.

Question 11

What are the risks and benefits of developing accreditation standards that have common health profession elements/domains, overlaid with profession-specific requirements?

We support the harmonisation of common elements of the accreditation process. The question that is then posed is which exact elements are common, and which elements are profession specific.

Further questions are raised as to how these common elements should be worded within the framework (with consideration to TEQSA's requirements) and how health programs are required to demonstrate competence in these areas.

Benefits of a universal health accreditation system include:

- Lowering the burden of compliance on universities
- Enabling accreditation council to focus on core profession specific issues
- Facilitation of better relationships between different health professionals within a university environment

The major risk is that of a failure to appropriately equip a governance organisation with the necessary resources and authority to lead the harmonisation process on behalf and with the agreement of the health professions.

Question12

What changes in the accreditation system could improve the timeliness and responsiveness of processes to ensure education programs are delivering graduates who have the knowledge, clinical skills and professional attributes required of the current and future workforce?

The APA believes that simple changes in the accreditation system could make assessment less onerous.

For example, accreditation authorities could harmonise their approaches to allow for simpler standardised reporting requirements for the common aspects of the accreditation process. There could be consistent evaluation of documentation against harmonised criteria for accreditation authorities. Consistent accreditation timeframes coupled with agreed standards for risk based assessment triggers across the disciplines could be implemented.

The delivery of work-ready graduates

Question16

Is there a defensible rationale for a period of supervised practice as a pre-condition of general registration in some professions and not others?

Each of the health professions is unique. Each as a differing length of entry level program, breadth of knowledge required and each program turns out graduates with differing levels of the practical experience.

Part of the history and development of the physiotherapy profession has been that practical experience requirements are met within entry level training. There is no requirement for a mandated period of supervised practice after the completion of an approved entry level physiotherapy program. This is one of the reasons that the APA supports an input requirement for a minimum number of placement days within accreditation standards.

Physiotherapy graduates need mentoring and support, not mandated supervision after graduation

AHPRA's data on the number of complaints about physiotherapists does not suggest that there is a significant problem with the training of the physiotherapy profession. This was broadly acknowledged by the Snowball review of the NRAS, who labelled physiotherapy as one of the lower regulatory workload professions¹¹. We therefore do not believe that a mandated period of supervised training would be appropriate for physiotherapy graduates prior to registration.

It is important that entry level education instills an understanding of the need for continuous learning throughout the career of a health professional. Accredited programs must embed an understanding of the limitations of entry level education, and the need for experienced practitioners to mentor and guide newly qualified health practitioners.

Question 17

How should work readiness be defined, and the delineation between registration requirements and employer training, development and induction responsibilities be structured?

Work readiness or capability could encompass an infinite number of areas. It would depend on jurisdictional requirements of each state and territory, and the setting to which the graduate would start work in.

Historically, physiotherapy graduates mainly commenced work in a structured rotational program within the public hospital system. Now, far fewer physiotherapy graduates go into this system. More newly graduated physiotherapists now go into the private sector¹².

This shift further complicates the concept of defining work capability for new graduates.

Rather than entry level physiotherapy courses attempting to be everything to everybody, we believe that workplaces should be empowered and funded to provide appropriate mentoring and guidance to physiotherapy graduates. This would allow graduates and employers to share responsibility for the work of the new graduate, rather than burden the accreditation system with objectives that will change with each individual student.

Question 18

Does a robust accreditation process negate the need for further national assessment to gain general registration? Alternatively, does a national assessment process allow for a more streamlined accreditation process?

Accreditation systems can perform well without a licensure examination

Canada has an exam process for the physiotherapy profession. Canadian trained physiotherapists must complete an accredited physiotherapy program that permits registration for the national competency examination.

To investigate opportunities for international recognition, the College of Physical Therapists of Alberta commissioned a project on foreign qualification recognition.¹³

Despite three of the five jurisdictions examined in this report having no requirement for a national examination, the report stated that candidates from Australia, UK and Ireland (who have no national examination process) are generally successful at passing the Canadian exam.

It is likely that the established links between the organisations accountable for standards of entry-level education programs and the professional competency frameworks are responsible for this phenomenon. Current accreditation standards make a licensure exam redundant in Australia.

Producing the future health workforce

Question 19

Do National Boards as currently constituted have appropriate knowledge, skills and incentives to determine accreditation standards and programs of study which best address the workforce needs of a rapidly evolving health system?

The National Boards in general are not necessarily incentivised or enabled by the system to work with AHPRA to fulfil their workforce objectives under the National Law.

Mechanisms must be established to ensure that National Boards sit within governance structures that incentivise them to consider workforce imperatives under the National Law.

Question 20

Would greater independence of accreditation authorities, in the development and approval of accreditation standards and/or approval of programs of study and providers, improve alignment of education and training with evolving needs of health consumers?

When looking at international examples of physiotherapy accreditation systems in Canada, USA, Ireland and UK, Australia is unique in its requirement to gain approval from a higher authority prior to granting accreditation status or setting accreditation standards. There are various jurisdictional differences that account for this. As discussed earlier in this paper, only Australian law requires the National Board to consider workforce imperatives.

In the UK, Canada and Ireland, accreditation is managed by the same agency as registration. In the USA, registration is managed by state governments, rather than through a federated model as in Australia, and the accreditation standards are therefore set by the professional association¹⁴.

Greater independence of the APC is likely to bring the Council more into line with international practice, however given that there is significant variation in the objective of these schemes, it cannot be established that change would make a significant difference in meeting the evolving needs of health consumers.

Question 25

What is the optimal governance model for carrying out the accreditation functions provided in the National Law while progressing cross-profession development, education and accreditation consistency and efficiency? Possible options include:

- *Expanding the remit of the AHPRA Agency Management Committee to encompass policy direction on, and approval of, accreditation standards;*
- *Establishing a single accreditation authority to provide policy direction on, and approval of, accreditation standards.*

The APA does not support expanding the remit of the AHPRA Agency Management Committee to encompass approval of accreditation standards

The discussion paper considers a number of bodies that could improve the efficiency and regulatory oversight of the accreditation system. The paper proposes that the remit of the AHPRA Agency Management Committee (AMC) be expanded to approve accreditation standards. Given the broad responsibilities of the AMC, membership is unlikely to consist of an adequate skill set for the breadth of health professionals represented by AHPRA, or have the necessary expertise in higher education and learning. It also poses the problem discussed on pages 48-9 of the discussion paper, of independence in regulation and accreditation.

As quoted on page 48 of the discussion paper, the Productivity Commission in its 2005 report recommended that:

it would be good regulatory practice to separate the setting and verification of standards at the education and training institutional level from the application and maintenance of standards in relation to individual practitioners.¹⁵

As the discussion paper goes on to say, the current system has brought both functions under one system, and to make the AMC responsible for the setting of standards would further contradict the Productivity Commission's recommendation.

We therefore do not support that the AMC be given the authority to approve accreditation standards. Given the AMC's workforce obligations, we do however do see some value in the proposal for the AMC to provide guidance to accreditation councils on accreditation standards, particularly in relation to interdisciplinary and innovative practice.

The Health Professions Accreditation Councils' Forum is the logical body to provide oversight and lead in harmonisation

The HPACF is well placed to serve a number of oversight functions. They could

- Take the lead in a harmonisation process for common elements of the full number of professions in the NRAS;

- Work with councils to harmonise factors such as accreditation cycles and risk based triggers for re-accreditation for individual professions;
- Provide guidance and advice on new accreditation standards for professions, specifically on cross professional issues; and
- Lead consultation across the professions on proposed new professional competency frameworks.

Setting health workforce reform priorities

Question 28

What role should the Ministerial Council play in the formal consideration and adoption of proposed accreditation standards?

The APA does not believe that the Ministerial Council is best placed to directly approve or reject proposed accreditation standards.

Should the Ministerial Council decide to set workforce priorities, there should be a direct mechanism to provide a thorough and detailed briefing to the National Boards and Accreditation Councils.

Question 29

Is the requirement that the Ministerial Council may only issue directions under s11(3)(d) if it considers a proposed accreditation standard may have a substantive and negative impact on the recruitment or supply of health practitioners, too narrow to encompass all the National Law objectives and guiding principles, and if so, how should it be modified?

Two issues with this legislation are outlined in the discussion paper.

Firstly, that the Ministerial Council has no jurisdiction once a standard has been approved by the National Board.

The APA would not object to legislative change requiring the National Board (or other approving authority) to give the Ministerial Council the opportunity to review the standard should they believe that the standard be in violation of the Ministerial Council's directive. This should provide a sufficient increase to the jurisdiction of the Ministerial Council in this matter.

The second issue is that the Ministerial Council may only give directions relating to the recruitment and supply of health practitioner, and that consideration be given to the quality and safety of health care.

We strongly support that consideration must always be given to the quality and safety of health care, and that this be an explicit requirement in legislation. The legislation could be broadened to include a situation where the Ministerial Council considers there is a risk to public safety. This would need to be very explicitly defined, and to exclude individual cases.

Question 30

How best can a national focus on advice and reform be provided, at least for the delivery of accreditation functions, that:

- *as part of a broader workforce reform agenda, regularly addresses education, innovative workforce models, work redesign and training requirements?*
- *has regular arrangements for engagement with key stakeholders such as the regulators, educational institutions, professional bodies, consumers and relevant experts?*

The APA believes that there is a need for the delivery of advice to accrediting agencies on health workforce issues. However we note that there is a lead time for accreditation procedures to deliver results to the Australian health workforce and that government priority areas are subject to regular change.

With the exception of very broad needs in the health system such as interdisciplinary practice, maldistribution of the health workforce, the need to adapt to an ageing population and workforce and the complex nature of Australia's health system, accreditation cannot have an effect on fluid political workforce imperatives in the short term, particularly given the lack of consensus between the levels of governments and jurisdiction.

Despite these issues the APA believes that it would be worthwhile to implement a structured engagement between the Health Workforce Principle Committee (HWPC) and the HPACF, to assist in communicating with the accreditation councils.

We support the intent to link key workforce development and education arenas with accreditation requirements, and feel that increased engagement between accreditation authorities and policy setting agencies has the potential to improve Australia's health education. Careful consideration must be given to ensure safety and quality is a top priority in these linkages.

Closing comment

The APA believes that reforms guided by the principles outlined in this submission have a good probability of assisting universities, accreditation councils and health graduates to improve the quality of Australia's health professionals. Changes to streamline requirements and make them less onerous to all parties, without sacrificing quality or safety in the health professions can add value to the system.

For more information or to discuss any aspect of this submission, please contact James Fitzpatrick, General Manager Profession Development and Member Groups at james.fitzpatrick@physiotherapy.asn.au

References

- ¹ AHPRA, 2016, Annual Report, <http://www.ahpra.gov.au/annualreport/2016/downloads.html>
- ² HCPC, 2016, Fitness to Practice Annual Report 2016, <http://www.hcpc-uk.org/assets/documents/100051F3Fitnessstopractiseannualreport2016.pdf>
- ³ APC, 2017, Entry-level Physiotherapy Programs Accreditation Guide for Education Providers 2017, <https://physiocouncil.com.au/media/1245/accreditation-guide-2017-27022017.pdf>
- ⁴ ADC, 2016, ADC/DC(NZ) Guidelines for Accreditation of Education and Training Programs for Dental Practitioners, [http://www.adc.org.au/documents/ADC_DC\(NZ\)%20Guidelines%20for%20Accreditation%20of%20Education%20and%20Training%20Programs%20for%20Dental%20Practitioners%20V4%200%202016.pdf](http://www.adc.org.au/documents/ADC_DC(NZ)%20Guidelines%20for%20Accreditation%20of%20Education%20and%20Training%20Programs%20for%20Dental%20Practitioners%20V4%200%202016.pdf)
- ⁵ OCANZ, 2017, Accreditation Standards and Evidence Guide for Entry-Level Optometry Programs, <http://www.ocanz.org/documents/accreditation-1/102-part-2-accreditation-standards-and-evidence-guide-for-entry-level-optometry-programs-1-jan-2017/file>
- ⁶ COAG, 2017, Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions: Discussion Paper February 2017, <http://www.coaghealthcouncil.gov.au/Projects/Accreditation-Systems-Review>
- ⁷ Ibid

- ⁸ TEOSA, 2012, <http://www.tegsa.gov.au/regulatory-approach>
- ⁹ APC, 2016, Major Changes Policy, <https://physiocouncil.com.au/media/1022/major-changes-policy-11062015.pdf>
- ¹⁰ AHPRA, 2016, Cost of Accreditation in the National Registration and Accreditation Scheme <http://www.ahpra.gov.au/Publications/Accreditation-publications.aspx>
- ¹¹ Snowball, Kim, 2014, Independent Review of the National Registration and Accreditation Scheme, <http://www.coaghealthcouncil.gov.au/Publications/Reports/ArtMID/514/ArticleID/68/The-Independent-Review-of-the-National-Registration-and-Accreditation-Scheme-for-health-professionals>
- ¹² NOUS, 2014, InPractice 2025, https://www.physiotherapy.asn.au/DocumentsFolder/APAWCM/Resources/InPractice_2025.pdf
- ¹³ Beggs, Cathryn, 2013, Foreign Qualification Recognition: A Review of International Physiotherapy Education Accreditation Systems, http://www.inpra.org/Portals/0/PDFs/Canada_FQRRevised20140629.pdf
- ¹⁴ Ibid
- ¹⁵ COAG, 2017, Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions: Discussion Paper February 2017, <http://www.coaghealthcouncil.gov.au/Projects/Accreditation-Systems-Review>