

Health Professions Accreditation Councils' Forum

A coalition of the accreditation Councils of the regulated health professions.

Mapping of professional accreditation in the context of higher education regulatory and standards frameworks

Overview

This is a joint submission by the members of the Health Professions Accreditation Councils' Forum to the project commissioned by the Department of Education and Training to survey and characterise the extent and scope of professional course accreditation practices in Australian higher education.

The Forum, which was established in 2007, is a coalition of the eleven independent accreditation authorities operating under the Health Practitioner Regulation National Law ACT 2009¹. Each authority provides some or all of the accreditation functions for a profession listed in the National Law as agreed between the authority, the National Board for the profession and the Australian Health Practitioner Regulation Agency. The accreditation functions listed under the National Law are:

- (a) developing accreditation standards for approval by a National Board; or
- (b) assessing programs of study, and the education providers that provide the programs of study, to determine whether the programs meet approved accreditation standards; or
- (c) assessing authorities in other countries who conduct examinations for registration in a health profession, or accredit programs of study relevant to registration in a health profession, to decide whether persons who successfully complete the examinations or programs of study conducted or accredited by the authorities have the knowledge, clinical skills and professional attributes necessary to practise the profession in Australia; or
- (d) overseeing the assessment of the knowledge, clinical skills and professional attributes of overseas qualified health practitioners who are seeking registration in a health profession under this Law and whose qualifications are not approved qualifications for the health profession; or
- (e) making recommendations and giving advice to a National Board about a matter referred to in paragraph (a), (b), (c) or (d).

The Forum comprises:

- Australian Dental Council – dental profession
- Australian Medical Council – medical profession
- Australian Nursing and Midwifery Accreditation Council – nursing and midwifery professions
- Australian Pharmacy Council – pharmacy profession
- Australian Physiotherapy Council – physiotherapy profession
- Australian Psychology Accreditation Council – psychology profession
- Australasian Osteopathic Accreditation Council – osteopathy profession
- Australian and New Zealand Podiatry Accreditation Council – podiatry profession
- Council on Chiropractic Education Australasia – chiropractic profession
- Optometry Council of Australia and New Zealand – optometry profession
- Occupational Therapy Council (Australia and New Zealand) Ltd – occupational therapy profession

¹ <https://www.legislation.qld.gov.au/LEGISLTN/CURRENT/H/HealthPracRNAog.pdf>

Accreditation under the National Law does not just entail accreditation of programs offered by higher education providers. Accreditation authorities may be accrediting programs in the Vocational Education and Training sector and/or programs providing intern or specialist training and education for a profession, such as a specialist medical college. The National Law provides a broader definition of an education provider, which is:

- (a) a university; or
- (b) a tertiary education institution, or another institution or organisation, that provides vocational training; or
- (c) a specialist medical college or other health profession college.

The 11 external accreditation authorities exercise the accreditation functions as independent companies. All these accreditation authorities report and operate within the National Law and the Quality Framework for Accreditation², the principal statement of expectations of accreditation under the National Law, and the tool for assessment of the work of the accreditation authorities.

The Forum responds collectively to consultations on matters common to the relevant professions. In general, a submission by the Forum is confined to issues that are common to all members.

We note that this project, *Mapping of professional accreditation in the context of higher education regulatory and standards frameworks*, is occurring at the same time as a second review of accreditation under the National Registration and Accreditation Scheme. Forum members are very willing to engage in both reviews, and welcome the opportunity to describe their practices, but wish to ensure resources are best utilised when responding to concurrent and similarly themed reviews.

Issue 1: Good Practice

Are your accreditation practices examples of good practice?

For the 11 members of the Health Professions Accreditation Councils Forum, the definition of good practice must take account the environment in which they operate, the National Registration and Accreditation Scheme.

The National Scheme for the regulated health professions was established in July 2010. One of its outcomes is that it has brought together accreditation of programs and the registration of graduates of accredited programs for the 14 regulated health professions under common legislation and agreed national statements of good practice in accreditation. The focus of the legislation is on protection of the public. All entities operating in the Scheme must have regard to the Scheme's objectives, namely:

- (a) to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered; and
- (b) to facilitate workforce mobility across Australia by reducing the administrative burden for health practitioners wishing to move between participating jurisdictions or to practise in more than one participating jurisdiction; and
- (c) to facilitate the provision of high quality education and training of health practitioners;
- (d) to facilitate the rigorous and responsive assessment of overseas-trained health practitioners;

² www.healthprofessionscouncils.org.au/files/f817921f1b48b8fca152a2c530af90a12758b568_original.pdf

- (e) to facilitate access to services provided by health practitioners in accordance with the public interest;
- (f) to enable the continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivery by, health practitioners.

The core role of the accreditation authorities operating under the National Law is to ensure that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered. The accreditation authorities contribute to this in a number of ways including: by developing standards for education and training that are robust, nationally and internationally benchmarked, and responsive to the needs of the community, and by applying these standards to Australian programs of study in a transparent and fair way. In the National Scheme, accreditation authorities work with National Boards and the Australian Health Practitioner Regulation Agency in accreditation. These other entities also have responsibilities defined under the National Law and the achievement of good practice may depend on the relationships with those bodies and their responsibilities under the National Law.

The eleven members of the Forum, the independent accreditation councils, are different in size and scope, and the development of each council reflects the history of role, scope of practice and regulation of their profession as well as the academic development of the profession in Australia. For example, some of the Forum members were established as the National Registration and Accreditation Scheme was being established (2009-2010) while others were already well established. These differences are reflected in individual accreditation councils' examples of good accreditation practice.

Forum members share good practice in a number of ways including: the Forum's developing Innovations and Good Practice Database³; the Forum's Accreditation Managers subcommittee, which draws together accreditation staff from across the professions to share good practice and common accreditation challenges; and Forum workshops. Forum members also share their practices through presentations at national and international conferences such as the Ottawa Conference on Assessment/Australian and New Zealand Health Professions Education Conference, Perth February 2016, the International Association of Medical Regulatory Authorities Conference, Melbourne September 2016.

Forum members endorse a number of documents on good practice in accreditation and are active in articulating what is good practice for health profession program accreditation:

- The Quality Framework for Accreditation (2011). This was developed by the accreditation councils, the National Boards and the Australian Health Practitioner Regulation Agency as a statement of expectations of accreditation under the National Law. It drew on other publications concerning good practice in accreditation. Since 2012, the work of the accreditation authorities has been reviewed against the Quality Framework, and the accreditation authorities have reported to their National Board against the framework every six months.
- The Universities Australia/Professions Australia document Statement of Principles for Professional Accreditation⁴ (2015). Forum members contributed to the development of the 2008 precursor to this document, and to the 2015 statement. Forum members aim for alignment between the 2015 statement and the Quality Framework for Accreditation.

³ <http://www.healthprofessionscouncils.org.au/innovation>

⁴ http://www.professions.com.au/images/Joint_Statement_of_Principles_for_Professional_Accreditation_-_2016-03-09_SIGNING.pdf

- The Forum’s own agreed statement of High Level Accreditation Principles⁵ (2016). This document outlines high level accreditation principles that all members of the Forum aspire to achieve. Each accreditation authority undertakes its own self-assessment against these principles, and works independently and in collaboration with others to achieve them.

In some professions, there are additional international good practice statements and opportunities for international review and assessment of the accreditation authority’s work against these statements. For example medicine has international standards developed by the World Federation for Medical Education⁶ and the International Society of Dental Regulators is developing a set of Dentist Accreditation Standards and Dentist Competencies which are based, in the main, on the Australian Dental Council standards⁷.

Response to specific questions:

- *Are the accreditation criteria in your profession open to evolution of professional practice in the future?*

This is a requirement of accreditation under the National Registration and Accreditation Scheme.

The National Law defines accreditation standards for a health profession, as “a standard used to assess whether a program of study, and the education provider that provides the program of study, provide persons who complete the program with the knowledge, skills and professional attributes necessary to practise the profession in Australia.”

The objectives of the National Registration and Accreditation Scheme include “to enable the continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivery by, health practitioners”.

Accreditation authorities must demonstrate that they meet these requirements. All accreditation authorities recognise that practice in a health profession may evolve rapidly in response to expanding medical knowledge, changes in technology and scope of practice.

The Forum members work at the intersection of education and training and health professional practice, each accreditation authority having close and ongoing engagement with the education providers concerning the programs assessed and monitored, and with the relevant profession. The accreditation authorities, by virtue of these relationships, are able to engage the expertise of educators and the professions to ensure that accreditation standards reflect contemporary educational practice and future professional practice.

- *Are you confident that the criteria do not reinforce stagnation or stifle innovation?*

Contemporary accreditation standards are outcome focused standards; that is, standards are not unnecessarily prescriptive which education providers may meet through a variety of educational approaches, by providing evidence of achievement of the outcomes. These types of standards are set at a high level. Most of the accreditation authorities have, and all are working towards, standards that are set a high level.

It should be noted that under the National Law, accreditation authorities develop standards, but ultimately standards are approved by national boards. A set of procedures for development of

⁵ www.healthprofessionscouncils.org.au/files/2cadbe6ec554a48836e6dod60e54834d33349d6f_original.pdf

⁶ <http://wfme.org/standards>

⁷ <http://isdronline.org/emergingissues/dentalaccreditationstandards>

accreditation standards⁸ indicates the matters that accreditation authorities must consider. Health Ministers have the power to issue a direction to a national board about a proposed accreditation standard or proposed amendment of an accreditation standard if (a) in their opinion, the proposed or amended accreditation standard will have a substantive and negative impact on the recruitment or supply of health practitioners and (b) they have first given consideration to the potential impact of the Council's direction on the quality and safety of health care.

As noted earlier in this submission, the focus of the National Law is on protection of the public. While accreditation standards aim to enable innovation, accreditation processes for the regulated health professions ultimately require evidence that the program of study will produce graduates who meet the requirements for safe and competent practice in the profession.

Forum members are aware of debates about outcomes based education and accreditation. The Forum supports the view articulated in the statement being developed by the Australian Medical Council⁹ which is:

“...an outcome-based approach to health professional education compared to a process/content orientation is not an ‘either or’ proposition: a complete separation of process/structure and outcome in education program design would be artificial and may not provide for in-depth integrated programme development nor be readily measurable by accreditors in their quality assurance processes. If institutional development and quality improvement is at stake a rigid outcome approach is also insufficient.”

Each accreditation authority has processes for discussion with its key stakeholders, including the education providers. These processes allow for other ongoing discussions about the standards and accreditation processes.

- *Do your accreditation processes and criteria take the Higher Education Standards Framework and TEQSA accreditation into account?*

Yes. Forum members participate in briefings by TEQSA on developments in their processes and the Higher Education Standards. The current and previous Chief Commissioners of TEQSA have attended Forum meetings, and provided helpful briefings on TEQSA processes and challenges.

A number of accreditation councils have Memoranda of Understanding with TEQSA to support information sharing and streamlining of accreditation for education providers, including the Australian Dental Council, the Australian Medical Council, and the Australian Pharmacy Council.

- *Do you look for evidence of benchmarking of learning outcomes and course design?*

Yes. Some accreditation councils have standards which ask for evidence of purposeful course design to ensure that graduates of the program are able to meet the learning objectives or competencies for the profession. Examples are provided below:

Medicine:

- “The medical education provider collaborates with other education providers in monitoring its medical program outcomes, teaching and learning methods, and assessment.”
- “The education provider collaborates with other educational institutions and compares its curriculum, specialist medical program and assessment with that of other relevant programs.”

⁸ <http://www.ahpra.gov.au/Publications/Procedures.aspx>

⁹ In house document Australian Medical Council

Physiotherapy:

- “The university must provide evidence of comparative analysis, including systematic benchmarking and an evaluative commentary.”

Pharmacy:

- “The School of Pharmacy has policies and procedural controls that involve external assessment or moderation to assure integrity, reliability, fairness and transparency in the assessment of students.”
- “The School of Pharmacy has a demonstrable and continuous quality improvement program and is responsive both to internal and external feedback and review.”

Dentistry:

- Requires education providers an opportunity to demonstrate “academic governance and quality assurance processes are in place.” This may include submission of benchmarking data but not exclusively. This empowers education providers to demonstrate improvement and innovation in course design and learning outcomes in the way they best feel demonstrates that they have met that standard.
- *How often do you review professional accreditation standards and processes and what do you address in reviews?*

The Quality Framework for Accreditation, which defines the expectations of accreditation authorities operating within the National Registration and Accreditation Scheme, requires that standards are reviewed regularly, but does not state a preferred cycle of review. All accreditation authorities have reviewed their standards since July 2010 when the National Scheme was implemented.

The accreditation authorities operating under the National Law must meet good practice requirements of the National Scheme when developing accreditation standards. These requirements are codified in the procedures for development of accreditation standards, which must be followed by accreditation authorities operating under the National Law¹⁰.

These require accreditation authorities to:

1. take into account the objectives and guiding principles in the National Law
2. undertake wide ranging consultation (education sector, relevant profession, and governments are listed as key stakeholders)
3. take account of relevant international standards and statements relating to education and training in the profession, and the accreditation standards applied in countries with comparable education and practice standards for the profession, and
4. take into account the COAG Principles for Best Practice Regulation.

Forum members also consult each other when they revise accreditation standards, and look for areas of commonality.

¹⁰ <http://www.ahpra.gov.au/Publications/Procedures.aspx>

- *How does international accreditation impact on your accreditation practices?*

Each Forum member has well developed and in many cases, long standing relationships with international accreditation authorities for their health profession. The extent of these relationships varies but they include:

- Attendance at each others' conferences and contribution to review of each others' standards and processes
- International accords, memoranda of understanding or agreement on international standards
- Participation in international evaluations and accreditations
- Joint accreditation committees especially with New Zealand counterparts.

The Australian Medical Council also has staff exchanges with other accreditation councils and standards bodies.

Many of the members of the Forum provide accreditation services for New Zealand (Australian Medical Council, Australian Dental Council, Optometry Council of Australia and New Zealand, Australian Pharmacy Council, and Australian and New Zealand Podiatry Accreditation Council). The Australian Physiotherapy Council is in the process of finalising an accreditation agreement with the Physiotherapy Board of New Zealand.

Issue 2: Relationships with Providers and Employers/Industry

Do the relationships between stakeholders work for your profession?

Answers to specific questions

- *What issues (positive and negative) emerge in your relationships with education providers?*

Forum members acknowledge education providers as key stakeholders of our accreditation roles. Each accreditation authority has their own relationships with peak bodies for the providers in their profession, e.g. the Council of Deans of Nursing and Midwifery for the providers of nursing and midwifery programs, as well as with the individual providers. Forum members acknowledge the educational expertise of their providers and that this expertise shapes develops in programs of study.

Forum members consult the education providers on accreditation processes and procedures to ensure that they are effective, fair and transparent. This includes seeking feedback post-accreditation visits, and holding workshops and colloquia to discuss areas of good practice in the development and application of education standards. Providers are appropriately represented in accreditation committees, expert groups and policy development.

In addition to these relationships, the accreditation authorities work collectively with providers to understand challenges and issues of concern across the sector. Recent examples have been:

- In June 2015, the Australian Council on Chiropractic Education, the Australian Medical Council, Australian Nursing and Midwifery Council, and Australian Pharmacy Council worked together on a workshop on interprofessional education which looked at the barriers and enablers of IPE. There was strong education provider input to this workshop.
- In May 2016 the Australian Physiotherapy Council, Council of Physiotherapy Deans Australia & New Zealand and the Australian Physiotherapy Association co-hosted a National Physiotherapy Prescribing Summit.

- Members of the Forum have met Pro Vice Chancellors (Health Sciences), and Universities Australia staff and members of the Health Professions Education Standing Group
- Contribution to the Professions Australia/Universities Australia work on accreditation principles.

Through the Forum Education Managers subcommittee, Forum members have developed a set of evaluation questions that each accreditation authority can use to gather evaluation feedback from the education provider and the accreditation team following an accreditation assessment. Through having a common approach to evaluation, the Forum hopes to be able to identify areas for improvement or areas of common concern to providers and work on them collectively.

- *What is the relationship with the profession in general, with industry and employers – how do their needs guide criteria or processes? For example, is there an intersection between industrial relations and accreditation?*

The accreditation authorities who are members of the Forum are not professional bodies with categories of professional membership. They are independent organisations which act as accreditation authorities for the purposes of the Health Practitioner Regulation National Law.

Each accreditation authority maintains a strong relationship with the relevant profession. The elements of the relationship may include regular meetings with key professional associations, professional associations having capacity to nominate members to committees, consultation on accreditation standards and processes, and sharing of strategic thinking about the future of the profession.

The relationship with employers is similar.

Industrial relations is not part of the accreditation standards and requirements of the Forum members. Accreditation standards may address matters such as student or trainee wellbeing and self-care because of the potential impact of the practitioners' stress, burn out, and fatigue on the quality of the health care they provide.

- *How do you fund the accreditation process and determine your fees?*

For Forum members, the costs of accreditation vary depending on the complexity of the profession, the programs and providers. The type of accreditation (site visit, paper based assessment etc) may vary depending on the stage of development of the program of study, with greater oversight of developing programs, and the number of accreditation standards the program/provider does not meet accreditation.

All but one of the accreditation authorities receives some funding for their accreditation services through their national board and hence are subsidised by the registration fees paid under the National Scheme. The amount paid to accreditation authorities varies, but is approximately 6%¹¹ of the income from registration fees paid to the national board. All accreditation authorities rely on the unfunded/underfunded contribution of members of the profession to their accreditation work.

All accreditation authorities charge a proportion of the accreditation costs to education providers, although the business models vary. Accreditation fees charged to education providers contribute towards (but do not cover) the cost of accreditation being: initial and re-accreditation of a program; monitoring to ensure continued compliance with standards; review of proposals for program changes; and providing advice to the provider.

¹¹ It has been calculated at 6.13% for the financial year 2014 – 2015 by the Costings Working Group, a working group of the Accreditation Liaison Group (ALG) as at 25 October 2016

The Forum members are aware that fees for education providers increased for some professions with the introduction of the National Law. This reflects:

- higher expectations of accreditation authorities, for example in monitoring of accreditation providers, presenting detailed accreditation reports, and regularly reporting to National Boards on accreditation activities;
- some professions included in the National Scheme did not charge fees before 2010.

There is not a set of agreed principles concerning the beneficiaries of accreditation under the National Law or on who should fund accreditation and the extent to which registration fees should cover the cost of accreditation.

The Quality Framework for Accreditation requires that accreditation fees charged should remain reasonable having regard to the efficient and effective functioning of the Scheme. Accreditation authorities must report to their National Board on how they are meeting this attribute, and any proposals to change their fee charging principles.

- *How do you choose and train reviewers?*

Practices vary. Under the requirements of the Quality Framework, accreditation authorities are required to have policies on the selection, appointment, training and performance review of assessment team members that provide for the use of competent persons who are qualified by their skills, knowledge and experience to assess professional programs of study and their providers against the accreditation standards. All have guidelines on the selection of team members.

Typically, the process would begin by identifying the features and characteristics of the program and provider that will be assessed, and then a processing of matching expertise to those requirements and the expertise required to assess against the accreditation standards.

The Forum surveyed members on their practices in 2012. The survey found the following in relation to review teams:

- About half the councils include only members of the profession (and council staff) on their teams. The others include academic staff who might be outside the profession. A number may include members from other professions. Some include a health consumer but none include a consumer as a standard member of each team. One includes a person with experience in health services management regularly on its teams.
- Review teams vary in size depending on the size of the provider and program, and geographic dispersion of the program.
- All accreditation councils allow the education provider to comment on the proposed term membership. For some this amounts to a veto, for others the council may choose to appoint the person despite the comments of the provider.
- Approaches to training review teams vary. Formal training includes: annual training by workshops, induction by accreditation council staff, and online material.
- All accreditation councils have accreditation guides and manuals.

- About one-third of the accreditation councils have professional staff who are part of the accreditation team and contribute to ensuring a common standard of assessment across accreditations
- *If your organisation offers its own training programs is there the potential for any perceived or actual conflict of interest?*

Forum members do not offer programs of study in the professions for which they accredit.

Issue 3: Opportunities for improvement

What advice do you have that could improve the process for all stakeholders?

There is more work to do to explain the role of quality assurance and accreditation for the community. For the health professions regulated under the Health Practitioner Regulation National Law, accreditation serves to meet one of the objectives of the National Law (section 2), which is “to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered.”

There is also more work required to explain to students the role of professional accreditation, and their opportunities for involvement in accreditation.

Specific questions:

- *Have efforts been made to analyse costs and benefits or to benchmark accreditation practices within Australia or overseas?*

Yes, although differences in context/environment complicate this analysis. The Australian Health Practitioner Regulation National Law and the agreed Framework for Accreditation create a complex multiprofession regulation scheme, which has objectives relating to quality assurance, monitoring, quality improvement, and health workforce reform.

The Forum members have been contributing to comparison of costs and processes with accreditation authorities for health professions internationally beginning with defining similarities and differences. This information will be shared with the Independent Reviewer of Accreditation under the National registration and Accreditation Scheme.

Forum members contribute to Professions Australia accreditation workshops and debates.

- *Is there duplication of effort that could be rationalised by better inter - professional cooperation?*

Greater inter-professional cooperation is always welcome. Members of the Forum consult and share information and approaches to this end. For example:

- In accreditation processes: through sharing accreditation team members, allowing observers on each others’ teams, joint training, and sharing of procedural manuals
- In accreditation standards: through mapping standards, adopting similar or the same standards, and sharing information on responses to challenging topics such as teaching and learning about domestic violence, and interprofessional education
- Sharing approaches to risk-based accreditation of health profession programs leading to registration of the graduates.

- *Are there opportunities for better alignment with TEQSA processes eg aligning 7 year cycles, sharing expert reviewers, adopting a more risk based approach, accepting TEQSA registration as satisfying institutional criteria such as governance and QA processes*

The Health Professions Accreditation Councils Forum engages with higher education standards and quality assurance bodies, including the Higher Education Standards Panel and the Tertiary Education Quality and Standards Agency. Presentations to the Forum on the new Higher Education Standards Framework and the work of TEQSA have assisted individual accreditation council in their own reviews of their standards, and in developing closer individual relationships with TEQSA.

A number of the Forum members have MOUs or other relationships with TEQSA, to support the sharing of information, expertise and where appropriate collaboration on the reviews of on the accreditation and review of specific higher education providers.

The Forum sees that there is synergy between the role of TEQSA and the professional accreditation bodies but that their roles, as defined in relevant legislation, are different.

As the Forum's member councils complete reviews of their accreditation standards and processes, they all are considering the way the new Higher Education Standards are structured and expressed, with the aim of ensuring that their standards align with the flexibility the Higher Education Standards Panel is aiming to support in higher education while recognising the difference focus in the processes: with the higher education standards alignment with the student lifecycle and health profession accreditation standards requiring an additional focus on .

As mechanisms and agreements to share information between TEQSA and other accreditation bodies are developing, there is no particular value in adopting the same cycle of accreditation as TEQSA adopts. In fact it may contribute to overload for the education provider.

Accreditation Managers' Sub Committee of the Forum has made a number of approaches to institutions concerning the possibility of aligning accreditation timetables between the professions, and institutions approached have not supported this. Accreditation cycles vary across the health professions. The cycles relate to the types of change occurring in programs and institutions that are relevant to the accreditation standards, the existence of other quality assurance mechanisms for the programs in the profession, accreditation cycles for programs in that profession internationally, the length of the programs and the maturity of the accreditation process and the relationships between the profession and the accreditation authority.

Forum members recognise the need to balance the requirement that they monitor providers to ensure they continue to meet standards with a risk based approach to accreditation. A number of accreditation authorities are exploring or implementing measures to enhance their monitoring of high risk providers and programs and streamline process for providers and programs that are low risk. The latter may entail focussing an assessment on specific issues, or varying the format of accreditation in recognition that a comprehensive site visit is not essential.

Please address all enquiries and responses to the Forum Secretariat