

Health Professions Accreditation Councils' Forum

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

High Level Accreditation Principles

Preamble

This document outlines high level accreditation principles that all members of the Health Professions Accreditation Councils' Forum (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.

Our approach to accreditation

1. We base our work and processes on the objectives of the National Registration and Accreditation Scheme (NRAS)

The objectives and guiding principles of the NRAS as set out in the Health Practitioner Regulation National Law Act 2009 are broad and extend from matters specific to education and training to workforce innovation, flexibility and sustainability, public safety and access to services. The Accreditation Authorities, together with the National Boards and the Australian Health Practitioner Regulation Agency (AHPRA), work to meet all the objectives and the guiding principles of the National Law. Section 42 of the National Law defines accreditation functions quite broadly. Facilitating the provision of high quality education and training of health practitioners (s3(2)(c)) and facilitating the rigorous and responsive assessment of overseas qualified practitioners (s3(2)(d)) relate directly to accreditation functions.

Accreditation Authorities develop standards and accredit programs of study against those standards as fundamental determinants of the quality of the education and training of health practitioners. The scope of their accreditation of programs of study depends on the structure of the profession and the way in which it is regulated. It may include programs leading to general registration, specialist registration, endorsement for a specific area of practice, and continuing professional development programs.

Many Accreditation Authorities also develop processes to assess overseas qualified practitioners and undertake those processes, and therefore control the responsiveness and rigor of those assessments.

Accreditation Authorities' work is monitored by reports to National Boards: individual reports on accreditation decisions, six-monthly activity reports and periodic comprehensive reviews to consider if each Authority should be re-assigned its accreditation functions.

A number of Accreditation Authorities also have close relationships with the profession and the profession's regulator in New Zealand. These relationships extend from cooperation agreements to bi-national accreditation processes.

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2. Our work is to protect the public by ensuring high quality education and training

The quality of the assessment of overseas qualified practitioners, the accreditation standards and the accreditation of programs of study determines whether practitioners who complete programs of study or are assessed as qualified for registration have the knowledge, skills and professional attributes to practise their professions. This quality is critical to protecting the public.

Our accreditation processes aim to ensure that students in health professions programs of study receive education and training that is consistent with standards for entry to professional practise or specialist practice in the student's chosen health profession.

3. We work collaboratively with all bodies within the NRAS

The objectives and guiding principles all apply to any body exercising functions under the National Law, including Accreditation Authorities, National Boards and AHPRA, and provide a shared context for the accreditation functions and work on accreditation issues. The Accreditation Authorities, National Boards and AHPRA collectively have worked to develop a common understanding of the National Scheme and its accreditation function, and to effectively implement the accreditation functions of the Scheme.

AHPRA, the National Boards and Accreditation Authorities work collaboratively to identify opportunities for improvement, aspects of accreditation that need some consistency of approach, and areas within accreditation that lend themselves to cross-professional approaches.

We acknowledge that the Australian Health Workforce Ministerial Council and health jurisdictions individually are key stakeholders of the Scheme.

We acknowledge education providers as key stakeholders of our accreditation roles. We respect education providers' diverse approaches to education, recognising that diversity fosters innovation.

4. We will use a "right-touch" approach to accreditation

A right touch approach is based on a proper evaluation of risk, is proportionate and outcome focussed; it creates a framework in which professionalism can flourish and organisations can be excellent. Excellence is the consistent performance of good practice combined with continuous improvement. We use this as a basis of our processes and decision-making frameworks.

In a "right-touch" approach, we will use a risk-based approach to our accreditation work. This includes using conditions and monitoring within the framework provided in the National Law, and applying these in a consistent and best-practice way.

We use a mix of good practice accreditation methods to monitor and accredit programs of study and their providers, including site visits.

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We recognise the importance of a complementary approach to accreditation processes including professional, academic and where appropriate health service accreditation to harmonise where possible and avoid duplication of effort. We support initiatives which lead to complementary approaches and better understanding of other accreditation processes.

5. We will benchmark our standards and accreditation processes to international standards

Each individual member of the Forum has established strong relationships with international counterparts in the relevant profession, through international regulatory and accreditation organisations, and international professional organisations. These relationships assist in consistency in standards, and reducing development costs. These relationships help Australia to achieve international best practice in the assurance of quality health practitioner training through accreditation and assessment, and to respond to innovations internationally in education of, and service delivery by, health practitioners.

The Forum shares what is known about international best practice in specific professions so that all members can benefit from developments in one profession.

6. We use our close connections with our professions to achieve objectives of the National Law

Accreditation Authorities 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. Much of this expertise is contributed at little or no cost to the Accreditation Authorities and the Scheme.

Members of the Forum believe that these relationships are important in achieving the objectives of the National Law. This approach is supported by reports that regulatory goals are more likely to be achieved with an approach that has buy-in by all stakeholders.

7. We will develop accreditation standards that give priority to outcomes and results, and encourage improvement and innovation in education programs

The nature of healthcare delivery is changing rapidly. Our processes and standards must continue to be responsive to those changes, and to continue to support innovation. For this to occur, accreditation standards need to be set at a high level, allowing education providers to continue to innovate and encouraging diverse approaches. In a model in which Accreditation Authorities develop standards and the National Board must approve

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them, both Accreditation Authorities and National Boards need to support this approach to setting accreditation standards.

In order to be responsive to the highly dynamic environments of both education and health, and to enable innovation in the education of, and service delivery by, health practitioners, we use evidence based outcomes-focussed accreditation standards. We will consider processes, methods and resources primarily in light of the outcomes and results achieved and functions fulfilled.

We recognise that a complete separation of process/structure and outcome in education program design would be artificial and may not provide for in-depth integrated program development nor be readily measurable by accreditors in their quality assurance processes. We also recognise that an outcome-based approach to health professional education compared to a process/content orientation is not an 'either or' proposition.

8. Where possible, we will build common approaches to accreditation standards and processes, while maintaining our own profession-specific requirements.

The members of the Forum have a long history of sharing standards and processes, and adopting or adapting each other's' processes and standards. For example, since the National Law was implemented four professions have collaborated to develop similar standards that have been leveraged off a set of common outcome-based principles. Some Authorities who are not yet into the next cycle of standards review intend to use these as a basis of the next round of review.

9. We collaborate and learn from other accreditation bodies

As a Forum we have workshopped common processes, policies and procedures, and undertake joint multiprofession projects. This is part of the continuing quality improvement that we each are undertaking under the Quality Framework, and also takes account of the implications for education providers of our different timing and logistics of accreditation visits.

Working with National Boards and AHPRA, we have guidelines on handling complaints about accredited programs and providers and on standardised reporting to our National Boards.

Examples of collaboration include (and are not limited to):

- Consulting on and setting principles of interprofessional education competencies
- Setting an accreditation standard for prescribing across the health professions

The Forum Accreditation Managers Sub-committee facilitates sharing of good practice in accreditation processes and procedures.

We contribute to national and international conferences and discussions concerning accreditation and health profession education.

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10. We consult our education providers on accreditation processes and procedures

We recognise that accreditation processes must support the outcome of enabling high quality education and training of health professionals who are safe to practice.

In our work, we consult our providers on our 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.

Our providers are appropriately represented in accreditation committees, expert groups and policy development.

11. We will maximise service and effectiveness through efficient and cost-effective accreditation processes

We are committed to high quality accreditation processes that are effective and add value to the work of education providers and programs. We recognise the costs of accreditation to education providers and are committed to transparent fee charging principles.

We recognise the direct costs for members of the profession who fund National Boards through registration fees. We also recognise the large number of health practitioners, educators, community members, students who contribute their time and expertise to accreditation processes.

We consider that, in accordance with Principle (3)(b) of the National Law, fees charged should remain reasonable having regard to the efficient and effective functioning of the Scheme. We consider that to achieve this all users should contribute to the Scheme, that is, registrants, education providers, and, recognising the public benefit of safe and competent health practitioners, public funding.

We believe that the cost of accreditation is modest for such an integral part of the NRAS. While we are committed to delivering appropriate services at high quality, the modest funding for our accreditation related-activities may limit our capacity to contribute to policy initiatives and new developments.

12. We will ensure members of accreditation committees and staff have expertise and experience to deliver accreditation functions

We share information about approaches to training and orientation and share written resources. We work together on professional development of accreditation staff.

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References

- [Accreditation under the Health Practitioner Regulation National Law¹ \(the National Law\)](#)
- [Management of complaints relating to accreditation functions under the National Law – a guidance document](#)
- [Universities Australia and Professions Australia Joint Statement of Principles for Professional Accreditation \(March 2016\)](#)

List of Member Councils

- Australian Dental Council
- Australian Medical Council
- Australian Nursing and Midwifery Accreditation Council
- Australian Pharmacy Council
- Australian Physiotherapy Council
- Australian Psychology Accreditation Council
- Australasian Osteopathic Accreditation Council
- Australian and New Zealand Podiatry Accreditation Council
- Council on Chiropractic Education Australasia
- Optometry Council of Australia and New Zealand
- Occupational Therapy Council (Australia and New Zealand) Ltd

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