

8 April 2020

Analysis of Forum Member Responses to changes in accreditation due to COVID19

The Health Professions Accreditation Collaborative Forum (Forum) is a coalition of the 15 accreditation authorities appointed to undertake the accreditation functions under the *Health Practitioner Regulation National Law Act 2009* (the National Law).

Intent and purpose

The COVID19 pandemic has necessitated that significant measures are needed to change the way we run our society. These measures aim to reduce COVID-19's impact on the health of our communities and our health workforce.

The Forum has collated and analyzed the approaches by Forum members regarding their accreditation functions during the COVID19 pandemic. It is further to the consensus statement published by the Forum on the 13 March 2020. By describing these approaches our intention is to demonstrate that Accreditation Authorities of the 15 professions in the National Registration and Accreditation (NRAS) scheme are flexible, adaptive and practical in exercising their accreditation functions.

Stakeholders are asked to reflect on the specific role of Accreditation Authorities and their appointed responsibilities under the National Law in protecting the Australian public by accrediting education programs that graduate only those students with the knowledge, skills and professional attributes necessary to practice their profession. The following analysis and the approaches documented, reflect the Forum's high level principles for accreditation¹ and the functioning under the National Law.

Methodology

A review was undertaken of published statements by the Accreditation Authorities with regard to their approach to accreditation during COVID19 pandemic. **The statements were current as 8 April 2020.** Accordingly, as the pandemic progresses these statements may also change in response.

Analysis

Three core functions of accreditation were identified in prepared statements. These include accreditation assessments (including site visits), processes relating to reporting and notification of changes to programs (including annual and monitor reporting) and student placements.

¹ Health Professions Accreditation Councils' Forum High Level Accreditation Principles, June 2016. <http://hpacf.org.au/wp-content/uploads/2018/10/Forum-Accreditation-High-Level-Principles-June-2016-update-Oct-2018.pdf> accessed 6 April 2020.

Accreditation assessments

A range of approaches are being considered or implemented, depending on the education provider and their particular context. For accreditation visits these include:

- Cancellation of accreditation and monitoring site visits for 2020
- Postponement of site visits until a later date in 2020 or 2021
- Replacement of site visits with desktop reviews and video-adjuncts (eg. Zoom)
- Extending of provider accreditation for short periods (in few professions and in rare circumstances where a facility is deemed to be meeting accreditation standards)
- A combination of the above, based on negotiation and discussion with individual providers

Notifications of changes to programs and annual reporting

A range of approaches are being considered or implemented, depending on the education provider and their particular context. For notification of changes to programs and reporting these approaches include:

- A specific process for notification of material changes affecting graduating cohort (2020). Internal notation of changes to other cohorts, and other material changes to be discussed with accreditation authority later in 2020.
- Notifications of material changes and their proposed effects
- Notification of interim changes made as part of annual reporting. No change in process when permanent changes are proposed to the program.
- Notification of material changes for 2020 cohort. Changes for other cohorts included in annual reporting.
- Notification of material changes only. Maintenance of annual reporting requirements
- Increase to two weekly exception-based reporting (one per provider) in the context that large changes are being frequently and are discussed with risk assessment of changes.
- No change to notification process

Clinical Placements

Four authorities described student placements in the formal statements. All four iterated the critical importance of clinical patient experience for students. Further responses included:

- Accreditation authorities recognizes that flexibility in placements for 2020 will be required. Placements must be supervised and meet program outcomes.
- Accreditation Authorities will not be changing the requirements for clinical placements needed for students to graduate.

- That if the education provider is unable to provide or replicate placements for some students in 2020, students are to be alerted to the possibility of having restrictions placed on their registration.

Why are there differences in approaches?

Accreditation authorities are discussing concerns with their education providers and National Boards and shaping responses on the basis of these discussions. These discussions confirm that blanket standardized approaches to professional accreditation across all health professions during the COVID19 pandemic are not likely to be in the best interests of stakeholders, or reflective of the diversity in health profession education programs within and between professions

Different approaches to accreditation functions occur within each profession and amongst the professions. Recognition should also be given to the variability amongst education providers for each profession in meeting the required accreditation standards for assuring the public that their graduates are safe and competent to practice. Some variability could be ascribed to risk assessment processes specific to each profession with clear documented evidence demonstrating the high trust specific to the education provider.

Variability amongst the professions can relate to the requirements of registration as determined by the National Boards of the profession and their Accreditation Authority and includes the presence of internships in some instances (ie. Provisional vs General registration). Additionally, some Accreditation Authorities accredit across different education provider sectors which includes the vocational education sector, Specialist colleges, Non-government Registered Training Authorities and the higher education sector.

This variation shows that approaches need to be customized for all health professions and that dialogue with individual providers is beneficial and necessary.

How are these differences demonstrating adaptability and pragmatism

Members of the Forum are adaptable and practical in their engagement with education providers in exercising their accreditation functions. Some professions (eg. Medicine, Occupational Therapy, Dentistry) have described working with providers on a case by case basis for altering accreditation site visits, and adaptive approaches (including desktop review and/or remote technology assisted review) are being implemented across the professions incorporating Federal Health Department advice. There is recognition that site visits can be delayed, and, in some instances, extensions given to length of accreditation period. These measures are proportionate and dependent upon the degree to which the education provider may already be meeting accreditation standards or operating under conditions.

Largely, the approach taken by Forum members to monitor changes implemented are practical and not particularly onerous for education providers. Forum members have described that changes which materially impact the program (or in some instances specific to the graduating cohort) need to be reported whilst others have described incorporating temporary program changes into their regular annual reporting or formally reporting them to the authority at a later date. There is recognition that regular scheduled annual reporting is required for some members particularly when it is used as the mechanism for notifying minor changes. Given the variability within and between education providers for the health education programs, a varied approach across the professions is required for reporting, particularly when it incorporates a risk-based approach.

There is universal clear recognition that appropriately accredited and supervised clinical and experiential placements in healthcare settings are critical for ensuring that health professional students are safe and competent practitioners upon graduation. Accordingly, these are seen as non-negotiable components of training for Forum members. Discussions between National Boards, Accreditation Authorities, Commonwealth and Jurisdictional Health Departments and Deans are progressing on this matter, and will be published when they are agreed.

All approaches used by Accreditation Authorities are key to tailoring a measured and proportionate response to ensuring the safety of patients and the competence of graduates.

Areas of accreditation functions not currently covered in communications

This analysis did not find any professions giving specific guidance regarding changes in processes for any standards currently under review. This is an area for reflection for Forum members when discussing with their Boards and education providers.

There was also no specific advice for programs which were scheduled to complete their initial accreditation in 2020. This would largely be covered by the dialogue which would be occurring between Accreditation Authorities and Education providers.

Summary

A blanket, standardized approaches to professional accreditation (or any component thereof) across all health professions is not likely to be in the interest of stakeholders. Such an approach would not give due diligence to the variability in Health practitioner education requirements that exist between professions, or the variability between different providers. Accordingly, it prohibits a risk-based and provider specific approach to ensuring the safety and competence of graduates to practice. There has been collaborative pragmatic discussions between education providers, Accreditation Authorities and their respective National Boards. This is continuing for each profession.

Appendix 1: Components of accreditation standards and different approaches as at 1 April 2020²

Accreditation assessments	<p>Aboriginal and Torres Strait Islander Health Practitioner</p> <ul style="list-style-type: none"> - Postponement of site visits until 30 June - Will review decision mid may <p>Chinese Medicine Practitioner</p> <ul style="list-style-type: none"> - Postponement of site visits until 30 June - Will review decision mid may <p>Chiropractic</p> <ul style="list-style-type: none"> - Adoption of HPACF statement - Delayed site visits (pending government advice) - Considering extension of accreditation to programs with existing accreditation due to expire in 2020. <p>Dentistry</p> <ul style="list-style-type: none"> - Postponement of site visits until 30 June 2020. July onwards no final decision made - Consideration of paper review, telereview (plus later date site review) –incl extension of accreditation if programs continue to meet standards <p>Medical Radiation Practice</p> <ul style="list-style-type: none"> - Postponement of site visits until 30 June - Will review decision mid may <p>Medicine</p> <ul style="list-style-type: none"> - variation in assessment processes for 2020 - could include remote assessment (telemeeting or no site visit with later site visit) - postponement of assessment possible if provider meets or substantially meets with limited conditions - Case by case basis <p>Nursing and Midwifery</p> <ul style="list-style-type: none"> - Cancellation of all site visits (for accreditation and monitoring) - These may occur through telereview (Zoom) <p>Occupational therapy</p> <ul style="list-style-type: none"> - Case by case assessment with education providers. - Flexible approaches: postponement of some scheduled assessment until later in 2020 or 2021, site visits replaced by desktop review and video-conferencing <p>Optometry</p> <ul style="list-style-type: none"> - Accreditation decisions will still occur - Site visits will be desktop review
---------------------------	--

² NOTE: this summary is accurate as of 8 April 2020, and may be subject to change in this dynamic time. A list of each of the Accreditation authorities within the National Registration and Accreditation Scheme is available on the HPAC Forum website here <http://hpacf.org.au/>

	<p>Paramedicine</p> <ul style="list-style-type: none"> - Postponement of site visits until 30 June - Will review decision mid may <p>Pharmacy</p> <ul style="list-style-type: none"> - All face to face accreditations postponed until 2021 <p>Physiotherapy</p> <ul style="list-style-type: none"> - Face to face site visits have been suspended subject to advice from Federal Health department. <p>Remote and technology based accreditation process being explored for those requiring accreditation in the next 6 months.</p> <p>Focus on desk top reviews where appropriate</p> <p>Podiatry</p> <ul style="list-style-type: none"> - Postponement of site visits until 30 June - Will review decision mid may <p>Psychology</p> <ul style="list-style-type: none"> - Continuing with some assessments as desktop review <p>Site visits will not go ahead at this time</p>
<p>Notifications of changes to programs</p>	<p>Aboriginal and Torres Strait Islander Health Practitioner</p> <ul style="list-style-type: none"> - changes which impact on ability of program to produce graduates with the knowledge, skill, and professional attributes are required during Covid19 (even if it only relates on 2020 cohort) and if these changes persist this needs notification (ie. material changes) - All other annual monitoring to continue <p>Chinese Medicine Practitioner</p> <ul style="list-style-type: none"> - changes which impact on ability of program to produce graduates with the knowledge, skill, and professional attributes are required during Covid19 (even if it only relates on 2020 cohort) and if these changes persist this needs notification (ie. material changes) - All other annual monitoring to continue <p>Chiropractic</p> <ul style="list-style-type: none"> - Material changes need to be reported in accordance with standard operating procedure. - Template drafted and distributed for material changes to programs. - Close and continuous communication with programs individually, and via heads of program forum. - Monitoring requirements to continue <p>Dentistry</p> <ul style="list-style-type: none"> - Annual reports not sufficient (in considering ALL programs) - Given major changes are occurring frequently, exception based fortnightly reporting is required (only one per provider needed)

	<ul style="list-style-type: none"> - ADC secretariat have delegated responsibility for risk assessment <p>Medical Radiation Practice</p> <ul style="list-style-type: none"> - changes which impact on ability of program to produce graduates with the knowledge, skill, and professional attributes are required during Covid19 (even if it only relates on 2020 cohort) and if these changes persist this needs notification (ie. material changes) - All other annual monitoring to continue <p>Medicine (primary medical programs only)</p> <ul style="list-style-type: none"> - AMC will focus on material changes to final year – class of 2020. - Changes made to other years can be noted internally and reported later in the year - Special notification form <p>Nursing and Midwifery</p> <ul style="list-style-type: none"> - Notification process unchanged (notify of program changes as would normally occur) <p>Occupational therapy</p> <ul style="list-style-type: none"> - Program changes to be monitored through annual reporting process, with focus on those impacting on final year students <p>Optometry</p> <ul style="list-style-type: none"> - Focus on students due to graduate in 2020 - Special notification form to advise material changes to final year program, to be assessed ASAP and at outside within one month - Changes to other year students/programs to be noted internally and reported with Nov 2020 annual report <p>Osteopathy</p> <ul style="list-style-type: none"> - Any notification about program modification due to Covid19 (as an Education Provider would normally need to report to AOAC) <p>Paramedicine</p> <ul style="list-style-type: none"> - changes which impact on ability of program to produce graduates with the knowledge, skill, and professional attributes are required during Covid19 (even if it only relates on 2020 cohort) and if these changes persist this needs notification (ie. material changes) - All other annual monitoring to continue <p>Pharmacy</p> <ul style="list-style-type: none"> - Update of interim progress changes occur as part of Oct/Nov 2020 annual reporting. - Any permanent changes to be managed as per normal process <p>Physiotherapy</p>
--	---

	<ul style="list-style-type: none"> - Material changes for final year programs are required to be notified but will not trigger re-accreditation. - Changed reporting requirements focusing on final year physiotherapy programs <p>Podiatry</p> <ul style="list-style-type: none"> - changes which impact on ability of program to produce graduates with the knowledge, skill, and professional attributes are required during Covid19 (even if it only relates on 2020 cohort) and if these changes persist this needs notification (ie. material changes) - All other annual monitoring to continue <p>Psychology</p> <ul style="list-style-type: none"> - Notifications only needed for <u>material</u> or significant changes and their proposed alternative arrangements
Clinical placements/clinical education ³	<p>Medicine</p> <ul style="list-style-type: none"> - students require significant time in direct contact with patients - expect variation to the location, type and length of clinical placements to enable all students to receive sufficient experience - medical schools to particular focus on completion of final year clinical placements and preparation for internship programs - accept some final year students may not complete specific discipline or health context placements - will judge if graduates as ready to work as safe and competent interns as determined by medical program-level graduate outcome statements. <p>Nursing and Midwifery</p> <ul style="list-style-type: none"> - Clinical placement requirements – ensuing these are maintained <p>Occupational therapy</p> <ul style="list-style-type: none"> - Clinical placement diversity and hours of placement experiences are required to meet standards. Programs have some flexibility to develop innovative approaches, with focus on final year, 2020, students. - Approaches to be documented, programs to demonstrate how competencies for practice are met <p>Optometry</p> <ul style="list-style-type: none"> - Recognition that substantial component of face to face contact with patients is critical for registration

³ At the time of publication, discussions were continuing between National Boards, Accreditation Authorities, Commonwealth and Jurisdictional Health Departments and Deans to agree on common principles for clinical education. These are expected to be published in mid-April.

	<ul style="list-style-type: none">- Providers have advised that almost all optometry clinical placement options ceased at end March 2020- While OCANZ standards are outcomes-based, and will be applied flexibly in judging clinical competence, inability to provide a substantive placement experience to students may lead to supervision requirements placed on registration <p>Osteopathy</p> <ul style="list-style-type: none">- Whilst there is flexibility in clinical education, Education Providers must ensure students are able to draw on a patient group representing broad range of physical and mental problems relevant to general osteopathy practice
--	--