

# Health Professions Accreditation Councils' Forum

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6 September 2013

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## **Committees of National Boards for the Exercise of the Accreditation Function – Consultation on the Draft Accreditation Standards and Processes**

The Health Professions Accreditation Councils' Forum (the Forum) is pleased to comment on the draft accreditation standards and processes for the Aboriginal and Torres Strait Islander Health Practice Accreditation Committee, Chinese Medicine Accreditation Committee, and the Medical Radiation Practice Accreditation Committee.

The Forum would like to make some general comments whilst individual members of the Forum will more closely address the questions posed in the consultation document.

### **About the Health Professions Accreditation Councils' Forum**

The Health Professions Accreditation Councils' Forum ('the Forum') is a coalition of the accreditation Councils of the regulated professions. Each of the Councils is appointed under the *Health Practitioner Regulation National Law Act 2009* (the National Law) as the external accreditation authority for the relevant profession-specific National Board and is part of the National Registration and Accreditation Scheme (NRAS).

The Forum comprises:

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

The Forum has been meeting regularly since 2007 to consider matters of common interest, principally matters concerning the accreditation of education and training programs in the health professions.

The Forum responds collectively to consultation processes and papers on matters common to the relevant professions.

This submission constitutes the response of the Forum and is confined to general issues that are common to all the health professions. Each member Council may make a separate submission.

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The views expressed below do not override any views expressed by a member Council in its own separate submission.

## Comments on the draft accreditation standards and processes

The members of the Forum recognise the challenges in establishing standards and processes for new national accreditation processes. The following comments are provided to assist in improving the draft standards and procedures.

The Forum recognises that there are AHPRA and national board efficiencies in structuring the three committees' accreditation standards and processes in effectively the same mode and model due to the size and lack of a long term accreditation track record in these areas in this country.

Given the differences in size, history and role in the health services of the three professions covered by the draft documents, and the differences in the quality assurance regimes that have applied to them, Forum members suggest that a one size fits all approach to the processes needs to be balanced with acknowledgement of the specific requirements of each profession.

One disadvantage of the proposed approach is that the standards do not obviously demonstrate a link to international standards for the profession, which is an important element in gaining professional and education provider support for and adherence to the standards.

Over-engineering of the accreditation system for small professions may well result in inefficiencies within the processes, particularly when some professions are in the TAFE sector and some in the higher education sector.

That the supporting documents to the standards have interpreted the National Law is of concern to the Forum. In particular, such interpretation has been applied to initial accreditation, the period of accreditation, and monitoring. Absence of specific detail under the National Law does not necessarily mean that accreditation processes as conducted by the accreditation Councils fall outside the "intent".

Furthermore, the document states *"Monitoring of approved programs after initial accreditation represents a shift from the accreditation arrangements previously in place for some professions, in which accreditation was for a finite period and always "expired" at the end of that period."* Monitoring and the set period of accreditation are different concepts. Most professions monitor continued compliance with standards and periodically have a major accreditation review. Both are elements of good accreditation practice.

It should be noted the original interpretation of "intent" was one of accreditation cycles as evidenced by the Quality Framework to which all accreditation bodies have committed. It states *"There is a cyclical accreditation process with regular assessment of accredited education providers and their programs to ensure continuing compliance with standards"*.

Forum members agree that monitoring of accredited providers and programs is an essential element of ensuring programs continue to meet standards as well as encouraging education providers continue to improve and develop their programs. However, the development of a rigorous and appropriate monitoring process can be as resource intensive for accreditation bodies and education providers as a cycle of focussed visits and periodic assessments, without necessarily including an opportunity for the peer review and collegial exchange which gives strength to the accreditation processes.

As a further point of note, the Forum members would suggest caution against incorporating aspects of the standards and processes of agencies such as TEQSA and ASQA into professional standards and processes due to the fundamental difference in outcome for which they have been designed i.e. protection of the student as opposed to protection of the public. The professional standards ultimately lead to registration of graduates from programs by national boards whose

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primary role is to protect the public. TEQSA's regulatory approach, on the other hand, is framed by the objects of the TEQSA Act, and in particular, the requirement to regulate higher education using international benchmarks.

It is also important to be aware that the objectives of the national registration and accreditation scheme as they relate to the accreditation of programs are much narrower than the remit of TEQSA or ASQA with regard to provider registration and course accreditation. The key objectives under the National Law relating to the accreditation of programs of study are:

- 2 (a) to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practice in a competent and ethical manner are registered;
- 2 (c) to facilitate the provision of high quality education and training of health practitioners; and
- 2 (f) to enable ..... innovation in the education of...health practitioners.

The extent to which an accreditation authority assesses the education provider against a standard should therefore be focused on aspects of the provider's operation and management that may affect the delivery of the program only, and not on general operational aspects of the education provider (as with TEQSA).

It is in this context that structuring of the Draft Accreditation Standards in alignment with the Standards for NVR Registered Training Organisations and the TEQSA Threshold Standards raises a number of issues:

- **Regulatory jurisdictions:** Fields 1-4 in each of the Draft Accreditation Standards imply an assessment of the education provider against requirements that are not primarily concerned with ensuring that graduates of the program are safe to practice. Most of the matters covered in Fields 1-4 would be assessed by ASQA/TEQSA and ASQA/TEQSA. Requiring provider to furnish information to the accrediting authority which has already been submitted to ASQA/TEQSA would increase the regulatory burden when knowledge of RTO/TEQSA registration is publicly available. Registration as an RTO/higher education provider is evidence that the provider meets the requirements outlined in Fields 1-4.
- **Duplication in requirements of standards:** There is repetition across the requirements relating to the education providers, the AQF and the accreditation of the programs, which is likely to cause confusion for providers and result in the repetition of material within an education provider's self-review.
- **Structure of standards:** The structuring of the Aboriginal and Torres Strait Islander health practice standards as per the NVR Standards does not create a user friendly structure since the education provider has to deal with similar requirements across a range of standards. For example, the first standard deals with data analysis and continuous improvement rather than institutional structure and governance, which is the case with medical radiation and Chinese medicine draft accreditation standards that are modelled on the TEQSA Threshold Standards.

Overall the members of the Forum believe the standards and processes to be reasonable, simple and able to produce satisfactory outcomes given the complex and challenging fields in which they will be applied. The Forum would expect these standards and processes to evolve as the committees and professions gain experience in implementing them.

## Health Professions Accreditation Councils' *Forum*

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The Forum members are pleased to have had an opportunity to comment and would invite continuing dialogue between the accreditation committees and Forum members. To this end the Forum has invited representatives of the committees to its next meeting in December 2013.

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