Ahpra Board
Accreditation Committee

Consultation paper

Principles for the use of outcome-based approaches to accreditation

October 2025

Contents

Australian Health Practitioner Regulation Agency
National Boards
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Ahpra and the National Boards regulate these registered health professions: Aboriginal and Torres Strait Islander health practice, Chinese medicine, chiropractic, dental, medical, medical radiation practice, midwifery, nursing, occupational therapy, optometry, osteopathy, paramedicine, pharmacy, physiotherapy, podiatry and psychology.

Public consultation

The independently chaired Accreditation Committee (the committee) invites you to provide feedback on the draft principles for the use of outcome-based approaches to accreditation.

An outcome-based approach to accreditation results in accreditation systems and processes that produce graduates with the skills, knowledge and professional attributes to register as a health practitioner. They encourage flexible and innovative approaches to education in response to changes in community need, healthcare models and innovations.

Preliminary consultation on the draft principles took place between March – May 2025. The principles have been updated to reflect the feedback received.

Public consultation starts on **5 November 2025** and closes on **24 December 2025**.

There are specific questions regarding the draft principles which you may wish to address in your response. They are:

Question 1:	Does any content need to be added or amended in the draft principles for the use of outcome-based approaches to accreditation?
Question 2:	Are the case studies helpful in illustrating the principles? Are there additional case studies that it would be beneficial to include?
Question 3:	Are there any implementation issues the Accreditation Committee should be aware of?
Question 4:	Are there any potential unintended consequences of the draft principles?
Question 5:	Do you have any general comments or feedback about the draft proposed principles?

Please use the response template to provide your feedback and email the completed template to AC_consultation@ahpra.gov.au.

Publication of submissions

We publish submissions at our discretion. We generally publish submissions on our website to encourage discussion and inform the community and stakeholders. Please advise us if you do not want your submission published.

We will not place on our website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the subject of the consultation. Before publication, we may remove any personally identifying information from submissions, including contact details.

We can accept submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. A request for access to a confidential submission will be determined in accordance with the *Freedom of Information Act 1982* (Cth), which has provisions designed to protect personal information and information given in confidence. Please let us know if you do not want us to publish your submission or want us to treat all or part of it as confidential.

Published submissions will include the names of the individuals and/or the organisations that made the submission unless confidentiality is expressly requested.

Summary of key updates based on feedback from preliminary consultation

In addition to various editorial amendments, the following table summarises the main changes that have been made to the principles for the use of outcome-based approaches to accreditation in response to preliminary consultation feedback.

Page number/section	Change
4 - Introduction	Highlighting the principles by including visual elements.
5 - Introduction	Including a new diagram to show the interrelation of the advice of the Accreditation Committee with existing accreditation standards and processes.
5 - Introduction	Additional paragraph to explain how the committee/National Boards will evaluate National Scheme entities in their consideration of the principles.
6 - Introduction	Additional wording to describe risk-based and outcome-based approaches.
6 - Introduction	Additional factor to promote 'fit-for-purpose' accreditation systems and processes. 'promoting the equity of graduate outcomes across all student groups'.
7 - Introduction	Amendments to diagram (figure 2 in updated principles) to aid clarification and include additional factor.
8 - Defining Outcomes in the context of these principles	Additional table to highlight the different types of accreditation measures providing examples, how they are measured and advantages and disadvantages of each measure.
10 - Defining outcomes in the context of these principles	Additional case study – An international case study of Canada's accreditation of Competency Based Medical Education
13 - Principle 1	Additional stakeholders included: • Aboriginal and Torres Strait Islander communities and organisations • Jurisdictional departments of health • Internationally qualified practitioners registered to practice • Professional bodies
13 - Principle 1	Additional bullet point to include principles of co-design and highlight the focus on person-centred standards and public safety.
13 - Principle 1	Amendments to bullet point 4 to include culturally safe practice, family and domestic violence and the use of artificial intelligence.
13 - Case study 2	Additional opening paragraph to provide context
14 - Case study 3	Additional case study - the Australian Dental Council's Assessment Innovation Reference Group
15 - Case study 4	Additional case study from a smaller accreditation authority of the Optometry Council of Australia and New Zealand's Indigenous Strategy Taskforce.

16 - Principle 3	Additional bullet point to include longitudinal data from health practitioners and consumers, including rural and remote perspectives.
16 - Case study 6	Additional case study - The Australian Medical Council and Australian Dental Council's reaccreditation of the Royal Australasian College of Dental Surgeons oral and maxillofacial surgery program
17 - Case study 7	Additional case study – The Australian Dental Council's report: *Understanding and evaluating the impact of dental program accreditation*.
18 - Principle 4	Additional bullet point relating to power imbalances and training that promotes trust and cultural safety.
18 - Principle 4	Additional bullet point relating to ongoing support and development opportunities.
19 - Case study 11	Additional case study on the use of digital technology – the Australian Medical Council's Capability Framework on Digital Health in Medicine
20 - Principle 5	Additional bullet point relating to regular collaboration between accreditation authorities on emerging issues to promote consistency.
20 - Principle 5	Additional bullet point to ensure the establishment of feedback loops.

Next steps

Once the public consultation period ends, the committee will consider the feedback given and refine the principles before finalising them for publication.

For further information about this project, please email: AC_consultation@ahpra.gov.au

Principles for the use of outcome-based approaches to accreditation

Introduction

The purpose of the principles for the use of outcome-based approaches to accreditation (the principles) is to provide accreditation authorities with guidance and good practice examples of how outcome-based approaches to accreditation are currently being used across the National Registration and Accreditation Scheme (the National Scheme). The principles reflect contemporary approaches to accreditation and education.

The principles have been developed by the independently chaired Accreditation Committee (the committee). In February 2024, the committee undertook targeted consultation on a discussion paper on outcome-based approaches to accreditation. The submissions received identified good practice as:

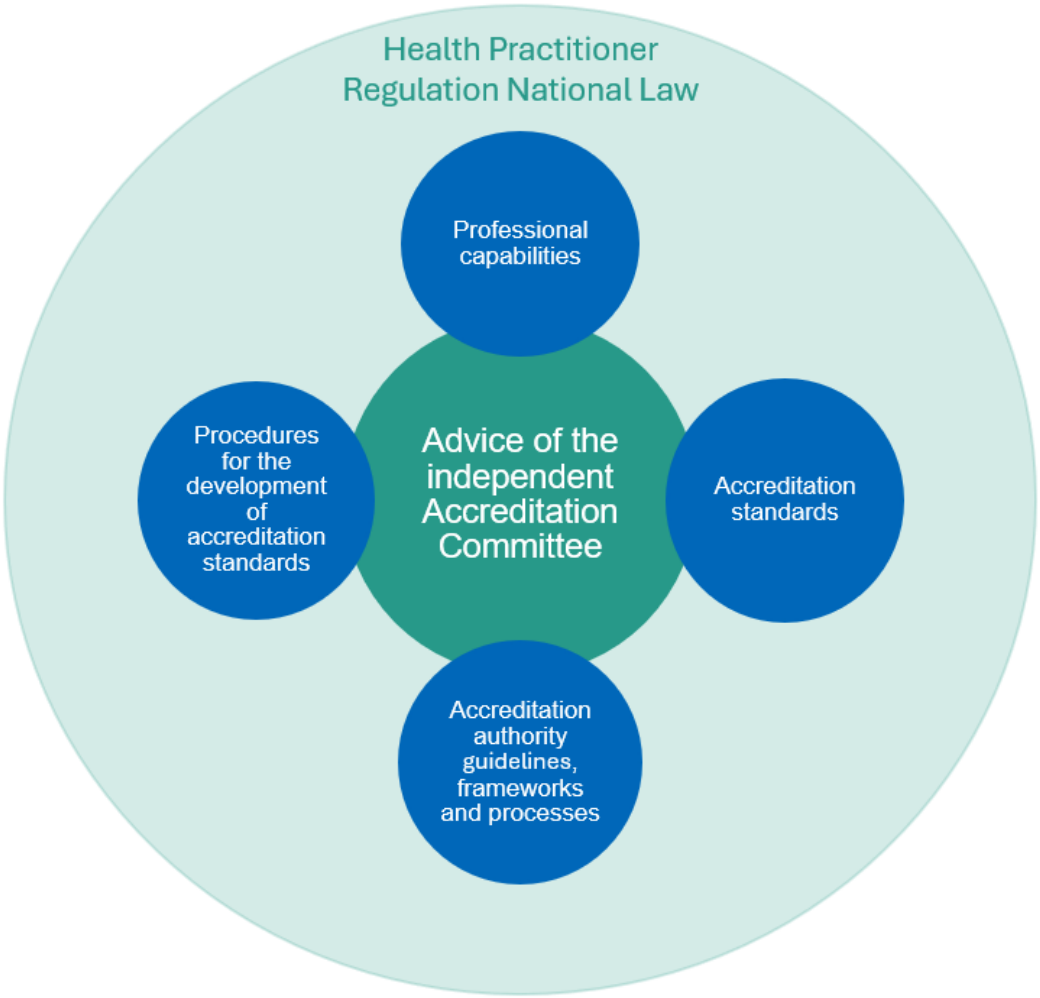
- increased stakeholder involvement
- measuring outcomes over time
- sharing information and examples of good practice
- effective assessment
- defined capabilities and learning outcomes
- increased opportunity for interprofessional collaboration
- training for education providers and accreditation assessors, and
- better data collection and reporting.

These areas have been used to inform the principles with a focus on good practice and case studies providing examples of how outcome-based approaches have been adopted throughout the National Scheme. The principles include:

The committee acknowledges that sometimes process and input measures are used in accreditation. However, these principles focus on outcome-based approaches.

The principles aim to foster continuous improvement in the education and accreditation of health practitioners alongside existing accreditation standards and processes. Figure 1 illustrates how the advice of the committee, including these principles, sits with other legislation, standards and guidance that supports the accreditation of health practitioner education.

Figure 1: Intersection of advice of the independent Accreditation Committee



Accreditation authority reporting templates will be updated to reflect the advice of the committee where relevant. National Boards and the committee recognise that accreditation authorities are at different stages in their adoption of outcome-based approaches to accreditation and have varying levels of resources. These factors will be taken into consideration by National Boards when accreditation authorities report on their activities.

The independently chaired Accreditation Committee

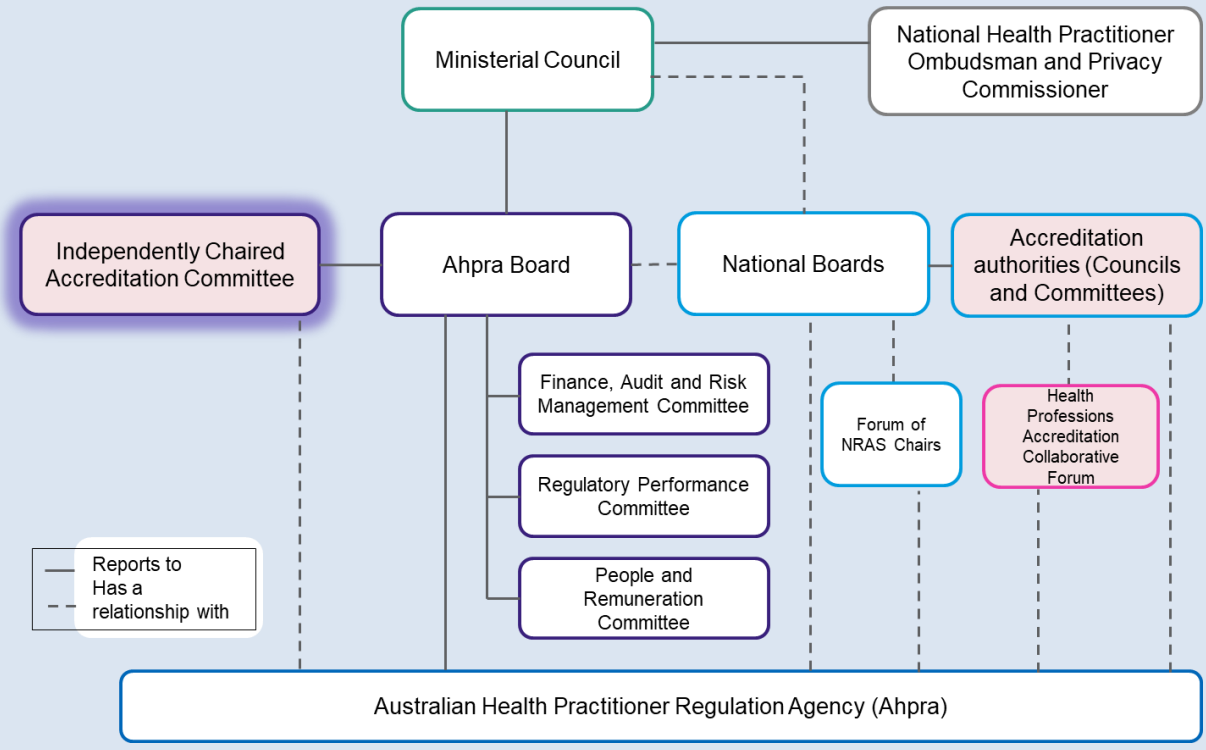
The guidance was developed by the independently chaired Accreditation Committee (the committee) which was established by the Ahpra Board in 2021, consistent with Ministerial Council Policy Direction 2020-1. The committee provides independent and expert advice on accreditation reform and other National Scheme accreditation matters to National Scheme entities (National Boards, accreditation authorities and Ahpra). Other external entities performing accreditation roles as part of the National Scheme, such as specialist colleges and postgraduate medical councils, must also consider the committee's advice where relevant.

Professional capabilities are usually developed by National Boards or accreditation authorities, but any external bodies developing professional capabilities for National Scheme professions should also consider this advice.

The relationships between the committee and other National Scheme entities are shown in Figure 42.

The intent of the Ministerial Council Policy Direction is that all National Scheme entities, including Ahpra, National Boards and accreditation authorities are accountable for considering the committee's advice when exercising their functions for the purpose of the Health Practitioner Regulation National Law as enacted in each state and territory (National Law). The policy direction states Ahpra and the National Boards are to document the outcome of their consideration and require accreditation authorities to also document the outcome of their considerations.

Figure 2: Relationships between the Accreditation Committee and other National Scheme entities



What is an outcome-based approach to accreditation?

The committee's glossary defines outcome-based approaches to accreditation as:

> *An accreditation approach that focuses on graduating students with the professional capabilities required for safe practice as registered health practitioners in Australia and encourages flexible and innovative approaches to education in response to changes in community need, healthcare models and innovations.*

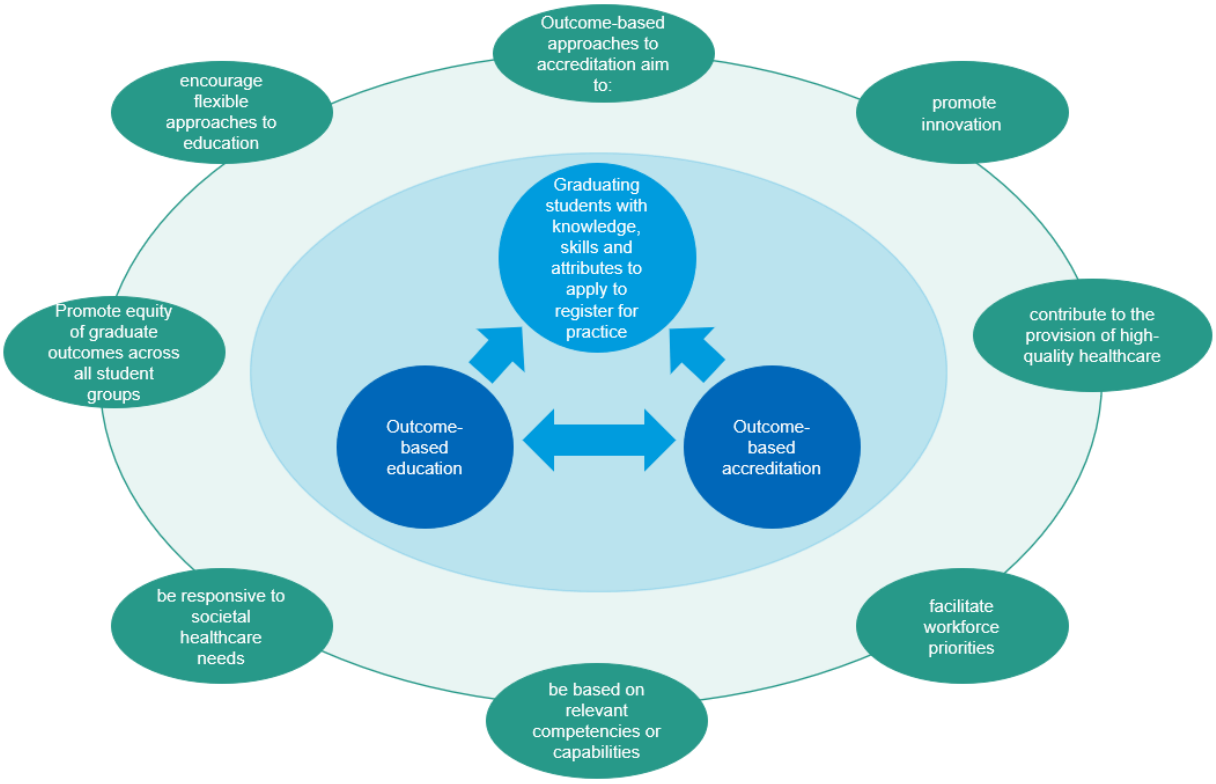
Outcome-based approaches can complement other approaches to accreditation such as a risk-based approach, which focuses on outcomes and uses regular monitoring of education programs to inform fair and proportionate responses to the level of risk.

A risk-based approach to accreditation helps identify, mitigate and manage the risk that an accredited program will not meet the accreditation standards. It is used to guide decisions about regulatory responses to ensure that they are consistent, proportionate and impartial. Whereas, an outcome-based approach is more holistic, encourages continuous improvement and focuses on public safety, person-centred care and equity.

The evolution of outcome-based approaches to accreditation has been driven by factors to promote accreditation systems and processes that are 'fit-for-purpose'. These are illustrated in Figure 3 below.

Accreditation, through quality assurance and continuous quality improvement, influences the capabilities and practice of graduates which directly impacts healthcare outcomes.[1]

Figure 3: A 'fit-for-purpose' outcome-based approach to accreditation



[1] Frank JR, Taber S, van Zanten M, Scheele F, Blouin D; International Health Professions Accreditation Outcomes Consortium. The role of accreditation in 21st century health professions education: report of an International Consensus Group, BMC Med Educ, 2020, Sep 28;20(Suppl 1):305.

Defining outcomes in the context of these principles

In the context of this document, the principal outcome is to graduate students with the knowledge, skills and professional capabilities required for safe practice in Australia. Other outcomes may be categorised as learning outcomes; patient and population health outcomes; and health system outcomes.[2]

There are some circumstances where an outcomes-based approach may not be appropriate as a standalone approach. Indicators of outcomes may not be well established, or difficult to measure.

As found by Bandiera et al., maintaining a balance of process and outcome-based approaches may be beneficial from an educational, patient care and learning environment perspective. The use of process measures, often seen as critical to high-quality education and accreditation[3], can be used to guide education providers towards meeting an outcome. Table 1 below provides a summary of the measures that are used in accreditation.

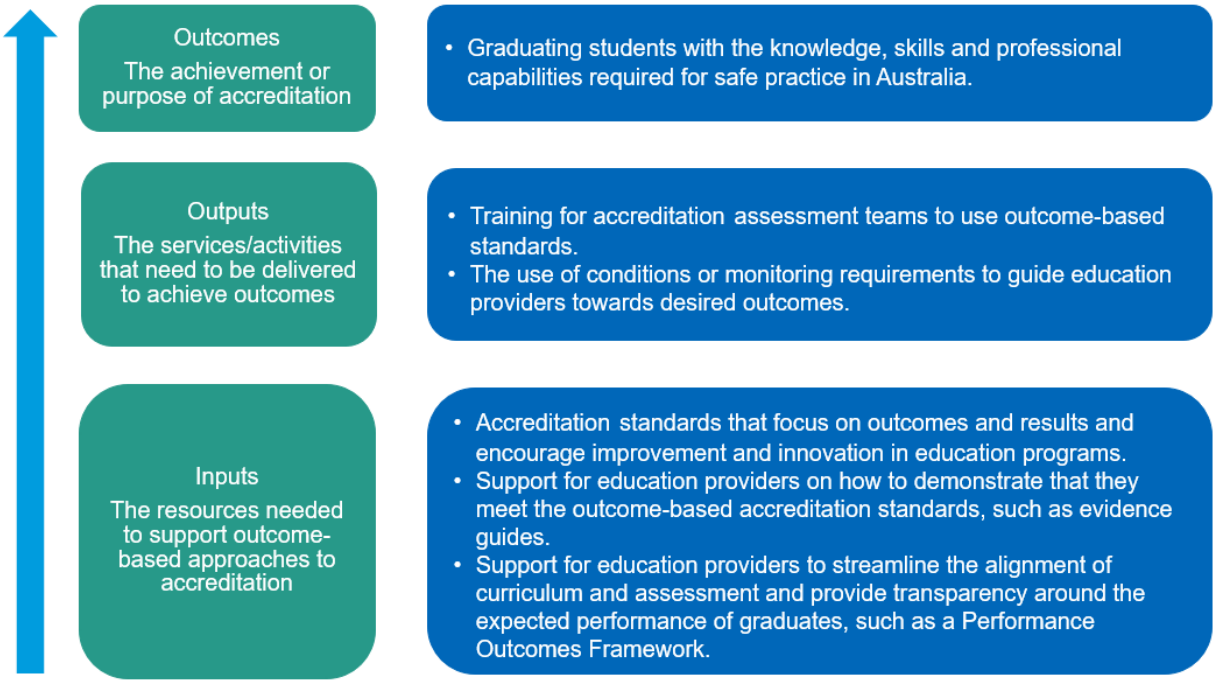
[2] Bandiera, G, Frank, JR, Scheele, F, Karpinski J, Philibert I; Effective accreditation in postgraduate medical education: from process to outcomes and back, BMC Med Educ, 2020, Sep 28;20:307.
[3] Bandiera, G, Frank, JR, Scheele, F, Karpinski J, Philibert I; Effective accreditation in postgraduate medical education: from process to outcomes and back, BMC Med Educ, 2020, Sep 28;20:307.

Table 1: Summary of types of accreditation measures

	Input	Process	Outcome
Description	The resources to be invested in a system	Activities and actions taken to achieve an outcome	Focused on graduating students with the professional capabilities required for safe practice
Example	Specifying the number of clinical placement hours required in a program	Cultural safety accreditation standard criteria that support the outcome of a culturally safe health workforce	Accreditation standard that requires the quality, quantity and diversity of student experience during clinical placements to be sufficient to produce graduates who have demonstrated the knowledge, skills and professional attributes to safely and competently practise across a broad range of practice settings.
Measurement	Quantitative Example: • Evidence of clinical placement hours undertaken	Quantitative/qualitative Examples: • Recruitment and retention rates of Aboriginal and Torres Strait Islander students • Number of staff employed with the knowledge and expertise to facilitate learning in Aboriginal and Torres Strait Islander health • Student, staff and consumer feedback	Usually qualitative Examples: • Practical assessments • Reflective journals • Feedback from clinical supervisors • Graduate surveys
Advantages	Easy to measure, provides clear parameters	Ensures the required processes are in place to meet the desired outcome	Promotes flexible and innovative approaches to education
Disadvantages	Can be considered overly prescriptive and inflexible	The process must be fully implemented to enable desired outcomes to be met	Can be difficult to measure Can be too flexible, resulting in inadequate guidance and low levels of implementation

Figure 4 below illustrates the different elements that can contribute to achieving an outcome-based approach to accreditation and highlights the inputs, outputs and outcomes in the accreditation context.

Figure 4: Elements that contribute to achieving an outcome-based approach to accreditation



Case study 1: Canada's accreditation of Competency Based Medical Education[4][5]

The Canadian Excellence in Residency Accreditation (CanERA) system launched in 2019, aiming to coordinate accreditation processes across medical education and to incorporate and innovate on best practices in accreditation. CanERA aimed to align with and enable the implementation of Competency Based Medical Education (CBME)

In a departure from traditional accreditation systems that were focused on structures and processes, CanERA's new accreditation system design places emphasis on outcomes within the accreditation standards. This reflects the outcome-based educational paradigm of CBME that is organised around the assessment, documentation and interpretation of outcomes in the form of competencies across the educational experience.

The CanERA accreditation system introduced several features intended to help foster the implementation of CBME:

- programs were given time to work on CBME implementation before any accreditation impacts.
- CanERA introduced new approaches to accreditation decision-making intended to support Competence by Design (CBD) implementation.
- the new CanERA accreditation process aims to foster innovation and experimentation, particularly with novel approaches to successfully implement CBD.

The CanERA system also places greater focus on continuous quality improvement helping programs to improve quality through the conduct of self-evaluation and achieve aspirational standards over time while having a lower risk to their accreditation status.

The CanERA accreditation standards were written with a balance of structure, process, and outcome measures in mind, reflecting a spectrum from the more detailed to the more flexible, respectively. The standards are structured in a hierarchy with an overarching standard in which is nested elements, requirements and indicators. Each measurable requirement and indicator is evaluated.

[4] Dalseg TR, Thoma B, Wycliffe-Jones K, Frank JR, Taber S. Enabling Implementation of Competency Based Medical Education through an Outcomes-Focused Accreditation System. Perspectives on Medical Education. 2024;13(1):75–84. DOI: https://doi.org/10.5334/pme.963

[5] Further information on the CanERA system is available on the CanERA website.

Principles for the use of outcome-based approaches to accreditation

Principle 1: Safe practice

Protecting the public by ensuring students graduate with the knowledge, skills and professional attributes required for safe practice is the principal outcome of accreditation and is informed by wide-ranging stakeholder input.

1.1 Culturally safe practice and the elimination of racism must be central to all accreditation standards and processes.

1.2 Enabling diverse input and adopting co-design principles in the development of accreditation standards and processes will allow accreditation authorities to develop accreditation standards that are person-centred and have a focus on public safety.

1.3 Accreditation authorities should undertake wide-ranging consultation in the development and review of accreditation standards and processes, including but not limited to:

- Aboriginal and Torres Strait Islander communities and organisations
- community members who represent the views and interests of a consumer organisation or community
- students undertaking education and training from an accredited education provider
- recent graduates of an accredited program
- employers who recruit graduates of accredited programs to provide healthcare services
- professionals involved in the education and assessment of students, for example, academics and clinical supervisors
- health practitioners from another profession, and staff from another accreditation authority – to facilitate opportunities for interprofessional and collaborative practice, sharing of good practice and consistency
- jurisdictional departments of health
- internationally qualified health practitioners both registered to practice and seeking registration to practise in Australia
- professional bodies, and
- health consumers - people with lived or living experience who receive care from health practitioners either directly or in a secondary capacity as a family member, carer or community.

Principle 1 case studies: Safe practice

Case study 2: The Optometry Council of Australia and New Zealand Indigenous Strategy Taskforce[6]

The Optometry Council of Australia and New Zealand (OCANZ) Indigenous Strategy Taskforce (IST) was established in 2018. The IST makes recommendations to the Board on improving the contribution of optometry accreditation functions to better health outcomes for Indigenous Peoples. OCANZ has over 50% First Nations representation on the IST. The role of the IST is to advise the OCANZ Board on:

- how best to support the implementation of the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework across all Australian optometry education providers.
- how best to work with relevant partners to develop optometry clinical placements which work with Aboriginal and Torres Strait Islander Peoples and communities.
- how best to work with relevant partners to encourage an increase in the size of the Aboriginal and Torres Strait Islander optometry workforce; and
- other actions appropriate to the role of an Australian accreditation body to achieve a culturally safe health workforce.

Some of the ISTs recent activities have included:

- co-hosting an annual (virtual) education workshop with the Leaders in Indigenous Optometry Education Network (LIOEN). These workshops are designed to create a safe space for optometry educators to learn and discuss topics and challenges of relevance to implementing and teaching the First Nations Frameworks

[6] Further information on OCANZ's Indigenous Strategy Taskforce is available in OCANZ's Annual Reports.

- developing and sharing teaching videos that model the provision of culturally safe eye care to Aboriginal and Torres Strait Islander Peoples to improve the cultural safety and knowledge of optometry students
- funding annual bursaries to support Aboriginal and Torres Strait Islander community members, students and/or academics who are working with one or more optometry schools in Australia to improve the delivery of culturally safe curriculum and / or eye care
- continuing work to strengthen cultural safety and responsiveness of OCANZ through ongoing training of all staff, Board and committee members.

Case study 3: The Australian Dental Council's Assessment Innovation Reference (AIR) Group[7]

In 2023, the Australian Dental Council (ADC) established the Assessment Innovation Reference (AIR) Group. The group considers opportunities for changes and improvements to the dental practitioner assessment process, providing insight into the latest assessment development, reviewing feedback and providing suggestions for improvement and recommendations to the ADC. The aim of the group is to:

- report to the ADC on latest trends and developments in assessments and in dental education
- provide feedback to the ADC regarding the written and practical examinations and identify opportunities for improvement, including processes to ensure fairness, transparency and conformity with best practice
- provide advice to the ADC regarding possible changes to the dental practitioner assessment process based on the best available evidence and practice
- monitor changes to legislation and scope of practice, and
- consider how to provide enhanced candidate experience and outcomes.

The AIR Group may comprise members from the following stakeholder groups:

- Registered dental practitioners.
- Industry technical advisors.
- Representatives of the public dental sector.
- Representatives of the TAFE/university sector.
- Consumer representatives.
- Aboriginal and Torres Strait Islander representatives.

Principle 2: Alignment with professional capabilities [8]

Clearly defined outcomes are aligned to the professional capabilities for the profession.

2.1 Outcome-based accreditation standards should be aligned with the professional capabilities for the profession; accreditation standards should be specific and measurable.

2.2 Consistency in some professional capabilities across professions will facilitate opportunities for interprofessional collaboration. This could include such areas as communication and consumer safety, including culturally safe practice, Family, Domestic and Sexual Violence (FDSV) and the emerging use of artificial intelligence.

2.3 Assessment of Internationally Qualified Health Practitioners (IQHPs) is focused on a practitioner being able to meet the professional capabilities and is informed by a risk-based approach.

[7] Further information on the Australian Dental Council's AIR Group is available on the ADC website.

[8] The committee recognises that some professions use the term professional capabilities, while others use professional competencies, graduate outcomes or standards for practice. This document refers to 'professional capabilities', in line with other work undertaken by the committee, and by Ahpra and the National Boards.

Principle 2 case studies: Alignment with professional capabilities

Case study 4: The Australian Physiotherapy Council's FLYR and Express FLYR Pathways[9]

As highlighted in the 2023 Independent review of health practitioner regulatory settings, there are currently significant health workforce shortages in Australia, leading to reforms aimed at making the regulatory system to bring Internationally Qualified Practitioners (IQPs) to Australia simpler, faster, fairer and less costly.

The following case study shows the work of the Australian Physiotherapy Council to meet this challenge.

In July 2023, the Australian Physiotherapy Council introduced its Express FLYR pathway. This pathway is based on a risk and outcome-based assessment of IQPs against threshold capabilities. This allows for a timely, equitable, nuanced and cost-effective evaluation of practitioners' skills and capabilities and their readiness for entry into the Australian healthcare workforce.

This pathway provides eligible international physiotherapists the opportunity to complete their assessment pathway to be able to apply for registration as a physiotherapist in Australia, from their home country in four weeks. The assessment involves an eligibility assessment and cultural safety training, removing the previous requirement for written and clinical assessments to be undertaken in Australia.

To be eligible to apply for the Express FLYR pathway, applicants must meet the council requirements and hold an entry level physiotherapy qualification from one of the following countries:

- Canada
- United Kingdom
- Ireland
- Hong Kong.

The FLYR pathway requires applicants to complete an eligibility assessment, cultural safety training and a written assessment. These can all be completed remotely. Applicants from the following countries can apply for the FLYR pathway:

- South Africa
- Netherlands
- Singapore, and
- Sweden.

On successful completion, applicants can apply for registration to practice.

Principle 3: Interprofessional collaboration

Interprofessional collaboration on accreditation should be used to build a culture of partnership in health profession accreditation to encourage innovative initiatives to benefit person-centred care.

3.1 Staff from across accreditation authorities should be consulted in the development and review of accreditation standards, policies and guidelines.
3.2 Accreditation assessment processes should take account of cross professional perspectives.
3.3 The assessment of Internationally Qualified Health Practitioners (IQHPs) should involve colleagues from other professions, where relevant.

[9] More information on the Australian Physiotherapy Council's FLYR and Express FLYR pathways is available on the Australian Physiotherapy Council's website.

Principle 3 case study: Interprofessional collaboration

Case study 5: The Health Practitioner Accreditation Collaborative Forum: Developing a collaborative health practitioner through strengthened accreditation processes[10]

Established in 2007 and comprising the accreditation authorities under the National Registration and Accreditation Scheme (the National Scheme), the Health Practitioner Accreditation Collaborative Forum (HPACF or the Forum) is leading interprofessional collaboration in accreditation. The Forum's activities include cross profession training, research and the development of guidance.

A recent example of the Forum's work is the research project Developing a collaborative health practitioner through strengthened accreditation processes. The project provides guidance in good practice in interprofessionalism in health professions education programs and workforce settings. The project was a result of collaboration between the Australian Pharmacy Council (APC) and the Australian Medical Council (AMC), with the Interprofessional Education (IPE) working group comprising members from five professions.

The IPE research had two components:

- To gather perspectives on collaborative practice from consumers, health care practitioners and education providers as a program of education research.
- To collate and review examples of IPE and interprofessional collaborative practice (IPCP) and determine how to support education providers and accreditation authorities in the provision of effective IPE.

A significant finding of the research was that developing collaborative practitioners requires more than a 'tick box' approach, and IPE can be delivered in a range of methods to achieve the development of collaborative skills through a program. Accreditation can play a role as a lever to encourage and support IPE through ensuring the quality of collaborative health professionals upon graduation.

Case study 6: The Australian Medical Council and Australian Dental Council's reaccreditation of the Royal Australasian College of Dental Surgeons oral and maxillofacial surgery program[11]

In 2017 the Australian Medical Council (AMC) and the Australian Dental Council (ADC) conducted a joint reaccreditation of the Royal Australasian College of Dental Surgeons (RACDS) oral and maxillofacial surgery program. The authorities worked together to align the accreditation processes where possible to facilitate a joint process, including:

- aligning the period of accreditation granted
- the preparation of a single accreditation submission to satisfy the requirements of both the AMC and ADC
- the use of a secure online portal housing information on the agreed processes and education provider submissions accessible to all members of the assessment team
- a joint assessment team with members and co-chairs representing both professions
- a common timetable for the site visit, and
- a combined accreditation report.

RACDS was consulted on the proposed joint process and invited to provide any feedback and agreement.

Pre-planning meetings were held between the councils to negotiate how to combine processes and, opportunities were provided to the joint assessment team, prior to the site visit, to develop a common

[10] The final report *Developing a collaborative health practitioner through strengthened accreditation processes* is available on the HPACF's website.
[11] The Accreditation Report of the oral and maxillofacial surgery education and training programs of the Royal Australasian College of Dental Surgeons is available on the AMC website.

understanding of the team's role, the scope of the assessment and any issues arising from the submission.

The AMC and ADC have not been able to align monitoring or accreditation extension processes. However, the councils communicate regularly on the progress of the program, share monitoring outcomes and will continue to liaise about conducting joint reaccreditation assessments of the RACDS oral and maxillofacial surgery program.

Principle 4: Data and evidence

The use and effectiveness of outcome-based approaches to accreditation is supported by data and evidence[12].

4.1 A range of stakeholders involved in health professions education programs should be surveyed to assess the effectiveness of an outcome-based approach to accreditation.

4.2 Longitudinal analysis of Internationally Qualified Practitioner (IQP) journeys should be undertaken by Ahpra to support evaluation of whether assessment approaches are appropriate and proportionate.

4.3 Longitudinal data from health practitioners and consumers should be used to assess whether outcome-based approaches to accreditation are delivering safe care for consumers. Data should include rural and regional perspectives.

4.4 Data from the outcomes of accreditation assessments and routine monitoring should be used to measure the effectiveness of outcome-based approaches to accreditation on the continuous quality improvement of education providers and their programs[13].

4.5 Outcomes of data analysis should lead to the implementation of new or amended processes to foster continuous improvement of outcome-based approaches.

Principle 4 case studies: Data and evidence

Case study 7: Australian Dental Council: Understanding and evaluating the impact of dental program accreditation[14]

In 2022, Rand Australia, on behalf of the Australian Dental Council (ADC), published the report Understanding and evaluating the impact of dental program accreditation. The purpose of the work was to help the ADC to understand and measure whether its accreditation processes are effective in producing competent and safe dental practitioners. The work focused on:

- the ways in which ADC accreditation activities support intended outcomes
- mechanisms by which the ADC's activities and outputs may drive outcomes and impact
- performance metrics at process and outcome levels, building on the logic model concept, and
- how the performance metrics could be implemented.

The report identified potential indicators for outcomes and impact and provided an evidence-base to develop a framework for ways in which the ADC can better understand and evaluate the impact of their accreditation work.

[12] The committee recognises Indigenous data sovereignty which refers to the right of Indigenous people to exercise ownership over Indigenous Data. Ownership of data can be expressed through the creation, collection, access, analysis, interpretation, management, dissemination and reuse of Indigenous Data. Further information on Indigenous Data sovereignty can be found on the Maian nayri Wingara website.

[13] Blouin D & Tekian A; Accreditation of Medical Education Programs: Moving From Student Outcomes to Continuous Quality Improvement Measures. Academic Medicine 93(3):p 377-383, March 2018. DOI: 10.1097/ACM.0000000000001835.

[14] Further information on the project *Understanding and evaluating the impact of dental program accreditation* is available on the ADC website.

Case study 8: Accreditation authorities routine monitoring and post accreditation assessment surveys

Accreditation authorities are required to undertake routine monitoring of their accredited programs to ensure that they continue to meet the accreditation standards and to identify any emerging issues/risks and trends. Routine monitoring responses can also be used to measure the effectiveness of outcome-based approaches to accreditation, such as through:

- examples of student, graduate, staff and industry, profession or consumer feedback about the program, the actions taken and the outcome
- how education providers seek input and maintain partnerships with stakeholders including, clinical supervisors, patient organisations and prospective employers in relation to:
- maintaining the currency and relevance of a program to the health sector and community, and
- enhancing education, including maintaining quality clinical education for students
- changes made to the program since the previous monitoring report/accreditation assessment.

Post accreditation assessment surveys of education providers and assessors are used to identify areas for improvement in accreditation processes. These typically focus on clear, transparent and respectful communication, including the provision of timely feedback to all parties, training/guidance provided, timing, management of the assessment visit (where relevant) and for education providers whether the explanatory notes and examples of information that accompany accreditation standards were useful.

Principle 5: Training and guidance

Training and guidance is provided for accreditation authority staff, accreditation assessors and education providers on an outcome-based approach.

5.1 Accreditation authorities' training and guidance to education providers should include guidance on meeting outcome-based standards.

5.2 Accreditation assessors should receive initial and periodic ongoing training and be provided with guidance on the assessment of outcome-based accreditation standards to ensure consistent interpretation of standards and how education providers can demonstrate that they have been met.[15]

5.3 Accreditation assessors should be aware of power imbalances between accreditation assessors and the stakeholders that they meet with and should receive guidance and training on conducting accreditation assessment visits that promote trust and cultural safety.

5.4 Training should be tailored to the specific target group, for example presentations delivered online may be used to train accreditation authority staff across a number of professions and may be an effective way to reach large numbers of education providers. For accreditation assessors, who are involved in the practical application of accreditation, workshops may promote greater consistency and competency.[16]

5.5 Ongoing support and development opportunities should be made available to accreditation assessors on, for example, cultural safety, digital health and prescribing.

[15] Meiklejohn S. J, Morphet J, Lee K, Baird M, Hodgson W, Palermo C. E, & Coffey B; Academics' perspectives of the purpose and enactment of accreditation of health professions programs in Australia: Using Yanow's interpretive policy approach. Policy Futures in Education, 22(4), 593-605. May 2024. DOI: 10.1177/14782103231180333.

[16] Taber S, Akdemir N, Gorman L, van Zanten L, Frank JR; A "fit for purpose" framework for medical education accreditation system design, BMC Med Educ, September 2020, Sep 28;20:307.

Principle 5 case studies: Training and guidance

Case study 9: The Health Professions Accreditation Collaborative Forum's cultural safety training[17]

In May 2024, the HPACF launched their cultural safety training for accreditation assessors, in consultation with ABSTARR consulting. The training has been developed specifically for health accreditation professionals to enable accreditation assessors to appropriately assess whether health professions education programs are providing graduates with the skills and attributes required for registration to practice.

The program has been designed in consultation with all accreditation authorities with input from accreditation contributors including Aboriginal and Torres Strait Islander Peoples and, is an important step in building cultural safety capability across accreditation and the education of health practitioners.

The training provides accreditation assessors the skills and knowledge to understand what cultural safety means, how it's applied in health education and how it's incorporated into accreditation standards and practices.

A key strength of the program is the opportunity for collaboration across all of the health profession accreditation authorities to share learning and work together to improve accreditation processes.

Case study 10: The Australian Pharmacy Council's Performance Outcomes Framework[18]

In 2020, to accompany their accreditation standards, the Australian Pharmacy Council (APC) developed and published their Performance Outcomes Framework (POs), in response to stakeholder feedback on the accreditation standards.

The POs was tailored to the needs of education providers while maintaining the pharmacy professions consensus competency standards framework. The intent of publishing a POs was to streamline the alignment of curriculum and assessment for providers of pharmacy education programs, and to provide transparency regarding the demonstrable performance to be expected by graduates of degree programs and initial general registrants. The document sets out the performance outcomes to be achieved and demonstrated at two 'milestones' - by pharmacy degree program graduates and applicants for initial general pharmacist registration.

The POs supports the outcomes-based Accreditation Standards to allow flexibility in program design and delivery, whilst ensuring consistency in graduate performance. Education providers use the POs as the basis for designing curricula and assessments, and to provide evidence (such as mapping to the POs) as part of their evidence during the accreditation process.

Since the development of the POs, the APC have observed that:

1. Providers are providing clinical placements in a range of settings to provide authentic experiences for students so that graduates are better able to meet National Board expectations.

2. Providers are developing training programs to better equip clinical placement supervisors with the skills needed to train and assess students in the workplace. This contributes to the better preparedness of graduates and therefore greater assurance that graduates are ready for independent practice.

3. Providers are using authentic workplace-based assessment tools to collect and present evidence that graduates and interns meet the expected standards and can therefore be deemed to be able to practice safely and effectively.

[17] Further information about the HPACF's cultural safety training is available on the HPACF website.
[18] The Australian Pharmacy Council's *Performance Outcomes Framework* is available on the Australian Pharmacy Council's website.

Case study 11: The Australian Medical Council's Capability Framework on Digital Health in Medicine[19]

In 2021, the Australian Medical Council (AMC) in collaboration with the Australian Digital Health Agency developed a capability framework to provide guidance on how medical education providers can play a further role in the development of a digitally capable medical workforce in Australia.

In response to requests from education providers to provide additional resources alongside new accreditation standards to help them further innovate, the AMC designed the framework to support such innovation. The framework provides guidance as to how minimum standards can be achieved in digital health education.

Why digital health matters

Central to the capability framework is a focus on exploring how technology allows a reimagination of care delivery. It is based on the idea that digital technologies can impact all aspects of care from how patient and population health is monitored, how and when interventions take place, and how care is delivered and by whom. It also explores how digital technologies open up health care sites by bringing the health practitioners into the home and better integrating community and hospital healthcare delivery.

At the time of writing the framework, there had been an unprecedented acceleration in the development and introduction of digital health innovation, and this trend continues to grow. Australians are now experiencing what it means to have a better-connected healthcare system. More than 82 million telehealth consultations took place, and 25 million electronic prescriptions were issued during the COVID-19 pandemic. The 23 million Australians with a My Health Record now have immediate access to their vaccination status, plus their prescriptions, information on allergies and pathology and diagnostic test results.

The framework

The framework is aligned with the National Digital Workforce and Education Roadmap 2020, which is centred around three horizons:

- Horizon 1 - Embedding safe, ethical and effective use of systems of record
- Horizon 2 - Integrating new technologies and ways of working, and
- Horizon 3 - Digital health transformation

The educational model is based on the core purpose of providing culturally safe, people and value-based care. Seven domains of learning enable this to be achieved

- Professionalism and interagency action
- Integrated health settings and access
- Appraisal and risk
- Data and information quality
- Medicine, ethics and the law
- Future preparedness
- Health system

The framework also offers three educational tasks aligned with the three horizons of the *National Digital Workforce and Education Roadmap:*

EPA 1 - Focuses on providing medical doctors across the continuum with the skills and experience to navigate new digital health workflows for safe and quality healthcare delivery to undertake telehealth consultations, electronic prescribing and effective use of electronic record keeping. Those doctors involved in healthcare at a population healthcare level contribute to planning and research around the integration of current technological tools.

[19] Further information on the Australian Medical Council's Capability Framework on Digital Health in Medicine can be found on the AMC's website.

EPA 2 - Focuses on a model for how doctors can draw on the principles of value-based care and data driven care to improve community access to healthcare within the home and personalised health settings.

EPA 3 - Explores the human machine interface. Key to learning about effective use of new technologies.

Integrating curriculum change

The framework outlines five flexible approaches to integrate digital health capabilities into a medical education program, these are:

- assessing the digital health maturity of the program
- undertaking inter-generational learning
- integrating bite-sized learning across the continuum
- building on the samples provided, and
- engaging in communities of practice.

Principle 6: Sharing information

Sharing information and examples of good practice between accreditation authorities, with education regulators and with education providers is encouraged to foster collaboration and build a culture of continuous improvement.

6.1 Accreditation authorities should publish newsletters, podcasts or regular updates on their websites to share information with other authorities and education providers about accreditation activities and examples of good practice.

6.2 Accreditation authorities should share information with other accreditation authorities and education regulators, where appropriate on matters relating to accreditation assessments.

6.3 Accreditation authorities should collaborate regularly through forums such as the Health Professions Accreditation Collaborative Forum (HPACF).

6.4 Regular collaboration between accreditation authorities on emerging issues such as the use of artificial intelligence and other technologies or, environmentally sustainable and climate resilient healthcare will promote consistency in how accreditation authorities adapt to address these issues.

6.5 Accreditation authorities should establish robust feedback loops between accreditation authorities, education providers and stakeholders to promote continuous improvement.

Principle 6 case studies: Sharing information

Case study 12: The Australian Dental Council's – Accreditation Insider[20]

Since May 2023, the Australian Dental Council (ADC) have been producing a regular e-newsletter called *Accreditation Insider* that provides an opportunity for the authority to share with education providers and assessors information about training, upcoming events, international collaborations and the authority's projects and policy positions. It also provides updates on assessment activities and case studies on some of the activities being undertaken by education providers.

Case study 13: The Australian Psychology Accreditation Council – Talking APAC[21]

The Australian Psychology Accreditation Council (APAC) produce a series of podcasts called 'Talking APAC' which aim to engage education providers with accessible information on accreditation. The podcasts cover a range of issues with some focusing on practical information such as the accreditation process, how evidence is linked to outcomes and the role of an accreditation assessor. Other episodes focus on broader issues in accreditation such as the value and validity of accreditation and the impact of artificial intelligence on learning and teaching.

The podcast format aims to humanise accreditation and encourage more people to be involved in APAC's accreditation functions.

Case study 14: The Health Professions Accreditation Collaborative Forum's Communiqués[22]

The Health Professions Accreditation Collaborative Forum (HPACF) publishes a communiqué following each of its meetings which are held five times each year. The communiqué serves to inform accreditation professionals and the broader community of key issues being considered by the Forum. These issues may include for example, contemporary reviews of accreditation or the healthcare workforce, artificial intelligence in the assessment of students and cross profession cultural safety training.

[20] The Australian Dental Council's Accreditation Insider Newsletter is available on the ADC website.
[21] The Australian Psychology Accreditation Council's podcast, Talking APAC, is available on the APAC website.
[22] The HPACF's communiqués are available on their website.

Acronyms

Acronym	Meaning
ADC	Australian Dental Council
AMC	Australian Medical Council
APAC	Australian Psychology Accreditation Council
APC	Australian Pharmacy Council
CanERA	Canadian Excellence in Residency Accreditation
CBD	Competence by Design
CBME	Competency Based Medical Education
HPACF	Health Professions Accreditation Collaborative Forum
IPE	Interprofessional education
IQP	Internationally Qualified Practitioner
POs	Performance Outcomes Framework