Consultation report on implementation of recommendations from *Australia's Health Workforce: strengthening the education foundation*

September 2019

Australia's Health Workforce: strengthening the education foundation is the Final report of the Independent Review of Accreditation Systems (ASR) within the National Registration and Accreditation Scheme for health professions – released by the COAG Health Council on 12 October 2018

COAG HEALTH COUNCIL

Contents

Executive Summary 4
Suggested approaches 5
Part 1: Progress achieved to date 7
Part 2: Summary of consultation responses to Final Report recommendations: costs, benefits and risks 8
Funding and Cost Effectiveness (Recommendations 1 to 3) 8
Improving Efficiency (Recommendations 4 to 6) 8
Relevance and Responsiveness of Education (Recommendations 7 to 14) 9
Governance – Foundation Principles (Recommendations 15 to 18) 10
A Governance Model for more Efficient and Effective Accreditation (Recommendations 19 to 24) 10
Other Governance Matters (Recommendations 25 to 32) 10
Part 3: Conclusions from the consultation 12
Fifteen separate accreditation authorities with separate approaches 12
Lack of effective National Scheme mechanisms to drive reform 12
Lack of single authoritative point on NRAS accreditation arrangements 12
Transparency and accountability 12
Part 4: Proposed solutions 14
Three options for accreditation governance reform 14
Independent Accreditation Committee – the preferred option 14
Extending the role of the National Health Ombudsman and Privacy Commissioner 15
Costs 16
Response to individual recommendations 16
Appendix 1 – Proposed responses to recommendations 17

Executive Summary

The Accreditation Systems Review (ASR) was commissioned by the COAG Health Council (CHC) as part of its response to the Independent Review of the National Registration and Accreditation Scheme undertaken by Kim Snowball in 2014 (the Snowball review). The ASR was established to address concerns about cost, transparency, duplication and prescriptive approaches to accreditation functions.

The ASR Final Report was released by Health Ministers in October 2018 and contained 32 recommendations. Ministers requested the Australian Health Ministers' Advisory Council (AHMAC) to conduct further targeted consultation on the costs, risks and benefits of the recommendations.

A consultation paper was released to a targeted group of stakeholders including National Scheme entities, specialist colleges, education providers, health professional associations and consumer peak bodies. The consultation paper grouped recommendations into the following themes:

- Funding and Cost Effectiveness
- Improving Efficiency
- Relevance and Responsiveness of Education
- Governance – Foundation Principles
- A Governance Model for more Efficient and Effective Accreditation
- Other Governance Matters

45 written submissions were received and a number of meetings with stakeholders were conducted.

The consultation process was managed by the Workforce Regulation Project Reference Group which reports to the Health Services Principal Committee of AHMAC. This paper reports back on stakeholder views regarding the costs, benefits and risks of implementing each of the recommendations. It also provides proposed solutions for CHC consideration.

Consultation feedback acknowledged that the Australian Health Practitioner Regulation Agency (AHPRA), national boards and accreditation authorities had made a great deal of progress in addressing many of the problems raised in the Final Report, and this work is summarised below. Notwithstanding this, several areas still require further work, particularly in achieving consistency of approaches and driving efficiency.

Feedback from the consultation on each of the final report's recommendations was varied, and did not always provide clear consensus for moving forward. However, two major recommendations of the Final Report were not well supported, and were considered to have major costs and risks. These recommendations related to:

- the establishment of a separate statutory accreditation authority within the NRAS; and
- the separation of accreditation and registration functions, whereby the National Boards retain registration functions but accreditation functions are transferred from National Boards to the separate statutory body.

Detailed feedback on the views on each recommendation are outlined in Appendix 1. However, from the final report and the consultation undertaken, there appear to be four main aspects of the current accreditation arrangements that continue to inhibit the effectiveness, efficiency, accountability and transparency of accreditation under the NRAS. They are:

1. Fifteen separate accreditation bodies, each of which may have a separate and largely independent approach to carrying out its functions
2. Lack of effective National Scheme levers to promote joint approaches
3. Lack of a single authoritative point within the NRAS where stakeholders (education bodies subject to accreditation, other standard setting bodies, employers, consumers) can have input into how accreditation arrangements operate
4. Lack of adequate transparency and accountability regarding the decisions of accreditation authorities.

Suggested approaches

Given the stakeholder feedback including jurisdictional views; the progress achieved by scheme entities since the completion of the review; and the identification of costs, risks and benefits, the establishment of a separate statutory body or an AHPRA managed subcommittee to exercise accreditation functions currently performed by the National Boards is not supported.

However, the review's recommendations to improve accreditation efficiency, effectiveness and responsiveness of education are broadly supported and should largely be accepted.

A modification of the Final Report's second governance option is proposed, that is, an expert and independent committee should be appointed to provide advice on accreditation approaches that will deliver on the accepted recommendations.

In this respect, the independent committee would have a different focus to the current Accreditation Advisory Committee, the charter for which includes matters of governance which properly reside with the Agency Management Committee.

The expert advice from the independent committee should be transparent and available to the National Boards, AHPRA and accreditation authorities, as well as to jurisdictions through the AHPRA Jurisdictional Advisory Committee. The advice would:

- assist AHPRA and National Boards to develop Key Performance Indicators that can be incorporated in, or form the basis of, accreditation agreements.
- be available to assist the Health Professions Accreditation Collaborative Forum in developing actions to improve accreditation policies and processes; and
- be cognisant of NRAS statutory objectives and guiding principles.

The scope of the independent committee's advice would cover the following issues:

- further development of funding principles that allow for the costs of accreditation functions to be measured and compared
- the establishment of cross-profession policies and guidelines for accreditation standards development and assessment
- clarification of the roles of accreditation bodies and education regulators to avoid duplication
- strengthening the role of consumers (including employers) as a key stakeholder in accreditation systems
- maintaining the focus on outcomes-based approaches to accreditation
- the role of competency standards in accreditation
- interprofessional education and collaborative practice
- other National Scheme accreditation matters set out in the committee's Terms of Reference.

The Final Report's recommendation that decisions of accreditation entities be subject to appeal to the National Health Practitioner Ombudsman and Privacy Commissioner (NHPOPC) is also supported. The expert knowledge of the existing accreditation authorities is acknowledged and valued. However, accreditation decisions can have significant effects on entities and individuals. It is considered anomalous that these decisions are not subject to administrative review in the same way as other decisions made under the NRAS.

Further, the report's recommendation that there should be a review of the grievance and appeals processes of accreditation authorities is supported. This should include not only grievance and appeals, but also the procedural aspects of accreditation processes, in order to ensure fairness and transparency.

This should be a priority in relation to the specialist medical colleges, given the already concluded Deloitte review into the performance of the colleges in relation to the assessment of overseas-trained practitioners, commissioned by the Medical Board of Australia. Both the NHPOPC and the Australian Medical Council could participate in the review, and the Australian Medical Council could adopt accreditation standards to ensure that specialist medical college processes in this respect are based upon transparency and procedural fairness.

Overall, this suggested approach accepts accreditation recommendations to address the key issues identified in the review including cost, transparency, duplication and prescriptive approaches to accreditation functions. The approach mitigates risk associated with the governance recommendations but strengthens provision of accreditation expertise and advice within the framework of existing National Scheme entities.

Part 1: Progress achieved to date

Since completion of the ASR in 2017, scheme entities have made progress to address a number of the recommendations made in the final report. Key activities include the following:

New accreditation contracts

From July 2019, AHPRA and accreditation councils and committees have new accreditation agreements and terms of reference in place covering the five-year period to June 2024. These agreements include interim funding and fee setting principles and new key performance indicators and reporting requirements for accreditation authorities on priority issues such as reducing regulatory burden and increasing consistency.

AHPRA's *Procedures for the development of accreditation standards*, which guide accreditation authorities when developing or revising standards, are being updated to reflect priority areas as part of a review in 2019.

Formation of an accreditation expert group

In early 2018, AHPRA's Agency Management Committee established an Accreditation Advisory Committee to provide a whole-of-scheme perspective on accreditation issues, including providing advice on AHPRA's management of accreditation contracts and accreditation performance under the scheme. Committee membership includes independent accreditation expertise and input from education regulators.

Relationship with education regulators

AHPRA and the Health Professions Accreditation Collaborative Forum (HPACF) have entered into memoranda of understanding with Tertiary Education Quality and Standards Agency (TEQSA) to progress work on mutual recognition of roles and responsibilities, reducing duplication and the sharing of data.

Common approaches across health professions

The HPACF has progressed work on interprofessional education and endorsement of common terminology of accreditation by sharing good practice and resources among accreditation authorities and implementation of joint approaches. Implementation of outcomes-based approaches are also well progressed by accreditation authorities.

Part 2: Summary of consultation responses to Final Report recommendations: costs, benefits and risks

This part outlines the costs, risks and benefits pointed out by stakeholders in response to the consultation process.

Funding and Cost Effectiveness (Recommendations 1 to 3)

These recommendations propose funding principles, endorsed by the COAG Health Council (CHC), standardisation of accounting practices and development of new performance and financial indicators.

The benefits of the proposed principles are that they provide comprehensive costing information from all accreditation authorities, allowing comparison of their costs and efficiencies, and measurements of their costs against fees charged.

However responses also noted the funding principles as proposed may be costly to develop, implement and monitor. AHPRA would be required to impose requirements for standardisation through funding agreements on each private accreditation authority as a condition of their contract, which may involve the authorities undertaking significant changes to business practices, such as implementation of new accounting systems and reporting frameworks. Accreditation authorities vary in size and structure and imposition of this approach risks reduced flexibility and increased administration costs.

Costs involved would be passed on by accreditation authorities, either to NRAS entities, or education providers and students. As the NRAS is a self-funded scheme, accreditation authority costs could risk an increase in registration fees. A number of responses suggested costs would outweigh benefits.

There was some feedback that CHC endorsement of funding principles is not necessary and risks delay.

Improving Efficiency (Recommendations 4 to 6)

Improving efficiency recommendations include cross-profession guidelines for development of accreditation standards, clarification of academic and professional regulation and cross-profession policies and guidelines for performance of accreditation assessment.

Most responses recognised, in principle, the benefits of standardised cross-professional approaches to accreditation outlined in the recommendations.

However risks were noted with common approaches and standards. Responses said that while a common approach is needed and there is commonality across accreditation standards, differences must be maintained, and that professions may have different emphases on common standards. While there may be common approaches for some professions, particularly in the undergraduate area, it was noted that other professions have extremely specific needs, and differences will increase with increased sophistication in the level of education. These comments particularly related to accreditation standards for medical practitioners. Responses noted that a staged approach to implementation of reformed accreditation standards was needed, for example over a two to four year period and in the context of review cycles for accreditation standards and those of the Tertiary Education Quality and Standards Agency.

Improvements to accreditation assessment teams were supported however it was noted that this was not the sole approach to improving assessment performance. Common approaches to

remuneration of accreditation teams should recognise that some assessors work on a voluntary basis and if this was not the case, costs would increase.

Submissions noted that progress has already been made on achieving several of the recommendations including work on common standards and clarity between health and education regulators.

Relevance and Responsiveness of Education (Recommendations 7 to 14)

These recommendations consider limitations and opportunities for delivery of relevant and responsive health education programs that align with NRAS objectives and workforce priorities.

The role of consumers in accreditation was supported but there were differing views on the type and scope of involvement. (It is noted that the Report included employers of health professionals as consumers). Training consumers to play a role in accreditation was noted as a key cost.

An extension of the remit of the AHPRA Community Reference Group to include accreditation matters was supported by most submissions.

Most submissions supported an outcomes-based approach to accreditation standards with use of input approaches only when justified. Stakeholders noted that many outcomes-based approaches were already well progressed or in place. It was noted that the approach should not be at the expense of patient safety.

A number of submissions expressed support for development of competencies as outlined in recommendation 10. Some submissions did not support National Board/ministerial approved competencies stating that this role should sit with the professions. The term “competency standards” was questioned as appropriate terminology suggesting these may be too prescriptive in comparison to preferred higher level outcomes statements. It was suggested that ministerial approval risked delay to the development of competency standards.

Use of agreed definitions and guidance material for inter-professional learning and practice was generally supported. However responses noted difficulties with implementation and costs in rigorous implementation. Stakeholders noted that they are progressing with a range of work in this area.

Encouragement of diverse clinical placements and technological approaches was generally supported however responses noted that this had the potential to impose greater cost and pressure on those hosting clinical placements. Other responses said these elements are already widely used but could be further embedded in accreditation standards.

Recommendation 13 said National Boards should justify additional requirements for general registration such as internships. Stakeholder feedback noted that these additional requirements must be included in registration standards, which are already subject to wide consultation and Ministerial approval. Therefore, scrutiny of these requirements through the registration standard process is already in place and working effectively, according to a number of submissions. Similarly responses to recommendation 14 noted a number of National Boards use vocational or academic education, such as supervised practice and exams (rather than accredited programs of study), to set

requirements for registration as an effective part of their regulatory role. Other submissions did not support the use of exams outside of accredited programs of study.

Governance – Foundation Principles (Recommendations 15 to 18)

Most stakeholder responses did not support a separation of registration and accreditation functions as outlined in recommendation 15, and were of the view that both registration and accreditation oversight functions should remain with National Boards, as there was a strong nexus between these two functions. Some stakeholders, especially in the medical profession, argued that the Report did not provide any evidence of harm flowing from the current system, whereby accreditation and registration functions are both exercised by the National Boards.

A Governance Model for more Efficient and Effective Accreditation (Recommendations 19 to 24)

The proposal for a new national health accreditation body (either as a separate entity or under AHPRA) is strongly opposed by the majority of health professional peak bodies and specialist medical colleges. Some professional groups however acknowledge the value of using an existing forum or expert committee to work on cross-professional accreditation matters. In some cases, the concern around an accreditation committee under the auspices of AHPRA was connected with the view that professional, rather than bureaucratic, input was most important in determining matters related to accreditation.

There was however some support for a separate statutory entity among the universities sector, as this was seen as a key driver of reform. National Boards and AHPRA put forward a joint submission favouring the option of a committee over a separate statutory entity. Key concerns raised about a new statutory health accreditation body relate to cost and complexity – a new body was seen by many as adding a layer of bureaucracy to the NRAS and diluting input from the professions in accreditation. Other concerns related to workload (scope of proposed responsibilities and oversight role) and required expertise of a cross-professional body.

Some stakeholders supported extending accreditation functions to non-NRAS regulated professions however others supported maintaining the existing regulatory frameworks and did not support extension of NRAS and National Law functions as outlined in recommendation 24.

Other Governance Matters (Recommendations 25 to 32)

There is some support for development of a one-step approach to overseas registration and skilled migration however it is was noted that this requires statutory change and action from multiple agencies outside the NRAS, and is unlikely to be achieved in the shorter term.

Some submissions suggested international course accreditation is not a current accreditation function and is outside of the scope of the review, noting that the costs of implementing this activity are likely to outweigh the benefits.

It was noted that the Medical Board of Australia has commissioned an independent review to evaluate and report on the performance of specialist colleges in applying standard assessments of International Medical Graduate (IMG) applications. Recommendation 27 was supported in the context of the Board's implementation of the review's report and its existing relationship with the Australian Medical Council and specialist colleges.

Some submissions supported the Australian Medical Council taking the lead on recommendation 28 to publish medical specialist pathways and determining the appropriate level of transparency and mechanism for implementation.

Submissions were mixed on extending the role of the National Health Practitioner Ombudsman and Privacy Commissioner (NHPOPC) to cover accreditation entities (recommendation 29). Some submissions supported the role and suggested the NHPOPC could perform these functions efficiently and effectively. Other submissions suggested the NHPOPC would be more costly and that accreditation authorities were already subject to sufficient scrutiny. Submissions were generally supportive of the NHPOPC conducting a review of grievance and appeals processes related to accreditation entities (recommendation 30).

Submissions generally supported recommendation 31 that the COAG Health Council formally identify workforce directions and reform; and recommendation 32 that the Council develop a Statement of Expectations on reform objectives and scheme entity and regulator performance. Some submissions found existing processes were already working well and suggested the proposed process may diminish other engagement activities between national scheme entities and jurisdictions. Some feedback was received that the work of the Medical Workforce Reform Advisory Committee (formerly National Medical Training Advisory Network) and the National Nursing and Midwifery Education Advisory Network are already meeting the intent of this recommendation in part.

Part 3: Conclusions from the consultation

The final report, the consultation process and the work of the review by the Workforce Regulation Project Reference Group concluded that there are four major issues with the current accreditation system under the NRAS that continue to inhibit the effectiveness, efficiency, accountability and transparency of accreditation under the NRAS.

Fifteen separate accreditation authorities with separate approaches

There are 15 National Boards, each assigning their accreditation functions to a separate accreditation body. Ongoing coordination mechanisms and common approaches continue to enable efficiencies across accreditation activities however duplication remains an issue. It is noted that the Snowball NRAS Review recommended the merger of nine of the lower volume National Boards into a single board as a mechanism to address duplication. The accreditation review similarly recommended a merger of some accreditation functions into a new statutory body to reduce duplication and promote consistency. However, with both NRAS and accreditation reviews most stakeholders did not support this type of scheme entity consolidation.

However it is clear that the individual accreditation authorities and other National Scheme entities must prioritise substantive approaches to address the concerns about duplication and efficiency raised in previous reports.

Lack of effective National Scheme mechanisms to drive reform

Under the National Law, a National Board may decide to assign its accreditation functions to a separate accreditation entity, or to form a committee to undertake its accreditation functions. From July 2019, 10 National Boards have decided that an accreditation council will exercise the functions, and five have established a committee.

The accreditation councils are separate legal entities, and they are not under the direction and control of the Board or AHPRA. Typically, they are formed as companies limited by guarantee, with their own constitutions. Some only carry out accreditation functions under the National Law and some carry out other work in addition to their accreditation functions. Accreditation functions are undertaken under an agreement between AHPRA (on behalf of the Boards), which sets out the accreditation authorities' responsibilities, reporting and funding arrangements. Apart from the provisions of the accreditation agreement, the accreditation authority exercises autonomy in its functions under the National Law. Accordingly, the only mechanisms for achieving accreditation reform are cooperation and agreement of all accreditation authorities and/or National Boards, or contractual requirements placed on accreditation councils through their accreditation agreements with AHPRA.

Lack of single authoritative point on NRAS accreditation arrangements

In addition to a lack of reform levers there is no single body through which external entities, such as Tertiary Education Quality and Standards Agency (TEQSA) and Australian Skills Quality Authority (ASQA), can engage with to develop unified approaches across the health and education regulatory sectors. At present, while AHPRA facilitates engagement with external entities, there is a lack of an expert accreditation voice involving all relevant stakeholders to provide multi-faceted advice to the National Scheme.

Transparency and accountability

Although accreditation bodies are obliged to fulfill the terms of their agreement with AHPRA, there is limited statutory accountability. The expert knowledge of the current accreditation authorities is acknowledged and valued. However, accreditation decisions can have significant impacts on entities

being accredited and individual applicants for registration. As accreditation decisions are exercised under a statutory framework, it is anomalous that they are not subject to the scrutiny of the National Health Practitioner Ombudsman and Privacy Commissioner.

Part 4: Proposed solutions

In response to the Accreditation Systems Review and reform priorities it is recommended that Health Ministers agree to accept the majority of the final report recommendations in full, in part or in principle, with the exception of governance reform recommendations[1]. Existing governance arrangements are supported with the addition of a new independent accreditation committee to advise on accreditation reforms on an independent and expert basis.

Proposed responses to each of the recommendations are included at Appendix 1. A consideration of governance options, including a preferred option, is summarised below.

Three options for accreditation governance reform

The separation of registration and accreditation functions is not supported by the majority of stakeholders, and there is insufficient evidence to suggest that this separation is the only suitable way of achieving reform in accreditation arrangements. It would represent a major change to the way in which health professionals are regulated in Australia, and would change the foundation principles of the National Scheme, which gives these functions to National Boards to be exercised mainly independent from Government.

The formation of a new statutory or NRAS-internal accreditation body to undertake accreditation functions is not supported by the majority of stakeholders, and is not considered necessary if accreditation and registration functions are not separated. However, there is a need for a body with independent representation to provide integrated expert stakeholder advice on accreditation reform.

An independent accreditation committee is therefore proposed to provide advice on accreditation issues and monitor implementation of accepted recommendations from the Final Report. This committee could be formed as a subcommittee of the AHPRA Agency Management Committee with membership drawn from relevant stakeholder groups. While the Agency Management Committee would be represented on the committee, it would not have majority membership on the group, and there should be an independent chair.

Independent Accreditation Committee – the preferred option

An expert and independent committee should be appointed to provide advice on accreditation approaches that will deliver on the accepted recommendations. In this respect, the independent committee would have a different focus to the current Accreditation Advisory Committee, the charter for which includes matters of governance which properly reside with the Agency Management Committee.

The expert advice from the independent committee should be transparent and available to the National Boards, AHPRA and accreditation authorities, as well as to jurisdictions through the AHPRA Jurisdictional Advisory Committee. The advice would:

- assist AHPRA and the National Boards to develop Key Performance Indicators that can be incorporated in, or form the basis of, accreditation agreements

[1] **Funding and Cost Effectiveness** - 1 – Accepted in part; 2 – Accepted with amendment; 3 – Accepted in principle - **Improving Efficiency** - 4, 5 & 6 – Accepted in principle - **Relevance and Responsiveness of Education** - 7 – Accepted in principle; 8 & 9 – Accepted; 10 & 11 – Accepted in part; 12, 13 & 14 - Accepted in principle - **Governance – Foundation Principles -** 15 & 16 – Not accepted; 17& 18 - Accepted in principle - **A Governance Model for more Efficient and Effective Accreditation** - 19, 20, 21, 22, 23 & 24 – Not accepted; **Other Governance Matters** - 25 – Accepted in principle; 26 – Accepted in principle; 27 & 28 – Accepted in principle; 29 – Accepted in part; 30 – Accepted; 31 – Accepted; 32 – Accepted in principle

- be available to assist the Health Professions Accreditation Collaborative Forum and National Scheme entities in developing actions to improve accreditation policies and processes; and
- be cognisant of NRAS statutory objectives and guiding principles.

The scope of the independent committee's advice would cover the following issues:

- further development of funding principles that allow for the costs of accreditation functions to be measured and compared
- the establishment of cross-profession policies and guidelines for accreditation standards development and assessment
- clarification of the roles of accreditation bodies and education regulators to avoid duplication
- strengthening the role of consumers (including employers) as a key stakeholder in accreditation systems
- maintaining the focus on outcomes-based approaches to accreditation
- the role of competency standards in accreditation
- interprofessional education and collaborative practice
- other National Scheme accreditation matters set out in the committee's Terms of Reference.

The membership and Terms of Reference of the Independent Accreditation Committee should be initially developed by AHPRA, and in consultation with proposed members. The final membership and Terms of Reference should be approved by the Jurisdictional Advisory Committee.

A proposed membership should be drawn from the following categories:

- Independent Chair
- External accreditation/education expert
- Australian Commission for Safety and Quality in Healthcare
- Tertiary Education Quality and Standards Agency
- Universities Australia
- Health Professions Accreditation Collaborative Forum
- AHPRA Agency Management Committee member
- National Boards representative
- Jurisdictional representative
- Private healthcare employer
- Consumer/community representative
- Other specific skills to be co-opted as required.

The Independent Accreditation Committee should be established on an authoritative basis, which clearly sets out COAG Health Council's intentions in relation to accreditation reform. To this end, CHC could consider making a policy direction to AHPRA and the National Boards that specifies the role of expert advice in the development of policies and procedures related to accreditation.

Extending the role of the National Health Ombudsman and Privacy Commissioner

A right of appeal to the National Health Ombudsman and Privacy Commissioner (NHPOPC) from decisions made by accreditation entities under the National Law is supported. In line with ombudsman functions generally, this would be an administrative review, as opposed to a merits review. Such a review power would lead to greater transparency and accountability and a further emphasis on procedural fairness. Further, the report's recommendation that there should be a review of the grievance and appeals processes of accreditation authorities is supported. This should

include not only grievances and appeals, but also the procedural aspects of accreditation processes, in order to ensure fairness and transparency.

This should be a priority in relation to the specialist medical colleges, given the already concluded Deloitte review into the performance of the colleges in relation to the assessment of overseas trained practitioners, commissioned by the Medical Board of Australia. Both the NHPOPC and the Australian Medical Council could participate in the review, and the Australian Medical Council could adopt accreditation standards to ensure that specialist medical college processes in this respect are based upon transparency and procedural fairness.

Costs

Establishment and ongoing costs for the Independent Accreditation Committee are expected to be less than those anticipated in the Final Report for governance options[2]. Costs may be required to cover a secretariat to support appointment of members, meetings and agendas and implementation of decisions. The committee and secretariat would be supported/located within AHPRA. The estimated cost is $260,000 per annum, which AHPRA has advised could be met within existing resources.

The cost of extending appeal rights to the NHPOPC is estimated in the report[3]. However these costs should be determined depending on how many decisions are taken to appeal. The review of processes may involve extra costs, if independent expertise is required. It is expected costs would be approximately $500,000 in the first year, reducing to approximately $250,000 on a per annum basis.

Response to individual recommendations

The response to ASR Final report recommendations is summarised as follows:

Funding and Cost Effectiveness 1 – Accepted in part 2 – Accepted with amendment 3 – Accepted in principle	**Improving Efficiency** 4, 5 & 6 – Accepted in principle
Relevance and Responsiveness of Education 7 – Accepted in principle 8 & 9 – Accepted 10 & 11 – Accepted in part 12, 13 & 14 - Accepted in principle	**Governance – Foundation Principles** 15 & 16 – Not accepted 17 & 18 – Accepted in principle
A Governance Model for more Efficient and Effective Accreditation 19, 20, 21, 22, 23 & 24 – Not accepted	**Other Governance Matters** 25 – Accepted in principle 26 – Accepted in principle 27 & 28 – Accepted in principle 29 – Accepted in part 30 – Accepted 31 – Accepted 32 – Accepted in principle

A detailed response to recommendations is outlined at Appendix 1 below.

[2] The final report's governance options for an independent accreditation body are costed at $300,000 to $400,000 annually (or approximately 3-4% of National Scheme accreditation income). The final report also identifies that initial and ongoing implementation of accreditation reforms could be managed within the existing AHPRA resources (ASR Final Report, pp.136-138).

[3] The Final Report (p159) estimated costs of expanding the role of the NHPOPC at $250,000 in the first year, reducing to $125,000 on a per annum basis.

Appendix 1 – Proposed responses to recommendations

Accreditation Systems Review Final Report – consolidated list of recommendations	Costs, benefits and risks of implementation	Recommended response
Funding and cost effectiveness		
1. Funding principles should be developed to guide accreditation authorities in setting their fees and charges. The funding principles should: a. be founded on transparency, accountability, efficiency and effectiveness b. establish the full cost of accreditation functions performed by National Scheme entities (including the development of standards, policy advice, joint cross-professional accreditation activities, accreditation and assessment functions) c. include a cost recovery policy and cost allocation methodology to guide the allocation of costs between registrants (through National Boards) and education providers d. establish a consistent (accrual) accounting methodology and business principles to enable comparison across professions e. require the development of a proportionately scaled Cost Recovery Implementation Statement (CRIS) when setting or reviewing fees and charges for accreditation activities.	The benefits of accepting this recommendation in full are that comprehensive costing information will be available from all accreditation authorities, allowing comparison of their costs and efficiencies, and assessment of their costs against fees charged. However, there are also costs involved in accepting the recommendation in full. It would involve several accreditation entities changing their accounting systems in order to provide like information to AHPRA for comparison, as well as the completion of a Cost Recovery Implementation Statement (CRIS) for the setting fees and charges. This could involve significant costs to the accreditation authorities, which would need to be met by the National Scheme. It would require AHPRA, through accreditation agreements, to impose this requirement on each private accreditation entity as a condition of their accreditation. It is also noted that current funding for accreditation authorities from AHPRA/National Boards is not on a cost recovery basis. If a cost recovery approach was pursued, implementation would need to be staged due to the scope of change required. Risks: The costs involved will be passed on by accreditation authorities, either to NRAS entities, or accredited education providers. As the NRAS is a self-funded scheme, this could lead to an increase in	**Accepted in part** The proposed Independent Accreditation Committee (see Recommendation 19) to provide advice to AHPRA to inform the further development of funding principles that will assist in meeting the intent of these recommendations, without imposing excessive costs on accreditation authorities that would need to be recovered from registrants or education providers. Advice should consider ongoing use of the interim funding and fee principles in accreditation agreements and terms of reference with external accreditation councils and committees from July 2019.

	registration fees. Since the completion of the ASR Final Report, AHPRA has introduced interim funding and fee principles in accreditation agreements and terms of reference with external accreditation councils and committees from July 2019. It is recommended these funding principles are further developed with advice from the Independent Accreditation Committee to meet the objectives of increased financial transparency, accountability and comparability intended by these recommendations.	
2. The funding principles should be subject to wide stakeholder consultation, be submitted to the Ministerial Council for approval and form the basis of funding agreements.	It is considered that those bodies that should be consulted in relation to the funding principles will be represented on the new Independent Accreditation Committee. Further consultation is not considered necessary. Developing these funding principles is core NRAS operational business. Jurisdictions can be consulted and agree to the principles through AHPRA's Jurisdictional Advisory Committee, but Ministerial Council approval is not considered necessary or appropriate.	**Accepted with the following amendments**: The funding principles should be further developed with the advice of the Independent Accreditation Committee that has appropriate stakeholder representation, and considered by jurisdictions through the AHPRA Jurisdictional Advisory Committee.
3. A set of clear, consistent and holistic performance and financial indicators for the National Scheme should be developed for approval by the Ministerial Council. They should be both quantitative and qualitative and reported on a regular and formal basis to promote continuous improvement.	Transparency and accountability in respect of the NRAS is essential and promotes continuous improvement. The following performance indicators and reporting requirements already exist, with work underway by AHPRA to expand reporting on accreditation activities: • AHPRA is expanding scheme-wide performance reporting on accreditation expenditure and activities to be included in future annual reports from 2019-2020. • AHPRA will publish an infographic report on accreditation activity and updated costs information from late 2019.	**Accepted in principle** AHPRA to expand scheme-wide performance and financial reporting on accreditation functions via annual reports to the Ministerial Council and other published accreditation activity data. Further information may be requested by the COAG Health Council as required.

	• Additional KPIs for accreditation authorities have been included in accreditation agreements from July 2019. These relate to cultural safety; safety and quality; reducing regulatory burden and increasing consistency; and funding and fee principles. KPIs have also been developed based on performance domains in the *Quality Framework for the Accreditation Function.* Assessment of performance against this framework is currently reported to AHPRA and National Boards. These six-monthly performance reports against the Quality Framework are currently not publicly available or provided to the Ministerial Council. • Scheme-wide accreditation data is also published as part of public consultation on the scheduled review of accreditation arrangements. It is noted that the NRAS Governance Review (recommendation 4) also proposed development of KPIs based on NRAS Strategy 2015-2020 and annual reporting to ministers on achievement of scheme objectives (recommendation 3). COAG Health Council acceptance of these Governance Review recommendations will also support achieving this recommendation.	
Improving Efficiency		
4. Cross-profession policies and guidelines for the development of accreditation standards and the conduct of assessment processes should be established to require: a. Standardised terminology and definitions across the accreditation process b. Agreed cross-professional domains and elements, in addition to existing profession-specific requirements, for inclusion within standards	The review identified commonality across accreditation standards, making a case for standardised terminology and definitions and cross-professional domains and elements. Commonality can reduce duplication and increase efficiency. However some stakeholders note a risk of loss of relevance, detail and professional specificity. There are also potential costs associated with a common reporting framework including consideration of information technology requirements and development and	**Accepted in principle** Cross-profession policies and guidelines for the development of accreditation standards should be developed with the advice of the Independent Accreditation Committee. The policies and guidelines should adopt the approach outlined in this recommendation, also acknowledging some professions may apply different emphases to commonality in assessment standards.

c. A common reporting framework that sets out uniform requirements for education providers and includes consistent risk indicators, standardised data collection and collaborative use of information technology approaches.	identification of appropriate data sets. While a common approach is needed and there is commonality across accreditation standards, some differences may need to be maintained, where professions may have different emphases on common standards. For example there may be more significant commonality across medical specialties but less commonality between medicine and other professions.	
5. Clarification of academic and professional accreditation should be agreed between education sector regulators, institutional academic governance bodies and health profession accreditation authorities. Implementation should be achieved through mutual recognition of the respective roles and responsibilities of regulators, adoption of accreditation findings and outcomes from recognised regulatory processes, appropriate sequencing of accreditation processes and improved data sharing.	AHPRA and the Health Professions Accreditation Collaborative Forum have made progress on engagement between health accreditation and education regulators. Agreement on role clarity and scope of implementation should be addressed by a new Independent Accreditation Committee with membership including both health and education regulators.	**Accepted in principle** Agreement on role clarity between regulators and the scope of implementation should be considered by a new Independent Accreditation Committee.
6. Cross-profession policies and guidelines should be established to improve the quality and performance of accreditation assessment teams through: a. a standardised approach to their training and preparation b. a self-assessment or peer review process for monitoring their performance c. common approach to their remuneration.	Improvement to assessment team performance has potential to improve accreditation processes and effectiveness. However this is not the sole approach to improving performance. Accreditation assessment sometimes occurs on a voluntary basis and the cost impact of common approaches to remuneration should be considered in these situations.	**Accepted in principle** Cross-professional policies and guidelines to improve the quality and performance of assessment should be considered by the new Independent Accreditation Committee.
Relevance and Responsiveness of Education		
7. Accreditation standards should include a consistent requirement that education providers demonstrate the involvement of consumers in the design of education and training programs, as well as demonstrate that the curricula promote patient-centred health	Consumer involvement in the design of health education programs encourages responsive and patient-focused care. However, there are additional costs for education providers from consumer input, for example for recruitment and training.	**Accepted in principle** Additional guidance on best practice approaches to consumer input in accreditation to be provided by the new Independent Accreditation Committee.

care.	Expectations of consumer involvement and patient-centred care are already part of accreditation standards in some health professions, such as occupational therapy and medicine. It is recommended that AHPRA's *Procedures for the development of accreditation standards*, which are under review in 2019, be updated to reflect this as a consistent requirement for all accreditation authorities (existing lever). Further guidance on best practice approaches to consumer input in accreditation (including standards development and assessment) can be provided by the new Independent Accreditation Committee.	
8. AHPRA should expand the Terms of Reference for the AHPRA Community Reference Group to include accreditation functions and enable accreditation authorities to refer issues to the Group for advice.	AHPRA has progressed this recommendation. Terms of reference already enable accreditation authorities to refer issues to the Community Reference Group however these could be further developed if required.	**Accepted and already actioned**
9. Accreditation authorities should focus on outcome-based approaches when developing new, or revising existing, accreditation standards. Where input or process based indicators are deemed necessary, they should be justifiable, non-restrictive and consistent with achieving the National Law objectives.	Most accreditation authorities have already implemented or are in the process of developing accreditation standards that focus on education outcomes (for example, medicine, optometry, dental and nursing). Accreditation standards that are aligned with outcomes rather than inputs encourage flexible and innovative approaches to health education, especially in response to changes in community need and healthcare models. Due to the wide support for this approach among stakeholders there are minimal risks to implementation. The review's recommendation acknowledges references to inputs or processes in accreditation standards may be justifiable in certain cases to maintain quality outcomes.	**Accepted** The new Independent Accreditation Committee to provide advice on outcomes-based approaches.

	This recommendation should be implemented by accreditation authorities and National Boards as part of the ongoing review and approval process for accreditation standards. It is proposed the new Independent Accreditation Committee monitor implementation of this recommendation and advise on reporting requirements for accreditation authorities on achieving this approach, such as via the *Quality Framework for the Accreditation Function* and *Procedures for the development of accreditation standards*.	
10. National Boards should develop, and recommend to the Ministerial Council, profession-specific competency standards formally under the National Law in accordance with the legislative provisions established for the development of registration standards. Competency standards should be developed cooperatively through wide-ranging consultation to achieve: a. standardised definitions and terminology b. agreement on those competencies that are common to all health professions and profession-specific performance criteria and indicators c. inclusion of specific and consistent references to: i. NSQHS Standards for quality and safety, including collaborative practice and team-based care, developed in partnership with the Australian Commission on Safety and Quality in Health Care ii. cultural safety and Aboriginal and Torres Strait Islander health	National Boards currently use competency standards, capabilities or similarly titled products for use in key Scheme functions such as assessing registrant performance prior to returning to practice. In many cases these are developed by National Boards but not all. Some stakeholders consider that competency standards development should sit with professions given they have a broader role and function than National Scheme accreditation systems. Where National Boards seek to develop competency standards or similar products, they should be developed on the basis of broad consultation and include an appropriate mix of profession-specific and common competency standards as recommended. COAG Health Council endorsement of competency standards is not considered necessary and risks delay in their production.	**Accepted in part** The Independent Accreditation Committee to provide advice on common approaches for use by National Boards developing profession-specific and common competency standards in consultation with stakeholders. Competency standards could be provided to the AHPRA Jurisdictional Advisory Committee for comment.

developed in partnership with the National Scheme's Aboriginal and Torres Strait Islander Health Strategy Group d. alignment with service models and responsiveness to national health workforce priorities that best serve evolving community health care needs.		
11. Accreditation authorities in their development of accreditation standards, and National Boards in their development of competency standards, should use agreed definitions for inter-professional learning and practice. This should be supported by guidance material, developed through broad consultation, which clarifies expectations of education providers and outlines a competency-based assessment approach that focuses on facilitating team-based practice and collaborative care.	The benefit of implementing this recommendation is the development of a shared and consistent approach to inter-professional learning and collaborative practice across professions. A consistent approach also avoids duplicated effort and may create efficiencies in assessment of inter-professional education across a health faculty. Existing work is underway to adopt agreed definitions and competencies in relation to inter-professional learning and practice via the Health Professions Accreditation Collaborative Forum. Some accreditation authorities such as medicine have adopted this definition in their accreditation standards. The leadership and guidance provided by the Independent Accreditation Committee should build on this work as well as AHPRA's participation in work to establish a new national collaboration on interprofessional education for collaborative practice. AHPRA's procedures on the development of accreditation standards should also be updated to reflect agreed definitions (existing lever). Further guidance material on inter-professional learning and practice will be developed by the new Independent Accreditation Committee.	**Accepted in part** The Independent Accreditation Committee to provide advice and guidance on implementation of inter-professional learning and practice. This includes addressing inter-professional learning and practice in accreditation standards (per recommendation 4) and guidance on competency development (per recommendation 10).

	Risks: Universities with a small range of health disciplines may face challenges offering inter-professional learning opportunities to their students. It is also recognised that for inter-professional education to be successful, it must be supported by changes in workplace practice. The shift to collaborative practice and team-based care is an ongoing and long-term health systems change.	
12. Accreditation authorities should, within an outcome-based approach to accreditation standards and assessment processes, encourage: a. clinically-relevant placements to occur in a variety of settings, geographical locations and communities, with a focus on emerging workforce priorities and service reform b. evidence-based technological advances in the curricula and pedagogical innovations in the delivery of programs of study.	There are significant workforce, health system and community benefits to the delivery of clinical placements in diverse settings, especially in growth areas such as primary care and aged care. However, the availability of student placements is restricted by the service deliverer's ability to provide quality placements including appropriate clinical supervision. Funding and resource constraints remain ongoing challenges to the delivery and expansion of placements and will require long-term and multi-stakeholder collaboration to address. There is a growing evidence base to support the use of new technologies such as simulated learning environments as an innovative model of education delivery. It is proposed the Independent Accreditation Committee provide advice on reporting requirements for accreditation bodies to demonstrate achievement towards these outcomes, such as via the *Quality Framework for the Accreditation Function* and *Procedures for the development of accreditation standards.*	**Accepted in principle** Health Ministers acknowledge the existing commitment of stakeholders in progressing diversity in clinical placements and technological advances in education. The new Independent Accreditation Committee to provide advice to support good practice on diverse clinical placements and evidence-based technological advances (per a) and b)).
13. National Boards that wish to set requirements for general registration additional to domestic qualification attainment should: a. demonstrate the requirements of postgraduate competencies required at profession-entry level that can be	To support evidence-based and accountable decision-making, National Boards should clearly articulate the rationale for setting requirements for general registration additional to the attainment of a qualification, such as internships (supervised practice) and national exams. Additional requirements for registration impact on	**Accepted in principle** It is acknowledged that some National Boards currently set requirements for general registration additional to domestic qualification attainment as part of their regulatory approach.

differentiated from normal and expected progressive work experience b. provide evidence that the approved accreditation standard is unable to ensure delivery of the knowledge, skills and professional attributes necessary to practise the profession, even after amendment c. establish and document whether there is a requirement for supervised practice or vocational training and specify the expected learning outcomes and how they will be assessed d. specify if the supervised practice or vocational training warrants a category other than general registration and the limitations of that registration.	workforce supply and costs. Consultation feedback identified that medicine, psychology and pharmacy have reviewed and substantiated their additional requirements. For example, the 2015 review of medical intern training and current phase two project led by NSW Health. The Ministerial Council already approves registration standards (new and revised) submitted by National Boards, and Health ministers and other stakeholders can have input into any proposals as part of this process.	National Boards should address the elements of this recommendation with Health Ministers as required via the usual process for establishing new or revised registration standards.
14. If National Boards set requirements for general registration additional to domestic qualification attainment that require further vocational or academic education, these requirements should be defined as programs of study and accredited by accreditation authorities.	Considering their expertise in health education accreditation, it is valuable for further training such as internships to be subject to monitoring and oversight by accreditation authorities. Pharmacy's one-year intern training program is already accredited by the Australian Pharmacy Council. In 2019, revised accreditation standards for pharmacy also now allow education providers to deliver a single program that integrates the degree and internship. However, it is noted that integrated programs may incur higher costs for education providers to meet clinical training requirements. The Psychology Board of Australia is also retiring its two-year internship program managed by the board in favour of the Master's degree accredited by the Australian Psychology Accreditation Council. This suggests that National Boards are making better use of accredited	**Accepted in principle** It is acknowledged that some National Boards may take a regulatory approach that includes requirements for general registration that draw on vocational or academic education established in addition to that by accreditation authorities. Health Ministers should consider these issues when they are raised in registration standards submitted for approval.

	training.	
Accreditation governance – Foundation Principles		
15. Governments should separate responsibility for the regulation of the accreditation functions under the National Law from that of the regulation of individual practitioners. The governing entities of the two functions should operate collaboratively to achieve all objectives of the National Scheme	The intention of this proposed formal separation is to focus accreditation expertise within accreditation entities and remove duplicative decision-making by the National Boards. There are significant risks to implementing this recommendation, namely weakening existing scheme relationships and breaking the critical nexus between registration and accreditation within the scheme. There is broad support from stakeholders, including from accreditation authorities, for National Boards to retain their oversight responsibilities over accreditation performance.	**Not accepted** Reforms in accreditation can be progressed through current governance structures with the addition of advice from the Independent Accreditation Committee.
16. A health profession accreditation body for each regulated profession (being the current accreditation authority for at least the first five years) is to be assigned to undertake the accreditation functions described in s42 of the National Law as amended as follows: a. Development of accreditation standards for approval (see Recommendation 19) b. Approval of programs of study and education providers which meet approved accreditation standards and provide a qualification for the purposes of registration c. Approval of any action required as identified in the monitoring of programs of study and providers which meet approved accreditation standards	It is noted that following a scheduled review of accreditation assignments in 2018, new accreditation agreements for external accreditation authorities and terms of reference for accreditation committees have been signed for a five-year period from July 2019 - 30 June 2024. All National Boards except for the Podiatry Board agreed current accreditation bodies would continue to perform these functions for the next five years. The Podiatry Board of Australia has appointed an independent accreditation committee established by the Board. The proposed amendments to accreditation functions of accreditation authorities as described in s42 of the National Law are not supported. a) Accreditation authorities should continue to	**Not accepted** Health Ministers acknowledge that accreditation reforms will be achieved via accreditation authorities, as they are currently established, in conjunction with advice from the new Independent Accreditation Committee.

d. Approval of authorities in other countries which conduct examinations for registration in a health profession, or accredit programs of study and approval of those which would provide a practitioner with the knowledge, clinical skills and professional attributes necessary to practise the profession in Australia e. Approval of the knowledge, clinical skills and professional attributes of overseas health practitioners whose qualifications are not approved qualifications for the health profession, and advice of the assessment outcome to the relevant National Board.	develop accreditation standards for approval by National Boards to retain profession-specific expertise in accreditation. b) This function should be retained by National Boards. While there are benefits to a streamlined approach to the approval of accredited programs of study and providers, this change risks weakening National Board oversight of accreditation authority decisions and alignment with registration standards and requirements. Approval process efficiencies could be achieved through existing mechanisms without requiring a legislative change to accreditation functions. c) Accreditation authorities already have monitoring powers over accredited programs and education providers under s50 of the National Law. However, it is noted that ongoing monitoring is not identified in the definition of accreditation function in section 42 of the National Law. d) and (e) Flexibility should be retained in the National Law to allow accreditation authorities or National Boards to undertake these functions. Currently the National Boards for nursing and psychology oversee the assessment of overseas-trained practitioners with resource support from AHPRA under s35e of the National Law. The proposed benefit of assigning this role to accreditation entities would be to focus accreditation functions within accreditation authorities. However, there would be cost and resource implications from transferring these functions to their accreditation authority. Strong	

	evidence has not been provided by the review regarding the deficiencies of the current dual model.	
17. The governance of a health profession accreditation body should be structured to ensure the body achieves the following in the accreditation of health profession education: a. It must place the public interest foremost and apply professional and other expert input to decision-making that is in accordance with National Scheme objectives. b. It exercises its decision-making independently of regulated parties and other interested stakeholders. c. Its decisions should be transparent and subject to the same grievance and appeals requirements as decisions made by other National Scheme entities (as described in Recommendation 31). d. The governance structure of an accreditation body must enable it to operate effectively in either an external private entity or under the auspices of AHPRA, the statutory agency, but not have its decisions subject to approval or undue influence by their governing bodies.	There are benefits to outlining clear governance principles that should apply to accreditation bodies, such as transparent and public interest decision-making. Standard clauses covering relevant elements could be included in accreditation agreements and terms of reference for committees. It is noted 17d may be difficult to implement and have unintended consequences.	**Accepted in principle** AHPRA with advice from the Independent Accreditation Committee to consider the extent to which these principles are to be incorporated in accreditation agreements.
18. Governance arrangements must be designed to be able to support potential future amalgamation of health profession accreditation bodies for efficiency and effectiveness purposes should such amalgamation be agreed.	Health Ministers have been provided with a power under the National Law to amalgamate or disaggregate National Boards. It is noted during consultation some health professions such as nursing, medicine and Aboriginal and Torres Strait Islander health practice expressed a clear preference for the continuation of separate accreditation bodies.	**Accepted in principle** Existing mechanisms are in place for amalgamation to occur where there is agreement.

A Governance Model for more Efficient and Effective Accreditation		
19. Governments should establish in the National Law a national health education accreditation body with the following responsibilities: a. Assignment of accreditation functions to health profession accreditation bodies either individually or, where agreed, to amalgamated bodies, in accordance with Recommendations 16, 17 & 18 b. Collaboration with other National Scheme entities to design and implement the operational interface between accreditation and registration c. Determination of policies, principles, guidelines and reporting requirements, as appropriate, in relation to Recommendations 1, 3, 4, 5, 6 & 7 d. Approval of fees and charges proposed by health profession accreditation bodies in accordance with Recommendation 1 e. Development and management of the overall relationships with TEQSA (and the academic boards of self-accrediting higher education institutions) and ASQA, in accordance with Recommendation 5, including agreements with those regulators that encompass the following parameters: I. Institutional academic accreditation to be undertaken by TEQSA-approved structures for higher education providers or ASQA-approved structures for Registered Training Organisations.	The review's proposal for a new national health accreditation body (established as a separate entity in the National Law or under AHPRA per rec 20) is not supported due to costs and risks of implementation, and strong stakeholder opposition. The new body and proposed responsibilities risks reducing profession-specific expertise and input in accreditation and National Board oversight of accreditation performance. Existing scheme entities will drive improvements in accreditation in conjunction with a new Independent Accreditation Committee. Position on proposed accreditation functions: a) Assignment of accreditation functions should be retained by National Boards and decisions made in accordance with the efficient and effective operation of the accreditation system b) To be achieved via existing scheme relationships c) Newly established Independent Accreditation Committee to advise and develop cross-professional policies, principles, guidelines and reporting requirements, as appropriate in relation to recommendations 1, 4, 5, 6, 7, 9, 10, 11, 12 d) Guidance on fee setting provided in contracts with accreditation authorities per recommendation 1 e) Responsibility of the Independent Accreditation Committee f) Approval of accreditation standards to be retained by National Boards to ensure profession-specific input and oversight g) Responsibility of newly established Independent Accreditation Committee h) Advice to be provided by Independent Accreditation	**Not accepted – alternative recommendation proposed** An expert and Independent Accreditation Committee should be appointed to provide advice on accreditation reform, with responsibilities and membership as described in Part 4 of this consultation report.

II. Professional accreditation to be undertaken by accreditation authorities f. Approval of accreditation standards developed in accordance with its policies and guidelines g. In partnership with the ACSQHC, determination of the elements of the NSQHS Standards that should be incorporated into the accreditation standards and the elements that should be recommended to National Boards for inclusion in professional competency standards h. In partnership with ACSQHC, exploration of the potential to include a module within ACSQHC accreditation regimes that encompasses the health service elements of the clinical education/experience domain in professional accreditation.	Committee	
20. If Governments determine that the functions of the national health education accreditation body should be conducted by the Agency Management Committee, they should ensure that: a. Any decision should not be made in isolation of consideration of other broader governance matters and should ensure there is clarity in roles assigned across all National Scheme entities. b. Enhanced and comprehensive reporting systems and measures are put in place to provide a transparent platform for performance monitoring and continuous improvement. c. The configuration and skill mix of the	There is limited stakeholder support for AHPRA's Agency Management Committee as the preferred model to perform an overarching accreditation function. Stakeholders have expressed concern about giving AHPRA's Agency Management Committee, which is accountable for the administrative/operational arm of the scheme, a role in regulatory policy and decision-making. See recommendation 19 for related response.	**Not accepted - alternative recommendation proposed** An expert and independent accreditation committee should be appointed to provide advice on accreditation reform, with responsibilities and membership as described in Part 4 of this consultation report.

Agency Management Committee is reviewed to reflect the enhanced role and, if the model to be adopted is one where the Agency Management Committee delegates this role to a standing committee: i. the process for selecting members for that committee should be transparent and the committee must provide decision making based on the expertise of individuals rather than representing the interests of any particular stakeholders ii. the committee must place the public interest foremost and provide complete transparency in decision making.		
21. A National Board may request a health profession accreditation body to review a decision to accredit a program of study as follows: a. The request for review must be based on the National Board's opinion that the program of study would not deliver practitioners with the necessary knowledge, skills and professional attributes in accordance with formally approved profession-specific competency standards. In seeking that review, the National Board must specify where in the program of study it considers there are deficiencies. b. The health profession accreditation body must review that program of study against the deficiencies identified by the	This recommendation is linked to recommendation 16b, which is not supported. Existing National Board functions to approve programs of study should be retained. This recommendation for a National Board power of review is therefore not required.	**Not accepted** Existing mechanisms for accreditation and approval of programs of study are retained.

National Board and either confirm, change its decision or require changes to the program of study to rectify any deficiencies. The health profession accreditation body must provide a report back to the National Board on its assessment and how any deficiencies identified by the National Board have been dealt with.		
22. The national health education accreditation body should invite current accreditation authorities to establish health profession accreditation bodies for the initial five-year period.	This recommendation is linked to recommendations 19 and proposed new functions for accreditation authorities as set out in recommendation 16, which are not supported. It is noted that following a review of accreditation assignments in 2018, new accreditation agreements for external accreditation authorities and terms of reference for accreditation committees have been signed for a five-year period. All National Boards except for one (podiatry) have assigned these functions to existing bodies. This will provide stability to the scheme during the initial phase of accreditation reform.	**Not accepted** This recommendation is a function of a new health education accreditation body per recommendation 19 which is not accepted by Health Ministers.
23. Following the initial five-year period, the national health education accreditation body should seek expressions of interest and assign profession specific accreditation functions for periods of five years.	It is noted that assignment functions are subject to a scheduled review process, including an invitation for public and stakeholder feedback. A review of existing arrangements was completed by AHPRA and the National Boards in 2018. Prior to the conclusion of current accreditation contracts in 2024, a performance-based review should measure the performance of accreditation authorities against reform priorities, National Law objectives and guiding principles and KPIs. The newly established Independent Accreditation Committee could provide advice as part of this review process.	**Not accepted** National Boards to retain assignment of accreditation functions. Accreditation arrangements should continue to be subject to an open and transparent performance review process every five years.

24. Governments should ensure the National Law does not prohibit the future limited participation of unregistered health and social care professions through access to the skills and expertise of the accreditation regime and operation of their accreditation activities with its support, subject to the following conditions: a. Participation should be subject to COAG Health Council approval and consultation with stakeholders b. Unregistered professions participating in the accreditation provisions of the National Law would be identified as being in a separate category to the registered professions. c. Accreditation activities undertaken by unregistered professions would have no implications for the registration of that profession. All applications for registration would continue to be dealt with through established COAG Health Council processes and in accordance with the COAG agreed criteria.	Accreditation as a function of the National Scheme forms part of the overall regulatory framework for the 15 registered professions. Non-registered professions are regulated via other means and are also subject to other accreditation processes. Health Ministers are satisfied with these processes as they currently exist. However Health Ministers encourage stakeholders to adopt common accreditation and education delivery practices across registered and non-registered professions where these are appropriate.	**Not accepted** Non-registered professions are regulated via other means however Health Ministers encourage adoption of common accreditation approaches for registered and non-registered professions where appropriate. Health Ministers reiterate their recognition of the important contribution to health service delivery by all health professions, including those regulated under the National Scheme, and those that are regulated by other means.
Other Governance Matters		
25. AHPRA, in partnership with the national health education accreditation body, health profession accreditation bodies and National Boards, should lead discussions with the Department of Education and Training and the Department of Immigration and Border Protection to develop a one-step approach to the assessment of overseas trained practitioners for the purposes of skilled migration and registration and pursue other	The achievement of a one-step approach would streamline the assessment of overseas-trained practitioners for the purposes of registration and skilled migration. Alignment of qualification assessment outcomes and/or processes is already in place for some professions such as medicine, physiotherapy and dentistry. Work to develop a one-step approach should carefully consider the elements of the assessment process that	**Accepted in principle** AHPRA, in partnership with health profession accreditation bodies and National Boards to lead discussions with the Department of Home Affairs and Department of Education and Training to progress these matters

opportunities to improve system efficiencies.	would need to remain profession-specific to meet the needs of different health professions and specialities. The development of a one-step approach to assessing overseas-trained practitioners is a longer-term reform, involving multiple stakeholders and different legislative frameworks across education, immigration and health.	
26. The national health education accreditation body, in collaboration with National Boards, health profession accreditation bodies and specialist colleges, and other stakeholders should establish policies and guidelines for: a. international course accreditation b. qualification assessments and supervised practice requirements for overseas trained practitioners, aligned with Australian trained practitioner knowledge, skills and professional attributes requirements.	Accreditation of international courses is not a function of the National Scheme. Establishing policies and guidelines for international course accreditation, per recommendation 26a, would therefore require expertise and resources not currently available within the scheme. The costs of implementing this activity outweigh the potential benefits. There is significant diversity in assessment processes for overseas-qualified practitioners across health professions. Cross-professional guidelines for the assessment and supervised practice requirements would support a more transparent and consistent approach, and create opportunities to share resources and best practice. Consistent standards for domestic and overseas-trained practitioners would also be promoted. Implementation risks: Consultation feedback identified the risk of creating a one-size-fits-all approach to assessment. Accreditation authorities are also already working with National Boards to streamline assessment processes, taking into account both public safety and workforce needs. Feedback highlighted current examples of accreditation authorities sharing their policies and practices in this area.	**Accepted in principle** Recommendations in relation to improvements in the assessment of overseas trained practitioners will be driven through the responses to recommendations 29 and 30
27. The Australian Medical Council (AMC) should undertake all monitoring and reporting on specialist medical colleges in relation to the assessment of overseas trained practitioners.	The benefit of this recommendation is improved transparency and oversight of the performance of specialist colleges, including benchmarking of efficiency and cost effectiveness.	**Accepted in principle** The Medical Board of Australia is considering improvements in this area as part of its response to the

This includes working in partnership with the Medical Board of Australia (MBA) on the development of agreed performance indicators and reporting metrics that are appropriate, comparable and aligned with other relevant National Scheme reporting regimes, in terms of time periods, cost effectiveness and the ability to trace assessment pathways from application to registration.	In 2017 the Medical Board of Australia commissioned an external review of the performance of specialist medical colleges in relation to the assessment of overseas-trained practitioners. The Deloitte review made a number of recommendations for improvement and the board is currently implementing those recommendations in consultation with a working group. This includes considering opportunities for expanded data analysis. The board is reviewing all aspects of the good practice guidelines to ensure expectations, including reporting requirements are clear. The Medical Board currently publishes data annually on specialist medical college activity and performance in its *Report on specialist medical colleges' specialist pathway data*. The AMC is not seeking a change to the current partnership approach with the MBA regarding the monitoring and reporting of specialist colleges.	Deloitte report, *External review of the specialist medical colleges' performance – specialist international medical graduate assessment process.* The response to recommendations 29 and 30 will also go towards addressing this issue.
28. Specialist colleges should ensure that the two pathways to specialist registration, namely: • being assessed by a specialist college and passing the requirements for the approved qualification, or • being awarded a fellowship of a specialist college are documented, available and published on specialist college websites and the necessary information is made available to all prospective candidates.	The benefits of this recommendation are increased transparency and clarity of published information about the pathways to specialist registration.	**Accepted in principle** Refer to the Australian Medical Council for implementation and to determine the appropriate level of transparency
29. Accreditation entities and their functions should be subject to the same requirements as all other decision-making entities specified under the Health Practitioner Regulation	Extending Ombudsman oversight to accreditation decisions, including those made by specialist colleges, will improve accountability of accreditation entities, and help identify areas for overall improvement. Overseas-trained	**Accepted in part** Accreditation entities and their functions should be subject to the same requirements as all other decision-

National Law Regulation 2010. These encompass privacy, FOI and the role of the National Health Practitioner Ombudsman and Privacy Commissioner (NHPOPC) in reviewing administrative actions relating to: a. health profession accreditation bodies in relation to programs of study and education providers of those programs b. postgraduate medical councils and specialist colleges in relation to the accreditation of training posts/sites c. any designated entity undertaking an assessment of the qualifications of an overseas trained practitioner (including specialist colleges).	health practitioners and institutions subject to accreditation currently have no avenue for external appeal other than to seek judicial review through the courts, which is costly and time consuming. This change will have the further benefit of promoting scheme consistency as internal accreditation committees established by National Boards already fall within the remit of the National Health Practitioner Ombudsman and Privacy Commissioner (NHPOPC). Expanding the jurisdiction of the National Health Practitioner Ombudsman to cover accreditation functions was also recommended by the 2015 NRAS Review and is supported by National Boards. It is noted the Medical Board of Australia supported an independent appeals entity (external to AHPRA and the Board) in its 2018 response to the Deloitte Review of specialist medical colleges' performance on specialist International Medical Graduate assessments. The Board acknowledged an independent review mechanism would increase confidence and accountability in appeals decisions. In line with Ombudsman functions generally, the scope of the NHPOPC's review function would relate to administrative matters such as the application of policies and procedures and would not be a merits-based review of decisions or cover complaints about the quantum of fees and charges. *Privacy* Extending the application of the Privacy Act and the National scheme's Privacy Commissioner role as specified in the Health Practitioner Regulation National Law Regulation to accreditation entities will improve consistency of regulatory oversight across the scheme.	making entities specified under the Health Practitioner Regulation National Law Regulation 2018. These encompass privacy and the role of the National Health Practitioner Ombudsman in reviewing administrative actions relating to (a) – (c). Health ministers do not accept the recommendation to extend the application of the Commonwealth FOI Act to accreditation entities.

	Application of FOI Act The FOI Act is designed to provide public access to information about government decision-making, policies and services and does not usually apply to private organisations that contract with government. Extension of FOI to accreditation entities would have resourcing and cost impacts for these bodies to handle FOI requests, which may be passed on to registrants or education providers. It is considered the NHPOPC's existing information-gathering and investigative powers under the Ombudsman Act are sufficient to obtain access to information and records held by accreditation entities and provide a transparent review of decisions. A joint project to promote good practice in relation to transparent and fair accreditation processes (see response to recommendation 30) should also lead to improvements in the transparency of information. *Costs* The ASR Final Report estimated costs of expanding the role of the NHPOPC (recommendations 29 and 30) at $250,000 in the first year, reducing to $125,000 on a per annum basis. The review proposes that in line with cost recovery principles, ongoing funding would be derived from assessment fees charged and incorporated into the funding principles for accreditation authorities. The office of the NHPOPC is currently funded by health practitioner registrant fee income. It is anticipated that a significant proportion of matters raised with the NHPOPC will relate to complaints about overseas-qualified practitioner assessments. Medical Board of Australia data shows 97 appeals, reviews and	

	reconsiderations of specialist medical college decisions were lodged by overseas trained specialists in 2017 and 105 in 2016. Further, data from the 2018 review of accreditation arrangements shows approximately 50 overseas-trained practitioners appeal the outcome of their assessments each year. In consultation with AHPRA, it is estimated NHPOPC costs would be approximately $500,000 in the first year, reducing to approximately $250,000 on a per annum basis. The costs of an expanded NHPOPC role may have a small impact on registrant fees in the future but any impact will be assessed during implementation. *Amendment to National Law Regulation* Implementation of this recommendation may require an amendment to the National Law Regulation 2018. It is noted that following the completion of the ASR, amendments to the Health Practitioner Regulation National Law Regulation, which came into effect from 1 December 2018, provide that the Ombudsman Act and Privacy Act now apply to "agency service providers" contracted to AHPRA.	
30. The National Health Practitioner Ombudsman and Privacy Commissioner should review the grievances and appeals processes of entities as defined in Recommendation 29, with the view to making recommendations for improvement by each entity where it considers the processes to be deficient.	A systematic review of the grievances and appeals processes of accreditation entities would identify areas for improvement in line with best practice and ensure clear and consistent information on complaints-handling is publicly available. During consultation, health accreditation authorities via the HPACF indicated their support for a review of appeals processes and the opportunity to identify improvements in this area. Consultation with the NHPOPC should inform the scope of reviews based on existing processes.	**Accepted** A review of the grievance and appeals processes of accreditation authorities is supported. This should include not only grievance and appeals, but also the procedural aspects of accreditation processes, in order to ensure fairness and transparency. The Australian Medical Council may be involved in the review in relation to the specialist medical colleges, and this should be a priority of the review. Consultation with the NHPOPC may be required to determine scope and timeframes for reviews.

31. The COAG Health Council should oversight a policy review process to identify national health workforce directions and reform that: a. aims to align workforce requirements with broader health and social care policies that respond to evolving community needs b. engages regulators, professions, consumers, service providers and educators. c. is approached in a robust, formalised and evidence-based manner in a regular cycle to ensure currency and continuous improvement.	The benefits of this recommendation would be to provide the National Scheme with greater clarity about national health workforce reform priorities and directions. This would support NRAS entities to deliver on the workforce objectives of the National Law. CHC has commenced this process starting with the National Medical Workforce Strategy and Plan managed by the Medical Workforce Reform Advisory Committee (formerly National Medical Training Advisory Network) and the Aboriginal and Torres Strait Islander Health and Medical Workforce Plan.	**Accepted** The COAG Health Council has commenced a process of identifying health workforce reform including through the National Medical Workforce Strategy managed by the Medical Workforce Reform Advisory Committee and Aboriginal and Torres Strait Islander Health and Medical Workforce Plan.
32. The Ministerial Council should periodically deliver a Statement of Expectations encompassing all entities within the National Scheme that covers: a. key health workforce reform directions, including policies and objectives relevant to entities in the National Scheme b. expectations about the role and responsibilities of National Scheme entities, the priorities expected to be observed in conducting operations and their relationships with governments c. expectations of regulator performance, improvement, transparency and accountability.	The benefits of this approach would be greater clarity of Ministerial Council expectations of scheme performance and continuous improvement, which would inform the development of KPIs.	**Accepted in principle** The work COAG Health Council has approved in relation to the National Medical Workforce Strategy and the Aboriginal and Torres Strait Islander Health and Medical Workforce Plan meet the intent of this recommendation in relation to (a) key health workforce reform directions. Expectations outlined in (b) and (c) will be met through the implementation of the other recommendations in the ASR report.