

Response to consultation on *Australia's Health Workforce: strengthening the education foundation*

Stakeholder details	
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Introduction

AHPRA and National Boards welcome the opportunity to comment on the costs, benefits and risks of implementing the significant accreditation systems reform recommended by the ASR Final Report. The 32 recommendations and the costs, benefits and risks of their implementation are of significant interest and impact to our mission and work and that of our partners and stakeholders. We support improvements to the National Scheme to make it as effective and efficient as possible.

The ASR Final Report makes substantial recommendations, several of which would require legislative amendment along with transfer of functions between existing and new National Scheme bodies, as they are currently framed.

This submission has been developed jointly by AHPRA and National Boards (joint response). We have highlighted the potential to achieve maximum benefits of identified reform for minimal cost, regulatory burden and timeframe. The National Boards for the pharmacy and psychology professions have provided profession specific attachments to the joint response.

Governance

We consider the proposed governance changes are the crucial reform issue arising from the Review. We provide further detail below, however, in our view, the Reviewer's preferred governance option of a new statutory body to be established in the Scheme in addition to the 15 National Boards, 15 Accreditation Authorities and AHPRA does not represent the most efficient and effective governance reform mechanism and is likely to have other, possibly unintended, impacts including unnecessary complication and cost to the registrants (who fund the cost of the Scheme) and to education providers. It is our view that the change in functions in option 2 disrupts the critical link between registration and accreditation and, in doing so, potentially weakens the ability of the Scheme as a whole to achieve its objectives, including protection of the public.

Our strengthened option 2 (option 2.5) would deliver the benefits of identified reform through far less significant legislative change than option 2. We have summarised the key features of option 2.5 in our response to question 6 and provide a complete overview in Attachment A. There is potential to deliver the benefits of identified reform with minimal or no legislative change if COAG Health Council gives a clear mandate and direction about the desired outcomes and responsibility for reform including the changes described in Attachment A. Such mandate and direction would give existing entities legitimate and clear accountability for improving the accreditation functions within the Scheme and achieve maximum benefits of identified reform whilst minimising the costs and risks

of implementing the substantial accreditation systems reform recommended by the ASR Final Report. The Psychology Board prefers a different governance model as outlined in the PsyBA response at Attachment B.

The ASR Final Report fails to adequately consider the importance of the nexus of the accreditation and registration functions. Whilst the National Law established distinct functions for Accreditation Authorities and National Boards, these functions are intrinsically linked within the legislative framework that establishes the Scheme as a whole and this link assures the quality of registrants' qualifications and training. The integral and long-standing working relationships between National Boards and Accreditation Authorities remain intact in the implementation of this framework. We encourage Ministers to not only evaluate the risks arising from specific recommendations in the ASR Final Report but the risks to the Scheme as a whole and to public protection if this critical link between accreditation and registration functions is disrupted rather than strengthened.

FUNDING AND COST EFFECTIVENESS (RECOMMENDATIONS 1-3)	
<p>1. What are the costs, benefits and risks in relation to the implementation of funding principles and performance indicators as recommended in the final report? Are there other ways to achieve the outcomes the ASR was seeking with less cost and risk?</p>	<p>National Boards/AHPRA support the development of funding principles to guide accreditation authorities in setting their fees and charges, the development of a set of clear, consistent and holistic quantitative and qualitative performance indicators for the National Scheme and regular formal performance reporting to promote continuous improvement. We are progressing work to establish these elements as outlined further below.</p> <p>Costs</p> <p>Development of funding principles to guide accreditation authorities when they are seeking funding from the National Board/AHPRA and when they are setting fees charged to education providers is complex work. Costs relate to the initial and ongoing resources to research, develop, implement and maintain new funding principles. Specialist advisors would need to be engaged to establish elements b. – e. of Recommendation 1. We consider that the significant costs of establishing a consistent accounting methodology and Cost Recovery Implementation System would outweigh the benefits, and that the benefits could be achieved in more efficient ways.</p> <p>While significant work has already been done on performance reporting for the National Scheme against the NRAS Strategy using a balanced scorecard methodology, development and implementation of performance and financial indicators for the National Scheme to the extent proposed in the final report will require further investment in enhanced systems and processes to build upon those already in place for collecting and analysing quantitative and qualitative performance data and generating performance reports.</p> <p>Benefits</p> <p>Establishing principles to guide accreditation authorities when they are seeking funding from the National Board/AHPRA and when they are setting fees charged to education providers are key mechanisms to improve transparency and accountability of the financial arrangements in place for accreditation. These funding and fee principles will support consistent and transparent approaches and are likely to assist analysing the cost of accreditation within and between professions.</p> <p>Clear, consistent and holistic performance and financial indicators for the National Scheme will build upon existing performance reporting consistent with the National Scheme Strategy.</p>

	<p>Risks</p> <p>AHPRA has completed an internal desktop scoping of potential funding models and principles used in other sectors, and summarised relevant considerations in developing initial draft principles for accreditation funding and fees. This internal scoping of models and principles in other sectors highlights the complex interaction between cost recovery, cost allocation methodologies, funding models and funding principles –all elements of Recommendation 1.</p> <p>The internal scoping identified the following potential risks of implementing a strict cost recovery funding model:</p> <ol style="list-style-type: none"> a. inefficiency – overly prescriptive requirements may limit the accreditation authority from making efficient use of funds b. lack of autonomy – overly prescriptive requirements may limit the accreditation authority’s autonomy to decide on internal allocation of funds c. lack of innovation – due to a lack of flexibility in how funds are to be spent innovation in design and delivery of functions may be limited <p>Work on a cost recovery policy and cost allocation methodology will inform the design of a fit for purpose funding model and provide an evidence base to support the further development of funding principles and strategies to improve transparency and accountability for costs and funding of accreditation within the Scheme. However, this work is complex and given the current model for funding of accreditation authorities from National Boards/AHPRA is not a cost recovery model, a shift to this model would be a significant change that will take some time and potentially significant cost to develop and implement.</p> <p>Other ways to achieve the outcomes</p> <p>AHPRA is implementing interim funding and fee principles through the new accreditation agreements and terms of reference that will apply from 1 July 2019. These interim principles draw on existing information including AHPRA’s registration fee setting policy and previous work on principles for accreditation funding that was deferred during the ASR. The principles will be published as part of the new accreditation agreements and terms of reference. There is potential to further develop the interim principles over the five-year term of the new accreditation agreements and terms of reference.</p> <p>We suggest a less complex and staged approach to developing funding and fee principles will progressively improve transparency and accountability and manage risks of the significant changes associated with Recommendation 1.</p> <p>The benefits related to the implementation of interim funding and fee principles that are further developed over the five year term include: shared understanding of the scope and purpose of the principles and meaning of “cost-recovery”; a consistent and transparent approach to funding requests and fee-setting and consistent terminology across all accreditation authorities; and collection of consistent and comparable data that is likely to assist analysis of the cost of accreditation within and between professions to inform further refinement of the principles.</p>
IMPROVING EFFICIENCY (RECOMMENDATIONS 4-6)	
<p>2. What implications may the implementation of these recommendations have for</p>	<p>National Boards/AHPRA support initiatives that improve efficiency including the development of cross-profession policies and guidelines which are founded on good practice and evidence. This includes cross-profession</p>

<p>bodies outside AHPRA and the National Boards (e.g. education providers, education regulators, health professional accreditation bodies)? In what timeframes would these bodies be able to achieve the outcomes of the recommendations?</p>	<p>policies and guidelines for the development of accreditation standards, the conduct of assessment processes and improved quality and performance accreditation assessment teams as set out in Recommendations 4 and 6. We also support the work proposed by Recommendation 5 to gain agreement between education regulators, education providers and health profession accreditation authorities on respective roles and responsibilities of academic and professional accreditation, improved data sharing and mutual recognition of accreditation findings and outcomes.</p> <p>AHPRA has already commenced work with TEQSA and ASQA through entering an MoU (with TEQSA, ASQA is in progress) and planned collaboration with TEQSA to identify and reduce duplication.</p> <p>Agency Management Committee’s Accreditation Advisory Committee is currently overseeing a review of the <i>Procedures for the development of the accreditation standards</i> established by AHPRA under section 25(c) of the National Law. This review provides an opportunity to progress reforms related to accreditation standards including Recommendation 4.</p> <p>Implications</p> <p>The implementation of Recommendations 4 – 6 would be a significant but positive change from the existing arrangements. These recommendations are crucial to minimising duplication and streamlining processes leading to:</p> <ul style="list-style-type: none"> - reduced regulatory burden and cost of accreditation for education providers - enhanced trust and confidence of education providers in accreditation assessment teams - enhanced regulatory effectiveness and reduced duplication for education regulators and health profession accreditation authorities - greater consistency, shared good practice and reduced regulatory burden for health profession accreditation authorities - enhanced cross-profession approaches to accreditation assessment through a shared pool of accreditation assessors <p>Timeframes</p> <p>National Boards/AHPRA are unable to comment on the timeframes that other bodies could achieve the outcomes of these recommendations. AHPRA’s review of the <i>Procedures for the development of accreditation standards</i> is due for completion in late 2019 and would apply to accreditation standards subsequently developed or reviewed.</p>
<p>3. What are the costs, benefits and risks related to the implementation of recommendations 4-6?</p>	<p>Costs</p> <p>The costs related to implementation of these recommendations include</p> <ul style="list-style-type: none"> - policy work and consultation to develop cross profession approaches; - enhanced systems and digital solutions to support a common reporting framework, standardised data collection and collaborative use of information technology approaches; and - systems and processes to improve the quality and performance of accreditation assessment teams including standardised training and preparation and performance monitoring. <p>Benefits</p> <p>The benefits include:</p> <ul style="list-style-type: none"> - increased consistency in accreditation standards and enhanced efficiency in conduct of accreditation processes across the regulated professions (with profession-specific requirements where necessary)

	<ul style="list-style-type: none"> - reduced duplication through improved recognition of other regulators roles - reduced regulatory burden for education providers and accreditation authorities - sharing of good practice - reduced cost of future updates to accreditation standards and processes <p>Risks</p> <p>A lack of engagement with the proposed reforms from key bodies could impact on or delay the potential benefits that could be achieved through these recommendations.</p>
<p>RELEVANCE AND RESPONSIVENESS OF EDUCATION (RECOMMENDATIONS 7-14)</p>	
<p>4. What implications may the implementation of these recommendations have for bodies outside of AHPRA and National Boards (e.g. consumer groups, education providers, accreditation bodies)? In what timeframes would these bodies be able to achieve the outcomes in the recommendations?</p>	<p>National Boards/AHPRA broadly agree in principle with a number of the recommendations aimed at improving relevance and responsiveness of education and support initiatives that leverage outcome-focused accreditation standards and the corresponding knowledge, skills and professional attributes required by graduates to improve relevance and responsiveness of education.</p> <p>A process to amend the Terms of Reference for the AHPRA Community Reference Group to explicitly enable accreditation authorities to refer issues to the Group for advice is well progressed and updated Terms of Reference will be in place shortly. This is consistent with Recommendation 8.</p> <p>As mentioned above, Agency Management Committee’s Accreditation Advisory Committee is currently overseeing a review of the <i>Procedures for the development of accreditation standards</i> established by AHPRA under section 25(c) of the National Law. This review provides an opportunity to progress reforms related to accreditation standards including Recommendations 7, 9, 11 and 12.</p> <p>In relation to Recommendation 10, National Boards/AHPRA agree that National Boards should have responsibility for approval of professional competency frameworks formally under the National Law and support work to establish a common approach to professional competency frameworks, including wide ranging consultation (which is the typical approach now). While establishing procedures for the development of professional competency frameworks could be helpful, National Boards/AHPRA do not agree professional competency frameworks should be developed in accordance with the same legislative provisions for the development of registration standards.</p> <p>National Boards/AHPRA have concerns about the focus of Recommendation 13 on registration, rather than accreditation. Specific advice on the implications of this recommendation for the pharmacy profession is at Attachment C. We support strengthening transparency and accountability and in this context, the <i>Procedures for the development of registration standards</i> established by AHPRA under section 25(c) of the National Law will be reviewed and updated in 2019. This provides an opportunity to require National Boards to clearly articulate the rationale for their eligibility requirements for general registration under section 52(1) of the National Law.</p> <p>National Boards/AHPRA have concerns that Recommendation 14 would broaden the definition of program of study in the National Law, and not achieve the desired outcomes. More detail about our position in relation to these recommendations is in our previous joint response on the ASR draft</p>

	<p>report. Specific advice on the implications of this recommendation for the pharmacy profession is at Attachment C.</p> <p>Implications</p> <p>Recommendations 7, 9, 11 and 12 reflect the current profession-specific accreditation standards and processes. National Boards/AHPRA are unable to comment on the implications of these for other bodies.</p> <p>Timeframes</p> <p>National Boards/AHPRA are unable to comment on the timeframes that other bodies could achieve the outcomes of these recommendations. However, AHPRA’s reviews of the <i>Procedures for the development of registration standards</i> and <i>Procedures for the development of accreditation standards</i> are due for completion in late 2019 and will apply to registration standards and accreditation standards subsequently developed or reviewed.</p>
<p>5. What are the costs, benefits and risks related to the implementation of recommendations 7-14?</p>	<p>Costs</p> <p>The costs related to the implementation of these recommendations include:</p> <ul style="list-style-type: none"> - potential need for additional resources to support AHPRA’s Community Reference Group to respond to accreditation authorities on issues referred to the Group for advice - additional resources to support specific projects related to implementation of these recommendations – including staffing, consultation and evaluation of impact <p>Benefits</p> <ul style="list-style-type: none"> - National Boards/AHPRA recognise that there are a number of benefits that could be achieved through increasing consumer involvement in the design of education and training programs - Recent and current projects undertaken by AHPRA and overseen by National Boards and accreditation committees demonstrate the potential efficiencies in establishing common approaches to developing accreditation standards and professional capabilities <p>Recommendations 7, 9, 11 and 12 will support work by National Boards/AHPRA in the following areas:</p> <ul style="list-style-type: none"> - enhanced safety and quality for patients - embedding inter-professional learning and practice in health care - improving Aboriginal and Torres Strait Islander health - enhanced cultural safety in health care - greater consistency, shared good practice and reduced regulatory burden for health profession accreditation authorities - enhanced cross-profession approaches to health and workforce priorities <p>Risks</p> <p>In regard to Recommendation 10, there is a risk that by applying National Law requirements for registration standards would impact on the flexibility and responsiveness. COAG Health Council approval of professional competency frameworks adds a layer of complexity that is not required in achieving identified areas of reform. Establishing procedures for the development of professional competency frameworks and National Boards approving the competency frameworks used for profession-specific accreditation can achieve identified reforms without unintended consequences, additional costs or duplication of effort. Profession specific</p>

	<p>accreditation standards should link to each National Board’s professional competency/capabilities document.</p> <p>Recommendation 14 could also pose a risk as this could have the effect of substantially increasing costs related to accreditation and approval of programs of study and may not achieve the intended outcome. For example, an individual is only eligible for the provisional registration pathway to general registration if they are qualified for general registration. There is a risk under the changes associated with Recommendation 14, graduates may be eligible only for ‘limited registration’</p>
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ACCREDITATION GOVERNANCE – FOUNDATION PRINCIPLES (RECOMMENDATIONS 15-18)	
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<p>6. Do these recommendations reflect the most efficient and appropriate manner of delivering a governance foundation that will allow reform of accreditation functions?</p>	<p>As previously indicated, National Boards and AHPRA consider that the proposed governance changes are the crucial reform issue of the review and support reforms that would deliver improvements to the Scheme.</p> <p>However, while we generally support the intent of recommendations 17 and 18, we contend that structural separation of accreditation and individual practitioner regulation to the extent proposed in recommendation 15 is unnecessary and would introduce additional regulatory burden and risk. This extent of separation of the registration and accreditation systems would risk disrupting the Scheme as a whole, add complexity and bureaucracy and consequently increase the overall costs. Severing the critical link between registration and accreditation has the potential to undermine the public protection that is currently provided by the Scheme as a whole and this leads to a potential scenario where National Boards would need to apply additional regulatory requirements when registering individual practitioners.</p> <p>There are opportunities to achieve reform by using existing governance and accountability mechanisms more fully, including AManC’s whole of scheme role and multiprofession perspective, and agreements between AHPRA and the external Accreditation Authorities and terms of reference for Accreditation Committees.</p> <p>Therefore, we reiterate that our strengthened option 2 (referred to as Option 2.5) would be the most efficient and appropriate way of delivering a governance foundation to allow reform of accreditation functions.</p> <p>The key features of option 2.5 are:</p> <ul style="list-style-type: none"> - Clear authority and mandate from Ministers for the Agency Management Committee (AManC) to lead and be accountable for system reform through: <ul style="list-style-type: none"> o adding two decision-making responsibilities to AManC’s functions <ul style="list-style-type: none"> ▪ making future assignment decisions after recommendations of National Boards on suitability of accreditation body to exercise accreditation functions for the profession (legislative change required or National Board delegation in the interim) ▪ final approval of proposed accreditation standards following endorsement of profession specific aspects by the relevant National Board (legislative change required or National Board delegation in the interim). o AManC to establish an Expert Accreditation Committee drawing on key expertise (some of which is already present in the AAC) o AManC delegating the new decision-making responsibilities to the Expert Accreditation Committee
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	<ul style="list-style-type: none"> - Stronger, more effective use of existing levers to deliver key reforms identified in the ASR Final Report: <ul style="list-style-type: none"> o Use contracts with external accreditation bodies and terms of reference for accreditation committees to establish clear responsibility, accountability and performance framework, including delivering on specific reform initiatives such as establishing funding principles, consistent risk indicators, standardised data collection, enhancing consistency and reducing duplication and regulatory burden o Strengthen procedures for the development of accreditation standards to achieve reform o Establish new procedures to achieve reform: common policy framework, consistent cross-profession approaches, enhanced role for consumers, alignment with workforce priorities, standardised definitions and terminology, safety and quality outcomes, etc - Strengthens whole-of-scheme, multi-profession approach drawing on relevant expertise - Builds on trust and confidence of existing entities in the regulatory impact and potential of the Scheme - Maintains a critical link within the Scheme between registration and accreditation, including necessary profession-specific aspects, through framework for standards development and approval processes, and strengthened accountability of existing National Scheme entities - Establishes robust expert mechanisms to progress reform in a transparent manner - Minimises complexity, cost and bureaucracy and achieves needed accountability and reform much more simply and efficiently <p>The Occupational Therapy, Paramedicine, Pharmacy and Physiotherapy Boards prefer to delegate the decision-making responsibilities to the Expert Accreditation Committee rather than a legislative change</p> <p>The Psychology Board prefers an alternate approach to the operationalisation of option 2.5 as outlined in the PsyBA response at Attachment B.</p> <p>In addition, recommendation 16 requiring the assignment of specified functions to accreditation bodies is an example of the final report recommendations going beyond accreditation to propose significant changes to other areas of the National Scheme and National Law. Recommendation 16 would effectively end the flexible model established in the National Law where assessment of an overseas qualified practitioner can be undertaken as a registration or accreditation function by requiring that only accreditation authorities can exercise this function. This would effectively transfer this function to a number of accreditation authorities which have not exercised it since the National Scheme commenced, with significant associated loss of corporate knowledge and expertise, infrastructure and transitional impacts. There is no evidence in the report of a regulatory need to end the flexible approach.</p> <p>This is a significant change which would add complexity, risk and costs to the Scheme as a whole and to many overseas qualified practitioners. It would potentially waste or duplicate significant resources invested in current approaches and may contribute to unintended consequences – for example, under the proposed recommendation this could mean that recognised overseas equivalent qualifications (in the case of dental qualifications) would now require advice from the Dental Board of Australia to the accreditation body.</p>
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	<p>We support the principles outlined in Recommendation 17 and would argue that the most efficient and effective method to achieve this would be through the implementation of Option 2.5.</p> <p>A clear mandate from COAG Health Council about the desired outcomes and responsibility for reform together with the changes described above would give existing entities legitimate and clear accountability for improving accreditation functions within the Scheme. This could occur immediately and would support progress in advance of any legislative change agreed by Ministers.</p>
<p>7. What are the costs, benefits and risks related to the implementation of recommendations 15-18?</p>	<p>As outlined above, there are significant costs and risks related to the implementation of recommendations 15 and 16.</p> <p>Costs</p> <p>The separation of accreditation and registration to the extent proposed in recommendation 15 would add significant costs through the initial establishment phase and ongoing because of the arbitrary transfer of functions regardless of where the expertise and infrastructure currently exists and the whole of Scheme regulatory impact. This undermines a key principle of the review, to operate in an efficient, effective and economical way.</p> <p>Automatic transfer to the accreditation bodies of assessing overseas qualified health practitioners is likely to increase costs and regulatory burden where accreditation authorities are not currently exercising these functions, including to applicants.</p> <p>Benefits</p> <p>National Boards and AHPRA agree that there are benefits in articulating the principles that should apply to the governance of accreditation authorities. Recommendations 17 and 18 could be achieved in our option 2.5 by including the relevant elements in the agreements with external accreditation bodies and terms of reference for accreditation committees.</p> <p>We do not consider there would be benefits of implementing recommendation 15 and aspects of recommendation 16. In relation to recommendation 16, we consider that the benefits of maintaining the flexibility built into the National Law allowing assessment of overseas qualified practitioners to be undertaken as an accreditation or registration function would enable best use of current expertise and infrastructure and that there are other ways of achieving appropriate consistency in this area. Similarly, we consider that the benefits of streamlining the approval of programs of study could be achieved without the risks of breaking the fundamental nexus between accreditation and registration. In our option 2.5, this streamlining is achieved within the current legislative framework by an accredited program being treated as approved as providing a qualification for registration on receipt of a report on accreditation, unless the National Board has legitimate concerns about the capacity of graduates to practise safely.</p> <p>Risks</p> <p>There is a risk that separating registration and accreditation functions would add complexity, bureaucracy and cost and destroy the critical link between these two functions. This link is part of the framework of the Scheme as a whole and it assures the quality of registrants' qualifications and training. As such, the link is fundamental to public safety and any move to unduly dismantle the framework would undermine public protection. Consequently, the approach proposed in the final report creates a risk that if National</p>

	<p>Boards have concerns about the suitability of graduates from a program of study that an accreditation body has approved for registration, the Board could still establish additional eligibility requirements such as an examination and/or impose conditions on registration to ensure public safety.</p> <p>The risk of making such sweeping changes to streamline the accreditation /approval process seems disproportionate to the issue identified, as there would be much simpler and lower impact ways to achieve this streamlining within the current legislative framework.</p> <p>We suggest that these costs and risks could be mitigated through option 2.5 which would minimise complexity, costs, bureaucracy and expedite implementation.</p>
<p>A GOVERNANCE MODEL FOR MORE EFFICIENT AND EFFECTIVE ACCREDITATION (RECOMMENDATIONS 19-24)</p>	
<p>8. What are the costs, benefits and risks associated with the implementation of recommendations 19-24 and of any proposed governance model?</p>	<p>This response to question 8 reflects the views of 14 National Boards and AHPRA in relation to recommendations 19 – 23 and all National Boards and AHPRA in relation to recommendation 24. The Psychology Board prefers an alternate position on a proposed governance model (recommendations 19-23) as outlined in the PsyBA response at Attachment B).</p> <p>14 National Boards and AHPRA broadly support most of the final report’s recommended features of a new governance model for accreditation, including almost all the responsibilities specified in recommendation 19. However, 14 National Boards and AHPRA do not support the creation of a new statutory body to undertake these responsibilities as it would not be the most efficient and effective option. In addition, this option may have unintended consequences.</p> <p>The consultation paper widens the possible ways to achieve governance reform beyond a new statutory body or AHPRA’s AManC / an expert group reporting to it (recommendations 19 and 20). It considers whether existing arrangements or variations of existing arrangements provide equally effective approaches to enable accreditation reform.</p> <p>A clear mandate from Ministers will be critical to the success of whichever governance option is agreed. In addition, 14 National Boards and AHPRA suggest that the key changes outlined in option 2.5 provide an equally effective but far more straightforward approach to facilitate reform, by balancing the need to overcome some of the challenges inherent in current arrangements against the need to retain the critical elements of the current arrangements that are working well to protect the public.</p> <p>Costs</p> <p>14 National Boards and AHPRA have concerns that establishing a new statutory body to progress governance reforms would impose additional costs and burden and complexity when equally effective (and arguably better) options are available.</p> <p>All National Boards and AHPRA are of the view that Recommendation 24 relating to the limited participation of unregistered health and social care professions would involve costs for the participating bodies.</p> <p>Benefits</p> <p>Option 2.5 (described earlier) would achieve the identified benefits of governance reform and outcomes in recommendation 19 for less cost, regulatory burden and time than other options. This strengthened version of option 2 factors in many of the aspects outlined in recommendation 20, such</p>

	<p>as making sure that the appropriate expertise and skill mix is available to inform the governance model through the Expert Accreditation Committee.</p> <p>National Boards and AHPRA have proposed an alternative approach to streamlining the approval of programs of study within option 2.5 which would achieve a similar outcome more simply and quickly.</p> <p>14 National Boards and AHPRA consider that Recommendations 22 and 23 would easily be accommodated within option 2.5.</p> <p>AHPRA’s existing statutory responsibility to establish procedures for the development of accreditation standards to ensure that the Scheme operates in accordance with good regulatory practice would continue. Accreditation authorities would continue to develop accreditation standards. National Boards would retain oversight of profession specific aspects and provide advice on approval of those aspects to the AManC Expert Accreditation Committee. Final approval of accreditation standards would rest with AManC’s Expert Accreditation Committee.</p> <p>The Psychology Board prefers the option outlined in the PsyBA response at Attachment B.</p> <p>Risks</p> <p>14 National Boards and AHPRA are of the view that the key risks of establishing a new statutory body are that it would effectively stall current activity and progress, and involve unnecessary cost, delay, risk and complexity.</p> <p>We consider that risks will be minimised by building on the existing structures within the Scheme, with appropriate adjustments to overcome current limitations to achieving reform. However, we recognise that continuing existing arrangements without some key changes, is likely to maintain barriers to achieve the full potential for reform in priority areas.</p> <p>The preceding responses from all National Boards and AHPRA outline the key risks that the extent of separation of accreditation and registration in option 2 could undermine the ability of the Scheme to achieve its objectives including protection of the public.</p> <p>Recommendation 24 relating to the limited participation of unregistered health and social care professions perhaps aims to achieve providing access to relevant expertise while restricting a direct increase in regulation. However, any proposal that unregistered health and social care professions would operate their accreditation activities with the support of the National Scheme would require careful regulatory impact assessment and costing, to ensure that there are no cost implications for registered health practitioners.</p>
OTHER GOVERNANCE MATTERS (RECOMMENDATIONS 25-32)	
<p>9. What implications may the implementation of these recommendations have for bodies outside AHPRA and the National Boards (e.g. Commonwealth Government departments, specialist medical colleges and the National Health Practitioner Ombudsman and Privacy Commissioner)?</p>	<p>National Boards and AHPRA support many of the recommendations regarding other governance matters to achieve greater consistency and a more streamlined process. However, we note that some recommendations propose work involving bodies outside health such as the Commonwealth Departments of Education and Training and Home Affairs (formerly Immigration and Border Protection). These bodies work within different legislative frameworks and governance arrangements which may complicate or involve obstacles to achieving the proposed outcome. In this context, AHPRA is proposing to lead discussions about the potential to streamline the arrangements for assessing overseas qualified practitioners for registration and migration.</p>

	<p>Recommendation 26 has broad implications for bodies in addition to National Boards and AHPRA as it recommends establishing policies and guidelines for international course accreditation, which is currently not a function of the National Scheme.</p> <p>While we would welcome any additional clarity about national health workforce directions and reform, we recognise this is an issue for government.</p>
<p>10. What are the costs, benefits and risks related to the implementation of recommendations 25-32?</p>	<p>Costs</p> <p>The recommendations propose change to current processes which is likely to involve some cost for relevant bodies.</p> <p>Recommendation 26(a) proposes establishing policies and guidelines for international course accreditation, which is currently not a function of the National Scheme, has significant cost implications. This is a new stream of work and would require new processes and approaches to be developed, consulted on and implemented. It potentially involves all accreditation authorities undertaking accreditation functions internationally. While some accreditation authorities undertake a relatively small amount of international activity now, this aspect of Recommendation 26 potentially radically expands this work without any clear identification of the likely costs and risks or the regulatory benefits.</p> <p>There will be additional costs in applying the FOI, Privacy and NHPOPC aspects of the National Law to Accreditation Authorities (recommendation 29). and in the NHPOPC review of grievance procedures (recommendation 30). Although National Boards and AHPRA consider that the costs associated with these recommendations would be outweighed by the associated benefits including increased transparency, accountability and consistency across the National Scheme, we note it will be important to consider and clarify the source of funding for the expansion of NHPOPC activities. National Boards and AHPRA note this expanded activity covers entities within and outside the National Scheme, and the associated costs will potentially impact on registrant fees unless other funding mechanisms are identified.</p> <p>Benefits</p> <p>As noted previously, National Boards and AHPRA believe that there are a number of benefits of these recommendations that could be achieved through implementation of the other governance recommendations to streamline administration requirements and reduce duplication.</p> <p>Recommendation 26(b) would increase consistency while allowing qualification assessments and supervised practice requirements for overseas qualified practitioners to be aligned with professional competency frameworks or equivalent, which provides some flexibility where appropriate to take into account the different career stage and global variation.</p> <p>In relation to recommendation 27 which proposes that the Australian Medical Council (AMC) should undertake all monitoring and reporting on specialist medical colleges in relation to the assessment of overseas practitioners by working in partnership with the Medical Board of Australia (MBA). The MBA has recently started reporting in this role and given the early stage of this work, it should be given time to mature before considering whether any other changes may be needed.</p> <p>We agree that publicly available information about pathways to specialist registration is important to demonstrate transparency (recommendation 28).</p>

	<p>We consider that recommendations 29 and 30 would deliver benefits in terms of transparency, accountability and good practice.</p> <p>Risks</p> <p>There is a risk that the establishment of policies and guidelines for international course accreditation could potentially shift the focus and activity of accreditation authorities with little benefit to the current approaches available under the National Law, increased cost and potentially unintended consequences.</p> <p>There are some risks that the availability of process reviews will be misunderstood as allowing merits review, but careful communication should mitigate these risks.</p>
COST ISSUES	
<p>11. Separate consultation will be undertaken with AHPRA and the National Boards on costs of implementing recommendations. Are there any other significant costs to other bodies not already canvassed in the preceding questions?</p>	<p>We will provide separate advice on the costs to the National Scheme of implementing the final report recommendations, including the governance options in the final report and our alternative option 2.5, which we consider would achieve similar benefits for less cost, burden and risk.</p> <p>In terms of other significant costs that may be incurred by other bodies, those bodies are best placed to advise on this issue. However, as a general comment we would suggest that the recommendations involving additional work or change for Commonwealth Departments, specialist medical colleges and unregistered health and social care professions may involve extra costs for these bodies.</p>
PROGRESS ALREADY MADE ON AREAS ADDRESSED BY RECOMMENDATIONS	
<p>12. To what extent do the actions undertaken since the completion of the ASR project address the recommendations of the final report?</p>	<p>National Boards and AHPRA have already taken action to address a number of the themes and recommendations of the ASR. This work has delivered increased accountability and transparency of processes and demonstrated how National Boards and AManC can collaborate effectively to achieve desired outcomes. It also demonstrates AManC’s ability to contribute a whole of scheme perspective that strengthens current governance arrangements while avoiding unintended consequences. This progress adds weight to our submission that our alternative option 2.5 could achieve significant change for less cost, burden, risk and time, particularly given the additional momentum of a clear mandate from Ministers.</p> <p>Completed work includes:</p> <ul style="list-style-type: none"> - National Boards and AHPRA have completed a multiprofession scheduled review of accreditation arrangements from mid-2019, when the current terms of assignment of accreditation functions end. This included AManC playing a key role in reviewing the multiprofession analysis and advice to be provided to National Boards about their decisions on the body to exercise the accreditation functions for the relevant profession. The review articulated a number of priority areas for further work by AHPRA and National Boards which are also identified in the final report recommendations such as reducing duplication etc. After considering a range of factors including the multiprofession analysis and responses to consultation, thirteen National Boards decided to continue to assign the accreditation functions for the relevant profession to the current accreditation authority for the period 1 July 2019 – 30 June 2024 (ten external accreditation authorities and three accreditation committees established by the relevant board). One National Board

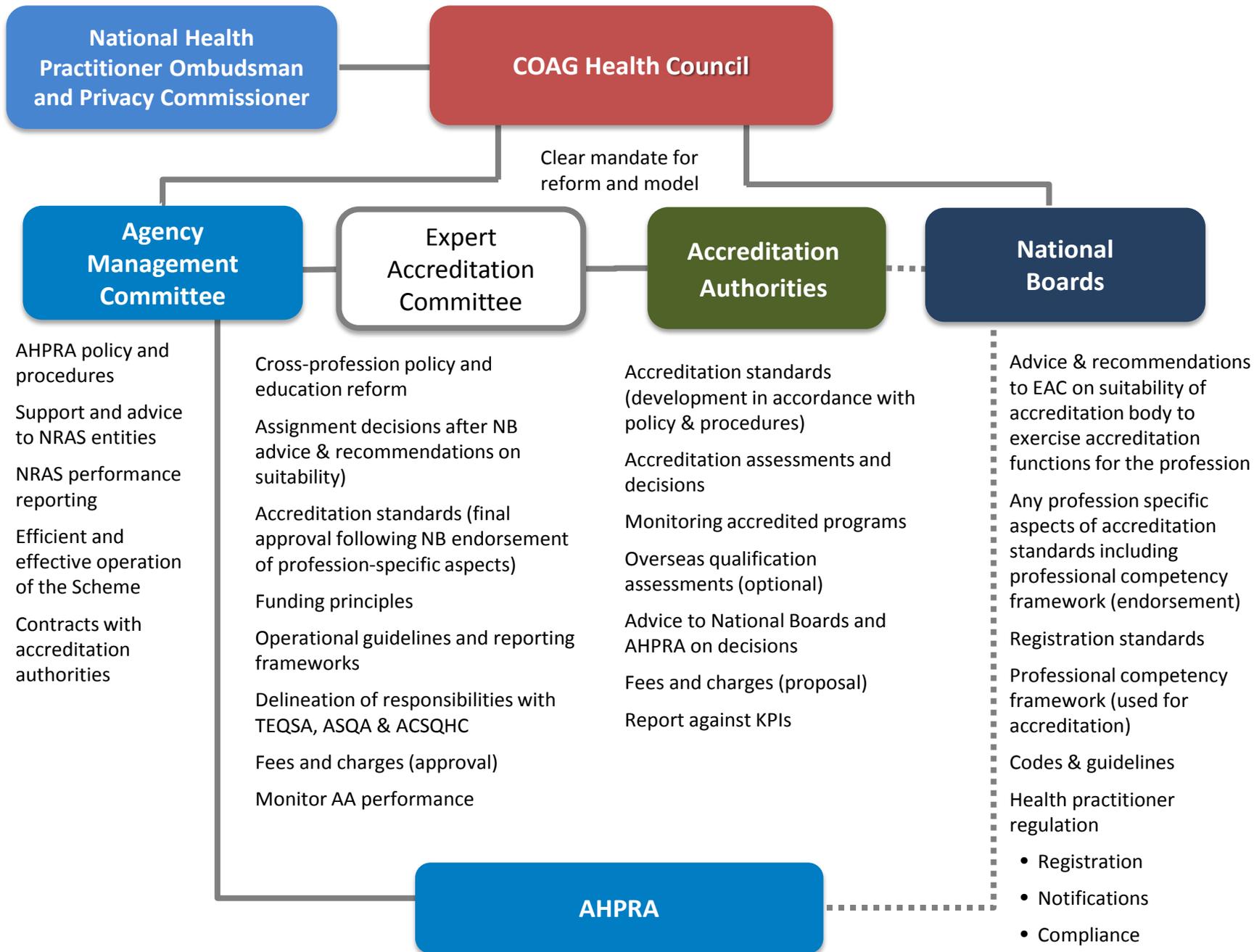
	<p>decided the accreditation functions for this period will be exercised by a committee established by the Board.</p> <ul style="list-style-type: none"> - AHPRA's Agency Management Committee has established an Accreditation Advisory Committee to: <ul style="list-style-type: none"> o provide oversight and leadership on accreditation governance, accountability and transparency issues, and a whole of Scheme perspective on AHPRA's management of contracts for the performance of the accreditation functions, including financial and reporting matters o review AHPRA's cross-profession analysis of six-monthly reports from accreditation authorities and provide advice to the Board on accreditation governance, accountability and transparency issues identified in the analysis, and o provide a forum for discussion, review and advice on significant whole of scheme accreditation issues including governance, accountability and transparency issues. - The role played by the AAC/AManC in the review of accreditation arrangements and development of new accreditation agreements demonstrates the capacity for AManC to exercise a whole of scheme governance function and the potential to build on this initial step to implement key recommendations of the final report. - The Paramedicine Board of Australia and AHPRA undertook a public expression of interest process for accreditation functions for the paramedicine profession. Ultimately the Board considered its options under the National Law and decided to establish an accreditation committee to exercise the accreditation functions for the first three years. - AHPRA in consultation with National Boards and with oversight from the AAC and AManC has developed a new draft agreement for the accreditation functions and is negotiating with external accreditation authorities. The new agreement includes initial funding and fee principles, and key performance indicators to address priority accreditation issues such as: <ul style="list-style-type: none"> o enhancing safety and quality o embedding interprofessional learning and practice o improving Aboriginal and Torres Strait Islander health o addressing cultural safety o responsiveness to health and workforce priorities o reducing duplication and regulatory burden o achieving greater consistency o sharing good practice, and o strengthening governance, transparency and accountability <p>The agreement provides for the funding and fee principles and KPIs to be revised during the term of the agreement to support ongoing progress on key issues.</p> - AHPRA has entered into an MoU with TESQA and is planning on entering into an MoU with ASQA later in 2019 – this will enable an approach to mutual recognition to be identified; this will also identify further opportunities to reduce regulatory burden through incorporating KPIs in the agreement - AHPRA has supported a joint review of the accreditation standards for the Aboriginal and Torres Strait Islander health practice, Chinese medicine, and medical radiation practice professions. These accreditation standards reflect the harmonised approach initiated by the
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	<p>Australian Dental Council. The accreditation standards also reduce duplication with education regulators, increase consumer engagement, reinforce outcome-based approaches and address interprofessional learning and practice, cultural safety and NSQHS Standards. The accreditation standard for the paramedicine profession is expected to align with these accreditation standards.</p> <p>Other significant work in progress includes:</p> <ul style="list-style-type: none"> - reviewing the Procedures for the development of accreditation standards. This will provide a mechanism to facilitate development and adoption of cross-profession policies and guidelines, reduce duplication with TESQA and ASQA, increase consumer engagement, reinforce outcome-based approaches and include interprofessional learning and practice, cultural safety and NSQHS Standards - AHPRA is participating in work to establish a new national collaboration on interprofessional education, taking into account key perspectives from education providers, employers, health consumers, safety and quality and regulators. <p>Through further use of existing mechanisms, such as agreements with external Accreditation Authorities and terms of reference for Accreditation Committees, reforming <i>Procedures for the development of accreditation standards</i> and establishing good practice <i>Procedures for the development of professional capabilities</i>, in an integrated way, the National Scheme can achieve significant progress in reducing duplication, increasing efficiency and effectiveness, and ensuring relevance and responsiveness.</p>
ADDITIONAL QUESTIONS	
<p>13. Are there any other costs, risks or benefits related to the final report recommendations, not addressed in other questions?</p>	<p>The National Boards and AHPRA will provide separate advice about the likely costs of the final report recommendations, as mentioned below. However, we consider that the final report significantly underestimates the costs of creating a new statutory body. In addition to the financial costs of establishing a new body, there will be significant transitional costs in articulating the arrangements between the new body and the existing National Scheme bodies and moving to the new arrangements. This is likely to slow and impede the pace of desirable reforms, and would be avoided by our alternative option 2.5 which would build on existing progress without losing momentum.</p>

Principles for reforming governance

Based upon those provided by the Independent Reviewer during the review and identified in the ASR Final Report

- NRAS is a single national scheme encompassing multiple professions
- All entities must balance all National Law objectives in performing their functions; applying a whole of health workforce perspective as appropriate
- There are two distinct but connected areas of regulatory focus that require specialised expertise:
 - Individuals (health practitioners)
 - Accreditation standards, accreditation of programs of study and education providers
- Governance arrangements should be structured to:
 - provide clear authority to progress key reform proposals and continuous improvement of the accreditation system within the National Scheme
 - provide governments, stakeholders and the community with confidence that the arrangements will ensure progress on key reform proposals
 - provide all with confidence in the expertise of each responsible entity and the integrity and validity of their decisions
 - operate with the minimum necessary costs and administrative burden
- Duplication of regulatory activities within and outside the Scheme should be avoided
- Regulatory entities and decision-making processes must be free from actual or perceived undue influence



Features of option 2.5

- Clear authority and mandate from Ministers for the Agency Management Committee (AManC) to lead and be accountable for system reform through:
 - adding two decision-making responsibilities to AManC’s functions
 - making future assignment decisions after advice and recommendations of National Boards on suitability of accreditation body to exercise accreditation functions for the profession (legislative change required or National Board delegation in the interim)
 - final approval of proposed accreditation standards following endorsement of any profession specific aspects by the relevant National Board (legislative change required or National Board delegation in the interim).
 - AManC to establish an Expert Accreditation Committee drawing on key expertise (some of which is already present in the AAC)
 - AManC delegating the new decision-making responsibilities to the Expert Accreditation Committee (other than PsyBA).
- Stronger, more effective use of existing levers to deliver key reforms identified in the ASR Final Report:
 - Use contracts with external accreditation bodies and terms of reference for accreditation committees to establish clear responsibility, accountability and performance framework, including delivering on specific reform initiatives such as establishing funding principles, consistent risk indicators, standardised data collection, enhancing consistency and reducing duplication and regulatory burden
 - Strengthen procedures for the development of accreditation standards to achieve reform
 - Establish new procedures to achieve reform: common policy framework, consistent cross-profession approaches, enhanced role for consumers, alignment with workforce priorities, standardised definitions and terminology, safety and quality outcomes, etc
- Strengthens whole-of-scheme, multi-profession approach drawing on relevant expertise
- Builds on trust and confidence of existing entities in the regulatory impact and potential of the Scheme
- Maintains a critical link within the Scheme between registration and accreditation, including necessary profession-specific aspects, through framework for standards development and approval processes, and strengthened accountability of existing National Scheme entities
- Establishes robust expert mechanisms to progress reform in a transparent manner
- Minimises complexity, cost and bureaucracy and achieves needed accountability and reform much more simply and efficiently

Response Template - Consultation on *Australia's Health Workforce: strengthening the education foundation*

This template is for responses to *Australia's Health Workforce: strengthening the education foundation*, the final report of the Accreditation Systems Review project.

Please return your response to MOH-ASR@health.nsw.gov.au. Responses are due by 28 March 2019

Stakeholder details	
Organisation name:	Psychology Board of Australia
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The Psychology Board of Australia is committed to ensuring both registration and accreditation functions within the National Regulation and Accreditation Scheme are efficient, transparent and responsive. The significant work undertaken to nationalise registration functions continues to be a process of refinement and improvement 10 years into the scheme and undoubtedly been to the Australian community's benefit. The Board agrees with the majority of feedback provided in the National Boards/AHPRA joint response; and irrespective of the decision by Ministers, is committed to working collaboratively and collectively to achieve COAG Health Council's desired reform. The Board however has an alternate position regarding the operationalisation of a proposed governance model (Recommendations 19-23). There are two distinct but interconnected areas of reform; the process and the outcome of accreditation. To uphold accreditation as a fundamental regulatory governance activity within a risk-based approach can be achieved by utilising the NRAS's existing governance model that separates control from operations.

1. A contemporary and best practice quality assurance model across 16 distinct professions requires an independent body that will have Ministerial Council authority to drive reform.

Recognition of the similarities and differences of health profession training is a delicate balance that must be retained as a principle of reform. Development of a quality assurance model with common key performance indicators is a fundamental compliance mechanism that supports achievement as a shared responsibility within and across the health professions by drawing on collective strengths.

One of the criticisms that has featured in all reviews on health education and training is the inability of the largest end user of accreditation – the government employer – to influence the content and process of training. The Board contends that while registration and accreditation are fundamental regulatory mechanisms in the National Regulation and Accreditation Scheme, the best mechanism for workforce reform are the competencies set by the National Board that provide the foundation of both education of the future health workforce and the safe delivery of services that is in the public interest. The National Boards must retain the authority to develop profession specific competencies and have final approval of qualifications for registration. To remove either function reduces the ability of a profession and the community to hold each practitioner to a consistent and evidence-based standard of practice. As indicated in the National Board AHPRA joint response, the endorsement of profession specific accreditation standards by the relevant National Board will be pivotal in maintaining the necessary tension between the purpose and utility of a profession to deliver sustainable services.

The challenge of this significant reform agenda exists in the implementation of inter-professional competencies or directions by government to change profession specific competencies as the National Boards are currently the only entities that can influence a profession's accreditation standards. Given this consultation has requested consideration of either the Agency Management Committee sub-committee or a new Board, the Board contends that only a body that has comparable authority from Ministerial Council and is perceived to have the requisite expertise and independence will be positioned to drive reform given the status and influence of health professions within the Australian health system.

2. Improved coordination and process of accreditation functions should be a corporate function of the scheme and should be the responsibility of AHPRA.

Accreditation is a complex process of independently verifying a program of study according to defined standards. The Board is cognisant that it would be to the benefit of education providers to both simplify process of accreditation and improve the transparency of how accreditation is costed. It is also hard to argue that it would not return efficiency back into the system by capitalising on the collation of processes across professions. This was one of the main reasons underpinning the inception of the National Registration and Accreditation Scheme. AHPRA as the administrators of NRAS, are best positioned to assume responsibility for coordinating accreditation functions with an established track record.

Embedding accreditation processes is a significant change from the current model with accreditation councils and committees in control of standards and processes. AHPRA has already taken the lead on what is otherwise a significant change management process with simplifying the agreement process. A staged based approach that maintains profession specific and accreditation expertise at the heart of the change agenda will be pivotal to achieving the desired outcomes.

Specific advice from the Pharmacy Board of Australia on recommendations 13 and 14

Recommendation 13	
<p>4. What implications may the implementation of these recommendations have for bodies outside of AHPRA and National Boards (e.g. consumer groups, education providers, accreditation bodies)? In what timeframes would these bodies be able to achieve the outcomes in the recommendations?</p>	<p>Ministerial Council approved registration standards developed by the Pharmacy Board of Australia (PharmBA) in 2010 and revised (current registration standards) in 2015. The PharmBA developed these registration standards which involved wide-ranging consultation in accordance with the <i>Procedures for development of registration standards</i> established by AHPRA under section 25 the National Law.</p> <p>Internship</p> <p>The PharmBA through its <i>Registration standard: Supervised practice arrangements</i> has set out the requirements for general registration subsequent to graduation. During a period of provisional registration, intern pharmacists are required to work under supervision for a 12 month period (to complete 1824 hours of supervised practice). During the completion of the supervised practice, successful completion of an intern training program accredited by the Australian Pharmacy Council is also required. These requirements which were introduced in 2010 are maintained in the current registration standard.</p> <p>Internships take place in hospital pharmacy departments or community pharmacies (the majority occurring in the latter), under the supervision of a pharmacist with site specific approved preceptor pharmacists who have responsibility for the training of interns. Other training sites such as industry placements can also form part of an internship. Flexibility is provided by the <i>Registration standard: Supervised practice arrangements</i> in that interns can undertake their full internship in a single practice site or in multiple sites as part of a co-ordinated training program providing exposure to a range of practice sites and settings which can include engagement with a range health practitioners from other professions. By meeting the outcomes of the internship after graduation (supervised practice and completion of an intern training program) interns are able to meet the competencies for entry to the profession. In addition to the formative assessments that occur under the auspices of the intern training program providers, which includes input from pharmacist preceptors at training sites, final assessment of competence occurs through the summative assessment (the registration examination) as set out in the PharmBA's <i>Registration standard: Examinations for general registration</i>.</p> <p>The internship after graduation is a long-standing process for registration as a pharmacist and is a valid process for ensuring delivery of the knowledge, skills and professional attributes necessary (as articulated by the competency standards for pharmacists) to practise the profession. It has been in place for decades prior to the commencement of the National Scheme and was the subject of wide-ranging consultation when the PharmBA's developed the registration standards in 2010 and revised these standards in 2015. The feedback received during the wide-ranging consultation on both occasions overwhelmingly supported the internship model and summative assessment for general registration. Interns form a key component of the pharmacy work force that is responsible for delivering pharmacy services to the community in hospital, community and other practice settings.</p>

	<p>Accreditation standards for pharmacy programs and intern training programs</p> <p>To support the internship requirement articulated in the PharmBA's registration standard, prior to the commencement of the National Scheme, the PharmBA directed the Australian Pharmacy Council (APC) to develop accreditation standards to support the accreditation of intern training programs, separate to the existing accreditation standards for pharmacy programs that in accordance with relevant provisions in the National Law applied upon commencement of the National Scheme. With the application of both sets of accreditation standards, and delivery of the registration examination, the PharmBA was able to ensure that the necessary outcomes were achieved by interns to ensure they possessed the knowledge, skills and professional attributes necessary to practise the profession safely.</p> <p>The accreditation standards for pharmacy programs were revised in 2012, approved by the PharmBA in 2013, implemented on 1 January 2014 and are currently in place. These standards are outcome-based. Both sets of standards (pharmacy programs and intern training programs) are currently under review and are the subject of wide-ranging consultation. They are due to be finalised by June 2019 and will be out-come based.</p> <p>Competency standards for pharmacists</p> <p>The review of accreditations standards was coordinated to ensure that the revised National Competency Standards Framework for Pharmacists in Australia, 2016 (the competency framework) was in place and implemented. Since the commencement of the National Scheme, the PharmBA has contributed to the pharmacy stakeholder review of the competency framework in 2010 and 2016 and made significant financial contributions to both reviews.</p> <p>Competency assessment</p> <p>A current initiative will also support further developments in competency assessment options which is anticipated to complement the revised accreditations standards for pharmacy programs and intern training programs. The joint Pharmacy Board of Australia and Australian Pharmacy Council project, the Intern Year Blueprint project was completed in 2018. The Board-funded project has resulted in a new blueprint which will become the framework used to determine future options for assessing pharmacy interns against the newly-introduced competencies for pharmacists.</p> <p>The blueprint provides a direct link between learning objectives and assessment methods, and will facilitate effective and appropriate assessment of interns during their training year. It will enable the PharmBA to determine which method is most appropriate for the purpose and context of assessment.</p> <p>A strategy to determine the most appropriate and effective type of assessment for each competency from the range of choices described in the blueprint is underway through a joint working party with membership comprising representatives of the APC, the PharmBA and AHPRA. The strategy will identify the organisation with the prime responsibility to develop and administer each assessment, the APC, the PharmBA and the Intern Training Program (ITP) providers. The implementation strategy will forecast the time required to complete the work and any proposed changes to intern assessment.</p>
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	<p>Flexible pathways for pharmacy program providers</p> <p>The revised accreditation standards for pharmacy programs and intern training programs will provide opportunities for program providers to continue to deliver programs to suit the current pharmacy program and intern training program pathway or alternatively, to deliver a single program whereby the outcomes of both sets of accreditation standards are met.</p>
<p>5. What are the costs, benefits and risks related to the implementation of the recommendation?</p>	<p>Costs, benefits and risks</p> <p>The latter pathway would provide pharmacy program providers with greater flexibility to develop and deliver programs. This pathway would require providers to secure additional and sufficient clinical training opportunities for students through health service providers to meet the outcomes of the full complement of accreditation standards. Costs may arise from this alternative pathway including costs to providers to ensure sufficient clinical training is secured to meet the required outcomes.</p> <p>A range of factors may create barriers to delivering a single program to meet the outcomes of both sets of accreditation standards. These may include the challenges of incorporating sufficient clinical training opportunities to ensure that graduate outcomes of both sets of standards are met. While pharmacy program providers work collaboratively with hospital pharmacy departments, community pharmacies and other health service providers to provide clinical training to students prior to graduation, resources may be limited and clinicians may have limited time to supervise students. Alternatively, maintaining a separate internship period where graduates are paid members of the workforce (covered by an award) provides interns with the necessary supervised practice experience to meet the required programs outcomes and address the competencies necessary for gaining general registration.</p> <p>The flexibility of program delivery models to meet expected outcomes has other implications. Longer programs will create increased costs to government for government funded university placements. Additionally, students will also be required to pay higher fees as well as foregoing the salary that is paid to graduates undertaking an internship after graduation. This may result in longer pharmacy programs becoming less attractive to potential students who might struggle financially and may lead to lower numbers of students reaching graduation and gaining general registration as pharmacists.</p> <p>Fewer interns entering the profession is also anticipated to impact health service providers given that interns form a key component of the pharmacy work force that is responsible for delivering pharmacy services to the community in both hospital and community practice settings. Replacing intern positions with clinical training for students may have additional workforce implications given the supervision required during clinical training may impact supervising clinicians and health service delivery.</p>

Recommendation 14	
<p>4. What implications may the implementation of these recommendations have for bodies outside of AHPRA and National Boards (e.g. consumer groups, education providers, accreditation bodies)? In what timeframes would these bodies be able to achieve the outcomes in the recommendations?</p>	<p>The current arrangements in place require graduates to complete a period of supervised practice which includes successful completion of an intern training program accredited by APC. The Board requested APC to develop the accreditation process and this work is incorporated as a specific project into the accreditation agreement entered into by AHPRA on behalf of the Board and APC.</p> <p>Intern training programs are a part of the supervised practice requirement for general registration (the internship) and are not programs of study.</p>
<p>5. What are the costs, benefits and risks related to the implementation of the recommendation?</p>	