

Consultation paper

14 December 2022

Review of accreditation arrangements to prepare for 2024–2029 cycle

The Australian Health Practitioner Regulation Agency (Ahpra) and the National Boards are reviewing the current accreditation arrangements for the National Registration and Accreditation Scheme (the National Scheme).¹

Accreditation is an important part of the National Scheme as it helps ensure that individuals seeking registration to work in the health workforce have the knowledge, skills and professional attributes to safely and competently practise their profession in Australia. Accreditation functions within the National Scheme include accrediting programs of study that lead to registration and assessing overseas-qualified practitioners. An accreditation authority performs accreditation functions for each profession in the National Scheme. Accreditation authorities make a significant contribution to Australia's health workforce and the National Scheme through their important work.

The current accreditation arrangements end on 30 June 2024 for all professions except paramedicine, which ends on 30 November 2023. Ahpra and the National Boards intend to complete this scheduled review by May 2023 to inform National Boards' decisions on arrangements for the 2024 to 2029 cycle and provide certainty for the future.

This review aims to confirm performance and progress on agreed accreditation priorities from mid-2019 to late 2022. The review also focuses on priorities for the next five-year period to mid-2029 and how progress on these priorities could be measured.

Ahpra and the National Boards are releasing this consultation paper for feedback on the accreditation arrangements in place under the National Scheme.

Providing feedback

Ahpra and the National Boards are consulting on the accreditation arrangements for the National Scheme to prepare for the next five-year period to mid-2029. In addition to general feedback, we are interested in stakeholders' feedback on specific questions about the accreditation arrangements including on performance and progress since mid-2019, and possible areas of focus for the next five-year period, including how progress in these areas could be measured.

You can provide feedback in two ways by close of business on **Tuesday 14 February 2023**:

1. use the attached response template to record your feedback and return it by email to accreditationreview@ahpra.gov.au, and/or
2. send a written submission by email, to accreditationreview@ahpra.gov.au.

Submissions for website publication should be sent in Word format or equivalent.²

¹ Ahpra and the National Boards regulate these registered health professions: Aboriginal and Torres Strait Islander health practice, Chinese medicine, chiropractic, dental, medical, medical radiation practice, midwifery, nursing, occupational therapy, optometry, osteopathy, paramedicine, pharmacy, physiotherapy, podiatry and psychology.

² We aim to publish documents in accessible formats (such as word files) to meet international website accessibility guidelines. Therefore, while you are welcome to supply a PDF file of your feedback, we ask that you also provide a text or word file. More information about this is available at <https://www.ahpra.gov.au/About-Ahpra/Accessibility.aspx>

Publication of submissions

Ahpra and the National Boards publish submissions at their discretion.

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

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

The views expressed in the submissions are those of the individuals or organisations who submit them and their publication does not imply any acceptance of, or agreement with, these views by the National Boards.

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

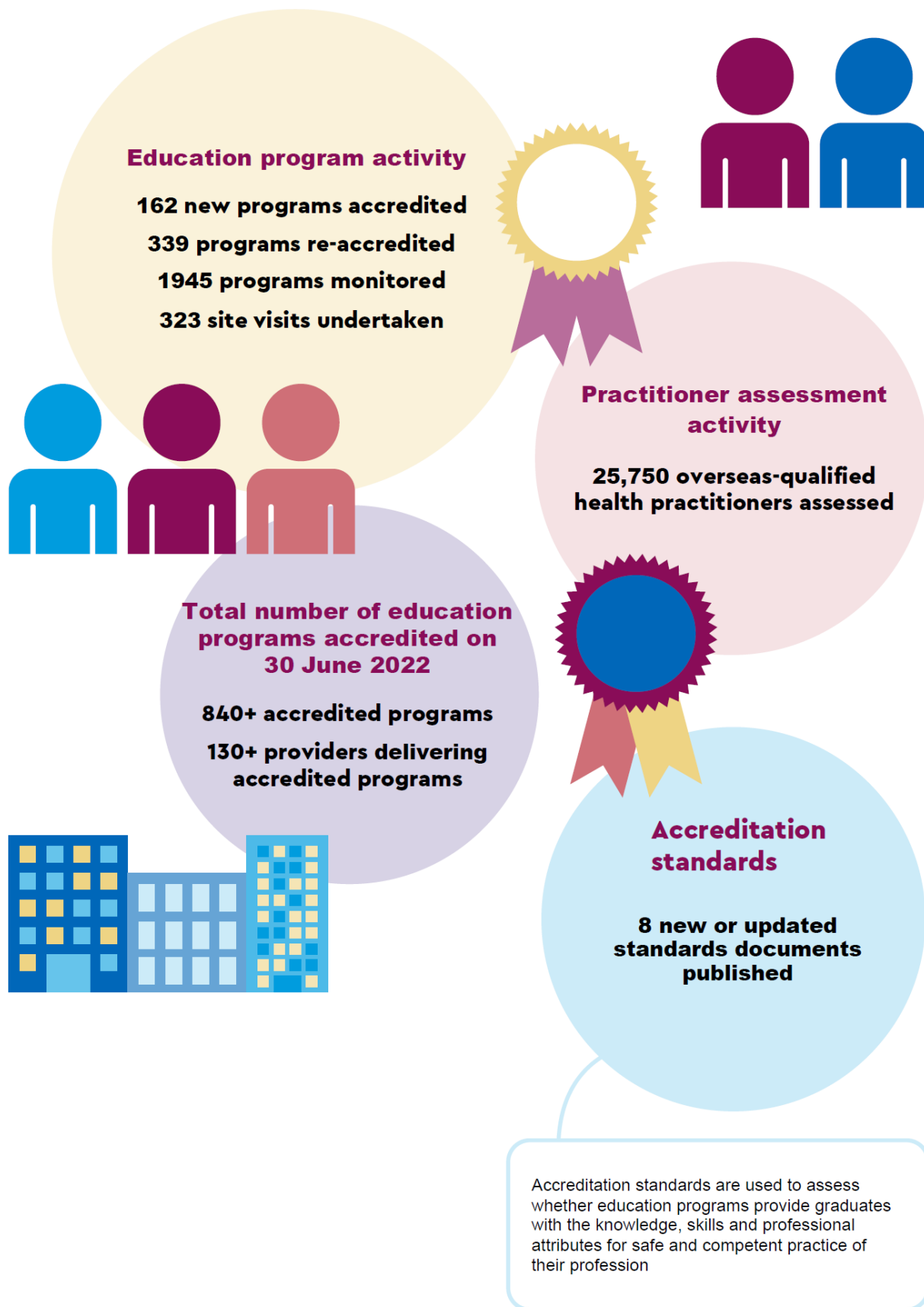
Published submissions will include the names of the individuals and/or the organisations that made the submission, unless confidentiality is requested.

We will also publish a high-level review report.

Next steps

Ahpra and the National Boards will review and consider all feedback from this consultation before making decisions on accreditation arrangements for the next five-year period to mid-2029.

Accreditation activities 2019/22



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Executive summary

Accreditation is a core regulatory function in the National Scheme. Accreditation authorities play an important role in the supply of new qualified, safe and competent health practitioners. This involves two processes – program accreditation and practitioner assessment. Program accreditation is the process of assessing whether a health practitioner education program and the education provider that provides the program produce graduates who have the knowledge, skills and professional attributes to safely and competently practise the profession in Australia. Practitioner assessment is the process of assessing whether an overseas-qualified practitioner has demonstrated the knowledge, clinical skills, and professional attributes to safely and competently practise the profession in Australia. These accreditation functions and processes assure the National Boards and Ahpra that individuals seeking registration have the knowledge, skills and professional attributes to safely and competently practise their profession in Australia.

Each National Board decides whether the accreditation functions for the profession it regulates are carried out by an external accreditation body or a committee established by the National Board. If the accreditation authority is an external council, the council works with the National Board to deliver specified accreditation functions under a formal agreement with Ahpra on the Board's behalf. If the accreditation authority is a committee, the committee works with the National Board according to the committee's terms of reference. Ahpra publishes the accreditation agreements and terms of reference. The agreements and terms of reference specify the scope of accreditation functions and set out associated reporting requirements and funding arrangements.

The current accreditation arrangements end on 30 June 2024 for all professions except paramedicine, which ends on 30 November 2023.

Ahpra and the National Boards are reviewing the current accreditation arrangements for the National Scheme to prepare for the next five-year period to mid-2029. We intend to complete this scheduled review by May 2023 to inform National Boards' decisions on arrangements for the next period and provide certainty for the future.

The review aims to confirm performance and progress on current accreditation priorities from mid-2019 to late 2022. The review will inform the priorities for the next five-year period to mid-2029 and how progress on these priorities will be measured.

This consultation paper provides an overall high-level picture of the accreditation functions in the National Scheme and a whole-of-scheme analysis of performance against the current key performance indicators for accreditation authorities and scheme-wide progress on priority areas since 2019. The paper also explores possible areas of focus for the next five-year period, including how progress in priority areas could be measured.

Stakeholders are invited to provide feedback about the accreditation arrangements including on performance and progress since mid-2019 and input to the accreditation arrangements for the next five-year cycle through this consultation process.

1. Overview

Introduction

The National Boards and Ahpra are reviewing the current accreditation arrangements for the National Registration and Accreditation Scheme (the National Scheme) to prepare for the next period of arrangements from 1 July 2024 (and from 1 December 2023 for paramedicine).

In preparation for the next period of arrangements, this review aims to confirm performance and progress on agreed priorities since mid-2019, and support continued effective delivery of the accreditation function, by focusing on areas which could add value to the agreements and terms of reference such as key performance indicators (KPIs) for the next five-year period.

This consultation paper invites comments about the current accreditation arrangements in the National Scheme and input to the next period of accreditation arrangements through this consultation process.

It explains the current review process and provides background on the National Scheme, the Australian Health Practitioner Regulation Agency (Ahpra) and the National Boards, accreditation arrangements in the National Scheme, current arrangements, other bodies involved in accreditation and other related reviews/reports. It then provides a whole-of-scheme analysis of performance against the current key performance indicators (KPIs) for accreditation authorities and scheme-wide progress on priority areas since 2019. The paper also explores possible areas of focus/priorities for the next period of arrangements to mid-2029.

Current review process

An outline of the review process is at Attachment A. The Ahpra Board oversees the review process, as part of its role in whole-of-scheme oversight and accountability.

Ahpra and National Boards intend to complete this scheduled review by mid-2023 to inform National Boards' decisions on arrangements for the next period.

The current review aims to confirm performance against current KPIs and progress on agreed priorities since 2019, and support continued effective delivery of the accreditation, by focusing on areas which could add value to the agreements and terms of reference for the next period. The key sources of information considered as part of the current review are:

- Documents submitted by accreditation authorities to National Boards since July 2019, particularly the self-assessment reports against the KPIs under the agreements with accreditation councils and the terms of reference for accreditation committees.
- Other information from accreditation authorities – for example, annual reports and financial statements, and information submitted with the annual workplans and funding requests, including fees set by accreditation authorities.
- Relevant reports and documents such as the:
 1. the [annual accreditation snapshot](#)
 2. the [Health Professions Accreditation Collaborative Forum \(HPACF\) publications](#), and
 3. work carried out for the [independently-chaired Accreditation Committee](#).
- Consultation feedback
- Accreditation authority expressions of interest in performing accreditation functions for next five-year cycle, including responses against any parameters identified through this consultation process.

A desktop review of the first three categories of information has been used to develop the following whole-of-scheme analysis of accreditation performance. Consultation feedback and other information that stakeholders may provide during consultation will be reflected in the review report.

Background

The National Scheme, Ahpra and the National Boards

The National Scheme establishes 15 National Boards and Ahpra, which works in partnership with the National Boards to implement the National Scheme. The 15 National Boards are

- Aboriginal and Torres Strait Islander health practice Board of Australia (from 1 July 2012)
- Chinese Medicine Board of Australia (from 1 July 2012)
- Chiropractic Board of Australia
- Dental Board of Australia
- Medical Board of Australia
- Nursing and Midwifery Board of Australia
- Medical Radiation Practice Board of Australia (from 1 July 2012)
- Occupational Therapy Board of Australia (from 1 July 2012)
- Optometry Board of Australia
- Osteopathy Board of Australia
- Paramedicine Board of Australia (from 1 December 2018)
- Pharmacy Board of Australia
- Physiotherapy Board of Australia
- Podiatry Board of Australia, and
- Psychology Board of Australia.

Further information is available at www.ahpra.gov.au.

Accreditation arrangements in the National Scheme

The National Law sets out how the accreditation arrangements in the National Scheme operate.

Each National Board decides whether the accreditation functions (see below) for the profession it regulates are carried out by an external accreditation body or a committee established by the National Board (the assignment of accreditation functions).

The National Law defines the accreditation functions as:

- a) review and develop accreditation standards and recommend them to the relevant National Board for approval
- b) accredit and monitor education providers and programs of study to ensure that graduates are provided with the knowledge, skills and professional attributes to safely practise the profession in Australia.
- c) assess overseas accrediting authorities
- d) assess overseas-qualified practitioners
- e) provide advice to National Boards about issues relating to their accreditation functions

Accreditation authorities have important regulatory responsibilities in the accreditation functions under the National Law. If the accreditation authority is an external council, the council works with the National Board to deliver the specified accreditation functions under a formal agreement with Ahpra on the Board's behalf. If the accreditation authority is a committee, the committee works with the National Board according to the committee's terms of reference. Ahpra publishes the [accreditation agreements and terms of reference](#).

Ahpra and the National Boards work closely with the accreditation authorities to effectively implement the National Scheme. Accreditation authorities and National Boards have separate, but complementary functions under the National Law. For example, an accreditation authority accredits an education program if it meets the accreditation standards and the relevant National Board approves the program so that graduates of the program are qualified to apply for registration in Australia.

Current accreditation arrangements

There are currently 10 external accreditation entities and six accreditation committees exercising accreditation functions in the National Scheme (see: [Australian Health Practitioner Regulation Agency - Accreditation authorities \(ahpra.gov.au\)](#)):

- [Aboriginal and Torres Strait Islander health practice Accreditation Committee](#) (ATSIHPAC)
- [Australian Dental Council](#) (ADC)
- [Australian Medical Council](#) (AMC)
- [Australian Nursing and Midwifery Accreditation Council](#) (ANMAC)
- [Australian Osteopathic Accreditation Council](#) (AOAC)
- [Australian Pharmacy Council](#) (APharmC)
- [Australian Physiotherapy Council](#) (APhysioC)
- [Australian Psychology Accreditation Council](#) (APAC)
- [Chinese Medicine Accreditation Committee](#) (CMAC)
- [Council on Chiropractic Education Australasia](#) (CCEA)
- [Medical Radiation Practice Accreditation Committee](#) (MRPAC)
- [Nursing and Midwifery Accreditation Committee \(Assessment of overseas qualified nurses and midwives\)](#) (NMAC-IQNM)
- [Occupational Therapy Council of Australia](#) (OTC)
- [Optometry Council of Australia and New Zealand](#) (OCANZ)
- [Paramedicine Accreditation Committee](#) (ParaAC), and
- [Podiatry Accreditation Committee](#) (PodAC)

The current arrangements end on 30 June 2024 for all professions except paramedicine, which ends on 30 November 2023.






Table A provides an overview of the accreditation functions currently carried out by each accreditation authority. Information about the accreditation process is also available on each external authority's website.

Four functions are key functions done by most accreditation authorities. Four accreditation authorities also currently have the function of assessing overseas accrediting authorities.

Assessing overseas qualified practitioners is an accreditation function, while deciding applications for registration is a National Board function. When the National Board does not assign accreditation functions (c) and/or (d) to the accreditation authority, Ahpra implements processes that enable the National Board (or its delegate) to make registration decisions when overseas qualified practitioners apply for registration. Examples include the [Medical Board of Australia Competent Authority Pathway](#) and [the pre-registration assessment of qualifications held by overseas-qualified paramedics](#).

All accreditation authorities (whether external authorities or committees) are independent in making accreditation decisions under the National Law.

Table A: Current arrangements – accreditation functions performed by each authority

Accreditation authority	Accreditation functions performed by authority ³				
	a) Develop and review accreditation standards	b) accredit and monitor education providers and programs of study	c) Assess overseas accrediting authorities	d) Assess overseas-qualified practitioners	e) provide advice to National Boards about issues relating to their accreditation functions
					
ATSIHPAC	✓	✓	x	x	✓
ADC	✓	✓	x ⁴	✓	✓
AMC	✓	✓	✓	✓	✓
ANMAC	✓	✓	x	x	✓
AOAC	✓	✓	✓	✓	✓
APharmC	✓	✓	✓	✓	✓
APhysioC	✓	✓	x	✓	✓
APAC	✓	✓	x	x	✓
CMAC	✓	✓	x	x	✓
CCEA	✓	✓	✓	✓	✓
MRPAC	✓	✓	x	x	✓
NMAC-IQNM	x	x	x	✓	x
OTC	✓	✓	x	✓	✓
OCANZ	✓	✓	x	✓	✓
ParaAC	✓	✓	x	✓	✓
PodAC	✓	✓	x	x	✓

Other bodies involved in accreditation

Accreditation Liaison Group

The National Boards, accreditation authorities and Ahpra established an Accreditation Liaison Group (ALG) in 2012 to facilitate effective delivery of accreditation within the National Scheme. 10 years later, in mid-2022, National Boards, accreditation authorities and Ahpra agreed to discontinue the ALG and replace it with an integrated approach to collaboration on accreditation issues within the National Scheme using existing structures including expanding the Forum of NRAS Chairs (FoNC) to include accreditation.

³ Source: [Current accreditation agreements and terms of reference](#)

⁴ The ADC undertakes this function for Canada, on behalf of the Dental Board of Australia.

This integrated approach reflects the maturity of the National Scheme, the importance of even closer collaboration between accreditation and other regulatory functions to address priorities and challenges for the health system, including education, training and practice.

The ALG was a committee of the FoNC and, as an advisory group, it provided an important mechanism to consider shared issues in accreditation across National Scheme entities. The current reporting model and KPIs that inform this review were developed through the ALG and approved by the Ahpra Board.

The ALG also developed reference documents to promote consistency and good practice in accreditation while taking into account the variation across entities. These documents were approved by National Boards and accreditation authorities. Examples include [Communication between accreditation authorities and National Boards about accreditation and program approval decisions and changes to accreditation standards – a guidance document about good practice](#), [Management of complaints relating to accreditation functions under the National Law - a guidance document](#) the [Quality framework for the accreditation function](#).

The Health Professions' Accreditation Collaborative Forum

The [Health Professions' Accreditation Collaborative Forum](#) (HPACF) is the coalition of the entities appointed by the National Boards as accreditation authorities for the National Scheme professions. The HPACF has been meeting regularly since 2007, before the National Scheme started, to consider matters of common interest, principally matters concerning the accreditation of education and training programs in the regulated health professions and advocating for good accreditation practices. The HPACF engages with Ahpra and the National Boards.

Independently chaired accreditation committee

The Ahpra Board established the [independently chaired Accreditation Committee](#) (the committee) in 2021, consistent with Ministerial Council Policy Direction 2020-1 to provide independent and expert advice on accreditation reform and other National Scheme accreditation matters to National Scheme entities (National Boards, accreditation authorities and Ahpra).

Committee members are drawn from broad stakeholder membership categories identified by health ministers, plus a member who identifies as Aboriginal and/or Torres Strait Islander. Members include nominees and representatives from National Boards, the Health Professions Accreditation Collaborative Forum (HPACF), the Australian Commission on Safety and Quality in Health Care (ACSQHC), the Tertiary Education Quality and Standards Agency (TEQSA), Universities Australia, the Aboriginal and Torres Strait Islander Health Strategy Group, private healthcare employers, the Ahpra Board and jurisdictions. The Committee is independently chaired by Professor Andrew Wilson.

The committee has met six times since September 2021 and issues a communiqué after each meeting to keep stakeholders informed about its work. The committee's work and future advice is focused on broad, systemic perspectives on issues that intersect with accreditation in the National Scheme, rather than on the performance or governance of accreditation authorities. For example, one of the committee's priorities is embedding interprofessional collaborative practice (IPCP). The committee recognises this is a complex area and is developing a IPCP Statement of Intent (the draft statement) to secure a joint commitment between the National Boards, accreditation authorities, Ahpra and health and education sector leaders and organisations, to use their leadership to encourage stakeholders to further support and embed IPCP across the health system, in education, training and practice. Accreditation is an important part of this system. Another example is the committee's work on advice to accreditation authorities in supporting good practice approaches to embedding diverse clinical placements and evidence-based technological advances in health practitioner education. This work is focused on the role of accreditation in supporting education providers to consider emerging evidence about good practice approaches to developing clinical competence. This work may address current and emerging challenges in learning and assessment of students' clinical education.

Consistent with [Ministerial Council Policy Direction 2020-1](#), the committee's advice will be addressed within existing mechanisms such as the accreditation agreements and terms of reference, and associated reporting against KPIs. This review of accreditation arrangements to prepare for the 2024–2029 cycle may suggest KPIs that will support implementation of the committee's advice during the next period of arrangements.

Relationship between this review and other reviews/reports

Independent review of the procedural aspects of accreditation processes

The National Health Practitioner Ombudsman (NHPO) is completing [an independent review into the procedural aspects of accreditation processes in the National Scheme](#) (NHPO review). Health ministers commissioned the NHPO review [in response to the recommendations made by Professor Michael Woods](#) in his [2018 independent review](#) of accreditation systems within the National Scheme (Accreditation Systems Review). Health ministers also accepted the Accreditation Systems Review's recommendation that the NHPO's jurisdiction be extended to include the administrative actions of accreditation authorities.

The current NHPO review is considering the quality of current complaint and appeal processes of accreditation authorities within the National Scheme and the fairness and transparency of accreditation processes. The NHPO expects to produce the final report of its review in early 2023. This report will be considered by governments, and will help the NHPO office to prepare for its expanded complaint handling function by establishing connections with accreditation entities and will help with strengthening existing complaint and appeal processes.

In contrast, the review of accreditation arrangements to prepare for the 2024–2029 cycle is intended to confirm performance and progress on agreed priorities since the 2018 review, and support continued effective delivery of the accreditation function, by focusing on areas which could add value to the agreements and terms of reference, such as KPIs for the next period of arrangements.

Ahpra's internal accreditation audit

This review of accreditation arrangements to prepare for the 2024–2029 cycle includes consideration of future KPIs and areas for improvement identified by Ahpra's internal auditors in their final report from a recent internal audit of Ahpra's monitoring of accreditation agreements. This audit is part of an annual internal audit program conducted by Ahpra's internal auditors and overseen by Ahpra's Finance, Audit and Risk Management Committee. The recommendations include:

1. consider greater specificity in performance monitoring metrics in future accreditation agreements / terms of reference following this review, to provide greater clarity about expected performance for accreditation authorities, e.g.: create broad targets which capture expected performance to clearly identify and action non-performance, e.g. percentage of KPIs met, and
2. amend current KPIs to reflect S.M.A.R.T criteria to more specifically determine performance and non-performance, e.g. *"the accreditation authority regularly reviews and updates the accreditation standards"* could include when standards are expected to be updated and clear exceptions for when they are not required to be updated.

National Cabinet review of issues relevant to health care professionals' skills and qualification recognition

National Cabinet is progressing a broad ranging review of processes related to overseas qualified practitioners' migration and registration, including skills and qualification recognition. The outcomes of this review are likely to be implemented before the next period of accreditation arrangements start in mid-2024 but may inform areas of focus and priorities for practitioner assessments as part of this review.

Previous reviews of accreditation arrangements

This is the third review of accreditation arrangements in the National Scheme, and is occurring at a time when Australia's health workforce and education systems are challenged by continued impacts of the global pandemic. Many of these challenges highlight the importance of robust but flexible accreditation arrangements.

In 2012, there was the first review of the accreditation arrangements for each of the first 1010 professions to be regulated under the National Law. In 2018, Ahpra and all National Boards except paramedicine participated in the second scheduled review of accreditation arrangements.

The consultation paper from the 2012 review of accreditation arrangements and submissions are published on the *Past consultations* page of each National Board website.

For the 2018 review, Ahpra developed a multi-profession analysis of accreditation performance over the period 2013 to 2018, primarily based on individual accreditation authorities' reports against the Quality Framework and on a review of authorities' published annual reports and financial statements. The consultation paper and report from the 2018 review, and stakeholder responses to the consultation are published on the *Past consultations* page of Ahpra's website.

Following the 2018 review, new agreements and terms of reference were established for the 2019 – 2024 cycle which support continued progress on key issues under the current accreditation arrangements. The issues addressed by these arrangements include reducing duplication and regulatory burden, enhancing safety and quality, embedding interprofessional learning and practice, improving Aboriginal and Torres Strait Islander health, addressing cultural safety, achieving greater consistency, sharing good practice and strengthening governance and accountability. The term of these arrangements ends on 30 June 2024 for all professions except paramedicine, which ends on 30 November 2023.

2. Whole-of-scheme analysis of accreditation performance

Introduction

The agreements and terms of reference identify several priorities and include a range of indicators to measure performance against the priorities. The agreements and terms of reference require each accreditation authority to report on a six-monthly basis against a template based on the key performance indicators and key activity data.

In late 2019 Ahpra, as the body with a whole of scheme governance role, established the initial reporting model for the current agreements and terms of reference with input from the National Boards and accreditation authorities. This reporting model aimed to measure and report on the performance of the accreditation functions in a consistent and transparent way. As part of the agreed approach, Ahpra worked collaboratively with National Boards and accreditation authorities to review and refine the reporting requirements during 2020 and 2021.

Before the current agreements, accreditation authorities reported against the Quality Framework. The Quality Framework was initially developed in 2013 by accreditation authorities, National Boards and Ahpra, and updated in 2018. It was designed to support quality assurance and continuous quality improvement of accreditation under the National Law. The Quality Framework was first used in 2012, when the performance of the accreditation authorities of the first 10 professions to be regulated under the National Law was assessed during the review of accreditation arrangements. It was used again in 2018 during the review of accreditation arrangements.

At that time, Ahpra, National Boards and accreditation authorities had long recognised the potential for an enhanced reporting model. This opportunity was also acknowledged by the *Independent review of accreditation systems within the National Registration and Accreditation Scheme for health professions* which further stated that reporting on accreditation metrics is less consistent, both within and across the regulated professions, than Ahpra's reporting on key registration, notification and practitioner performance output indicators⁵.

The reporting model for the current agreements and terms of reference is underpinned by some guiding principles. These are:

- The whole of scheme model does not replace established profession specific reporting and engagement between the National Board and accreditation authority for each profession
- Information collected should build a balanced picture of performance
- Information collected should enable the Scheme to demonstrate effective delivery of accreditation functions
- Information collected should align with other reporting requirements
- Information collected should enable reasonable comparisons across accreditation authorities and over time
- The benefit of collecting information should outweigh the collection costs
- The reports should be both meaningful and have the least regulatory burden for all.

The reporting model was iteratively improved over the period to 2021-22, and additional resources were developed to facilitate consistent reporting across accreditation authorities. The revisions to the reporting model required accreditation authorities to provide information on:

- six strategic key performance indicators across four domains/areas
- nine quality framework key performance indicators across eight domains/areas
- key activity data based on the agreed workplan
- annual financial reporting, and
- other reporting that meet the needs of individual National Boards and accreditation authorities.

⁵ Australian Health Ministers' Advisory Council, *Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions Final Report*, November 2017, p. 30 accessed at <http://www.coaghealthcouncil.gov.au/Projects/Accreditation-Systems-Review>

The revised reporting model also included the following specific priorities for the accreditation authorities and Ahpra to pursue in administering the accreditation functions for the National Scheme. :

1. Enhancing safety and quality
2. Embedding interprofessional learning and practice
3. Improving Aboriginal and Torres Strait Islander health
4. Addressing cultural safety
5. Achieving greater consistency
6. Sharing good practice
7. Strengthening governance, transparency and accountability
8. Responding to health and workforce priorities
9. Reducing regulatory burden and duplication

These priorities reflect the areas in which accreditation contributes to the achievement of National Scheme objectives and strategy. The priorities and their alignment with the strategic KPIs and the Quality Framework KPIs (QF KPIs) are outlined in Table A.

This section provides a high-level whole-of-scheme analysis of accreditation performance in the following areas. It considers the self-assessment reports received from accreditation authorities during the period 1 July 2019 to 30 June 2022 as well as other relevant information, such as annual reports and information provided directly by accreditation authorities. Because accreditation authorities submit their annual performance and activity reports for the previous financial year in November, most of the KPI performance information covers only two financial years of the current five-year period. The analysis of progress against the priorities reflects information available at the time of this report. As highlighted below, significant progress against the KPIs was made over these two years, and information available at the time of this paper indicates progress has continued. We also acknowledge that the COVID-19 pandemic started in early 2020 during the current five-year period has brought significant unexpected challenge and upheaval for the health and education sectors. Innovative approaches by accreditation authorities significantly contributed to the progress made against priorities during this time, particularly during the COVID-19 pandemic.

1. Self-assessed performance against the strategic KPIs
2. Self-assessed performance against the Quality framework KPIs
3. Responses to the COVID-19 pandemic, and
4. Performance against the priorities outlined in the agreements and terms of reference.

Table B: Alignment of KPIs to priorities under the new reporting model

Priority	KPIs
1. Enhancing safety and quality	KPI 3: The accreditation authority has standards and processes that appropriately recognise the relevant National Safety and Quality Health Service Standards, including in relation to collaborative practice and team-based care.
2. Embedding interprofessional learning and practice	KPI 5: The accreditation authority participates in collaborative activities with other authorities, including to develop consistent structures, standards or processes, to avoid any unnecessary regulatory burden and to facilitate education that contributes to a health workforce that responds to evolving healthcare needs.

Priority	KPIs
<p>3. Improving Aboriginal and Torres Strait Islander health</p> <p>and</p> <p>4. Addressing cultural safety</p>	<p>KPI 1: The accreditation authority has standards and processes that require all education providers to include in their programs the ability for their graduates to deliver culturally safe health care including for Aboriginal and Torres Strait Islander Peoples.</p> <p>KPI 2: The accreditation authority personnel are trained in cultural safety including for Aboriginal and Torres Strait Islander Peoples.</p>
<p>5. Achieving greater consistency</p>	<p>KPI 4: The accreditation authority has standards and processes that appropriately recognise the TEQSA/ASQA standards and processes.</p> <p>KPI 5: The accreditation authority participates in collaborative activities with other authorities, including to develop consistent structures, standards or processes, to avoid any unnecessary regulatory burden and to facilitate education that contributes to a health workforce that responds to evolving healthcare needs.</p>
<p>6. Sharing good practice</p>	<p>KPI 5: The accreditation authority participates in collaborative activities with other authorities, including to develop consistent structures, standards or processes, to avoid any unnecessary regulatory burden and to facilitate education that contributes to a health workforce that responds to evolving healthcare needs.</p> <p>QF KPI 9: The accreditation authority has implemented processes for stakeholder collaboration.</p> <p>QF KPI 10: The accreditation authority has implemented processes for stakeholder consultation and publishing feedback in line with the published National Board consultation process.</p>
<p>7. Strengthening governance, transparency and accountability</p>	<p>KPI 6: The accreditation authority applies the funding and fee principles listed in the agreement with Ahpra / terms of reference in its funding application to the relevant National Board and when it sets fees for accreditation functions.</p> <p>QF KPI 1: The accreditation authority has implemented a transparent selection process for its governance body.</p> <p>QF KPI 2: The accreditation authority's published processes demonstrate independence in decision making.</p> <p>QF KPI 3: The accreditation authority has implemented effective systems to regularly monitor and improve its accreditation processes.</p>

Priority	KPIs
	QF KPI 4: The accreditation authority has an effective risk assessment framework to identify and actively manage risk.
	QF KPI 5: The accreditation authority regularly reviews and updates the accreditation standards.
	QF KPI 6: The accreditation authority has implemented systems to evaluate performance of assessment teams which are used to continuously improve its policies and processes for assessor selection, appointment and training
	QF KPI 8: The accreditation authority has implemented systems to evaluate the performance of assessment processes which are used to continuously improve its policies and processes for assessor selection, appointment and training where relevant.
8. Responding to health and workforce priorities	QF KPI 7: The accreditation authority's processes for assessing overseas qualified practitioners are based on current evidence and best practice, published and regularly reviewed.
9. Reducing regulatory burden and duplication	KPI 4: The accreditation authority has standards and processes that appropriately recognise the TEQSA/ASQA standards and processes.
	KPI 5: The accreditation authority participates in collaborative activities with other authorities, including to develop consistent structures, standards or processes, to avoid any unnecessary regulatory burden and to facilitate education that contributes to a health workforce that responds to evolving healthcare needs.

Self-assessed performance against Strategic KPIs

Cultural Safety

KPI 1: The accreditation authority has standards and processes that require all education providers to include in their programs the ability for their graduates to deliver culturally safe health care including for Aboriginal and Torres Strait Islander Peoples.

All accreditation authorities reported that specific criteria in their accreditation standards address the requirements for education providers to deliver culturally safe and socially accountable health care programs to build the capability of their graduates. At the time of this report, all accreditation authorities had self-assessed this KPI as 'met' or 'partially met' and all accreditation authorities reported that they had carried out work to support or help education providers with the adoption of standards and delivery of programs that support culturally safe health care.

Seven accreditation authorities reported that, as part of meeting this KPI, they have adopted the National Scheme definition of cultural safety in their accreditation standards (Aboriginal and Torres Strait Islander health practice, Chinese medicine, medical radiation practice, osteopathy, paramedicine, pharmacy and podiatry). Nursing and midwifery have adopted the cultural safety definition developed by the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) and accepted by the NMBA. Two authorities have recently updated their accreditation standards and added a domain dedicated to cultural safety (dental and optometry).

KPI 2: The accreditation authority personnel are trained in cultural safety including for Aboriginal and Torres Strait Islander Peoples.

All accreditation authorities reported that they have personnel trained in cultural safety. In addition, in October 2020 the Health Professions Accreditation Collaborative Forum (HPACF) started work to develop a fit for purpose cultural safety training module tailored to the accreditation context for accreditation assessment teams across health accreditation authorities. This program was delayed by the COVID-19 pandemic but is scheduled to be rolled out in 2023.

Safety and quality

KPI 3: The accreditation authority has standards and processes that appropriately recognise the relevant National Safety and Quality Health Service Standards, including in relation to collaborative practice and team-based care.

By 2021, 13 accreditation authorities reported they had standards and processes that appropriately recognise the relevant Australian Commission on Quality and Safety in Health Care's (the Commission's) National Safety and Quality Health Service (NSQHS) Standards (Aboriginal and Torres Strait Islander health practice, Chinese medicine, chiropractic, dental, medicine, medical radiation practice, nursing and midwifery, optometry, osteopathy, paramedicine, pharmacy, podiatry and psychology).

The two authorities that self-assessed this KPI as 'partially met' in November 2021 (occupational therapy and physiotherapy) advised they were carrying out work to ensure they would meet this KPI in future.

Reducing regulatory burden and increasing consistency

KPI 4: The accreditation authority has standards and processes that appropriately recognise the TEQSA/ASQA standards and processes.

Throughout the reporting period, all accreditation authorities have had standards and processes that recognise the role of TEQSA/ASQA in the regulation and quality assurance of higher education and vocational education in Australia. Accreditation authorities have sought to align their standards with TEQSA/ASQA standards to streamline processes and avoid unnecessary regulatory burden on education providers.

All accreditation authorities reported that their accreditation standards require education providers to hold registration with TEQSA/ASQA, where relevant, and/or ensure alignment of their profession-specific standards with TEQSA/ASQA standards and processes.

KPI 5: The accreditation authority participates in collaborative activities with other authorities, including to develop consistent structures, standards or processes, to avoid any unnecessary regulatory burden and to facilitate education that contributes to a health workforce that responds to evolving healthcare needs.

Throughout the reporting period, all accreditation authorities reported that they continue to collaborate with other accreditation authorities and engage in a range of activities to foster interprofessional collaboration, including through the former Accreditation Liaison Group (ALG), the Health Professions Accreditation Collaborative Forum (HPACF), and the HPACF's Accreditation Managers Subcommittee. In their six-monthly reports, the authorities highlighted examples of intraprofessional and interprofessional collaboration. A particular feature of the reports received during this reporting period was collaboration around responding to the COVID-19 pandemic, including collaboration with Ahpra, National Boards and education providers in response to the challenges of the COVID-19 pandemic; and the sharing of approaches and resources between professions for carrying out accreditation functions during COVID-19.

Funding and fee setting principles

KPI 6: The accreditation authority applies the funding and fee principles listed in the agreement with Ahpra / terms of reference in its funding application to the relevant National Board and when it sets fees for accreditation functions.

This KPI was first reported in November 2020. Since that time, all accreditation authorities have self-assessed this KPI as 'met'. All accreditation authorities have stated they use the funding and fee setting principles in setting fees for education providers and, where relevant, for overseas qualified practitioners.

Self-assessed performance against the Quality Framework KPIs

Governance

QF KPI 1: The accreditation authority has implemented a transparent selection process for its governance body.

Fourteen accreditation authorities reported having various measures in place to support the transparency of the selection process for appointment to governance bodies of external accreditation authorities and to the five accreditation committees, including skills matrices, categories of membership, recruitment and appointment processes, and conflict of interest registers (Aboriginal and Torres Strait Islander health practice, Chinese medicine, chiropractic, dental, medicine, medical radiation practice, nursing and midwifery, occupational therapy, optometry, osteopathy, paramedicine, pharmacy, physiotherapy and podiatry). Evidence of these was provided in their reports against the Quality Framework KPIs. One accreditation authority (psychology) self-reported this KPI as partially met and is actively working toward a solution with the council's member bodies.

The process for selection of the Board of Directors of external accreditation authorities and for selection of members of the five accreditation committees is transparent in the accreditation authorities' public-facing governing documents and annual reports and the accreditation committees' public-facing terms of reference and call for expression of interest documents.

Independence

QF KPI 2: The accreditation authority's published processes demonstrate independence in decision making.

All accreditation authorities confirmed that their published processes support independence in decision making and that their related policies and procedures are regularly reviewed. Responses to this KPI have been consistent across the reporting period.

By 2021, eight accreditation authorities had published updated or new guidelines for the accreditation of education programs in their profession (Aboriginal and Torres Strait Islander health practice, Chinese medicine, dental, medical radiation practice, optometry, paramedicine, pharmacy, and podiatry). In addition, the Australian Medical Council (AMC) made changes to the terms of reference and operating procedures of its accreditation committees to strengthen transparency in governance, including in the appointment of committee members.

In November 2021, all accreditation authorities reported that they had published documents describing the process of decision making and how independence in decision making is maintained. Four authorities reported the involvement of community members in their decision-making processes (dental, optometry, pharmacy and physiotherapy).

Operational management

QF KPI 3: The accreditation authority has implemented effective systems to regularly monitor and improve its accreditation processes.

All accreditation authorities have reported that they have effective systems in place to monitor and improve their accreditation processes and this has been consistent across the reporting period. Several authorities (Aboriginal and Torres Strait Islander health practice, Chinese medicine, chiropractic, medical radiation practice, nursing and midwifery, occupational therapy, optometry, paramedicine, pharmacy, physiotherapy and podiatry) reported that they have reviewed their systems and processes and implemented strategies to monitor their accreditation processes, such as education provider surveys, accreditation assessor surveys, continued refinement of resources for accreditation assessment teams, etc.

In 2020 and 2021, all accreditation authorities reported changes to processes to adjust to the impacts of the COVID-19 pandemic on accreditation processes, and the pandemic's impact on health profession programs of study. Accreditation authorities have shared these adjustments in their reports to Ahpra and through the HPACF and shared how some of these practices are now becoming standard accreditation tools. A key development, through the HPACF, has been the development of a shared statement on accreditation tools used by accreditation authorities, reflecting the changes in the mix of tools used, particularly accreditation site visits, during COVID-19.

QF KPI 4: The accreditation authority has an effective risk assessment framework to identify and actively manage risk.

All accreditation authorities have risk assessment frameworks in place to identify and manage risk relevant and proportionate to the accreditation functions carried out. Nine authorities reviewed and updated their risk framework in this reporting period (Aboriginal and Torres Strait Islander health practice, Chinese medicine, chiropractic, medicine, medical radiation practice, optometry, paramedicine, pharmacy and podiatry). The five Accreditation Committees adopted a shared risk framework in 2022 to provide clear and consistent guidance on how a program's level of risk of not meeting the accreditation standards can be determined and to guide decisions about regulatory responses that are consistent, proportionate and impartial.

Eight authorities (dental, medical, nursing and midwifery, optometry, osteopathy, pharmacy, physiotherapy and psychology) reported that their risk management frameworks and mechanisms were used to manage risk during 2020–21 and to communicate about risks with their respective National Boards.

10 accreditation authorities carry out the assessment of overseas trained practitioners seeking to practice in their profession in Australia. These accreditation authorities all reported on the management of risks related to the shutdown of examinations and on measures to adjust examinations to the COVID-19 pandemic environment (chiropractic, dental, medicine, nursing and midwifery, occupational therapy, optometry, osteopathy, paramedicine, pharmacy and physiotherapy).

Accreditation standards

QF KPI 5: The accreditation authority regularly reviews and updates the accreditation standards.

All accreditation authorities regularly review and update their accreditation standards. Within the reporting period, 12 authorities have reviewed and updated their standards (Aboriginal and Torres Strait Islander health practice, Chinese medicine, dental, medicine, nursing and midwifery, occupational therapy, optometry, osteopathy, paramedicine, pharmacy, podiatry and psychology). In some cases, the pace of the review has been slowed to take account of the impact of the COVID-19 pandemic on workloads.

Process for accreditation of programs of study and providers

QF KPI 6: The accreditation authority has implemented systems to evaluate performance of assessment teams which are used to continuously improve its policies and processes for assessor selection, appointment and training

Over the reporting period, eight accreditation authorities self-assessed this KPI as "met" (dental, medical, nursing and midwifery, optometry, osteopathy, pharmacy, physiotherapy and psychology) and the remaining seven accreditation authorities had self-assessed the KPI as "partially met" (Aboriginal and Torres Strait Islander health practice, Chinese medicine, chiropractic, medical radiation practice, occupational therapy, paramedicine and podiatry). All accreditation authorities have mechanisms in place to improve the performance of their assessment teams. In 2021, the five accreditation committees (Aboriginal and Torres Strait Islander health practice, Chinese medicine, medical radiation practice, paramedicine and podiatry) published a shared new approach to the establishment of assessment teams, together with new guidance for assessors and new training for assessors. Some accreditation authorities made changes to their accreditation training including moving training on online.

Assessment of overseas qualified practitioners

QF KPI 7: The accreditation authority's processes for assessing overseas qualified practitioners are based on current evidence and best practice, published and regularly reviewed.

10 accreditation authorities do the assessment of overseas trained practitioners seeking to practise in their profession in Australia (chiropractic, dental, medicine, nursing and midwifery, occupational therapy, optometry, osteopathy, paramedicine, pharmacy and physiotherapy).

Seven accreditation authorities (dental, medicine, occupational therapy, optometry, osteopathy, pharmacy and physiotherapy) reviewed or updated their assessment and examination processes during the reporting period.

QF KPI 8: The accreditation authority has implemented systems to evaluate the performance of assessment processes which are used to continuously improve its policies and processes for assessor selection, appointment and training where relevant.

In November 2021, eight accreditation authorities reported that they have processes in place to evaluate the performance of assessment processes, including through peer review and moderation (chiropractic, dental, medicine, occupational therapy, optometry, osteopathy, pharmacy and physiotherapy). These accreditation authorities have carried out a range of activities over the reporting period to improve the performance of assessment processes, including reviewing assessor policies and processes, developing new training content, and updated policies and procedures for the recruitment, selection and training of assessors.

Stakeholder collaboration

QF KPI 9: The accreditation authority has implemented processes for stakeholder collaboration.

In March 2020, six accreditation authorities reported having implemented a stakeholder engagement plan (medicine, nursing and midwifery, optometry, osteopathy, pharmacy, and physiotherapy). By November 2021, this had increased to all accreditation authorities.

In addition, the five accreditation committees (Aboriginal and Torres Strait Islander health practice, Chinese medicine, medical radiation practice, paramedicine and podiatry) developed a joint stakeholder engagement framework. ANMAC's published stakeholder engagement framework has been adopted by an agency in Canada with permission for use.

A number of accreditation authorities reported on specific stakeholder engagement projects during the reporting period that show evidence of their processes. For example, medicine reported on a partnership with the Australian Digital Health Authority, and extensive stakeholder engagement during the development of the National Framework for Prevocational Medical Training on behalf of the Medical Board of Australia.

QF KPI 10: The accreditation authority has implemented processes for stakeholder consultation and publishing feedback in line with the published National Board consultation process.

All accreditation authorities have processes in place for stakeholder consultation and publishing feedback in line with the published National Board consultation process.

Responses to the COVID-19 pandemic

Since March 2020 the COVID-19 pandemic has challenged the health and education sectors and required accreditation authorities, the National Boards, and Ahpra to work innovatively and collaboratively to respond to the challenges of disruptions to clinical education and significant changes to program delivery while holding public safety at the core of all activities.

In March 2020, the HPACF released a [consensus statement](#) on the collective position with respect to accredited programs and the impact of COVID-19. The statement recognised the significant impact that the COVID-19 pandemic was having on students, education providers and accreditation authorities. It also recognised that the pandemic was resulting in changes to the ways that education programs were delivered, and accreditation standards were met.

Individual accreditation authorities also provided profession specific advice to education providers which was published by the HPACF as an analysis of the authorities' initial responses to COVID-19.

The National Boards, accreditation authorities and Ahpra worked with the Australian Government through the health and education portfolios to develop [national principles for clinical education during the COVID-19 pandemic](#). The principles are designed to guide the decisions of professions, accreditation authorities, education providers and health services about student clinical education during the COVID-19 pandemic response. The principles acknowledged and complemented profession-specific advice developed by professional bodies and accreditation authorities.

Accreditation authorities built on their existing good processes and relationships to implement COVID-19 specific monitoring that is critical in assuring graduate competence. Accreditation authorities and their National Boards worked together and maintained close communication to ensure the risks of students not achieving the required clinical capabilities were monitored and managed accordingly.

To monitor and manage risks associated with downstream impacts of COVID-19, from November 2020 the performance reports under the agreements and terms of reference included a section on COVID-19 responses as part of authorities' accreditation reporting.

The impact of COVID-19 reported by accreditation authorities

The COVID-19 pandemic had a significant impact on the delivery of education programs and program accreditation and assessments in 2020 and 2021. These impacts included:

- **Impacts on how programs were delivered**, such as the introduction of online student learning and online assessments to replace face-to-face or in person learning and assessments, rescheduling of program components that must be completed in person (such as laboratory and practical work).
- **Impacts on work-integrated learning (clinical placement) opportunities**, including reduced opportunities for work-integrated learning, requests for reduced hours in placements, deferral of placements, but also increases in the diversity of placement opportunities including opportunities for students to experience telehealth, online health service delivery, and other new services such as COVID vaccinations and servicing vaccination hubs.
- **Impacts on education staff**, including reductions in academic staff, budget cuts and significant workload stresses.
- **Impacts on graduating students**, including delayed graduations, extensions for students to complete program elements unable to be completed during COVID-19 restrictions, extensions for exam candidates, increased reporting requirements, as well as opportunities to gain experience in the workforce (for example, in medicine, as Assistants in Medicine which enabled final year students to work with multidisciplinary teams to take responsibility for the care of patients).
- **Impacts on students**, in particular gaps in learning and experience caused by COVID-19 restrictions as well as health and wellbeing impacts necessitating additional psycho-social support for students.
- **Financial impacts on education providers**, in particular as a result of the reduction in international student numbers.
- **Changes to accreditation processes**, for example moving site visits from in-person to an online platform to ensure safety for all staff, moving examinations for overseas qualified practitioners to online remotely proctored delivery, postponing face-to-face examinations and resuming with COVIDSafe arrangements.
- **General challenges** keeping up with changing government directives to ensure accreditation authorities and education providers continued to comply with requirements and maintain employee safety.

Approaches to management of risk associated with the pandemic

All accreditation authorities reported using innovative approaches to manage the risks associated with the COVID-19 pandemic. These included:

- **Establishing a dedicated committee** or group to manage the response to the COVID-19 pandemic.
- **Collaborating** with other accreditation authorities, and with the National Boards and education providers to share resources on the management of COVID-19 risks.
- **Active monitoring** of national and state/territory COVID-19 restrictions and COVIDSafe requirements and responding accordingly.
- **Establishing a community of practice** across Australia and New Zealand to share experiences and learnings.
- **Reforecasting budgets** over future years.
- **Deferring accreditation assessments** and pivoting to online and remote accreditation assessments and visits.
- **Revised processes for monitoring** accredited programs of study and their providers accompanied by guidance to providers.
- **Revising policies and procedures** to adapt to the changed environment.
- **Establishing a risk management framework** for managing COVID-19 risks and impacts.

Collaborative approaches

The main collaborative approaches shared by accreditation authorities were:

- Regular meetings with education providers to discuss the impacts of COVID-19
- Establishing a community of practice to share information, provide support and learnings, and address the impacts of COVID-19 on education programs and students

Other suggested approaches

The HPACF recognised that education providers needed to vary how they meet accreditation standards during the COVID-19 pandemic. The HPACF produced a shared statement acknowledging that outcome-based accreditation standards provided flexibility for education providers to demonstrate their ongoing ability to meet the standards and learning outcomes in diverse and creative ways.

Performance against the priorities

1. Enhancing safety and quality

Accreditation authorities have made a concerted effort to sharpen the focus on safety and quality in their standards and processes. At the time of this report, all accreditation authorities had or were developing standards and processes that recognise the relevant NSQHS Standards.

There is strong alignment between the overarching public protection purpose of the work of the accreditation authorities and the aims and objectives of the NSQHS Standards. The information reviewed for this analysis identified that all accreditation authorities consider a central purpose of accreditation is to ensure programs of study and education providers are graduating practitioners who have demonstrated the knowledge, clinical skills and professional attributes necessary to practise the profession.

The primary aims of the NSQHS Standards are to protect the public from harm and to improve the quality of health service provision. Implementation is mandated in all hospitals, day procedure services and public dental services across Australia. When used in assessment they provide a quality assurance mechanism that tests whether relevant systems are in place to ensure that expected standards of safety and quality are met.

While the NSQHS Standards focus on the delivery of health services, a significant part of that delivery is provided by individual health practitioners, who therefore play a significant role in determining safety and quality.

Through the six-monthly reports, the accreditation authorities have reaffirmed their commitments to protecting the public and enhancing safety and quality by ensuring practitioners meet the high standards required of their professions. It is encouraging to note that at the time of this report, all accreditation authorities reported having, or working towards having, standards and processes that recognise and reflect the relevant NSQHS Standards. For example:

- From 2022, the Podiatry Accreditation Committee has required education providers to demonstrate how learning outcomes and assessments meet the NSQHS Standards, with an emphasis on medication safety.
- In 2021, the Australian Physiotherapy Council has drafted guidelines on new evidence requirements in relation to the NSQHS Standards.
- The Australian Pharmacy Council has contributed to discussions in recognition of the NSQHS Standards.

In addition, Ahpra published in 2020 updated [procedures for the development of accreditation standards](#), and associated guidance on how the procedures apply across several scenarios. These procedures were developed with input from the previous ALG and the HPACF. The updated procedures require accreditation authorities to describe how the proposed new or revised accreditation standards support or contribute to improving patient safety.

In addition, the previous Accreditation Liaison Group (ALG) started collaborative work with the Australian Commission on Safety and Quality in Health Care (the commission) on a 2022 project to develop a cross-profession good practice framework on communication for safety. The framework will consider the role of the commission, accreditation authorities and National Boards and is designed to support strategies focused on better health outcomes and enhanced safety and quality of health care. The framework will build upon the commission's existing [Framework for Communicating for Safety](#) and the relevant accreditation standards, professional capabilities/ competencies and National Boards' codes of conduct. This work is now being led by representatives of the HPACF, National Board Chairs, the Community Advisory Council, Ahpra and the commission and is expected to be completed in 2023.

2. Embedding interprofessional learning and practice

Ahpra, the National Boards and accreditation authorities have long recognised the importance of Interprofessional education (IPE) and interprofessional collaborative practice (IPCP), and this was recognised in the agreements with accreditation authorities.

All accreditation authorities have embedded IPE and/or IPCP in their accreditation standards. Accreditation authorities also reported that they continue to foster IPE and IPCP through the HPACF and the ALG and gave examples highlighting especially the collaboration achieved in responding to the challenges of the COVID-19 pandemic at both the accreditation authority level and the individual practitioner level.

In addition, the updated *Procedures for the development of accreditation standards* require accreditation authorities to describe how the proposed new or revised accreditation standards support or contribute to embedding interprofessional education and preparing practitioners who have the knowledge, skills and professional attributes to engage in interprofessional collaborative practice.

The work of individual accreditation authorities occurs in a context where HPACF, the ALG and the independently chaired Accreditation Committee have all prioritised work on IPE and IPCP. The Accreditation Committee has agreed to develop a whole-of-scheme IPCP statement of intent that will encourage stakeholders across the health system to take action within their sphere of influence to further support and embed IPCP in education, training and practice, focused on quality and safety of patient-centred care in Australia's health system. It will also provide a platform for considering how a whole-of-scheme strategy could further support this goal.

The HPACF has further progressed its work on IPE, building on the already substantial progress made over many years. In 2019–2020, the HPACF surveyed its membership and determined that most members reported having embedded IPE criteria in their accreditation standards which was assessed through cyclical accreditation assessments, regular monitoring, or both. IPE accreditation criteria appeared to focus on training curriculum and student assessment strategies. Consistent with the published literature, IPE meant different things to different members. While accreditation authorities reported that they did not provide programs with guidance on types of evidence for IPE, a majority rated evidence of defined IPE learning outcomes for students, leadership and commitment to IPE, and involvement of other health professions in delivery of IPE activities as either critical or important. The full report was published [on the Forum website](#) in 2020.

Building on this work, the HPACF has established the next phase of work with the overall goal to contribute to an enhanced collaboration between accreditation authorities and education providers in the delivery of IPE and the development of collaborative practitioners. The HPACF is executing a project across 2022-2023 with the following objectives to:

1. Explore the vision of a collaborative practitioner from the perspective of consumers, education providers and health services. Perspectives will be gathered through focus groups discussions as part of research component of the project. A report of the findings will be available in mid to late 2023.
2. Develop specific and practical guidance to support education providers and accreditation authorities achieve the goal of developing graduates who are equipped to practice collaboratively. This will include exemplars and case studies applicable to a range of contexts. The guidance document will be informed by the research component of the project.

It is expected that this project will run until December 2023. The HPACF Working Group includes members of the accreditation authorities, led by the Australian Pharmacy Council in collaboration with the Australian Medical Council, and Associate Professor Fiona Kent, Director Collaborative Care and Work Integrated Learning in the Faculty of Medicine, Nursing and Health Sciences, Monash University and Chair of the Australasian Interprofessional Practice and Education network.

3. Improving Aboriginal and Torres Strait Islander health and 4. Addressing cultural safety

For the purpose of this report, performance against priority 3 *Improving Aboriginal and Torres Strait Islander health* has been assessed together with performance against priority 4 *Addressing cultural safety*, recognising that embedding cultural safety, and building a health system that is free of racism, will contribute to the broader goal of improving Aboriginal and Torres Strait Islander health.

Ahpra, the National Boards and accreditation authorities recognise that improving Aboriginal and Torres Strait Islander health and addressing cultural safety is a priority for all National Scheme entities. In 2020, Ahpra published *The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy*

2020–2025 – a strategy that aims to eliminate racism from the health system and which was the result of collaboration between Ahpra, accreditation authorities, National Boards and Aboriginal and Torres Strait Islander health leaders, experts and peak bodies.

Eight accreditation authorities have adopted/endorsed the National Scheme's definition of cultural safety in their accreditation standards (Aboriginal and Torres Strait Islander health practice, Chinese medicine, medical radiation practice, osteopathy, paramedicine, pharmacy, physiotherapy, and podiatry). Nursing and midwifery have adopted the cultural safety definition developed by the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) and accepted by the Nursing and Midwifery Board of Australia (NMBA). Two authorities have introduced a separate cultural safety domain in their accreditation standards (dental and optometry) to reflect the importance of cultural safety and culturally safe health care.

The HPACF has pursued several initiatives to improve Aboriginal and Torres Strait Islander health. In 2018, for example, the HPACF undertook a [project](#) to examine the role of accreditation in improving Aboriginal and Torres Strait Islander health outcomes. Led by the Australian Dental Council, the project aimed to help the HPACF better understand the role accreditation plays in improving Aboriginal and Torres Strait Islander and Māori health outcomes and producing a culturally safe workforce.

The project identified that accreditation was an important lever in driving education providers' responsiveness to cultural safety in curriculum design. The project also recognised that ensuring that both health practitioners and the environments in which they work are culturally safe is critical to effecting change and delivering culturally safe care for Aboriginal and Torres Strait Islander Peoples.

In 2020, the HPACF started work to develop a fit for purpose cultural safety training tailored to accreditation assessment teams across accreditation authorities. The project steering group is led by the Australian Dental Council and importantly includes contribution from indigenous representatives from the Australian Medical Council and Occupational Therapy Council of Australia. In June 2022, the HPACF reported it was in the final stages of appointing the external vendor to develop and deliver the cultural safety training following a robust procurement process. It is anticipated that the training will be rolled out from 2023 and will include a self-directed learning component as well as an online facilitated workshop component, with mixed profession attendance to foster learning cross professionally. The HPACF is embedding an impact evaluation mechanism, to be codesigned with the successful vendor, to ensure the training is achieving the intended outcome of ensuring accredited programs are graduating practitioners that have been educated to be able to deliver culturally safe care (being the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism as determined by Aboriginal and Torres Strait Islander individuals, families and communities).

In addition, the individual accreditation authorities reported on a range of initiatives to address cultural safety. Highlights include:

- The Australian Dental Council developed a Reflect Reconciliation Action Plan (RAP) in 2021, embedded the definition of cultural safety in the professional competencies of the newly qualified dental practitioner, and has made significant progress to amplify Aboriginal and Torres Strait Islander voices in decision-making and recently announced the appointment of a second indigenous Board Director to its governing board.
- In 2021, the Australian Medical Council (AMC) established an *Indigenous Policy* which includes a definition of cultural safety and acknowledges the importance of ensuring Aboriginal and Torres Strait Islander peoples are consulted in all aspects of the AMC's work. The AMC has also established a committee to lead Aboriginal, Torres Strait Islander and Māori consultation processes for the AMC in relation to the Medical School Standards Review and the Prevocational Framework Review.
- The Australian Nursing and Midwifery Accreditation Council (ANMAC) has identified improving Aboriginal health as one of its strategic priorities for the period 2018 to 2021. ANMAC has continued to implement initiatives from its Reflect RAP and developed its Innovate RAP, although like all authorities, efforts in some areas were hampered by the COVID-19 pandemic.
- In 2021, the Optometry Council of Australia and New Zealand's (OCANZ's) Indigenous Strategy Taskforce hosted a successful online showcase and workshop to address how cultural safety is being embedded in optometry programs in Australia and New Zealand. The heads of optometry programs also progressed work to establish a Leaders in Indigenous Optometry Education Network, with the results published in the Australian and New Zealand Journal of Public Health.

- In 2019 the Australian Pharmacy Council established an Indigenous Health Strategy Group to guide the council to deliver on its strategic priority of improving indigenous health and appointed its first identified Aboriginal person to the Australian Pharmacy Council Board. In 2020, the Australian Pharmacy Council appointed an Aboriginal person to the Accreditation Committee.
- In 2021, the Australian Pharmacy Council progressed its strategy to improve health outcomes for Aboriginal and Torres Strait Islander Peoples. Activities included continuing the Reflect RAP journey, initiating a project to embed cultural safety in pharmacy education and assessment, evaluating approaches to cultural safety training for health practitioners, and prioritising engagement with and procuring services from First Nations businesses, and signing a pledge to Close the Gap.
- In May 2022 the Australian Pharmacy Council established the Leaders in Indigenous Pharmacy Profession Education (LIPPE) network in partnership with the Council of Pharmacy Schools.
- In 2021, the Australian Psychology Accreditation Council formed a working party to develop cultural safety support materials for education providers. This included working with the Australian Indigenous Psychology Education Project.
- The National Boards for Aboriginal and Torres Strait Islander health practice, Chinese medicine, medical radiation practice, paramedicine and podiatry ran campaigns to appoint Aboriginal and Torres Strait Islander Peoples to their accreditation committees. The campaigns reflected the Boards' commitments to increasing Aboriginal and Torres Strait Islander Peoples' leadership and voices in the regulation of their professions. The campaigns resulted in the appointment of three Aboriginal and Torres Strait Islander Peoples to the accreditation committees. One of these has since resigned due to career commitments but reported feeling culturally safe as a member of the accreditation committee and receiving adequate support and mentorship.
- The five Accreditation Committees have monitored how education providers integrate culturally safe practice in the design and implementation of their programs, including in collaborative practice, team-based care and culturally safe healthcare, particularly for Aboriginal and Torres Strait Islander Peoples.
- All accreditation authorities have implemented (or are implementing) programs to ensure staff are trained in cultural safety. During the COVID-19 pandemic, OCANZ influenced cultural safety improvements in optometry education programs. OCANZ has reported that all their staff, directors and committee members have completed cultural safety training.

5. Achieving greater consistency

All accreditation authorities reported that they participated in a range of collaborative work during the reporting period to achieve greater consistency.

A mapping exercise carried out for the independently-chaired Accreditation Committee in 2022 showed there is already a great deal of consistency in accreditation standards across National Scheme professions, including in:

- the structure and areas addressed in accreditation standards across most professions, and
- the criteria/elements that are assessed to determine if the standard is met.

All accreditation authorities set out their accreditation standards in domains. Most structure their accreditation standards statements into five domains covering the following areas:

1. Public safety
2. Academic governance and quality assurance
3. Program of study
4. The student experience
5. Student assessment

Recently updated accreditation standards for two professions (dental and optometry) include a sixth domain that specifically addresses cultural safety for Aboriginal and Torres Strait Islander Peoples.

In addition, all accreditation authorities have standards and processes that recognise the role of TEQSA/ASQA in the regulation and quality assurance of higher education and vocational education in Australia.

The updated *Procedures for the development of accreditation standards* require accreditation authorities to outline steps taken during the development of the proposed accreditation standards to achieve greater consistency within the National Scheme (for example, by adopting any available template, guidance or good practice approaches used by National Scheme bodies).

In addition, the HPACF has identified there are opportunities for reciprocity or recognition of the processes and standards of accreditation authorities by ASQA and TEQSA. The HPACF invited representatives from TEQSA to attend the April 2022 meeting of the Forum to discuss ongoing engagement opportunities. During the discussion it was highlighted by the Forum that there is a strategic opportunity to continue to strengthen the relationship between the HPACF and TEQSA for the benefit of stakeholders, ensuring continued evaluation of policies to reduce any duplication and share information of mutual interest. The HPACF shared a presentation outlining the impacts of COVID-19 on health profession education programs and providers, including in the self-accrediting providers as requested by TEQSA. The HPACF has committed to continuing discussions and engagement with TEQSA.

The HPACF's Accreditation Managers Subcommittee has allowed the joint development of a glossary of accreditation terms, and shared practices on monitoring of accredited programs of study.

The five accreditation committees (Aboriginal and Torres Strait Islander health practice, Chinese medicine, medical radiation practice, paramedicine and podiatry) reported a high degree of joint work, including the committees holding joint assessor training, joint Chairs' meetings, joint reviews of accreditation standards and developing shared guidelines.

6. Sharing good practice

A number of accreditation authorities have reaffirmed their commitment to meaningful and effective collaboration and sharing good practice. This has included engaging intraprofessional and interprofessional forums, nationally and internationally, and has been most prevalent during the COVID-19 pandemic. The HPACF played an important leadership role during this period.

Accreditation authorities also worked collaboratively with other partners to share good practice during the pandemic. This involved meeting directly with education providers and other accreditation authorities as well as establishing communities of practice to share information and learnings, provide support and work together to address the impacts of COVID-19 on education programs and students. Several accreditation authorities reported receiving positive feedback from education providers about their collaborative approach in responding to the challenges of COVID-19. The Australian Pharmacy Council reported being congratulated by the Council of Pharmacy Schools at the Universities Australia HPESG workshop for its flexibility and collaborative approach. The ADC and Australasian Council of Dental Schools (ACODS) jointly presented the benefits of the ADC COVID-19 monitoring protocol and how this approach promoted high trust relationships.

7. Strengthening governance, transparency and accountability

The guiding principles of the National Law require the National Scheme to operate in a 'transparent, accountable, efficient, effective and fair way'. During this reporting period, Ahpra, accreditation authorities and the National Boards have worked to strengthen the governance, transparency and accountability of accreditation arrangements. Some examples include:

- In July 2020, the five accreditation committees developed *Guidelines for accreditation of education and training programs* to reduce overlap and regulatory burden between accreditation authorities and ensure transparency in the decision-making process.
- In 2022, the five accreditation committees adopted a shared *Accreditation Risk Framework* in order to provide clear and consistent guidance on how programs' level of risk of not meeting the accreditation standards can be determined and, to guide decisions about regulatory responses that are consistent, proportionate and impartial.

In 2020, the ALG led work to report on the costs of accreditation in the National Scheme. This work built on an initial report developed in 2016. The 2020 report included additional income, expenditure and activity information for the 2016/17 and 2017/18 financial years, provided a five-year data series to demonstrate the peaks and troughs of the work involved in accreditation in the National Scheme, and pointed to efficiencies made overtime.

In addition, the Accreditation Committee is overseeing an Ahpra-led project that has engaged a subject matter expert to enhance the clarity and comparability of accreditation income and expense information to inform the further development of funding and fee setting principles. The development of the request for proposal and appointment of the subject matter expert was carried out jointly by Ahpra in collaboration with the HPACF, the National Boards and the ALG.

8. Responding to health and workforce priorities

Most accreditation authorities have reviewed their standards since July 2019, drawing on the updated *Procedures for the development of accreditation standards* which require accreditation authorities to describe how the proposed new or revised accreditation standards support or contribute to addressing current health and workforce priorities,

In addition to the standards review and other work by individual accreditation authorities, the HPACF has held preliminary discussions relating to emerging trends in health professions education. These include rural and remote training/education and micro-credentialing and how they intersect with professional accreditation. The HPACF also discussed whether these emerging themes can be harnessed as levers for positive outcomes to address some of the workforce and access issues exacerbated by COVID-19.

As outlined earlier in this document, education providers and accreditation authorities have all had to adapt their systems and processes to meet the challenges of the COVID-19 pandemic. This has seen the emergence of innovative practices to meet emerging health and workforce priorities. Examples have included:

- the use of telehealth and other virtual arrangements to support clinical placement opportunities for some professions
- established new roles for pharmacy students within COVID-19 vaccination hubs
- opportunities for medical students to gain experience as Assistants in Medicine – meeting emerging needs for the students as well as the workforce
- adaptations to support the development of clinical skills before the more intensive clinical placements for the four-year medicine program, as well as increased centralised online learning resources and additional wellbeing measures
- integrated learning/clinical placement arrangements
- the use of different assessment strategies to ensure continuous opportunities for trainees to progress – for example, face-to-face, videoconferencing, telephone assisted oral examinations and modularising assessments delivered within the workplace, and
- using online delivery strategies, such as recorded lectures, video conferencing for synchronous online tutorials, provision of additional learning resources in the form of instructional videos, and synchronous online demonstrations and clinical reasoning.

In addition, the updated *Procedures for the development of accreditation standards* require accreditation authorities to describe how the proposed new or revised accreditation standards support or contribute to addressing current health and workforce priorities.

9. Reducing regulatory burden and duplication

Education providers are involved in multiple accreditation processes, including for professions not regulated under the National Scheme. These processes can involve varying and inconsistent information requirements, timeframes, and terminology; different levels of intervention in institutional autonomy; collection of similar or even the same information by different regulators; and different approaches across disciplines and scopes for individual interpretation.

Ahpra, the HPACF and TEQSA have all made efforts to streamline processes, reduce duplication and ease the regulatory burden on education providers since July 2019. Some examples include:

- In 2019, the HPACF and Ahpra both entered into memoranda of understanding (MOU) with TEQSA. These MOUs support progressing work on mutual recognition of roles and responsibilities, reducing duplication and the sharing of data. These MOU are in addition to the MOU established between individual accreditation authorities and TEQSA.
- From 2018 to 2021, a TEQSA nominee attended Ahpra's former Accreditation Advisory Committee meetings.
- In 2019, an accreditation workshop was convened to explore overlap and duplication between the Australian Dental Council and TEQSA.
- In 2019, APAC carried out a joint accreditation assessment with TEQSA where a joint team worked together, shared documentation and did a joint site visit to reduce the regulatory burden on the provider and ensure a joined-up approach.
- In 2019, the HPACF's Accreditation Managers Subcommittee developed a glossary of terms for annual program monitoring reports, as a guide for use by Forum members.

- The updated *Procedures for the development of accreditation standards* require accreditation authorities to describe how the proposed new or revised accreditation standards support or contribute to avoiding duplication and minimising regulatory burden.
- The HPACF has also signalled its intention to carry out further work related to this issue as part of its Strategic Plan for the 2020-25 period, which states that the HPACF members will use their expertise to improve the quality and value of accreditation services for the benefit of the community, for example by engaging with key external partners to address duplication in accreditation system.
- The independently-chaired Accreditation Committee has prioritised work on this issue for 2022-23, and there has been initial engagement with TEQSA to explore overlap and duplication.
- As outlined above, in 2022 the ALG started a collaborative project with the Australian Commission on Safety and Quality in Health Care to develop a cross-profession good practice framework on communication for safety, that considers the role of the commission, accreditation authorities and National Boards.

3. Proposed priorities/areas of focus

The whole-of-scheme analysis of accreditation performance demonstrates scheme-wide progress on priority areas since 2019. All accreditation authorities consistently demonstrate the good practice attributes of the [Quality Framework](#) when performing their accreditation functions. This section of the paper focuses on priorities/areas of focus for the next five-year period to mid-2029 and explores refined approaches to measuring progress on these priorities.

Accreditation systems and processes will continue to operate in a dynamic and fluid context across the education and health sectors. Accreditation authorities needed to navigate many unexpected complexities during the first two years of the COVID-19 pandemic and did so seamlessly through innovative and collaborative practice. It is clear some of the challenges of recent years will continue, and there are lasting fundamental changes in the way education is delivered and the way accreditation systems operate.

It is important for accreditation to continue its important role in the National Scheme in the next five-year period of arrangements by addressing contemporary priorities for health and education through continued good practice and innovation.

The proposed priorities/areas of focus for the period to mid-2029 in the list below and Table A seek to support continued progress. Although most proposed priorities are similar to those in the current agreements and terms of reference, there are possible opportunities to measure continued progress in more sophisticated ways. Three new priorities are proposed to address contemporary issues and are included below.

- Embedding cultural safety in education and practice and improving the health of Aboriginal and Torres Strait Islander Peoples
- ***NEW*** Eliminating racism in healthcare
- Responding to health and workforce priorities
- Embedding interprofessional collaborative practice (IPCP) at both the individual practitioner level and the organisational level through collaborative working and sharing good practice
- ***NEW*** Responding to challenges and downstream impacts of COVID / pandemic on the health system and education sector
- ***NEW*** Ensuring education providers have systems in place to enhance learning outcomes by supporting student wellbeing
- Prioritising safety and quality
- Continuing to strengthen governance, transparency, accountability and sustainability
- Striving for efficiencies through by reducing duplication, greater enhancing consistency and reducing the regulatory burden

Table C: Proposed priorities/areas of focus and rationales

Proposed priority/area of focus	Rationale
<p>Embedding cultural safety in education and practice, and improving the health of Aboriginal and Torres Strait Islander Peoples</p>	<p>Cultural safety for Aboriginal and Torres Strait Islander Peoples has recently been enshrined as a new guiding principle and objective of the Health Practitioner Regulation National Law (passed by the Queensland Parliament in October 2022).</p> <p>Cultural safety must be embedded at the highest strategic level – in this case the National Law which governs health practitioners in Australia – to ensure a shared commitment across all the partners of the National Scheme.</p> <p>The inclusion of cultural safety in the National Law ensures that every part of the National Scheme – practitioners, regulators, accreditation authorities, educators and employers – are working within the same principle and towards the same objective.</p> <p>The new objective for the National Scheme states: to build the capacity of the Australian health workforce to provide culturally safe health services to Aboriginal and Torres Strait Islander Peoples.</p>

Proposed priority/area of focus	Rationale
	<p>The new guiding principle for the scheme is to ensure the development of a culturally safe and respectful health workforce that:</p> <ol style="list-style-type: none"> 1. is responsive to Aboriginal and Torres Strait Islander Peoples and their health; and 2. contributes to the elimination of racism in the provision of health services.⁶ <p>This builds on the commitments already made to cultural safety and eliminating racism in health care in the National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025 (the National Strategy).</p> <p>Accreditation authorities have made good progress towards embedding cultural safety and must continue work to ensure that education providers provide culturally safe learning and working environments and ensure students have the capability for culturally safe practice.</p> <p>We must also grow the Aboriginal and Torres Strait Islander Health Practitioner workforce as well as Aboriginal and Torres Strait Islander practitioners in all professions to improve outcomes for Aboriginal and Torres Strait Islander Peoples.</p>
<p>*NEW* Eliminating racism in healthcare</p>	<p>Over the last few years, media reports in several states and territories have highlighted instances of racism against people of other cultures. These reports have demonstrated the damaging effect that racism has on the quality and safety of health care.</p> <p>The codes of conduct for all National Scheme professions make it clear that there is no place for racism or discrimination in health care in Australia and this principle is now embedded in the National Law. The foundation of safe practice is a culture of respect for all.</p> <p>Eliminating racism from health care is not the sole responsibility of individual health practitioners. Education providers and accreditation authorities have an important role to play in tackling systemic racism in health care.</p>
<p>Responding to health and workforce priorities</p>	<p>Workforce needs are a higher priority than ever before with the continued demands on health services and practitioners since the start of the COVID-19 pandemic and associated with an ageing population, an increase in chronic disease burden and complex care, changing patterns of healthcare, and new health technologies. It is increasingly clear that flexible and innovative approaches are an essential component of supporting the workforce to meet these demands.</p> <p>The importance of meeting workforce needs is reflected in the objectives of the National Scheme:</p> <ul style="list-style-type: none"> • enable access to services • enable the continuous development of a flexible, responsive and sustainable Australian health workforce • enable innovation in the education of health practitioners, and • workforce mobility.

⁶ Joint Statement between Ahpra, the Aboriginal and Torres Strait Islander Health Strategy Group and the National Health Leadership Forum issued <https://www.ahpra.gov.au/about-ahpra/ministerial-directives-and-communiques/national-law-amendments/joint-statement.aspx>

Proposed priority/area of focus	Rationale
<p>Embedding interprofessional collaborative practice (IPCP) at both the individual practitioner level and the organisational level through collaborative working and sharing good practice</p>	<p>The importance of interprofessional education (IPE) and interprofessional collaborative practice (IPCP) has long been recognised by the National Scheme and National Scheme entities, including Ahpra, the National Boards and accreditation authorities. Embedding IPCP in practice is a complex endeavour.</p> <p>In establishing the independently-chaired Accreditation Committee (the committee), health ministers identified priority issues that they considered would benefit from a single source of expert, multi-faceted and authoritative advice. This included further work on IPE and IPCP, which has been prioritised by the committee in its initial work plan.</p> <p>As a first step, the committee is seeking to contribute to embedding IPCP in the 16 professions within the National Scheme by encouraging stakeholders across the health and education sectors to take action within their sphere of influence, to further support and embed IPCP across the health system, in education, training and practice.</p> <p>Accreditation authorities have an important contribution to make to ensure that IPCP can be embedded in contemporary models of health care.</p>
<p>*NEW* Responding to challenges and downstream impacts of the COVID-19 pandemic on the health system and education sector</p>	<p>The COVID-19 pandemic continues to present challenges, and new opportunities for the health system and education sector. Challenges include:</p> <ul style="list-style-type: none"> • Continuing workforce shortages • Continuing use of virtual learning and practical assessment for essential capabilities • Ensuring education providers continue to equip students with the capabilities to learn and work in a changing environment <p>Opportunities include:</p> <ul style="list-style-type: none"> • Continuing increased use of telehealth and other methods of virtual-healthcare delivery, ensuring these are safe and high quality • Increased use of team-based health care <p>Governments, communities and organisations across most sectors (including education providers) are still navigating the changing environment to identify the most effective and most efficient ways of operating. Accreditation authorities and other National Scheme entities are no exception to this. This priority aims to continue to keep the challenges and opportunities in the current environment within focus, and for accreditation authorities to encourage innovation in education and ensuring students have capabilities to adapt to, and adopt, innovation in health service delivery and practice. .</p>
<p>*NEW* Ensuring education providers have systems in place to enhance learning outcomes by supporting student wellbeing</p>	<p>Research is increasingly pointing to strong links between student wellbeing and the learning outcomes that students achieve. These links became apparent during the first two years of the COVID-19 pandemic and are continuing. Many accreditation authorities are already monitoring education providers to ensure they have systems in place to support student wellbeing at a program level and as part of their response to the impacts of COVID-19. This area of focus is proposed as a new priority for the next five-year period to mid-2029. TEQSA also has a focus on student well-being, but this would focus more on institutional approaches, whereas accreditation authorities could monitor implementation of institutional approaches at a program level.</p>

Proposed priority/area of focus	Rationale
<p>Prioritising safety and quality</p>	<p>Public safety is the overarching objective of the National Scheme. A new paramount principle was recently added to the National Law and makes protection of the public, and public confidence in the safety of services provided by registered health practitioners and students paramount considerations in all decision-making under the National Scheme.</p> <p>While public safety has always been central to the operation of the National Scheme, these legislative reforms confirm that commitment in law.</p> <p>Public safety goes hand in hand with the quality of healthcare delivery. One of the key factors in ensuring students can deliver safe high quality healthcare is by ensuring they experience high quality clinical placements that effectively prepare them for their future roles in the health workforce.</p>
<p>Continuing to strengthen governance, transparency, accountability and sustainability</p>	<p>The guiding principles of the National Law require the National Scheme to operate in a 'transparent, accountable, efficient, effective and fair way'. These principles are critical to good governance and to the effective operation of all functions within the National Scheme, including accreditation.</p>
<p>Striving for efficiencies by reducing duplication, enhancing consistency and reducing the regulatory burden</p>	<p>Improving the efficiency of the accreditation system was a key issue in the Accreditation Systems Review (ASR), and health ministers have referred issues related to achieving consistency of approaches and driving efficiency to the independently-chaired Accreditation Committee</p>

4. Proposed measures

Reporting on accreditation metrics is more consistent, both within and across the regulated professions, than it was before 1 July 2019 but there are still opportunities to enhance the reporting model and approach to measuring performance.

Key performance indicators (KPIs) will continue to be used to monitor the performance of both individual accreditation authorities and the accreditation system as a whole against the objectives and guiding principles of the National Scheme.

A recent internal audit of Ahpra's monitoring of accreditation agreements (part of an annual internal audit program conducted by Ahpra's internal auditors and overseen by Ahpra's Finance, Audit and Risk Management Committee) recommended that Ahpra should consider greater specificity in the KPIs in future agreements and terms of reference to provide greater clarity about expected performance for accreditation authorities. The audit further recommended that the KPIs should reflect the SMART criteria, as this is widely accepted good practice for performance monitoring.



New KPIs will be developed to measure performance over the term of the agreement once National Boards have determined the accreditation assignments. The new KPIs will build on and replace the current KPIs to ensure continued improvement across accreditation functions and demonstrable progress against the agreed priorities. Some National Boards may also choose to have profession-specific KPIs, where there are profession-specific priorities or issues to be addressed. There will be a separate period of consultation on the KPIs with accreditation authorities and other National Scheme entities in 2023.

In order to appropriately measure progress on the priorities, it is proposed that reporting on the KPIs in the first year of the agreement will collect baseline data on the performance of accreditation authorities and the accreditation system. This baseline data would then be used as a starting point for developing more specific targets for the second and subsequent years of the agreements and terms of reference.

The internal audit also recommended that broad targets be created to identify expected levels of performance and enable action to be taken where there is non-performance. The internal audit recommended that Ahpra set a benchmark requiring each accreditation authority to meet a specified percentage of KPIs to be met for performance to be considered adequate – for example, authorities could be required to meet or partially meet 70 percent of KPIs for adequate performance. Baseline data collected in the first year would also be used to test these benchmarks and ensure they are set at levels that are reasonable and achievable.

It is anticipated that the reports from accreditation authorities will be used to assess both the performance of each individual accreditation authority, and to assess the National Scheme's accreditation system in its entirety. It is also anticipated that the nature of the reports will be considered – that is, whether self-assessments by accreditation authorities are sufficient, or if periodic audits of some areas of performance are needed.

5. Consultation questions

When providing comments, including responding to these questions, please indicate whether you are commenting on an individual profession or professions, or on all professions in the National Scheme.

1. Do you have any comments on the performance of an individual accreditation authority or all accreditation authorities against the following?:
 - Strategic key performance indicators (KPIs) (section 2 of this paper)
 - Quality framework KPIs (section 2 of this paper)
 - Responses to the COVID-19 pandemic (section 2 of this paper)
 - Priorities in the agreements and terms of reference? (section 3 of this paper)
2. Do you have any feedback on the proposed priorities/areas of focus for the period to mid-2029?
3. Are there any priorities/areas of focus for the period to mid-2029 that are missing?
4. How important do you think each of the proposed priorities/areas of focus are for the period to mid-2029, based on a on a scale where 0 is not at all important to 4 is very important?

Proposed priority/area of focus	Rate importance
<i>0 = Not at all important 1 = Not very important 2 = A little bit important 3 = Important 4 = Very Important</i>	
1. Embedding cultural safety in education and practice and improving the health of Aboriginal and Torres Strait Islander Peoples	
2. *NEW* Eliminating racism in healthcare	
3. Responding to health and workforce priorities	
4. Embedding interprofessional collaborative practice (IPCP) at both the individual practitioner level and the organisational level through collaborative working and sharing good practice	
5. *NEW* Responding to challenges and downstream impacts of the COVID-19 pandemic on the health system and education sector	
6. *NEW* Ensuring education providers have systems in place to enhance learning outcomes by supporting student wellbeing	
7. Prioritising safety and quality	
8. Continuing to strengthen governance, transparency, accountability and sustainability	
9. Striving for efficiencies through reducing duplication, greater consistency and reducing the regulatory burden	

5. How could progress against each of the proposed priorities/areas of focus best be measured?

Proposed priority/area of focus	
1. Embedding cultural safety in education and practice and improving the health of Aboriginal and Torres Strait Islander Peoples	
	<i>Comment on how progress on this proposed priority/areas of focus could be measured</i>
2. *NEW* Eliminating racism in health care.	
	<i>Comment on how progress on this proposed priority/areas of focus could be measured</i>
3. Responding to health and workforce priorities	
	<i>Comment on how progress on this proposed priority/areas of focus could be measured</i>
4. Embedding interprofessional collaborative practice (IPCP) at both the individual practitioner level and the organisational level through collaborative working and sharing good practice	
	<i>Comment on how progress on this proposed priority/areas of focus could be measured</i>
5. *NEW* Responding to challenges and downstream impacts of the COVID-19 pandemic on the health system and education sector	
	<i>Comment on how progress on this proposed priority/areas of focus could be measured</i>
6. *NEW* Ensuring education providers have systems in place to enhance learning outcomes by supporting student wellbeing	
	<i>Comment on how progress on this proposed priority/areas of focus could be measured</i>
7. Prioritising safety and quality	
	<i>Comment on how progress on this proposed priority/areas of focus could be measured</i>
8. Continuing to strengthen governance, transparency, accountability and sustainability	
	<i>Comment on how progress on this proposed priority/areas of focus could be measured</i>
9. Striving for efficiencies through reducing duplication, greater consistency and reducing the regulatory burden	
	<i>Comment on how progress on this proposed priority/areas of focus could be measured</i>

6. Do you have any other comments about the future accreditation arrangements?

Attachment A: Approach to 2022-23 scheduled review of accreditation arrangements

Stage	Key features of the review process	Possible timing
Pre-review preparation and communications	National Executive/Ahpra Board confirm proposed approach to scheduled review	July 2022
	FoNC discussion about the review and provide approach to National Boards	August 2022
	Provide approach to next meeting of HPACF (after NBs)	September 2022
	Circulate proposed approach to accreditation authorities for feedback	October/November 2022
	Brief JAC	October 2022
	Confirm review process with Ahpra Board and National Boards	October 2022
	Confirm review process with accreditation authorities	November 2022
Develop consultation material	Develop analysis of accreditation authority performance, fact checked with accreditation authorities	July 2022 to October 2022
	Develop consultation paper on arrangements for 2024–2029 including strategic priorities, future KPIs and areas for improvement identified in the final report from Ahpra's Accreditation Internal Audit ⁷	Aug/Oct 2022
	Draft consultation material finalised with National Boards and the National Executive/Ahpra Board.	Nov 2022
Review starts:		December 2022
Consultation	Public consultation	Dec 2022/Feb 2023
	Ahpra analyses submissions and prepares report for National Boards (late Feb), FoNC (early March) and Ahpra Board (mid March).	Feb/March 2023
EOI	Accreditation authorities invited to express interest in exercising accreditation functions for current professions and any others	Late March 2023
	Option for profession-specific EOI as part of this stage	
	EOIs for 2024 to 2029 due against parameters in the report.	April 2023
Decisions	Papers to National Boards and accreditation assignment decisions.	May 2023
Review ends		June 2023

⁷ The recommendations include:

Consider greater specificity in performance monitoring metrics in future Accreditation Agreements / ToRs following the next scheduled review of arrangements, to provide greater clarity about expected performance for Accreditation Authorities, e.g.:

- i. Create broad targets which capture expected performance to clearly identify and action non-performance, e.g. percentage of KPIs met*
- ii. Amend current KPIs to reflect S.M.A.R.T criteria to more specifically determine performance and non-performance, e.g. "the accreditation authority regularly reviews and updates the accreditation standards" could include when standards are expected to be updated and clear exceptions for when they are not required to be updated.*

Stage	Key features of the review process	Possible timing
Post review communications	Advice to accreditation authorities about review outcomes, with an opportunity to discuss any issues. JAC and Ahpra Board briefed Review outcomes published	June 2023 June 2023 July 2023
Arrangements for next period	Negotiate agreements/terms of reference for next period New arrangements start to be implemented	August 2023 – December 2023 1 July 2024