



**Independent Review of Accreditation Systems
within the National Registration and
Accreditation Scheme for health professions**

Submission to the Draft Report

Cover Sheet

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Review of Accreditation Systems within the National Registration and Accreditation Scheme

Draft Report - Submission Template

Funding the accreditation system

The Review has examined opportunities to improve transparency and accountability, minimise duplication and reduce costs through greater efficiency and effectiveness. In doing so, it has undertaken a financial assessment of the accreditation system, including the fees charged by accreditation authorities as well as the expenditure they incur in the exercise of their functions. It has also undertaken a consideration of the fees and costs of other like systems.

There are many complexities involved in comparing the cost of accreditation across jurisdictions (both in Australia and overseas) due to the differing nature of health practitioner registration schemes and accreditation arrangements, intersections with other parts of public systems and different funding methodologies. Despite these differences, the Review has concluded that:

- There are elements within comparator international regulatory systems which can inform improvements in Australia and they need to be addressed in a continuous cycle of improvement and review.
- Assessment of the cost effectiveness of the National Scheme can only be achieved once there is a consistent and transparent funding and accounting framework.

The Review is recommending the adoption of consistent accrual accounting and business standards and the development of a single set of funding principles to guide the setting of fees and charges for accreditation and the application of a transparent cost recovery policy and methodology. The Commonwealth's model of public Cost Recovery Implementation Statements should also be employed when levies and charges for accreditation activities are to be set.

Specific draft recommendations are 1, 2 and 3 in the Draft Report.

Response – You are invited to respond to the general directions proposed in Chapter 3 of the Draft Report and any or all of the specific recommendations.

Draft recommendations:

1. Funding principles should be developed to guide accreditation authorities in their setting of fees and charges. The funding principles should provide guidance on:

- *Development of a cost recovery policy and methodology for all accreditation functions.*
- *Common adoption of consistent accrual accounting and business principles.*

The funding principles should be submitted to the Australian Health Workforce Ministerial Council for approval.

2. A Cost Recovery Implementation Statement should be a mandated requirement when accreditation authorities set (or review) fees, levies and charges.

3. Consistent and comparable accreditation activity information and financial data should be developed for inclusion in National Scheme reporting.

ANMF response:

In our original submission to the Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions (the Review), in relation to setting of fees and charges, the ANMF stated support for the current fee structure used by the Australian Nursing and Midwifery Accreditation Council (ANMAC) for education providers. Our position remains unchanged.

We are not averse, however, to the application of consistent accounting and business standards across accreditation authorities.

The 'funding principles' in draft recommendation 1 are described as 'a guide to accreditation authorities in their setting of fees and charges'. While this recommendation sounds reasonable and non-prescriptive, the ANMF would

Response – You are invited to respond to the general directions proposed in Chapter 3 of the Draft Report and any or all of the specific recommendations.

need to review these principles in order to be sure that their adoption did not require ANMAC to make changes which would be unpalatable to the nursing and midwifery professions. As we've noted previously, and the draft report affirms, there are multiple factors to be considered in the setting of fees:

There will be variance across accreditation authorities in fees charged to education providers and income sourced from National Boards. ...these differences should be transparent (ANMF agrees) and be based on factors such as the complexity of the education program or accreditation process, length of the course and additional infrastructure requirements. (p.41 Draft Report)

Overarching principles therefore would need to enable, and not stifle, necessary variability across the accreditation authorities, as well as allow for the complexities of the nursing and midwifery accreditation environment.

Recommendations 2 and 3 are supported as is.

Improving efficiency

The accreditation system requires sound and fit-for-purpose processes which are designed to reduce complexity and unnecessary duplication, increase clarity and transparency and reduce cost within the system. Each step of an accreditation process has direct resource implications for both education providers and accreditation authorities (and indirect cost implications for students, practitioners and consumers). Greater commonality in accreditation standards, terminology, assessment processes and reporting requirements across the professions, as recommended by this Review, should create opportunities for greater efficiency and effectiveness in the accreditation of education programs and providers.

There are also opportunities to streamline processes that currently overlap with regulators who operate outside the National Scheme. While the education sector regulatory authorities, the Tertiary Quality Standards Agency (TEQSA) and the Australian Skills Quality Authority (ASQA), have different overarching purposes and foci for accreditation, their underlying domains and processes are largely the same and intersect with National Scheme regulators at the point of health education. Clarification and separation of roles and responsibilities should further reduce duplication, costs and administrative burdens.

Specific draft recommendations are 4 and 5 in the Draft Report.

Response – You are invited to respond to the general directions proposed in Chapter 4 of the Draft Report and any or all of the specific recommendations.

Draft recommendation:

4. *Cross profession policies and guidelines should be developed to improve the efficiency of the accreditation process including:*

- *Standardised terminology and definitions across the accreditation process.*
- *An accreditation standards template based on common domains.*
- *Consistent assessment processes, procedures and timeframes.*
- *A common reporting framework that sets out uniform requirements for education providers and includes consistent risk indicators and standardised data collection.*

ANMF response:

Due to the unique nature of the health professional groups, and thus necessary variability in, for example, terminology and accreditation standards domains, the ANMF can only support parts of recommendation 4 as follows:

Recommendation 4, dot points 1, 2, and 3 are not supported.

Recommendation 4, dot point 4 is supported.

Where it is possible to achieve consistency and commonality of overarching accreditation terminology, domains, assessment procedures, processes and timeframes, the ANMF considers this is already occurring through ANMAC participating in, and working with, the Health Professions Accreditation Councils' Forum (HPACF).

Draft recommendation:

5. *Cross profession policies and guidelines should be developed to improve the quality and performance of assessment panels, including through consideration of:*

- *A common register of experts with comprehensive and consistent training.*
- *A regular review process for panel quality assurance and performance.*
- *A common approach to the remuneration of assessment panel members.*

ANMF response:

Recommendation 5, dot point 1 is not supported – assessment panel experts must be profession specific due to the unique knowledge base of each professional group, and cannot be viewed as an homogenous group to be shared across professions (presuming this is what is being inferred in this point).

Recommendation 5, dot points 2 and 3 are supported.

Relevance and responsiveness

The health education system is critical in delivering a health workforce that is responsive to emerging health and social care issues and priorities. Education providers are guided by accreditation standards and competency standards in designing contemporary programs of study. The Review has explored the constraints created by the existing accreditation regulatory system, together with opportunities to deliver relevant and responsive health education programs which align with the National Law objectives. The Review has identified a number of key enablers:

- Adoption of outcome-based approaches for accreditation standards.
- Encouragement of innovative use of technological and pedagogical advances such as simulation-based education and training in the delivery of programs of study and a common, cross-professional approach to the inclusion of interprofessional education as a mandatory requirement in all accreditation standards.
- A requirement that clinical placements to occur in a variety of settings, geographical locations and communities, with a focus on emerging workforce priorities and service reform.
- Adoption of a common approach to the development of domains and learning outcomes for competency standards for professions that ensures relevance to contemporary health care needs.

The Review has also explored the issue of what 'work ready' means. Clarification is required on the differences between the normal induction, support, orientation and mentoring provided by employers to assist new graduates and requirements set by National Boards that restrict the attainment of general registration on first entry into the workforce. Accordingly, the Review is proposing the need for clearer demonstration of the need for supervised practice requirements and national examinations.

Specific draft recommendations are 6 to 11 in the Draft Report.

Response – You are invited to respond to the general directions proposed in Chapter 5 of the Draft Report and any or all of the specific recommendations.

Draft recommendations:

6. Accreditation authorities should adopt outcome-based approaches when developing new, or revising existing, accreditation standards, consistent with achieving innovative high-quality education of health practitioners. An input or process-based element should only be utilised when there is robust evidence that it is essential to the overarching quality assurance process and is consistent with the achievement of the National Law objectives.

7. Accreditation authorities should, within an outcome-based approach to accreditation standards and assessment processes, encourage innovative use of technological and pedagogical advances such as simulation-based education and training in the delivery of programs of study.

ANMF response:

ANMAC has been conducting a progressive program over the past couple of years to revise the accreditation standards for all nursing and midwifery education programs which lead to initial registration. This revision process has included a greater emphasis on an outcome-based approach for accreditation standards. While elements of the programs will always remain as input-based and process standards, accreditation standards for nursing and midwifery are moving in the direction of the Review's recommendation.

Simulation-based education is valuable and is included in nursing and midwifery education programs. However, accreditation standards stipulate that this does not replace clinical placement and the exposure to real life experience nor form part of the required hours for students in the clinical placement environment.

The ANMF considers the amended mix of input and outcome-based approaches within the revised accreditation standards is consistent with achieving the National Law objectives for nursing and midwifery education programs, as well as safeguarding our current graduate standards for safe and competent practice.

Recommendation 6 is supported.

Recommendation 7 is supported, but with the proviso that recognition is given to the fact that simulation should not be seen as a replacement for clinical placement experience.

Response – You are invited to respond to the general directions proposed in Chapter 5 of the Draft Report and any or all of the specific recommendations.

Draft recommendation:

8. *Accreditation standards based on common domains and consistent assessment approaches should include:*

- *Interprofessional education as a mandatory requirement.*
- *Requirements for clinical placements to occur in a variety of settings, geographical locations and communities with a focus on emerging workforce priorities and service reform.*

ANMF response:

Recommendation 8 is partially supported as the elements described in this recommendation are already included within nursing and midwifery accreditation standards. Specifically, with regard to dot point 'Interprofessional education as a mandatory requirement', it should be noted that while it is a worthy aspiration, the mandatory nature of the recommendation doesn't allow for an education provider who only offers courses for one health professional group (for example, nursing). Would support new wording: 'Interprofessional education as a highly desirable requirement'.

An additional comment is necessary on the commentary in this section of the Report. The ANMF disputes the assertions made in Chapter 5 (p.84) with regard to clinical supervision. The ANMF maintains the firmly held position of the nursing and midwifery professions that, for students of nursing and midwifery programs, clinical supervision must be undertaken by a registered nurse or midwife (respectively). This is not a restrictive practice for nurses and midwives as our numbers and geographical spread of practice mean there is always a registered nurse or midwife available in the clinical setting to undertake clinical supervisory functions. We contend that clinical supervision can only be undertaken by a person who has integral knowledge of the requirements of the specific health profession. To do otherwise makes a mockery of the unique knowledge and skill base of the professions. It is hard to imagine a plumber would supervise the practice of an apprentice electrician or vice versa, because of the unique knowledge base required for their respective trades. Health professionals are not an amorphous cohort – each has a distinct knowledge and skill base and contribution to health, maternal or aged care.

Draft recommendation:

9. *National Boards that wish to set requirements for general registration additional to domestic qualification attainment should:*

- *Base these requirements on postgraduate competencies required at profession entry level that can be differentiated from normal and expected progressive work experience.*
- *Provide demonstrated evidence that the approved accreditation standard is unable to deliver, even following amendments, the necessary knowledge, skills and professional attributes necessary to practise the profession.*
- *Establish and document whether there is a requirement for supervised practice or vocational training and specify the expected learning outcomes and how they will be assessed.*
- *Specify if the supervised practice or vocational training warrants a category other than general registration and the limitations of that registration.*

ANMF response:

All nurses and midwives already attain general registration on first entry into the workforce.

Draft recommendation:

10. *If National Boards set requirements for general registration additional to domestic qualification attainment that requires further vocational or academic education these should be defined as programs of study and accredited by accreditation authorities.*

ANMF response:

For nursing and midwifery this process is already in place through ANMAC.

Draft recommendation:

11. *National Boards which require the assessment of intern outcomes in the form of an examination should require those to be summative assessments conducted by the relevant accreditation authority at the conclusion of the period of supervised practice.*

Response – You are invited to respond to the general directions proposed in Chapter 5 of the Draft Report and any or all of the specific recommendations.

ANMF response:

This is not applicable to nursing and midwifery and should not occur within these professions.

Reforming governance - the importance of consumers

The Review considers that there should be greater consumer involvement in accreditation functions to ensure a continued focus on patient centred care and to provide an important addition to professional input. However, effective participation requires clear identification of where such involvement would provide most value and consumers will require additional support and training if they are to be expected to participate as equal members. Consumer involvement (whether it be service users, students and/or employers) in governance committees and assessment processes should be considered where it is relevant, rather than as a matter of course across all functions. Nonetheless, it should be considered in the following areas:

- In the development of professional competency standards.
- In the design of education and training programs, including curricula.
- In the assessment of programs of study and education providers as appropriate.

The Review is also supportive of the AHPRA Community Reference Group and considers that its Terms of Reference should be expanded to include a consumer perspective on accreditation.

Specific draft recommendations are 12 and 13 in the Draft Report.

Response – You are invited to respond to the general directions proposed in Chapter 6 of the Draft Report and any or all of the specific recommendations.

Draft recommendations:

12. All accreditation standards should require education providers to demonstrate the involvement of consumers (health service users, students and employers) in the design of education and training programs, including the development of education curricula, as well as demonstrate that the curricula promotes patient-centred health care.

13. AHPRA should expand the Terms of Reference for the AHPRA Community Reference Group to include accreditation functions and enable accreditation authorities to refer issues to the Group for advice.

ANMF response:

Recommendation 12 cannot be supported in its entirety.

The responsibility for development of ‘professional competency standards’, which in nursing and midwifery are known as ‘standards for practice’, is the remit of the NMBA. This is not an accreditation function. While consumers can, and should, always be invited to participate in the public consultation phase of developing standards for practice, their development remains as the domain of the professions.

The ANMF stands by the sentiments expressed in the quote attributed to us in the Report (p.109) as follows:

The Australian Nursing and Midwifery Federation noted:

“Consumer members of the ANMAC Board provide invaluable contributions to the accreditation process for entry to practice education programs for nurses and midwives..... While consumers can contribute their perspective on care requirements to the higher level accreditation standards development, they do not have the necessary discipline-specific knowledge of requirements for competent and safe practice as a nurse or midwife. We do not therefore support consumer engagement as part of the assessment team for accreditation of nursing and midwifery education programs.”

Recommendation 13 is supported but with a wording change to read: *AHPRA should expand the Terms of Reference for the AHPRA Community Reference Group to include accreditation functions **thereby enabling** accreditation authorities to refer issues to the Group for advice.*

Reforming governance - the overarching model

The Review considers that the greatest constraint to reform of the accreditation system is its model of governance. The current arrangements are unable to provide an actively regulated and managed accreditation system that delivers on all of the objectives set out in the National Law. The Review has developed three options, all drawn from submissions and its own analysis and are evaluated in detail in the Draft Report.

Option 1 - Enhance an existing forum or liaison committee

The first option explores streamlining the time-consuming and resource-intensive nature of the current governance arrangements through enhancing the role of an existing forum or liaison committee. A cross-professional advisory body could provide advice on common approaches to accreditation standards and processes, and develop reference and guidance documents to promote principles of consistency, efficiency and transparency. Submissions to the Discussion Paper suggested that the Health Professions Accreditation Collaborative Forum (HPACF) or the AHPRA Accreditation Liaison Group (ALG) could assume this more formalised role with membership expanded with additional representatives from consumers, education providers and jurisdictions.

Option 2 - Enhance the Agency Management Committee

An option advanced in the Discussion Paper that could provide the desired integrative and determinative approach to accreditation was to expand the remit of the AHPRA Agency Management Committee (AManC). Very few submissions directly addressed this option, rather they either indicated support for another option or proposed a new one. Of those that did address the expanded AManC option, support was limited.

However, the AManC, in its supplementary submission, proposed a different role to that set out in the Discussion Paper and this has formed the basis for the configuration of the second option. The AManC proposed it could become responsible for *"....developing strong and clear cross-professional requirements for good regulatory practice through new procedures for the development of capability and competency standards and enhancing the existing procedures for development of accreditation standards whilst respecting the profession specific standard setting function of National Boards."* (p2). Responsibilities and operations, as proposed by the AManC in its submission, could include:

- AManC, in consultation with each National Board, deciding which body will be assigned responsibility for the accreditation functions for each profession.
- AManC would create a standing committee to advise on approaches to approving programs of study, procedures for the review of accreditation arrangements, procedures for accreditation standards development and review, and procedures to support multi-profession approaches, including the development and use of professional capabilities. The committee would comprise representatives from accreditation authorities, National Boards, AHPRA and potentially other key stakeholders such as government and education providers.
- A program of study accredited by an accreditation authority being automatically deemed to be approved without the need for a decision by a National Board. A Board would retain the power to restrict a program's approval for registration, including imposing conditions on a program of study or on graduates' registration.

Option 3 – Establish integrated accreditation governance

The third option is a governance model that separates the regulation of accreditation from that of registration and establishes a single national cross profession accreditation framework for health workforce education and training within the National Scheme. The option establishes a **Health Education Accreditation Board** with a secretariat drawn from AHPRA, to sit alongside the National Registration Boards with the following responsibilities.

- Assignment of Accreditation Committees.
- Determination of common cross-profession policies, guidelines and reporting requirements, including the fees and charges regime.
- Approval of accreditation standards across the professions that meet its policies and guidelines.
- Development and management of the relationships with TEQSA, ASQA and the Australian Commission on Safety and Quality in Health Care (ACSQHC), including agreements for the delineation of responsibilities between the respective accreditation systems and how they interact.

Accreditation Committees would be established and be responsible for the development of accreditation standards for approval by the Accreditation Board. Accreditation Committees would have independent responsibility for the assessment and approval of on-shore programs of study and education providers, authorities in other countries who conduct examinations for registration, programs of study in other countries and the qualifications of overseas health practitioners.

Accreditation Committees would be able to be appointed within external entities, provided that decisions made by a Committee under the National Law are autonomous from the hosting entity. The external entities (such as the current accreditation councils) must establish their Accreditation Committee operations in a manner that would enable the functions to be covered in the same manner as other National Scheme entities defined in the *Health Practitioner Regulation National Law Regulation 2010*. This should not relate to the general governance and operations of the external entity beyond normal contractual requirements. External entities should be permitted to have other

commercial arrangements. A Committee could be responsible for accreditation functions of more than one registered health profession where the relevant Committees agree to merge.

Profession specific competency standards should be developed by **National (Registration) Boards** and recognised under the National Law in accordance with the legislative provisions established for development of registration standards and their approval by Ministerial Council. These standards are currently developed outside of the regulatory purview of the National Scheme and yet, via the accreditation standards, they have very significant influence on the education foundation of the workforce and ultimately on health service models. This reform should strengthen the National Registration Boards' trust in the accreditation standards and in the integrity of the accreditation system more generally.

Specific draft recommendations are 14 to 25 in the Draft Report.

** Note: As observed in the Draft Report, the NRAS Governance Review may be considering proposals for other changes that impact of the role of the AManC. It is possible that such changes could encompass it taking responsibility for some of the Ministerial Council's roles. Given this, if you wish, your response could also encompass the potential for the AManC undertaking the functions proposed for the Accreditation Board.*

Response – You are invited to respond to the general directions proposed in Chapter 7 of the Draft Report and any or all of the specific recommendations (*refer also to the Note in the above summary).

Option 1: the ANMF supports this option in principle only, and just in relation to the Health Professions Accreditation Collaborative Forum (HPACF), as an overarching body. ANMAC must not be replaced by this group.

Option 2: the ANMF does not support this option.

Option 3: the ANMF does not support this option.

The responses to the draft recommendations below are based on our responses to the three options outlined above.

Draft recommendation:

14. Governments should separate responsibility for the regulation of the accreditation functions under the National Law from that of the regulation of individual practitioners, with the governing entities of the two functions operating collaboratively with the Agency Management Committee and AHPRA, to achieve all objectives of the National Scheme.

ANMF response:

Recommendation 14 not supported.

Draft recommendation:

15. Governments should establish in the National Law a Health Education Accreditation Board (the Accreditation Board) with the following responsibilities:

- *Assignment of Accreditation Committees.*
- *Approval of accreditation standards developed by Accreditation Committees in accordance with the Accreditation Board policies and guidelines.*
- *Determination of accreditation policies, guidelines and reporting requirements (as described in Recommendations 3, 4, 5, 8 and 12).*
- *Development and review of policies and guidelines on the criteria and processes for assessment of international practitioners, offshore programs of study and competent authorities.*
- *Development of funding principles (as described in Recommendation 1) for submission to the Australian Health Workforce Ministerial Council for approval.*
- *Approval of fees and charges proposed by Accreditation Committees following Cost Recovery Implementation Statement processes.*
- *Development and management of relationships with TEQSA, ASQA and ACSQHC, including agreement on the delineation of responsibilities between the respective accreditation systems and how they interact within the following parameters:*
- *Institutional academic accreditation to be undertaken by TEQSA approved structures for higher education providers or ASQA approved structures for Registered Training Organisations.*

Response – You are invited to respond to the general directions proposed in Chapter 7 of the Draft Report and any or all of the specific recommendations (*refer also to the Note in the above summary).

- *Professional accreditation to be undertaken by Accreditation Committees.*
- *Exploration of the potential to include a module within ACSQHC accreditation regimes which encompasses the health service elements of the clinical education/experience domain in professional accreditation.*

ANMF response:

Recommendation 15 not supported.

As stated in our original submission the ANMF does not support accreditation authorities being entirely independent of national boards. We reiterate that while there is a need for the accreditation authority – ANMAC – to be independent with clear boundaries on what they can and should deliver, ultimately the NMBA has the authority for final approval of education programs for nurses and midwives. We maintain there is a safeguard in ANMAC, as accreditation body, being inherently linked to the NMBA (regulator) to ensure education programs meet the regulatory standards which mandate safe and competent practice for protection of the public in health, maternal and aged care delivery.

Draft recommendation:

16. The Accreditation Board should be required to report to the Australian Health Workforce Ministerial Council in the same manner as National Registration Boards and AHPRA, and similarly receive directions as appropriate.

ANMF response:

Recommendation 16 not supported.

The ANMF considers the current arrangement for ANMAC (accreditor) to report to the NMBA (regulator) is the model which works best for the nursing and midwifery professions.

Draft recommendation:

17. The Australian Health Workforce Ministerial Council should appoint members to the Accreditation Board who have the expertise to carry out its health and education functions in the public interest. There should be an appropriate mix of experts in health education, health service provision and health service use. Members are not to represent any particular organisation.

ANMF response:

Recommendation 17 is not supported.

Draft recommendation:

18. AHPRA should support the Accreditation Board with a dedicated Secretariat with policy capability and should work with the Accreditation Board to develop and operate a consolidated fund to:

- *Support the development of policy on cross-professional accreditation matters such as common standards and processes.*
- *Provide a mechanism for the distribution of some proportion of registrant fees as a contribution to accreditation costs to the Accreditation Board and Accreditation Committees.*

ANMF response:

Recommendation 18 is not supported.

Draft recommendation:

19. Accreditation Committees, in accordance with the policies and guidelines set by the Accreditation Board, should have the following functions:

- *Development of accreditation standards for approval by the Accreditation Board.*
- *Assessment of programs of study and education providers and approval and monitoring of programs of study and providers which meet approved accreditation standards.*

Response – You are invited to respond to the general directions proposed in Chapter 7 of the Draft Report and any or all of the specific recommendations (*refer also to the Note in the above summary).

- *Assessment of authorities in other countries who conduct examinations for registration in a health profession, or accredit programs of study and approve those which would provide a practitioner with the knowledge, clinical skills and professional attributes necessary to practise the profession in Australia.*
- *Assessment of the knowledge, clinical skills and professional attributes of overseas health practitioners whose qualifications are not approved qualifications for the health profession.*

ANMF response:

Recommendation 19 is not supported.

Draft recommendation:

20. In assigning Accreditation Committees to undertake the accreditation functions, the Accreditation Board should ensure that they are configured so as to:

- *Place the public interest foremost and provide complete transparency in decision making.*
- *Provide professional input to decision making based on the expertise of individuals rather than representing the interests of any particular stakeholders.*
- *Have their decisions subject to the same requirements as all other decisions made by the entities specified under the Health Practitioner Regulation National Law Regulation 2010. These encompass privacy, FOI and the role of the National Health Practitioner Ombudsman and Privacy Commissioner.*

ANMF response:

Recommendation 20 is not supported.

Draft recommendation:

21. Accreditation Committees should be able to be appointed within an external entity. In that circumstance the Accreditation Board should, with the support of AHPRA, oversight the management of a multiyear contract with the external entity for the delivery of accreditation functions, within the following parameters:

- *External entities should be permitted to have other commercial arrangements provided their contracted accreditation functions are managed independently and transparently, including the management of any conflicts of interest.*
- *An external entity must ensure that its Accreditation Committee has full autonomy to make accreditation assessment decisions and establish its operations in a manner that would enable its functions to be covered in the same manner as other National Scheme entities defined in the Health Practitioner Regulation National Law Regulation 2010.*
- *The application of relevant provisions of the Health Practitioner Regulation National Law Regulation 2010 should apply to the Accreditation Committee only and not more generally to the external entity which is its host.*

ANMF response:

Recommendation 21 is not supported.

Draft recommendation:

22. The Accreditation Board should invite current accreditation councils to establish Accreditation Committees for the initial five-year period. The three existing accreditation committees should be made committees of the Accreditation Board, with administrative support continuing to be provided through AHPRA.

ANMF response:

Recommendation 22 is not supported.

Draft recommendation:

23. Following the initial five-year period, the Accreditation Board should seek expressions of interest and assign Accreditation Committee functions for periods of five years.

ANMF response:

Response – You are invited to respond to the general directions proposed in Chapter 7 of the Draft Report and any or all of the specific recommendations (*refer also to the Note in the above summary).

Recommendation 23 is not supported.

Draft recommendation:

24. The National Law should enable the Accreditation Committees and/or any external entities that host them to act as merged entities where mutually agreed. Opportunities for streamlining and amalgamation should be considered as part of a drive for continued efficiency.

ANMF response:

Recommendation 24 is not supported.

Draft recommendation:

25. National Registration Boards should develop competency standards formally under the National Law, in accordance with the legislative provisions established for the development of registration standards. Competency standards should be developed cooperatively utilising:

- *Standardised definitions and terminology.*
- *A common template with domains that apply to all health professions and which include profession-specific performance criteria and indicators as needed.*
- *Wide-ranging consultation to align with health service models that best serve evolving community health care needs, and incorporate developing requirements such as a greater emphasis on cultural safety and references to the NSQHS Standards.*

ANMF response:

Recommendation 25 is supported. The development of standards for practice for nursing and midwifery is already undertaken by the NMBA (regulator).

Reforming governance - the inclusion of non-registered professions

The opportunity to consider unregistered professions in the overall reform of accreditation of health education under the National Scheme was raised in a number of submissions. Unregistered professions operate outside of the National Scheme.

Amendment of the National Law is proposed to allow unregistered health and social care professions to apply to access the skills and expertise of the Accreditation Board and operate their accreditation activities under the umbrella of the Accreditation Board, subject to specified conditions and in a manner that would have no implications for the registration of those professions. All applications for registration would continue to be dealt with through established Ministerial Council processes and in accordance with the COAG agreed criteria.

Specific draft recommendation is 26 in the Draft Report.

Response – You are invited to respond to the general directions proposed in Chapter 7 of the Draft Report and any or all of the specific recommendations.

Draft recommendation:

26. Governments should amend the National Law to allow unregistered health and social care professions to apply to access the skills and expertise of the Accreditation Board, and operate their accreditation activities under its umbrella, subject to the following conditions:

- Unregistered professions participating in the accreditation provisions of the National Law would be considered separate to the registered professions.*
- Accreditation activities undertaken by unregistered professions would have no implications for the registration of that profession. All applications for registration would continue to be dealt with through established COAG Health Council processes and in accordance with the COAG agreed criteria*
- The National Scheme would not be responsible for the costs of, and fees charged by, participating unregistered professions in relation to their activities and the Accreditation Board may charge fees to recover its own costs.*

ANMF response:

Yes, on the proviso that the Accreditation Board for nursing and midwifery is ANMAC; that ANMAC remains as a separate entity; and, that the only unregulated health workers who would come under the umbrella of ANMC for accreditation of programs are those closely linked to nursing care activities – that is, the assistants in nursing (however titled).

Assessment of overseas trained practitioners

For overseas trained health practitioners seeking to practice in Australia, accreditation, registration, and skills assessments are part of a broader process that requires engagement with numerous organisations responsible for immigration, state and territory governments, recruitment agencies, National Boards, the Australian Health Practitioner Regulation Agency (AHPRA) and potential employers. The Review has focused on decisions, processes and governance relating to functional assignment, monitoring and reporting across the variety of arrangements for the assessment of overseas practitioners. Proposals are:

- AHPRA should lead the development of a whole of National Scheme approach to the assessment of overseas trained practitioners for skilled migration and professional registration and a more consistent approach towards the assessment of overseas trained practitioners and competent authorities.
- The Accreditation Board should lead the development of a more consistent approach to the assessment of overseas trained practitioners and competent authorities and pursue opportunities to pool administrative resources.
- The Accreditation Board, in collaboration with National Boards, Accreditation Committees and specialist colleges, should develop a consistent and transparent approach for setting assessments of qualification comparability and additional supervised practice requirements for overseas trained practitioners, with the latter being aligned with Australian trained practitioner requirements.
- Specialist colleges, in relation to the assessment of overseas trained practitioners, should have their decisions subject to the same requirements as all other decisions made by the entities specified under the *Health Practitioner Regulation National Law Regulation 2010*.
- The Australian Medical Council should undertake all monitoring and reporting on specialist medical colleges in relation to the assessment of overseas trained practitioners.
- Specialist medical colleges should ensure that the two pathways to specialist registration (passing the requirements for the approved qualification or being awarded a fellowship) are documented, available and published on college websites and the information is made available to all prospective candidates

Specific draft recommendations are 27 to 32 in the Draft Report.

Response – You are invited to respond to the general directions proposed in Chapter 8 of the Draft Report and any or all of the specific recommendations.

Draft recommendation:

27. AHPRA, in partnership with National Registration Boards and the Accreditation Board, should lead discussions with the Department of Education and Training and the Department of Immigration and Border Protection to develop a one-step approach to the assessment of overseas trained practitioners for the purposes of skilled migration and registration.

ANMF response:

Recommendation 27 is not supported.

The ANMF has already argued that the assessment process should be tailored to the needs of the practitioner and the consumer and their level of interaction. Our rationale is that not all health professions have as much direct contact with patients/clients as do the nursing and midwifery professions. Our requirements therefore will vary from other health professional groups. ANMAC already provides this service for nursing and midwifery, in conjunction with the NMBA.

It should be noted that specialist colleges in nursing and midwifery have no role in accreditation processes leading to registration or endorsement.

Other governance matters, including grievances and appeals

The Review is proposing the appointment of the National Health Practitioner Ombudsman and Privacy Commissioner to review any decisions made by the following entities specified under the *Health Practitioner Regulation National Law Regulation 2010*:

- Accreditation Committees in relation to programs of study and education providers of those programs.
- Postgraduate medical councils and specialist colleges (medical, dental and podiatric) in relation to the accreditation of training posts/sites.
- Any designated entity exercising an accreditation function regarding an assessment of the qualifications of an overseas practitioner.

Given the number and variety of entities, it is proposed that the National Health Practitioner Ombudsman and Privacy Commissioner should progressively review those entities' grievances and appeals processes, with the view to making recommendations for improvement by each entity where it is considered those processes are deficient.

Specific draft recommendations are 33 to 35 in the Draft Report.

Response – You are invited to respond to the general directions proposed in Chapter 8 of the Draft Report and any or all of the specific recommendations.

Draft Recommendation:

34. Governments should appoint the National Health Practitioner Ombudsman and Privacy Commissioner to review any decisions made under the National Law by the following entities (as specified under the Health Practitioner Regulation National Law Regulation 2010):

- *Accreditation Committees in relation to programs of study and education providers of those programs.*
- *Postgraduate medical councils and specialist colleges in relation to the accreditation of training posts/sites.*
- *Any designated entity undertaking an assessment of the qualifications of an overseas trained practitioner (including specialist colleges).*

ANMF response:

Recommendation 34 not supported.

This recommendation is too broad in its entirety. The ANMF cannot support decisions that have been made by ANMAC in consultation with the nursing and midwifery professions, being overridden by either the National Health Practitioner Ombudsman or the Privacy Commissioner.

As stated previously, no specialist colleges in nursing and midwifery are involved in accreditation processes.

Draft recommendation:

35. The National Health Practitioner Ombudsman and Privacy Commissioner should review the grievances and appeals processes of entities as defined in Recommendation 34, with the view to making recommendations for improvement by each entity where it is considered those processes are deficient.

ANMF response:

Recommendation 35 is supported.

Setting national reform priorities

A key issue identified by the Review is the paucity of guidance to the governance bodies in the National Scheme on health workforce and system priorities. Consistent and regular policy guidance should be provided by governments and then acted upon by the National Scheme as a whole. This needs to be integrated into overall national reform processes and directions, given that workforce responsiveness is a critical enabler. The Review is proposing the COAG Health Council oversight a policy review process to identify health workforce directions and reforms that:

- Aim to align workforce requirements with broader health and social care policies.
- Engage health professions, consumers, private and not-for-profit health service providers, educators and regulators.
- Is approached in a formal manner in a regular cycle to ensure currency and continuous improvement.

The Review is also proposing that the COAG Health Council (as the Australian Health Workforce Ministerial Council) should then periodically deliver a Statement of Expectations to AHPRA, the AManC, National Registration Boards and the Accreditation Board that encompasses:

- National health workforce reform directions, including policies and objectives relevant to entities.
- Expectations about the role and responsibilities of National Scheme entities, the priorities expected to be observed in conducting operations and their relationships with governments.
- Expectations of regulator performance, improvement, transparency and accountability.

Finally, the Review is proposing the Australian Health Ministers' Advisory Council should work with AHPRA and other entities within the National Scheme to develop a set of clear, consistent and holistic performance indicators that respond to the Statement of Expectations.

Specific draft recommendations are 36 to 38 in the Draft Report.

Response – You are invited to respond to the general directions proposed in Chapter 8 of the Draft Report and any or all of the specific recommendations.

Draft Recommendations:

36. The COAG Health Council should oversight a policy review process to identify national health workforce directions and reform that:

- *Aims to connect workforce requirements with broader health and social care policies which respond to evolving community needs.*
- *Engage health professions, consumers, private and not-for-profit health service providers, educators and regulators.*
- *Is approached in a robust and formalised manner in a regular cycle to ensure currency and continuous improvement.*

37. The Australian Health Workforce Ministerial Council should periodically deliver a Statement of Expectations to AHPRA, the Agency Management Committee, National Registration Boards and the Accreditation Board that encompasses:

- *Key health workforce reform directions, including policies and objectives relevant to entities in the National Scheme.*
- *Expectations about the role and responsibilities of National Scheme entities, the priorities expected to be observed in conducting operations and their relationships with governments.*
- *Expectations of regulator performance, improvement, transparency and accountability.*

38. The Australian Health Ministers' Advisory Council should work with AHPRA and other entities within the National Scheme to develop a set of clear, consistent and holistic performance indicators that respond to the Australian Health Workforce Ministerial Council's Statement of Expectations. Indicators should be both quantitative and qualitative and reported on a regular and formal basis to promote continuous improvement.

Response – You are invited to respond to the general directions proposed in Chapter 8 of the Draft Report and any or all of the specific recommendations.

ANMF response:

Recommendations 36, 37 and 38 are not supported.

Overarching guidance and information on health and aged care policy directions and government priorities is important for accreditation standards and curriculum development which is contemporary in meeting community needs, and, provides for consistency across the health professions. However, this should not be to the extent of being prescriptive and dictating performance indicators, as this may override the authority of national boards in their endeavour to maintain standards which protect the public, and the flexibility and innovation of health professional groups.