

Submission to Health Workforce Principal Committee

Practitioner Regulation Subcommittee

National Registration and Accreditation
Scheme for the Health Professions

Accreditation Arrangements

17 December 2008



Introduction

Physiotherapy commends the Health Workforce Principal Committee on the development of the consultation paper related to accreditation arrangements for the National Registration and Accreditation Scheme for the Health Professions. The Physiotherapy Registration Boards, the Australian Physiotherapy Association and the Council of Physiotherapy Deans, Australia and New Zealand thank the Committee for the opportunity to comment on aspects of the accreditation arrangements which are to be included in Bill B.

The Australian Physiotherapy Council and the Australian Physiotherapy Association (APA) are pleased to submit comments that reflect the consensus position for physiotherapy on the "Proposed arrangements for accreditation" Consultation Paper dated 6 November 2008. These comments are based on input from the eight physiotherapy registration boards, the universities that offer entry level physiotherapy education programs and the APA. The Council of Physiotherapy Deans, Australia and New Zealand have also provided their responses in a separate submission.

Prior to commenting on the specific proposals, physiotherapy draws attention to key aspects of the consultation paper where inconsistent or inaccurate terms are used and makes recommendations for terms to be used future documents. These terms and the definitions should be included in the national legislation.

The first is the term used to describe agencies that currently undertake accreditation, and agencies external to the national agency that will be contracted to undertake the accreditation functions. The intergovernmental agreement (IGA) refers to "*body with existing functions with respect to accreditation in a health profession*" and "*existing accreditation body*". The papers itself uses terms including *existing accreditation bodies*, *current accreditation bodies*, *existing external agencies*, and *external national accreditation body*. The terms used must be consistent and reflect the fact that the current scope of functions and activities of the Health Professions Councils such as the Australian Physiotherapy Council are not limited to accreditation. Physiotherapy suggests it would be more accurate and still consistent with the IGA to refer to "*body with existing functions with respect to accreditation in a health profession*" and "*national bodies undertaking accreditation*". Physiotherapy suggests that "*accreditation provider*" would be an appropriate short form term to describe the bodies that will undertake the accreditation function. The specific responses in this submission adopt the term used in the specific proposal.

The second is the use of the term "*accreditation*" to describe all the elements included in clause 1.35 of the IGA. Physiotherapy recommends that accreditation of programs and qualifications and assessment of individuals are clearly identified as separate elements of the "*accreditation functions*". In fact within each body, there is a specific standing committee that is responsible for implementation of the accreditation processes, another standing committee that is responsible for implementation of assessment processes; and there are other standing committees that implement other functions.

The third is use of the term "*standards*" without any identification of the type of standards being referenced. The IGA refers to "*registration, practice, competency and accreditation standards*". Physiotherapy recommends that the term "*standards*" is always preceded by the relevant descriptor – for example "*accreditation standards*" or "*practice standards*".

The fourth is the section on page 6 of the consultation paper that describes the accreditation function is “*an integral part of the registration function*” and states that “*The purpose of accreditation of education and training courses is to ensure that graduates have the required skills, knowledge and competence to practise safely and meet registration requirements.*” Accreditation is an integral part of regulation and is interrelated with registration but accreditation is not integral to the registration function. That is why the registration functions and accreditation functions have been separated in the national scheme. An important element of accreditation is ensuring programs of education, and the universities that offer them, achieve and maintain quality processes that ensure graduates are able to practice safely and meet registration requirements. The purpose that is stated in the consultation paper fails to reflect this important element and appears to reflect the purpose of accreditation of education and training courses within the vocational education and training (VET). Physiotherapy recommends that the purpose statement is amended to include the quality assurance element that is fundamental to the purpose of accreditation of education programs for the regulated health professions.

Finally, the *World Health Organisation/World Federation of Medical Education Guidelines for Accreditation of Basic Medical Education (2005)* document states in section 2 on page 4: “*The legal framework must secure the autonomy of the accreditation system and ensure the independence of its quality assessment from government, the medical schools and the profession. The legal framework must authorize the accrediting body to set standards,...*”. Physiotherapy notes that the proposed accreditation arrangements for setting standards are not consistent with this requirement and recommends appropriate amendments to the arrangements.

The remainder of this submission responds to the proposals explicitly included in the consultation paper. The profession has considered the content of the consultation paper and herewith submits its position on the issues. For ease of translation by the Project Implementation Team, the responses are set out using the same numbering system as the Consultation Paper and relevant text from the Consultation Paper is included in the original blue highlighted boxes. The physiotherapy responses are boxed. Physiotherapy would be pleased to provide further background and justification for the comments and recommendations within this response.

Please contact the Australian Physiotherapy Council Chief Executive Officer, Margaret Grant, [margaret.grant\[at\]physiocouncil.com.au](mailto:margaret.grant[at]physiocouncil.com.au) for further information or clarification of any aspect of this submission.

3.4 Scope of accreditation

Proposal 3.4.1: It is proposed that in preparation for commencement of the national scheme, national boards will consider whether there is a need for specialist endorsements in their profession.

Comment

This proposal is supported. A process of specialisation for physiotherapists through the Australian College of Physiotherapists has been in place for over 30 years. There are more than 100 specialist physiotherapists currently practising in Australia and there are existing legislative provisions for specialist categories of registration. Physiotherapy supports this proposal and notes that provisions related to recognition of specialist physiotherapists and protection of specialist titles is well established in Western Australia. Therefore specialist physiotherapy endorsements should be provided for in the national scheme.

Proposal 3.4.2: In the case of the medical profession, it is proposed that the national board take advice from the Australian Medical Council on the list of specialties and associated specialist qualifications, against which the board could endorse individual registrants as specialists.

Comment

Physiotherapy supports the principle of this proposal but contends that there should not be different arrangements for the Australian Medical Council. Therefore, each national board will take advice from the accreditation body approved by the Ministerial Council on the list of specialties and associated specialist qualifications, against which the board could endorse individual registrants as specialists.

Proposal 3.4.3: It is proposed that in line with the IGA the national scheme legislation will provide that while boards may approve the initial list of specialties, any new specialties or specialty areas of practice will require Ministerial Council approval.

Comment

Physiotherapy supports this proposal

Proposal 3.4.4: It is proposed that the Ministerial Council specify that the core accreditation functions initially assigned to the external accreditation bodies are the core functions listed above where those functions are currently undertaken by the body.

Comment

Physiotherapy supports this proposal but does not agree that it should be where those functions are currently undertaken by the body as the national scheme will provide opportunities that should not be constrained in this manner

Proposal 3.4.5: It is proposed that the Ministerial Council specify that it would be open to boards to delegate to external accreditation bodies or committees other functions related to accreditation or other matters for which the boards have responsibility, but the boards would not be required to do so.

Comment

Physiotherapy supports the principle of this proposal but recommends that the wording is similar to the current Tasmanian legislation – that is the Ministerial Council specify that Boards may delegate to a prescribed national professional body or forum other functions related to accreditation or other matters for which the boards have responsibility.

Proposal 3.4.6: It is proposed that the national scheme legislation allows for changes and expansion of the range of courses accredited with any such expansion requiring the approval of the relevant standards by the Ministerial Council.

Comment

The intergovernmental agreement states at 1.25(c) the national boards approve a list of accredited courses of study that meet the qualifications required for general registration. The accreditation arrangements consultation paper states “Boards may also wish to expand the scope of courses which they accredit.” Physiotherapy recommends that this statement is modified because boards do not accredit courses and therefore this proposal is not supported in the context of the paper. Accreditation of courses and setting of accreditation standards are the role of the accreditation body.

Proposal 3.4.7: It is proposed that the legislation provide general powers of delegation to boards allowing them to delegate other functions to external accreditation bodies where they consider this is the best way to achieve the objectives of the national scheme and where this is consistent with their powers under the legislation.

Comment

Physiotherapy does not support this proposal and recommends that the legislation is silent on this matter. There is a risk of establishing an unintended nexus between the external accrediting body and the national board such that the external accreditation body is merely a defacto committee or agency of the national board.

3.5 Governance arrangements for external accreditation bodies

Stakeholders are invited to provide comment on how the guidance to be provided on the governing body of external accrediting bodies can provide for community input and input from education providers and professions but provide independence in decision-making.

Comment

It is important that the national scheme recognises the fact that accreditation is one of many functions of the bodies that currently undertake accreditation. It is important that the national scheme does not seek to specify the governance arrangements in a way that is appropriate for companies that fall under the *Commonwealth Authorities and Companies Act 1997*. Physiotherapy supports the intent of the proposal if it provides guidance on the composition of accreditation committees and accreditation panels. However, physiotherapy does not support the proposal if it seeks to guide composition of the Board of Directors.

Physiotherapy recommends that guidance is provided on the composition of accreditation committees and accreditation panels and that there is training of members of accreditation committees and accreditation panels. An individual on an accreditation committee or accreditation panel has a primary responsibility to act in the best interests of the Australian community.

Physiotherapy supports the inclusion of community input and input from education providers and professions to accreditation committees and panels. Accreditation panels for accreditation of physiotherapy programs comprise four to six members and:

- i. The Chair of the panel should be a senior academic with a sound knowledge of university and accreditation processes;
- ii. One member should be a nominee of the Australian Physiotherapy Association;
- iii. One member should be a nominee of the relevant physiotherapy registration authority;
- iv. One member should be a community representative, preferably with a knowledge of university and accreditation processes;
- v. One member should be a person who has expertise and experience in the accreditation of entry level education programs of another profession;
- vi. There should be an appropriate balance of clinical and professional interests and experience; and,
- vii. There should be a reasonable gender balance.

Proposal 3.5.1: It is proposed that the agency's requirements in relation to the national scheme should be specified in the contract with the specific accreditation body.

Comment

Physiotherapy supports this proposal but recommends that the contract reflects an arrangement between the national board and the specific accreditation body to ensure there is not unintended loss of efficiencies

Matters to be covered in the contract (not to be included in legislation but in guidance by Ministers to the agency and boards) are considered below.

Proposal 3.5.2: It is proposed that the terms of contracts between the agency and the external accrediting body include but are not limited to, the following matters:

- (a) The objectives of the national scheme
- (b) The accreditation framework standards developed by the agency
- (c) The budget for the accreditation functions it is performing for the national board
- (d) The contribution to the cost of those functions to be drawn from registration fees
- (e) Monitoring and reporting arrangements
- (f) Requirements relating to contributions to the national board's annual report, and

(g) Provisions relating to termination of the contract.

Comment

Physiotherapy does not support the inclusion of (c) the budget for the accreditation functions it is performing for the national board or (d) the contribution of the cost of those functions to be drawn from registration fees as terms of the contract. Physiotherapy recognises that financial arrangements will form part of the contract, but recommends that the specific details of the budget and contribution are agreed separately to the main contract. There are two main reasons – 1. To mandate these provisions as terms of an agreement could severely limit the bargaining potential of the agency and the “freedom” of both parties to contract. Specifically, it could reduce the options for the agency in obtaining the best provider of accreditation services and/or limit the quality or extent of services it receives because it is ultimately “hamstrung” on price. 2. In order to maintain operational and financial viability, the external accrediting bodies require arrangements that can adapt to the fluctuating and unpredictable nature of accreditation functions. Some of the operating and infrastructure costs of the accrediting bodies are fixed and predictable – for example rent, power, internet and salaries; others are variable such as phone, stationery, recruitment and postage. The operating and infrastructure costs for accreditation are difficult to extract from the total costs and the most efficient estimate is based on a formula that allocates a percentage of the total cost for each line item to the areas of activity of the accrediting body - for example the total rent cost can be allocated to accreditation (20%), assessment (60%), and other activities (20%). The infrastructure and operating costs for accreditation are currently funded by the registration board contributions. The accreditation specific costs – for example fees for review of applications, travel, accommodation and site visit fees, committee meetings and teleconferences, and postage – are currently funded in part by the university that offers the program under review and in part by the registration contributions. The accreditation specific costs vary greatly from year to year and are often not known at the time of budgeting. The registration contributions are agreed on the basis of a fixed amount per registrant as part of the budget process, so the agreed contribution may under-fund or over-fund accreditation function for that financial year. The accrediting bodies publish annual financial statements that provide details of income and expenditure. A surplus in any financial year is retained by the accrediting body and drawn upon in the deficit years. The financial arrangements under the national scheme must enable bodies that have been assigned the accreditation function to continue to undertake other activities that complement and enhance performance of accreditation and assessment – for example involvement in international organisations, attendance at conferences and meetings, and contributions to research partnerships. Although these would most probably fall under what are described by the IGA in clause 1.35(e) as “*functions that fall outside the scope of the national scheme*” These activities form part of the accrediting body’s budget and are funded by registration contributions and assessment fees. The development of the terms of the contract requires a sound understanding of the totality of functions and activities of the bodies that have been assigned the accreditation function. There is a risk that the financial arrangements under the national scheme may compromise the operations and financial viability of the accreditation bodies. The revenue from the registration board contributions assists in paying the fixed infrastructure and operating costs of the body and in undertaking the complementary activities. Physiotherapy recommends that the registration contribution continue to be calculated on a per registrant basis and negotiated annually as part of the budget process. The accrediting bodies will continue to publish detailed financial statements as required by other statutes – for example the Australian Physiotherapy Council is a company limited by guarantee and so is bound by the *Corporations Act 2001*. It is important that the national scheme does not confuse such corporate arrangements with the arrangements for companies that fall under the *Commonwealth Authorities and Companies Act 1997*.

Proposal 3.5.3: It is proposed that the arrangements between the agency and any external accreditation body form part of the health profession agreement between the agency and each national board, providing both the national board and the agency with input to the arrangements.

Comment

Physiotherapy does not support this proposal in its current form – the agreement between the agency and the external accreditation body should **not** form a part of the agreement between the board and the agency. Physiotherapy has been advised that the board will not be a separate legal entity; as such, it can never be a party to a legally binding contract. Physiotherapy strongly suggests that the board should be consulted and approve the terms of the agreement between the agency and the external accreditation body in advance. The board should also have a major role in the negotiations of these terms.

Proposal 3.5.4: It is proposed that the national scheme legislation provide that the agency must consult with the boards on the development of the standards to govern registration and accreditation processes within the scheme.

Comment

Physiotherapy supports the intent of this proposal

Proposal 3.5.5: It is proposed that the external body assigned to undertake accreditation in the first three years will have the ability to delegate parts of the accreditation function to other agencies, while it remains responsible for the overall function, where there is no conflict of interest and where this was the arrangement at the time the accreditation function was assigned.

Comment

Physiotherapy does not support this proposal in its current form and seeks clarification of the intent. It is not in the public interest to outsource

Proposal 3.5.6: As per Bill A, it is proposed that the national scheme legislation provide that the accreditation bodies and committees of the national board be required to consult widely when developing standards for accreditation.

Comment

Physiotherapy supports this proposal but notes that “widely consulted” requires further defining

Proposal 3.5.7: It is proposed that the national scheme legislation provide that the agency be required to publish on its website, the standards for accreditation following approval by the Ministerial Council as well as all fees and charges related to accreditation.

Comment

Physiotherapy supports this proposal but recommends that they are on the board’s website rather than the agency page.

Proposal 3.5.8: It is proposed that the contract with the external accreditation body require that body to provide information to the national board on financial reports pertaining to accreditation functions, activities undertaken during the year, including standards developed, courses accredited or monitored, the number of qualifications assessments of overseas trained practitioners undertaken and the decisions made as a result of these assessments, and anything else requested by the national board, for inclusion in the agency’s annual report.

Comment

Physiotherapy supports this proposal except for “anything else requested by the board” – this must be qualified as being relevant to accreditation and assessment functions

3.6 Accreditation committees

Proposal 3.6.1: It is proposed that the Ministerial Council require that accreditation committees comprise two registered practitioners from the relevant profession, two members with education and training expertise, two community members and two representatives from the relevant national board.

Comment

Physiotherapy supports this proposal but recommends – there are nominees rather than representatives from the board

Proposal 3.6.2: It is further proposed that the Ministerial Council require that the relevant national board appoint an accreditation committee chair from among these members.

Comment

Physiotherapy supports this proposal

Proposal 3.6.3: It is also proposed that the Ministerial Council require that the process by which the national board selects members for an accreditation committee be open and transparent. Positions should be advertised and allow for expressions of interest from individuals and nominations from groups.

Comment

Physiotherapy supports this proposal and assumes that this would include transparent selection criteria

Proposal 3.6.4: It is proposed that the legislation will give general delegation powers to boards allowing them to delegate other functions to agency staff and committees, as well as external accreditation bodies, where they consider this is the best way to achieve the objects of the national scheme and it is consistent with their powers under the legislation.

Comment

Physiotherapy supports this proposal

3.7 Linkages

Proposal 3.7.1: It is proposed that any organisation disadvantaged by an accreditation decision of the board should have the right to seek a merit or process review and, if required, go beyond that to an external process of review.

Comment

Physiotherapy supports this proposal but recommends further clarification of the likely agency that will undertake the external review

3.8 Indemnity

Proposal 3.8.1: It is proposed that the national scheme legislation will provide that all bodies and their agents under the scheme will be indemnified for work performed in relation to the scheme. These indemnity arrangements will extend to external accreditation bodies and committees and persons acting for those bodies and committees.

Comment
Physiotherapy supports this proposal

3.9 Funding arrangements

3.10 Accreditation processes

Proposal 3.10.1: It is proposed that the Ministerial Council request that the agency consider the following matters in developing standards for accreditation processes:

- (a) the document *Standards for Professional Accreditation Processes* developed by 'Professions Australia' in consultation with the Forum of Health Professions Councils
- (b) the need to meet any relevant international guidelines relating to the specific professions
- (c) the need to align standards with relevant international standards and clearly indicate the international standards on which these standards are based when presenting them to boards for consideration, and
- (d) the need to ensure that accreditation assessment panels provide sufficient public accountability and independence.

Comment
Physiotherapy supports this proposal

Proposal 3.10.2: It is proposed that the legislation provides for ongoing monitoring of education courses and institutions, including requiring accredited education providers to report to the accreditation body or committee any significant curricular changes or resourcing issues that would adversely impact on students and compromise their ability to register, and requirements for the accreditation body or committee to report any such adverse events to the relevant national board as soon as it becomes aware of them.

Comment
Physiotherapy supports this proposal but recommends that the requirement for the accreditation body to report is where there are significant curricular changes or resourcing issues that have a real potential to adversely impact on students and compromise their ability to register.

4 Linkages with Commonwealth, State and Territory government bodies

Proposal 4.1: It is proposed that accreditation reports will be made publicly available in the agency's annual report and on its website. These reports will include recommendations and outcomes of accreditation processes and information on education and training courses.

Comment
Physiotherapy suggests that these are executive summaries only and recommends that accreditation status is published

5 International linkages

Proposal 5.1: It is proposed that the national scheme legislation provide that standards for accreditation are developed in consultation with New Zealand and any other country with which Australia has (or develops) a mutual recognition agreement.

Comment
Physiotherapy supports this proposal

6 Transitional arrangements

Proposal 6.1: It is proposed that transitional arrangements to be included in the national scheme legislation will include requirements for:

- (a) current boards to provide the new national boards with their lists of accredited courses prior to the commencement of the national scheme
- (b) standards for courses or education providers which exist on 30 June 2010, to continue until they are replaced with standards developed under the national scheme and approved by the Ministerial Council
- (c) education and training courses and education providers which are accredited by the current boards on 30 June 2010 to be deemed to be accredited under the national scheme until they have been re-accredited under the new provisions, and
- (d) lead times of at least one full year for the introduction of any new accreditation standards following approval by the Ministerial Council to allow course providers to make any required changes to their courses.

Comment
Physiotherapy supports this proposal but recommends that item (d) is amended because a one year lead time is insufficient for the introduction of any new accreditation standards. The university processes to approve course changes will take a minimum of two years from the time of approval of the new accreditation standards.