



Wednesday, 17 December 2008

Chair, Health Workforce Principal Committee
Megan Cahill
HWPC Secretariat
Level 12/120 Spencer St
MELBOURNE, Vic 3000

Attention: Practitioner Regulation Subcommittee

Dear Ms Cahill,

PROPOSED ARRANGEMENTS FOR ACCREDITATION

The Chinese Medicine Registration Board (the Board/CMRB) thanks you for the opportunity to comment on this very important document.

We are in general in agreement with much of the proposal and have not commented on every aspect but have selected some key issues to focus upon.

The major processes for the national scheme to deal with are:

- standard setting,
- assessment of courses or individuals (either trained in Australia or overseas) against the agreed standards, and
- mechanism of appeal/review for any decision made by the Accreditation Body or Committee on behalf of the Boards.

Therefore the critical concerns are:

- how standards are set and validated
- reliability of processes to assess against the standards

CMRB very strongly supports the principles for accreditation, as outlined clearly in the consultation document, being

- public safety,
- transparency,
- fairness,
- independence, and
- accountability.

Overall a clean delineation between Board and any accrediting body (either external or a committee appointed by the Board) is desirable. Boards should consider and make decisions on an accrediting body's recommendations but, nevertheless, have the final say and be accountable for that decision. It is essential that the legislation explicitly gives Boards the power to accredit/approve courses. Boards will also need the power to withdraw approval.

Our more detailed comments are included as an attachment to this letter.

Yours sincerely,


Vivian Lin
President

Overview

The CMRB wonders about the incongruity between "high quality health care ... (being) protected and advanced" (1.2, p.4) and the traditional model of Boards setting minimum standards.

It also wonders about the principle that only practitioners who are suitably qualified to practise in a *competent* and ethical manner (1.6, p.6). With regard to the concept of "competent", there is an inherent tension between "safe" – i.e. not likely to cause harm, versus effective, i.e. able to provide high quality health care and wonders if the expectations around "competent" could be made more explicit.

Key features of proposed system

The accreditation function as described includes activities related to courses, and also under 3.1 (d) "the assessment of individual overseas trained practitioners qualified in courses which are not recognised in Australia". Assessment of individual registration applicants would normally be the responsibility of the Board (or State Committee) - CMRB is confused about the purposes of this proposed "accreditation function".

Academic Versus Professional Accreditation

The CMRB has found it helpful to use the term "approval" of courses (for the purposes of registration of health practitioners) to distinguish between this and "accreditation" under the educational system/s of Australia.

Academic accreditation has recently undergone a major review: The National Protocols for Higher Education Approval Processes (approved MCEETYA July 2006). These protocols define and protect academic qualifications (as per Australian Qualifications Framework, AQF) and distinguish self-accrediting institutions (such as universities) from non-self accrediting institutions (such as private providers). There is a clear intent to align the accreditation process between states and territories, or even to institute a national body.

The proposed arrangements for accreditation for the health professions aim to ensure that professionals are adequately trained to practise. In most cases, training programs are at the bachelor level, or higher, hence the academic credibility of the courses is assumed or needs to be accredited. However, this assessment does not need to be replicated between the academic and the professional accreditation schemes, in particular in the case of courses delivered by non-self accrediting institutions that are already rigorously assessed and monitored through processes described in the National Protocols.

It is recommended that the national scheme for accreditation in the health professions, clearly focuses on professional accreditation, and delineates from (and cross-references to) academic accreditation that is covered by the National protocols.

Role of Professional Associations/Organisations

The proposed scheme, rightly, has the public interest at the forefront of its priorities. Professional bodies predominantly serve the interests of the practitioners. These do not always coincide with the public interest, e.g. protecting certain groups by tailoring standards and processes to suit, protecting income through controlling the number of courses/students, protecting turf by controlling entry criteria. The CMRB has had experience dealing with examples of such conflicts of interest.

The proposed arrangements make some reference to the role of professional organisations, viz. (p.8) 2.5 current accreditation may involve professional organisation; (p.15) 3.5 medical specialist colleges train and assess overseas trained practitioners; and (p.18) 3.10 interests of the professions should not be over-represented at the accreditation panels.

CMRB recommends that the national scheme for accreditation in the health professions, explicitly states that professional organisations have no role more, or less than any other lobby group in accreditation and registration, and that accreditation/approval cannot be delegated to professional organisations.

Funding

If tertiary institutions develop and offer courses, graduates of which are eligible for registration, the institutions should pay for the approval process. Especially in the health professions with relatively small numbers, individual practitioner registration fees cannot possibly finance these resource-intensive processes from which educational institutions benefit financially.

Recognition of Specialities

The CMRB foreshadows that there will be complex issues about endorsement to practise in areas such as acupuncture. This is not currently considered a "speciality" say in western medicine. Victorian acupuncture practitioners are currently required to either register with the Chinese Medicine Registration Board or seek endorsement from their own¹ Board. This is potentially problematic unless Chinese medicine is included in the national scheme. It needs to be addressed to avoid an ongoing inconsistency between Victoria and the other jurisdictions. Whether or not Chinese medicine is included in the national scheme, CMRB will have a particular interest in this and would like to be specifically consulted. This is of greater importance from a public health perspective if it is linked to payment of Medicare Benefits. Please also refer to our comments about competence under "overview".

Ensuring transparency

The CMRB strongly support the proposal 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 (3.5.7) and would add that the published standard must be sufficiently detailed for people to fully understand the standards. It is not sufficient to make a statement such as "Completed a program approved by". See "CMRB Guidelines for the Approval of Courses of Study in Chinese Medicine as a Qualification for Registration" published at <http://www.cmr.vic.gov.au/registration/cmcoursestudy.html>

Governance Arrangements

Composition of Accreditation Committees

The proposed composition, in terms of numbers, may be difficult to achieve in the smaller professions.

Accreditation/Approval Committees

It is acknowledged that course accreditation may be a massive task, beyond the resources of a single accreditation body. Accordingly, the task may be best distributed between state-based panels and then conveniently located with 'the State and Territory offices of the agency' (3.6.3 p.16). CMRB recommends that measures be instituted, whether assessment of courses is conducted internally² or externally, to ensure the same safeguards for transparency, reliability, independence and accountability must apply.

Matters Related to Chinese medicine

In anticipation that Chinese medicine will be included in the national scheme, CMRB submits comments which address matters specifically relevant to Chinese medicine.

The standard setting processes need to be free to reflect the contemporary nature of Chinese Medicine practice, whilst also maintaining the integrity of the Chinese medicine theoretical system.

Chiropractors, ¹Dental practitioners, Medical practitioners, Nurses, Optometrists, Osteopaths, Physiotherapists, Podiatrists,

² Which is the CMRB preferred model

With a relatively small profession and only a few education providers in Australia, the accreditation process can be handled by a committee appointed by the Board. This process has been tested already by CMRB through two rounds of course approval (initial approvals and re-approvals) of courses offered in Victoria. Much has been learnt about the approval process with particular attention to matters unique to the Chinese Medicine profession, such as language and cultural balance between the origin and context of practice and overseas components of courses.