



**Submission on the proposed arrangements for accreditation  
National Registration and Accreditation Scheme for the Health  
Professions**

**Consultation Paper issued on 3 November 2008 by the  
Practitioner Regulation Subcommittee, Health Workforce Principal Committee  
Australian Health Ministers' Advisory Council**

**December 2008**

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### 1. Introduction

The Consumers Health Forum of Australia Inc (CHF) is the national voice for health consumers. As an independent non-government organisation, CHF helps shape Australia's health system by representing and involving consumers in health policy and program development. CHF member organisations reach millions of Australian health consumers across a wide range of health interests and health system experiences.

Current CHF priorities are safety and quality in health care, safe and appropriate use of medicines and care for people with chronic conditions. Across these priorities, consumers rely on a well trained and effectively regulated health workforce that meets the needs of the community and puts consumers and their families and carers at the centre of health care.

CHF welcomes the introduction of the National Registration and Accreditation Scheme for Health Professionals which will set new standards for safety and quality in Australia. Health professionals will be assessed against national standards, closing the gaps between the states. The Scheme also provides the opportunity to bring better understanding between health professional groups of each other's roles and the potential for sharing good practices in education and training and working together to ensure complementary standards and consistent accreditation practices.

For consumers, a major benefit of the Scheme is the opportunity to contribute to accreditation of health professional education and training to ensure that it takes account of community needs and expectations.

Consumers have a valuable viewpoint to contribute so that the Scheme is the best it can be and has consumer confidence. This initial CHF submission is based on consumers' discussions about health workforce issues in its three priority areas over a number of years, as well as recent input from members and consumer representatives about the new Scheme. Over the next months, CHF will be consulting with consumer organisations more specifically about the Scheme to provide further input during the development of the second stage of the legislation in 2009.

*This submission was developed as part of the CHF Shaping the Health Workforce Project (2008-09). The project is funded by the Australian Government Department of Health and Ageing on behalf of the Practitioner Regulation Subcommittee of the Health Workforce Principal Committee and the National Registration and Accreditation Implementation Project team.*

### 2. Background

Accreditation is the process of assessing education and training courses against agreed standards in light of each professional board's requirements for professional registration. Together, accreditation standards and registration requirements, assure the Australian public that graduates of the accredited courses and training programs have the necessary skills and training needed to provide safe and quality health care to the community. Currently different professions have different systems of accreditation. There are also differences in the way jurisdictions handle accreditation.

### **3. The National Registration and Accreditation Scheme**

The National Registration and Accreditation Scheme was agreed by the Council of Australian Governments (COAG) on 28 March 2008. An Intergovernmental Agreement (IGA) was signed on this day. Ministers have outlined key factors in the further development of the new scheme including the need to:

- ensure that public protection is paramount
- maintain a high degree of transparency, and
- be appropriately accountable.

The National Registration and Accreditation Scheme provides an opportunity to improve each of these areas through engaging consumers in the education and training of health professionals.

The overarching CHF policy position, developed in consultation with consumer representatives is that consumers must be involved in setting standards, accreditation and reaccreditation of health professional courses to ensure that the courses reflect community needs and produce health professionals that are able to provide culturally appropriate care<sup>1</sup>. Consumers also want to see a strong link between health professional education and workforce planning to achieve better coordination between professionals in practice.

**Policy Principle 1:** Consumers must be involved in setting standards, accreditation and re-accreditation of health professional courses to ensure that the courses reflect community needs and produce health professionals that are able to provide culturally appropriate care.

**Policy Principle 2:** Entry standards and mechanisms for health professional courses should ensure that people from under-represented communities, such as people from culturally and linguistically diverse and Indigenous backgrounds, are not prevented from training as health professionals.

**Policy Principle 3:** Consumers should be equal partners in national health workforce planning to improve coordination between the medical, nursing and allied health workforces and address health workforce shortages.

#### **3.1 Key features in the Scheme**

Under the scheme, the accreditation activities include:

- the development of accreditation standards
- the assessment of individual education and training courses and institutions against the standards
- the assessment of overseas accrediting authorities to determine whether the courses they accredit provide the required knowledge and skills to practice in Australia, and
- the assessment of individual overseas-trained practitioners qualified in courses which are not recognised in Australia.

CHF agrees to proposal 3.4.4 that the Ministerial Council specify that the core accreditation functions initially assigned to the external accreditation bodies are the core functions as listed in the consultation paper where those functions are currently undertaken by the body.

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<sup>1</sup> CHF Consumers' Policy Principles for Health Workforce, 2006  
[http://www.chf.org.au/Docs/Downloads/327b\\_Workforce\\_Aug06.pdf](http://www.chf.org.au/Docs/Downloads/327b_Workforce_Aug06.pdf)

CHF agrees to proposal 3.4.5 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. However, this delegation should include requirements for appropriate consumer and community involvement in the delegated functions.

CHF agrees to proposal 3.4.6 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.

CHF agrees to proposal 3.4.7 that the legislation provide general powers of delegation to boards allowing them to delegate other functions to external accreditation bodies where they consider that this is the best way to achieve the objectives of the national scheme and where this is consistent with their powers under the legislation. However, this delegation also should include requirements for appropriate consumer and community involvement in the delegated functions.

### **3.2 Governance**

CHF acknowledges that the IGA provides guidance for governance arrangements and that such guidance is not contained in the legislation but is the responsibility of the Ministerial Council. This approach means that governance arrangements are open to change at any time. CHF recognises the importance of allowing the Ministerial Council discretion but believes that legislated governance arrangements may provide greater surety that accreditation does not slip back to the current, inconsistent arrangements.

CHF welcomes the invitation to provide comment on governance arrangements with a particular focus on community involvement and public accountability.

The CHF *Shaping the Health Workforce* project aims to enable a broad based consumer response to policy issues around the implementation of the Scheme through consultations with a wide range of health interest groups.

The IGA provides for a minimum of two community members on each health professional board, which should provide a supportive environment for representing community views. If community membership of professional boards is to be effective as a process for ensuring community confidence in the health profession and the Scheme, the community members on the professional boards must be able to reflect the viewpoints and concerns of consumers and be persons in whom the community has confidence.

The outcomes of the CHF project for 2009 include providing advice to support the governance of the Scheme and the development of best practice guidance for appointment and ongoing involvement of community representatives in national registration and accreditation bodies and state committees.

CHF notes that the relevant accreditation body will develop accreditation standards for a profession and submit these to the relevant national board for consideration. If the board is satisfied that a course meeting the standards will prepare a student for registration or a practitioner for endorsement, the board will submit the standards to the Ministerial Council with a recommendation for approval.

The Australian Health Workforce Advisory Council (Advisory Council) will provide independent advice to the Ministerial Council which will set the policy direction, appoint a

person or body to undertake the accreditation function, and approve standards for accreditation including reviewing standards.

The Australian Health Practitioner Regulation Agency will set the framework outlining the general requirements for the development of standards and criteria for the governance and cooperation of accrediting bodies. This is subject to future consultation with consumer networks. It is important that this funded during the lead up to the implementation of the Scheme in 2010.

The National Boards will oversee the funding, contractual and service arrangements for accreditation functions, frameworks and processes governing the funding and development of standards, approve courses that meet the requirements for registration, and oversee the assessment of overseas trained health professionals. Community members will need to remain current with community views and boards will need to build in appropriate consultative processes as discussed in Section 3.9 of this CHF paper.

Accreditation bodies will be responsible for meeting the standards and criteria laid down by the national agency for the establishment, governance and operation of external accreditation bodies, assessing and advising relevant national boards of courses of study against agreed standards, assessing overseas accrediting bodies, and assess the qualifications of overseas trained practitioners whose courses are not on the list of recognised courses.

**Recommendation 1:** That the outcomes of the CHF consultations in 2009 on best practice for appointing and supporting community representatives contributing to the National Registration and Accreditation Scheme are considered in the implementation of the Scheme.

### 3.3 Linkages

The new national scheme will link accreditation and registration so that only practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered. While accreditation and registration will be conducted independently, CHF welcomes the linkages between them.

CHF also believes that it is important to clarify the links between the different components of the Scheme, particularly how accreditation processes interface with the complaints handling system, continuing professional development, codes of professional conduct and the Australian Charter of Healthcare Rights adopted by the Australian Health Ministers on 22 July 2008<sup>2</sup>.

**Recommendation 2:** That the second piece of legislation (Bill B) clarify the links between accreditation and registration and the interface with the complaints system, continuing professional development, codes of professional conduct and the Australian Charter of Health Care Rights.

### 3.4 Multidisciplinary partnerships

Registered health professionals deliver a range of services across different settings in the Australian community. Increasingly, health services are provided in community settings by multidisciplinary teams, requiring new skill sets. Accreditation of education and training of

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<sup>2</sup> Roles in realising the Australian Charter of Healthcare rights. Australian Commission on Safety and Quality in Healthcare. [http://www.safetyandquality.gov.au/internet/safety/publishing.nsf/Content/MediaRelease\\_2008-07-23-CharterOfRights](http://www.safetyandquality.gov.au/internet/safety/publishing.nsf/Content/MediaRelease_2008-07-23-CharterOfRights)

health professional courses must take account of the changing health care settings and the need for health professions to collaborate closely in delivering services.

**Recommendation 3:** That accreditation of education and training of health professional courses take account of the changing health care settings and the need for health professions to collaborate closely in delivering services.

CHF also emphasises the importance of entry standards and mechanisms for health professional courses that ensure under-represented communities such as people from culturally and linguistically diverse and Indigenous backgrounds are not prevented or discouraged from training as health professionals. Consultations with these communities in designing health education courses, as well as their involvement in accreditation of the courses, will be critical in improving health outcomes in Australia especially for vulnerable groups.

**Recommendation 4:** That the Scheme ensure that under-represented communities are not prevented or discouraged from training as health professionals.

### **3.5 Participating in decisions on new health professions, specialities and job redesign**

An ageing Australian population, an increased incidence of chronic conditions, difficulties in accessing health care by rural and remote communities and workforce shortages place increasing pressures on the health system in serving the needs of consumers.

CHF recognises the need for the development of new models of health care delivery and growing interest in contemporary models of education and training. These new models of education and training will need to deliver a sustainable supply of competent health professionals that are matched to the needs of contemporary Australia and projected future demands.

New models of education and training must account for the increased numbers of overseas trained health professionals in the Australian health workforce. The consultation paper does not clarify how the system aims to ensure that nationally set competencies required by Australian trainees are met by overseas trained professionals and specialists. CHF would welcome the Scheme to require the professions to ensure Competency standards reflect competency at both the initial practitioner and the specialist level as well as continuing professional development in the changing health environment.

### **3.6 Consumer involvement in accreditation bodies**

CHF recommends that consumers are involved in setting standards and in how accreditation is rolled out. Consumers are a valuable source of information on the delivery of health care by bringing consumer experiences as part of the evidence base. Consumers add value to the process of accreditation by bringing a different perspective, asking different questions, and focusing on issues not previously raised. Their experience contributes to developing better accreditation standards and more robust assessment procedures, better monitoring of performance and better implementation of necessary improvements<sup>3</sup>.

CHF welcomes proposal 3.6.1 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.

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<sup>3</sup> McGowan, R., CHF Consumers as surveyors in accreditation.  
[http://www.chf.org.au/Docs/Downloads/AHC2002-2\\_consumersurveyors.pdf](http://www.chf.org.au/Docs/Downloads/AHC2002-2_consumersurveyors.pdf)

CHF agrees to proposal 3.6.3 that the Ministerial Council require that the process by which the national boards select 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. Consumers should be involved in the selection process for community representatives. CHF is working on developing best practice advice for the appointment and ongoing involvement of community representatives in the Scheme's national bodies and state committees, and developing a best practice guide for appointing and supporting community representatives contributing to the Scheme.

**Recommendation 5:** That the Scheme involve consumers at all levels of decision-making and governance, including all boards, accreditation committees/bodies, panels, and tribunals established to review accreditation decisions, and assessment teams.

**Recommendation 6:** That the legislation provide that all bodies assigned the accreditation functions of the national board amend their membership to include consumer representation.

### 3.7 Accreditation processes

Accreditation needs to be rigorous, transparent and fair. CHF welcomes the proposal to ensure that accreditation assessment panels provide sufficient public accountability and independence. The inclusion of at least two consumers on the accreditation bodies and committees will assist with public accountability.

Publicly available accreditation reports including recommendations and outcomes of accreditation processes and information on education and training courses will also increase public accountability as discussed below.

**Recommendation 7:** That at least two consumer representatives are included on all accreditation panels and committees to assist with public accountability.

### 3.8 Ensuring transparency

Consumer representatives selected through a transparent and open process and accountable to the community<sup>4</sup> are important for transparency.

In addition, CHF agrees that it is important for the national scheme to contain provisions to ensure accountability to the public. These provisions include consultation and reporting requirements. CHF welcomes the proposal for the legislation to provide that the accreditation bodies and committees of the national board be required to consult widely when developing accreditation standards.

CHF agrees to proposal 3.5.7 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. CHF would like to see plain English explanations of the accreditation process for the public, as well as an avenue for public comment and feedback on the standards and the accreditation process.

CHF agrees to proposal 3.5.8 that the contract with the external accreditation body require that body to provide information to the national board on financial reports pertaining to

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<sup>4</sup> For further information see the CHF Position Statement: Consumer Representative's shape Australia's Health, at [http://www.chf.org.au/Docs/Downloads/Consumer\\_representatives\\_shape\\_health\\_in\\_Australia.pdf](http://www.chf.org.au/Docs/Downloads/Consumer_representatives_shape_health_in_Australia.pdf) and the CHF submission on Matters relating to the accreditation and regulation scheme for health professionals dated 22 September 2008 at <http://www.chf.org.au/projects/PROJ15/documents.asp>.

accreditation functions, activities undertaken during the year, including standards developed, courses accredited or monitored, the number of qualifications and assessments of overseas trained practitioners undertaken and the decisions made as a result of these assessments, and anything else required by the national board, for inclusion in the agency's annual report.

This information should be publicly available with links through the central website and clear explanations for consumers of the role of these reports in ensuring the public interest has been met.

**Recommendation 8:** That accreditation information is publicly available and understandable for consumers to ensure public accountability.

### **3.9 Supporting consumer members**

CHF reinforces the importance of having consumers involved in the governance and implementation of accreditation and that there is interaction between the professions, with consumers involved, to ensure that quality improvement in educational courses and in continuing professional education occurs. Further, this interaction should have a focus on ensuring that health professional courses and education deliver better understanding and communication between the health professions and consumers. This understanding built into initial training and ongoing professional development is needed to underpin practice improvement across the health system.

CHF notes the importance of the quality improvement feedback loop, where poor practice is addressed through modifications to future training. CHF also notes the feedback from the professions that there is considerable good will and collaboration within the various professional bodies around quality improvement of courses. This first step towards national consistency in accreditation across all health professionals needs to be fostered and encouraged, using the learning of the various professional groups to develop minimum best practice standards.

Consumers provide a unique perspective and can add significant value to accreditation of health professional courses. For consumers to contribute effectively to work at a national level, they need to be supported for example by being resourced to represent consumer views and to work with consumer networks and advise on community consultation needs and processes.

## **4. Conclusion**

The National Registration and Accreditation Scheme provides an important opportunity to improve national consistency in accreditation processes, for professions to learn from each other and to share best practice and for much greater community involvement in setting standards and in monitoring these standards and that community expectations of health professional education and training are met.

## **5. Recommendations**

**Recommendation 1:** That the outcomes of the CHF consultations in 2009 on best practice for appointing and supporting community representatives contributing to the National Registration and Accreditation Scheme are considered in the implementation of the Scheme.

**Recommendation 2:** That the second piece of legislation (Bill B) clarify the links between accreditation and registration and the interface with the complaints system, continuing professional development, codes of professional conduct and the Australian Charter of Health Care Rights.

**Recommendation 3:** That accreditation of education and training of health professional courses take account of the changing health care settings and the need for health professions to collaborate closely in delivering services.

**Recommendation 4:** That the Scheme ensures that under-represented communities are not prevented or discouraged from training as health professionals.

**Recommendation 5:** That the Scheme involve consumers at all levels of decision-making and governance, including all boards, accreditation committees/bodies, panels, and tribunals established to review accreditation decisions, and assessment teams.

**Recommendation 6:** That the legislation provide that all bodies assigned the accreditation functions of the national board amend their membership to include consumer representation.

**Recommendation 7:** That at least two consumer representatives are included on all accreditation panels and committees to assist with public accountability.

**Recommendation 8:** That accreditation information is publicly available and understandable for consumers to ensure public accountability.



## **Background information**

The Consumers Health Forum of Australia Inc (CHF) is the national voice for health consumers. As an independent non-government organisation, CHF helps shape Australia's health system by representing and involving consumers in health policy and program development.

Health consumers have a unique and important perspective on health as the users and beneficiaries of health care and, ultimately, pay for it. CHF takes consumers' views to government and policy makers, providing an important balance to the views of health care professionals, service providers and industry to achieve a health system that reflects the needs of all stakeholders.

CHF member organisations reach millions of Australian health consumers across a wide range of health interests and health system experiences. Health policy is developed through wide consultation with members, ensuring a broad, representative, health consumer perspective.

Current priorities include safety and quality in health care, safe and appropriate use of medicines and health care for people with chronic conditions. CHF also facilitates the appointment of consumer representatives on over 200 national health-related committees.

CHF believes all consumers should receive affordable, safe, good quality health care at the time they need it. The best outcomes are achieved when consumers are involved in decisions about and management of their own health care. Consumers should receive health care information when they need it in a form they can understand, particularly about using medicines.

Established in 1987, CHF receives funding from the Australian Government Department of Health and Ageing and membership fees. It seeks external funding for priority projects.

With its ability to access a variety of health consumer networks and extensive knowledge of consumer issues, CHF is a respected and influential contributor to the Australian health debate.

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