

# **NATIONAL REGISTRATION AND ACCREDITATION SCHEME FOR THE HEALTH PROFESSIONS**

## **CONSULTATION PAPER**

### **Proposed arrangements for accreditation**

This submission is made by the Council of Psychologists Registration Boards of Australasia Inc in relation to the Consultation Paper on Proposed arrangements for accreditation under the National Registration and Accreditation Scheme for the Health Professions. It results from consultations amongst the Boards and generally presents their united views. Where an individual Board has a view that is inconsistent with the views expressed in this paper that view is included in a separate submission from that Board.

The Council of Psychologists Registration Boards is the peak body representing all 9 State and Territory Psychology Registration Boards in Australia and New Zealand. If you have any queries on these responses please contact the Executive Officer:  
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The Council of Psychologists Registration Boards welcomes the invitation to comment on the consultation paper on accreditation. CPRB responses are highlighted in red throughout the document

Issued by the Practitioner Regulation Subcommittee  
Health Workforce Principal Committee  
Australian Health Ministers' Advisory Council  
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# 1 Background

## 1.1 Scope of paper

This paper is one in a series of consultation papers on matters that require decision in order to prepare the second stage of legislation to establish the National Registration and Accreditation Scheme for the Health Professions.

It addresses policy with respect to the accreditation functions of the national scheme including:

- the scope of the current and proposed accreditation functions
- the implementation of assignment to existing accreditation bodies
- arrangements for conduct of accreditation matters
- proposed ongoing and transitional arrangements, and
- proposed review provisions.

The paper is designed to outline and seek comment on the regulatory tools that should be available in a national registration scheme to properly deal with accreditation.

It is recognised that at present, different health professions have differing systems. There are also differences in the way jurisdictions handle accreditation. This paper seeks to consolidate and take the best of these approaches for the national scheme. In doing so, the matters outlined by Ministers as key factors in the further development of the new scheme have also been addressed, that is the system needs to:

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

In this paper, references to the agency and the boards relate to the entity which has the legal authority in a matter and not the entity which may be acting under powers delegated by the boards. In addition, references to the Ministerial Council relate to the Australian Health Workforce Ministerial Council, being a statutory body with powers in relation to the national scheme.

## 1.2 Overview of the implementation of the national scheme

The national scheme was agreed by the Council of Australian Governments (COAG) at its meeting on 26 March 2008. On this date COAG signed the Intergovernmental Agreement (IGA) for a National Registration and Accreditation Scheme for the Health Professions. The IGA can be downloaded from the following website: [www.nhwt.gov.au/natreg.asp](http://www.nhwt.gov.au/natreg.asp).

To implement the new scheme, national legislation will be introduced in the Queensland Parliament in two stages. The first piece of legislation was introduced in the Queensland Parliament on 29 October 2008 and covered those aspects of the IGA that address the structural elements of the new scheme.

The second piece of legislation is expected to be introduced in the Queensland Parliament in August 2009 and will cover matters where further work and discussion is required beyond the terms of the COAG Agreement. These include:

- registration arrangements
- complaints, conduct, health and performance arrangements
- accreditation arrangements
- privacy and information sharing arrangements, and
- other matters.

Health Ministers have announced a process to ensure that professions, consumers, registration boards and education providers, as well as members of the general public, have the opportunity to contribute to the implementation of the national scheme.

When developing the national scheme legislation, Ministers will use as their guiding principles that:

- the safety of the public is paramount,
- high quality health care must be protected and advanced, and
- governments should be accountable and processes transparent.

Ministers have given a commitment that consultation papers on key issues will be made available, with the opportunity for anyone to provide a submission if they wish. All submissions will be due before the end of 2008 with different dates for different topics. In the case of two main topics, complaints and disciplinary arrangements, and privacy and information sharing arrangements, two national public consultation meetings will be held, one in October and one in November 2008.

When the feedback and submissions have been analysed, Ministers will develop a final set of proposals for the overall policy directions for the second piece of legislation. These proposals will also be made available in the form of an exposure draft of the second piece of legislation for comment. A national forum and State and Territory forums will be held in mid-2009 to discuss the proposals. Further submissions will be accepted at this time, prior to finalisation of the details of the national scheme and preparation of the final legislation.

The project website, [www.nhwt.gov.au/natreg.asp](http://www.nhwt.gov.au/natreg.asp), will carry all consultation papers as they are issued on the national scheme and the implementation process.

### **1.3 How to have your say**

As described above this paper is the fourth in a series of consultation papers on matters that will require decisions from governments, to develop the second stage of legislation governing the national scheme.

The paper presents a number of proposals, some with alternative options, regarding the arrangements for accreditation under the new scheme. Governments are seeking comments and submissions from interested parties, particularly on those proposals highlighted in boxes within the text, prior to finalising their decisions on national laws to regulate the scheme.

**If you wish to provide comments on this paper, please lodge a written submission in electronic form, marked “Accreditation Arrangements Submission, Attention: Practitioner Regulation Subcommittee”, at [nraip@dhs.vic.gov.au](mailto:nraip@dhs.vic.gov.au) by close of business on Wednesday, 17 December 2008. Please note that your submission will be placed on the website after the closing date for all submissions unless you indicate otherwise.**

### **1.4 The Intergovernmental Agreement**

There are a number of clauses in the IGA relating to accreditation as follows:

#### *FUNDING*

*12.2 The Commonwealth will not reduce its contributions and subsidies to the scheme for the first two years of its operation.*

*12.6 Where appropriate, registration fees will continue to contribute to the accreditation function and transitional arrangements will apply as necessary.*

#### *ACCREDITATION*

*1.34 As a transitional measure, the Ministerial Council (or in the event that the Ministerial Council has not been established, by AHMC) will assign accreditation functions to existing accreditation bodies, with the requirement that within the first 12 months of the new scheme, they meet standards and criteria set by the national agency for the establishment, governance and operation of external accreditation bodies, which will include:*

- (a) *Processes for assessing individual qualifications and courses of training that are rigorous, open, transparent and fair, consistent with government policy, and include adequate arrangements for review of accreditation decisions;*
- (b) *Governance arrangements that provide for community input and promote input from education providers and the professions but provide independence in decision-making;*
- (c) *Financial viability, reporting and accountability requirements, quality assurance and audit and risk management plans;*
- (d) *Mechanisms to foster collaboration and consistency of processes across all profession-specific accreditation committees; and*
- (e) *Processes for developing and reviewing codes and guidelines that impact on the nature, scope or duration of education and training requirements for registration purpose or specialist accreditation that are open, transparent and fair and include sufficient consultation.*

1.35 *Where it has been determined that an existing accreditation body will be assigned the accreditation functions of a board, the accreditation body will:*

- (a) *assess courses of study and determine whether they meet the approved accreditation standards and advise the relevant board;*
- (b) *assess accrediting authorities in other countries to determine whether courses of study that those authorities accredit provide practitioners with the required knowledge and clinical skills to practise in Australia and advise the relevant board;*
- (c) *provide an internal merits and process review of decisions made in relation to the accreditation of education courses and institutions;*
- (d) *oversee the assessment of the knowledge and clinical skills of overseas trained practitioners whose basic qualifications are not recognised in the list of approved courses of study and make recommendations to the board's registration committee regarding the suitability of an applicant's knowledge and clinical skills for registration in Australia and advise the relevant board in respect to an individual's application for registration; and*
- (e) *be permitted to undertake other functions outside the scope of the national scheme as long as there is no conflict of interest between the assigned functions and any other function carried out by the accreditation body in its own right.*

1.36 *Where there is an existing accreditation body and it has been determined that this body will be assigned the accreditation functions of a board, within three years, in consultation with the relevant accreditation body and the profession, the relevant board will review this assignment and the future arrangements and make a recommendation to the Ministerial Council on the best future arrangements for its profession.*

1.37 *Ongoing decisions about whether external bodies should continue to perform accreditation functions will be taken by the Ministerial Council following consultation with the Boards.*

1.38 *Where there is no existing body to perform the accreditation functions outlined in clause 1.35 above, the relevant board will undertake consultations with the profession, education and training providers, consumers and governments, before determining the composition of an appropriate accreditation committee.*

1.39 *An accreditation committee so established will comprise members who bring expertise from the profession, education, and from health policy including:*

- (a) *registered practitioners;*
- (b) *persons with education and training expertise;*
- (c) *persons who are not members of the relevant profession; and*
- (d) *at least two persons who are also members of the respective registration board of the agency.*

1.40 *An accreditation committee established under clause 1.38 will be required to meet the standards set by the national agency including those processes described in 1.34(a) above.*

## **1.5 Provisions for accreditation in the Health Practitioner Regulation (Administrative Arrangements) National Law Bill (Bill A)**

The first stage of legislation was introduced into the Queensland Parliament on 29 October 2008. It contains a number of provisions relating to the operation of the accreditation function. These provisions, if passed, will give effect to the provisions of the IGA. They are as follows:

### ***Clause 9 - Special arrangements relating to accreditation***

- (1) *The Ministerial Council may, in anticipation of the commencement of the national registration and accreditation scheme, appoint any person or body with existing functions with respect to accreditation in a health profession to exercise functions with respect to accreditation under the scheme.*
- (2) *A person or body appointed by the Ministerial Council under this section may develop health profession standards relating to accreditation (accreditation standards) for the health profession in respect of which the person or body is appointed.*
- (3) *Accreditation standards that are developed by the person or body are to be submitted to the National Board established for the health profession for its consideration*
- (4) *A person or body that develops accreditation standards is to ensure that the process by which standards are developed includes wide-ranging consultation with respect to the content of the standards.*

*Note: As a transitional measure, the COAG Agreement provides for the Ministerial Council to assign accreditation functions under the scheme to existing accreditation bodies.*

### ***Clause 42 - Functions of National Boards***

*The functions of a National Board are as follows:*

- (a) *to oversee the development of health profession standards for the health profession for which the Board is established....*

## **1.6 Principles**

The power to accredit education and training courses and the assessment of the equivalence of qualifications and the competence to practise of overseas trained practitioners are essential elements of a contemporary health practitioner regulatory system.

It is proposed that the provisions for accreditation functions:

- (a) provide for the protection of the public by ensuring that only practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered and that practitioners have the skills and competencies to meet the health needs of the Australian community
- (b) ensure that the process of assessment of courses and qualifications is undertaken independently from government, health professional educators and the profession.
- (c) have regard to the need to enable the continuous development of a flexible, responsive and sustainable Australian health workforce and enable innovation in education and service delivery
- (d) ensure the provision of an accreditation system for the health professions that is transparent, accountable, rigorous, effective, efficient, and fair
- (e) provide rigorous and responsive assessment of overseas trained practitioners that protects the public by ensuring practitioners meet appropriate standards
- (f) accord with Australia's international obligations and relevant internationally accepted standards, and
- (g) reflect the wording and intent of the IGA and additional provisions in Bill A which were developed following consultation.

## **2 Current accreditation arrangements**

### **2.1 Background**

Accreditation is currently the role of the health practitioner registration boards (boards) under their respective statutes. Medicine is an exception to this with more formal recognition of the Australian Medical Council's (AMC's) role in medical registration legislation.

In order to co-ordinate accreditation nationally boards have tended to establish and fund national accreditation bodies to undertake these functions on their behalf. The functions vary but broadly include evaluation of education and training courses and institutions against a set of agreed standards, assessing qualifications of overseas trained practitioners and making recommendations to the respective board. Legal accountability and a varying number of responsibilities around accreditation rests with the boards. The level of development of processes and systems for accreditation varies between the professions, as does the period of time for which any national accreditation body has been established. Individual State and Territory nursing and midwifery boards have continued to undertake accreditation functions directly themselves.

### **2.2 Statutory arrangements**

Existing State and Territory health practitioner registration legislation empowers the respective boards to determine the qualifications required for registration in their jurisdictions, to accredit or approve courses of study, and to assess overseas trained practitioners for registration purposes. Current legislation, however, does not contain provisions with respect to processes through which a board reaches a decision, with the exception of the *Queensland Medical Practitioners Registration Act 2001* which contains some provisions on intern training programs for medical registrants. While health professional regulatory Acts do not generally provide rights of review in legislation for education and training providers aggrieved by a board approval or accreditation decision, such rights are available through other State and Territory administrative law or judicial review legislation.

While medical practitioner registration legislation in some jurisdictions refers to the AMC as the body which accredits qualifications or provides certificates that are then recognised by the board as approved qualifications for registration purposes, most Acts do not specify an 'accreditation body'. Boards rely on their general powers to delegate the assessment of qualifications for the purposes of registration to their respective national accreditation bodies. In all cases, the registration decision remains with the board.

### **2.3 Funding arrangements**

The main funding sources for current national accreditation bodies are State and Territory board contributions – calculated on a per registrant basis, fees charged to education providers for the accreditation of courses and training settings, charges for assessment of qualifications and skills for migration purposes, examination fees, and government grants. Accreditation functions within boards are funded similarly.

The proportion of total budget derived from contributions made by the respective State and Territory registration authorities and direct government grants varies considerably between professions. There is no standard fee setting within professional groups and there is also variability in the quantum of fees charged to education and training providers for accreditation of their courses.

### **2.4 Linkages**

A number of the current accreditation bodies also conduct skills assessment of overseas trained health practitioners intending to apply for migration to Australia under the Australian Government's General Skilled Migration program. These bodies are gazetted by the Minister for Immigration and Citizenship and are overseen by the Department of Education, Employment and Workplace Relations (DEEWR) working with the Department of Immigration and Citizenship (DIAC) to support this process.

Health practitioners who apply for general skilled migration (for permanent residency) need to have their skills/qualifications assessed as suitable but may not necessarily have to be registered in their profession to be granted a visa. Sponsored entrants (temporary or permanent) who are to work in a health professional position must be eligible to be registered with the relevant board. Their skills are not

necessarily separately assessed as the sponsor is required to ensure they are suitably skilled for the position they will fill.

Medical practitioners who apply for migration to Australia are required to be registered and must provide evidence of either full or conditional registration by way of a certificate from a State or Territory medical board as evidence to DIAC before permission for migration is granted.

Some national bodies, such as the AMC, the Australian Dental Council (ADC) and the Optometry Council of Australia and New Zealand (OCANZ) also carry out accreditation functions on behalf of New Zealand regulatory authorities.

## **2.5 Scope of accreditation arrangements**

A range of activities are included in the description of 'accreditation functions'. The main functions are set out below.

The Productivity Commission's report, *Australia's Health Workforce (2005)*, defines accreditation as '*the process whereby education and training courses are assessed and evaluated in order to 'guarantee' standards and consistency of health professional education and training*'.

Accreditation of courses of study and supervised practice or training arrangements may be undertaken for a range of purposes – for entry to practice in a profession, for specialist practice or other endorsements on practice.

Under current arrangements, various types of accreditation activity are being carried out, and for a particular profession, a variety of bodies may be involved. The range of courses accredited includes:

- (a) undergraduate and graduate courses leading to initial registration, and
- (b) post-registration courses such as:
  - entry to practice courses or intern training
  - specialist training programs for specialty registration/endorsement
  - other courses leading to specific endorsements (eg prescribing)
  - bridging courses for internationally qualified practitioners, and
  - re-entry to practice programs.

A range of formal and informal accreditation arrangements exist for these courses. Not all of these types of courses are currently formally accredited for all professions (eg new graduate programs in nursing are not accredited). Education and training courses may be accredited by a range of agencies, such as boards, governments or professional organisations. For some, the accrediting body is contracted by boards (or in some cases governments) to assess and accredit the provider of the training program. In others, the accrediting body accredits a second body or bodies, which then accredit/s the training providers and/or training settings.

The AMC for example, has assessed and accredited specialist medical education and training and professional development programs since 2002. Through a voluntary system, the post-graduate training organisations and the specialist medical colleges all participate in a quality assurance and quality improvement process run by the AMC, which may include a re-accreditation process.

## **3 Proposed new accreditation arrangements**

### **3.1 Key features of proposed system**

The model for the national scheme reflected in the IGA is consistent with and strengthens current arrangements by formalising the functions of accreditation and clarifying its relationship to registration. The purpose of accreditation is to ensure that only practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered.

Under the scheme, the accreditation function consists of at least four inter-related but separate activities:

- (a) the development of accreditation standards

- (b) the assessment of individual education and training courses and institutions against the standards
- (c) the assessment of overseas accrediting authorities to determine whether the courses they accredit provide the required knowledge and skills to practise in Australia, and
- (d) the assessment of individual overseas trained practitioners qualified in courses which are not recognised in Australia.

The accreditation function is an integral part of the registration function. 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. Under the IGA, accreditation will be conducted independently from registration in that accreditation functions will be assigned by Ministers to existing external agencies or will be undertaken by accreditation committees of boards, which will be required to have relevant educational expertise and professional representation.

The initial assignment of accreditation functions to agencies external to the boards will be for a period of three years from 1 July 2010. There will be a requirement that bodies assigned accreditation functions will meet standards and criteria set by the agency for establishment, governance and operation as described in the IGA.

Under the national scheme, accreditation arrangements will be formalised and the governance relationships will be made clear in accordance with the objectives of the IGA. This arrangement is consistent with The *World Health Organisation/World Federation of Medical Education Guidelines for Accreditation of Basic Medical Education (2005)* which specify that “*The accreditation system must operate within a legal framework*”.

Following development of the accreditation standards for a profession, the accreditation body or committee will submit the standards 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 role of the accreditation body or committee is to independently carry out the assessments of courses against the standards and then make recommendations to the relevant national board on approval of courses for registration purposes. This reflects the current situation. It is envisaged that the national boards will be able to use their general powers of delegation to delegate these course approval powers to accreditation bodies or committees if they wish. From time to time a national board may wish to contract the accreditation body, or request its accreditation committee/s to undertake other functions under the scheme as reflected in the IGA.

As provided by the IGA, the Ministerial Council will have no power to intervene in registration or examination decisions relating to individuals or decisions relating to the accreditation of individual courses.

External accreditation bodies will be independently constituted organisations and, as such, will not be unreasonably constrained in the other activities which they can undertake, other than to ensure these activities do not present a conflict of interest. For example accreditation bodies could continue to accredit New Zealand university schools and training programs.

Under the new national law it is envisaged that the method of negotiating and formalising arrangements between national boards, accreditation bodies or committees and the national agency will be twofold. Firstly the National Law Bill (Bill A) requires each national board to negotiate a ‘health profession agreement’ that will make provision for an annual budget including funding to assigned accreditation bodies and the services to be provided with this budget.

Further to this, where an external body is assigned the accreditation functions of the national board, a contract will be negotiated between the agency/board and the external body. These contract provisions will form part of the health profession agreement. The costs of accreditation will be subsidised by registration fees under the contractual agreement, with other expenses of the accreditation body met through cost recovery from services provided, for example charges to individuals for examinations. Where accreditation is undertaken by committees of boards, the level of resources will be agreed between the relevant board and the agency as part of the health profession agreement.

## **3.2 Roles in relation to accreditation**

### **Ministerial Council**

The role of the Ministerial Council is to:

- (a) set the policy direction
- (b) appoint any person or body with existing functions with respect to accreditation in a health profession to undertake accreditation functions under the scheme
- (c) approve standards for accreditation which are recommended by the national board established for that health profession
- (d) request a national board to review any approved standard or proposed standard submitted to it by a national board, and
- (e) approve any amendment of a standard or revoke its approval of a standard on the recommendation of the national board.

The Ministerial Council has no role in the accreditation of specific courses or individuals and can only approve standards when recommended by the relevant national board.

### **Australian Health Workforce Advisory Council (Advisory Council)**

The role of the Advisory Council is to provide independent advice to the Ministerial Council about any matter relating to the scheme. This includes, but is not limited to, matters relating to accreditation.

### **Australian Health Practitioner Regulation Agency (national agency)**

The role of the national agency is to:

- (a) in accordance with the legislation and any policy directions of Health Ministers, set the framework outlining general requirements for the development of standards for the purpose of ensuring that the scheme operates in accordance with good regulatory practice, including standards and criteria for the establishment, governance and operation of the accreditation bodies and committees of the national board set up for that purpose
- (b) consult with the boards on the development of (a)
- (c) in agreement with boards, through the mechanism of the health profession agreements with boards, manage the financing and contractual aspects of accreditation, and
- (d) provide administrative assistance, including employing staff, for the national boards and their committees, such as providing support for committees of the national boards established to undertake accreditation in cases where the accreditation function is not assigned to an existing body.

### **National boards**

The boards are responsible for:

- (a) through the health profession agreement with the agency, agreeing the funding, contractual and service arrangements associated with the accreditation function
- (b) contributing to the development of the process framework and requirements which will govern the development of standards, the processes and the funding of the accreditation bodies or committees
- (c) overseeing the development of accreditation standards for the health profession for which it is established, considering them and submitting them for approval to the Ministerial Council
- (d) approving a list of accredited courses of study that meet the qualifications for registration as a health practitioner
- (e) overseeing the assessment of overseas trained health practitioners and making individual registration decisions, and
- (f) where the accreditation function is not assigned to an existing accreditation body, being responsible for establishing accreditation committees to manage accreditation functions relating to their respective professions.

***CPRB requests that the legislation articulate powers to remove or change accreditation functions and the relevant grounds for such a change.***

**Accreditation body**

Under the IGA, the accreditation body, which is assigned responsibility for accreditation by the Ministerial Council, or a national board committee will be responsible for:

- (a) meeting the standards and criteria laid down by the national agency for the establishment, governance and operation of external accreditation bodies under agreed contractual arrangements
- (b) assessing courses of study, determining whether they meet the approved accreditation standards under the scheme and advising the relevant national board
- (c) assessing accrediting authorities in other countries to determine whether courses of study that those authorities accredit provide practitioners with the required knowledge and clinical skills to practise in Australia and advising the relevant national board
- (d) providing an internal merits and process review of decisions made in relation to accreditation of education courses and institutions
- (e) overseeing the assessment of the knowledge and clinical skills of overseas trained practitioners whose basic qualifications are not recognised in the list of approved courses of study and making recommendations to the national board regarding the suitability of an applicant's knowledge and clinical skills for registration in Australia and advising the relevant national board in respect to an individual's application for registration, and
- (f) carrying out any other functions that are delegated to it by a board.

***CPRB supports an expanded role of accreditation to include assessing internships and other training courses.***

Bill A provides that the functions of an accreditation body may include developing the standards for accreditation, including consulting widely on the content of those standards.

**3.3 Initial assignment of accreditation functions to existing national accreditation bodies**

The first stage of legislation for the national scheme (Bill A) is to enable the establishment of the national agency and national boards for each of the ten professions which will be covered by the scheme. It will also enable Health Ministers to make decisions on assignment of accreditation functions to current national accreditation bodies.

The views of the professions were sought on the use of existing bodies or otherwise for the accreditation function and views on the composition of an appropriate accreditation committee where there was not an existing body. Submissions from stakeholders responding to these questions on preferred accreditation arrangements will form the basis of advice to Health Ministers on details regarding the assignment of accreditation functions. It is expected that assignment arrangements may be announced by the end of 2008.

**3.4 Scope of accreditation**

Currently, the range of courses accredited varies considerably by profession. In all cases basic qualifications leading to initial registration are approved, but in some cases specialist training courses are also approved and accredited. The scope and complexity of the accreditation functions and the workload involved will depend on a number of factors, including:

- the size of the profession
- the extent to which the profession
  - has divisions or approved specialties

- specialist training
- approved internship, and
- post registration training programs, and
- the extent to which members of the profession have qualifications that confer additional authorities under registration legislation or under other Commonwealth, State or Territory Acts.

The most complex arrangements currently apply with respect to the medical profession. The Productivity Commission noted in its report *Australia's Health Workforce (2005)* that this reflects the multi-tiered education and training arrangements.

### **Recognition of specialties and accreditation of specialist training**

Specialty practice is well established in many professions. The extent to which specialties are recognised through registration should depend on whether it is in the public interest.

The IGA sets out a framework for how the recognition of specialties and specialist qualifications will be managed under the national scheme. The IGA states that recognition of specialist qualifications will be achieved by:

- (a) the relevant board being empowered to 'endorse' or 'notate' the registration of a suitably qualified practitioner, with this information entered on an integrated register, against that practitioner's name
- (b) public identification and communication of recognised specialties, specialist titles and approved qualifications, identified through the public registers and via guidelines issued by the relevant board (rather than via an extensive list of specialties and associated specialist qualifications listed in regulation under the legislation)
- (c) general statutory offences that prevent unregistered or unauthorised persons from using any title that could induce a belief that the person is endorsed as a specialist, or from holding themselves out as a specialist in one of the established specialties (rather than offences for use of the separate specialist titles), and
- (d) recognition of new specialties or specialty areas of practice on professional registers to be subject to the approval of the Ministerial Council.

Recognition of specialties and accreditation of their educational programs will be required in order to identify registrants with approved or comparable specialist qualifications. For example, the AMC accredits medical specialist colleges to provide post-graduate vocational training. Also the AMC and specialist colleges provide assessment of the comparability of overseas trained doctors' qualifications.

A list of approved specialties and approved specialist qualifications would be available on the responsible board's website. Approval of new medical specialties for the purpose of access to the Medicare Benefits Scheme and Pharmaceutical Benefits Scheme will continue to be managed through Commonwealth processes, separately from the national scheme.

While medicine has highly structured arrangements for training specialists with the provision of training delivered through specialist colleges, arrangements for other professions vary. Increasing specialisation in health service delivery has created trends towards formal recognition of specialists in a range of professions. One example is the endorsement of nurse practitioners, for whom post-graduate clinical nursing education is delivered through university-based programs.

In circumstances where the assigned accreditation body does not already undertake the accreditation of post-graduate education and training courses, the national board will need to decide if and how such specialist training might be accredited. The Ministerial Council would approve the standards against which any specialist courses are accredited.

**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.

**As noted in the previous submission on Registration, specialties in Psychology are already recognized. These specialties are Clinical Psychology, Forensic, Organisational, Counselling, Health, Community, Clinical Neuropsychology, Sports, and Educational Psychology. These 9**

*specialties are recognized by the possession of appropriate postgraduate qualifications (and also are supported by the existence of 9 respective specialist Colleges within the Australian Psychological Society). It is anticipated that these will be endorsed on the register for those with appropriate qualifications. Accreditation of these specialties is already a function of the Australian Psychology Accreditation Council.*

**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.

**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.

*CPRB supports this proposal as it recognizes that the health care field is continuously evolving and modification of specialties should be possible in the long term within the scheme.*

### **Core accreditation functions**

The types of functions that may be performed by external accreditation bodies and committees can be divided into:

- (a) core accreditation functions
- (b) additional functions relating to the new scheme which a board wishes to assign to an accrediting body, and
- (c) additional functions outside the scheme which an external accreditation body may wish to undertake on its own account, as long as there is no conflict of interest with the scheme.

The IGA defines accreditation as including:

- (a) development of accreditation standards through a consultative process for consideration by the board and then the Ministerial Council
- (b) assessment of courses of study and determine whether they meet the approved accreditation standards and advise the relevant board
- (c) assessment of accrediting authorities in other countries to determine whether courses of study that those authorities accredit provide practitioners with the required knowledge and clinical skills to practise in Australia and advise the relevant board
- (d) provision of an internal merits and process review of decisions made in relation to the accreditation of education courses and institutions, and
- (e) oversight of the assessment of the knowledge and clinical skills of overseas trained practitioners whose basic qualifications are not recognised in the list of approved courses of study and make recommendations to the board's registration committee regarding the suitability of an applicant's knowledge and clinical skills for registration in Australia and advise the relevant board in respect to an individual's application for registration.

These activities therefore define the core accreditation functions under the national scheme. Not all existing accreditation bodies undertake all these functions at the present time.

**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.

With respect to core accreditation functions not undertaken by current bodies, national boards could consider how these functions should be managed. For example, psychology internship programs are currently accredited by boards. It is expected that, in some cases, a national board might undertake the assessment of such programs, and in others, it might contract with or take advice from one or a number of external bodies.

***CPRB agrees with this proposal. The accreditation of psychology internship programs and other training will fall under the accreditation body. However, the Board may continue to play a role in approving some programs (particularly in rural and remote locations).***

**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.

***CPRB agrees with this proposal***

Boards may also wish to expand the scope of courses which they accredit. This would involve the development of new accreditation standards for such courses. Such proposals would be submitted to the Ministerial Council for consideration. If agreed, then accreditation of these courses would become part of the accreditation functions undertaken under the scheme.

**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.

***CPRB agrees with this proposal in principle. However the field of Psychology is in continual development and Universities respond to these changes by altering their offerings and designing new courses on a near yearly basis. CPRB considers it unwieldy and against the spirit of independence to require Ministerial Council approval for each and every modification to standards. It is suggested that there be sensible scope parameters around what needs to go to Ministerial Council and when it needs to go.***

#### **Additional functions relating to the national scheme**

From time to time, there may be functions which a board would like the accrediting body or committee to undertake. These may include, for example, providing services relating to continuing professional development, or approval of courses.

**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.

***CPRB agrees with this proposal***

#### **Additional functions outside the scheme which an external accreditation body may wish to undertake on its own account**

External accreditation bodies may undertake any further functions outside the scope of the scheme and this ability will not be affected by their assignment under the national scheme as long as there is no conflict of interest between the assigned functions and any other function. The capacity to undertake these functions may add significantly to the national scheme overall and/or the viability of the external body concerned. Such activities might include contracts with Commonwealth or State and Territory governments to provide particular services, or accreditation of New Zealand courses.

### **3.5 Governance arrangements for external accreditation bodies**

Existing national accreditation bodies, to a greater or lesser extent, may need to reconstitute their governance arrangements in order to meet the national scheme requirements as many of them contain members of current boards or persons nominated by those boards which will cease to exist after 1 July 2010.

Under the IGA, accreditation bodies will be required to meet standards and criteria for establishment, governance and operation set by the national agency. The governance arrangements of external accreditation bodies will need to provide for community input and promote input from education providers and the professions but provide independence in decision-making.

Given the lead times required for changing corporate governance arrangements, it is proposed that the Ministerial Council will provide guidance on how accreditation bodies should re-constitute their

governance provisions. Such guidance would not be contained in the legislation but be a decision of the Ministerial Council.

Guidance to be provided on the governance arrangements of accreditation bodies would be best in a form which will require certain categories of membership to be represented but does not constrain the inclusion of other categories of membership.

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.

***CPRB submits that the Australian Psychology Accreditation Council (APAC) currently addresses these issues by (a) having a Community Representative as a voting Director on Council, and (b) by providing input from Education Providers to the Accreditation Council through the invitation of the Chair of the Heads of Departments and Schools of Psychology Association (HODSPA) to APAC meetings as a non-voting observer. In addition, psychology students, academics and community liaison psychologists formally provide input into accreditation site visits. Education and training expertise may specifically be included on the Board of APAC on the proviso that Directors will be excluded from any decisions relating to their institution.***

### **Legal arrangements between accreditation bodies, boards and the national agency**

It is proposed that the national agency will have a contractual relationship with accreditation bodies.

**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.

#### ***CPRB agrees with this proposal***

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.

#### ***CPRB agrees with this proposal***

Bill A provides for the creation of a health profession agreement between the agency and each board with respect to the budget required for the boards, the fees to be received and the services to be provided by the agency to the board.

It is proposed that the health profession agreement include the arrangements with external accrediting bodies and accreditation committees. It is further proposed that the key elements of the contract between the external accrediting body and the agency should be a part of that agreement, giving the board a central role in the definition of what the body should do and the services it should provide, as well as its budget.

**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.

***CPRB agrees with this proposal but notes that the Board should have final approval of arrangements, not the Agency. CPRB understands that the Agency has an administration function, and should not be making Profession-specific decisions, which are the province of the Board.***

As already discussed, the agency is required to develop requirements for the operation of the accreditation function. Concern has been expressed that these requirements should not be developed in isolation from the national boards. While the function is clearly assigned to the agency in Bill A, the agency could be required to consult with the national boards in the development of these requirements as well as the others to govern the operation of the boards. This would be a normal part of good practice. But the question arises as to whether it should be enshrined in the national scheme legislation.

***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.

***CPRB is concerned about the implied powers vested in the Agency. The National Board should be responsible for accreditation. The Agency should support the Board by entering into contracts with accreditation agencies as needed on Board approval. Standards are developed by the Accreditation Body or Accreditation Committee, not the Agency. There is the potential for confusion between what is meant by 'standards' and 'processes' and it needs to be made clear what is an administrative function and what is a professional function so that the Agency and Board correctly recognize their respective jurisdiction over such matters.***

Once these standards are developed by the agency it is proposed that they be included in the contract with the accrediting body.

In some cases accreditation bodies use other bodies to perform some of their functions. Where this is already the case it is proposed this may continue. However, if an accreditation body wishes to use another organisation in an arrangement not in place at the time of the assignment of the accreditation function, this matter must be one for the national board to consider.

Currently, medical specialist colleges provide specialist training programs for medical practitioners, granting the relevant qualification ("fellowship") and also assessing the skills and qualifications of overseas trained medical specialist practitioners, providing recommendations to the AMC. It is intended that the introduction of the national scheme would enable the retention of such arrangements.

***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.

***CPRB suggests that the external accreditation body should be able to delegate anything as long as it meets standards and budget constraints***

### **Ensuring transparency**

It is important that the national scheme contains provisions to ensure accountability to the public. These provisions include consultation requirements and reporting requirements.

The national agency, under Bill A, will be required to provide an annual report to the Ministerial Council within three months of the end of the financial year. These reports will include information from each national board on performance of its functions and a statement of income and expenditure. It is appropriate that information on accreditation is included in these reporting requirements.

***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.

***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.

**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.

**CPRB agrees with these proposals but is concerned that the reporting requirements are not too onerous and respect confidentiality and privacy.**

### **3.6 Accreditation committees**

Where accreditation is not assigned to an existing national accreditation body, it is expected that the national board will establish a committee to undertake this function. Given that the Ministerial Council is likely to take decisions at the end of 2008 on initial assignment of external accreditation roles, the relevant boards should establish accreditation committees soon after their establishment in 2009. This will enable the committees to develop accreditation standards and set up processes prior to July 2010, being the commencement date for the national scheme.

Clause 1.26 of the IGA lays down the process for appointments to committees. It states that in relation to any committees established by a board to carry out its functions:

- (a) *committee members will be drawn from a process approved by the Ministerial Council;*
- (b) *committee members will be provided with appropriate statutory immunities relevant to the function; and*
- (c) *the legislation will specify the minimum number of committee members and their composition that is required for statutory decision-making.*

#### **Composition of accreditation committees**

Further, the IGA sets specific provisions for the establishment of accreditation committees in Clause 1.38 which require the national board to undertake consultation with the profession, education and training providers, consumers and governments, before determining the composition of an appropriate accreditation committee. Clause 1.39 requires the committee to comprise registered practitioners, persons with education and training expertise, persons who are not members of the relevant profession, and at least two persons who are also members of the respective board.

The appointment of members to the accreditation committee is the responsibility of the national board. The appointment process is to proceed in accordance with a process agreed by the Ministerial Council.

The number of members on accreditation committees should be set at a level to ensure there is appropriate expertise but the committee remains an efficient size. A committee of eight would allow for two members from each fore-mentioned category.

**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.

**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.

**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.

**CPRB agrees with these proposals**

#### **Administration**

The accreditation functions of the boards will be supported administratively by the agency where an accreditation committee rather than an external body is undertaking the functions. It is expected that, under delegation from the boards, appropriate staff will be provided by the agency to undertake the operational work of the accreditation in terms of administration of accreditation panels, report writing and assessment of qualifications. In professions such as nursing and midwifery with many courses and overseas qualifications to be assessed, it may be convenient and efficient to conduct accreditation operational functions within State and Territory offices of the agency.

The administrative support to be provided and the costs of that support will be covered by the health profession agreement, agreed between the agency and the board.

**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.

Such delegations could, for example, enable the committee to make decisions regarding accreditation. This provision is in line and consistent with similar provisions proposed for external accreditation bodies.

***CPRB agrees with this proposal***

### **3.7 Linkages**

#### **Registration and accreditation**

The accreditation processes in the national scheme will be carried out under separate governance arrangements to registration processes. However, both functions are ultimately the responsibility of the national board.

The assignment of accreditation functions to an external body or a committee does not affect the responsibility of the board in terms of registration decisions. For example, the accreditation body may assess the overseas qualifications and skills of individual overseas trained practitioners and provide advice to the national board. This advice, however, will only form part of information needing to be considered by the board when making registration decisions.

One of the reasons that accreditation and registration functions must ultimately be governed by a single body is that this removes the potential for conflicting outcomes from two separate but related processes. It is not in the public interest or in the interests of persons enrolling in programs, for graduates of accredited programs to be denied registration on the grounds that their program was not adequate. Boards must have the power to be able to resolve these issues in an appropriate manner.

#### **Review and appeal provisions**

The IGA (clause 1.35) states external accreditation bodies and accreditation committees must provide an internal merit based review process for decisions made in relation to accreditation of education courses and institutions. This would form part of the contract between the agency and the external accreditation body. Under these arrangements educational institutions will have the ability to request reviews of decisions made by the accreditation body or committee.

Where an institution is dissatisfied with the decision, following a review by the accreditation body or committee, it is proposed that the legislation will make a provision for an external appeal on the reviewed decision to occur.

**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.

***CPRB is concerned by this proposal. CPRB supports an internal merits review process (eg. another site visit by a different team) and an external process review only. CPRB is concerned***

**that the independence of accreditation could be compromised by introducing another alternate accreditation process through external appeal.**

Accreditation decisions which affect individual practitioners or applicants for registration will be covered fully in the review and appeal provisions of registration decisions, as the accreditation function in relation to individuals directly informs registration decisions made by boards or their delegates.

### **3.8 Indemnity**

Concerns have been raised in recent submissions received about legal protection for accreditation bodies and their agents in relation to the performance of accreditation functions under the national scheme, including issues relating to who would be liable for review or appeal decisions. The following proposal confirms the policy intent to provide appropriate indemnity to those within the boards and agency, but also those providing accreditation services under the scheme.

**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.

**CPRB agrees with this proposal**

### **3.9 Funding arrangements**

Accreditation is currently funded through a range of sources (as outlined in section 2.2). The IGA, in clause 12, anticipates that in the future the national scheme will be self funding ie the scheme will be funded from fees received from registration functions and accreditation functions. Governments have also agreed that resources for the national scheme will comprise fees received for registration and accreditation functions, appropriate resources of the current registration boards, current Commonwealth, State and Territory contributions to registration, accreditation and related workforce functions and a contribution of \$19.8 million to the establishment of the new scheme (clause 12.1 of the IGA).

Furthermore, submissions received from the professions indicate a preference for ensuring that registration and accreditation activities are not cross-subsidised between professions and that the fees for each profession are set at a level that supports the regulatory activities for that profession only. Under this scenario, common overhead costs would be allocated across professions.

### **3.10 Accreditation processes**

It is important that accreditation processes meet international best practice standards. The accreditation process needs to be rigorous, transparent and fair. Assessment should be against tools developed for the purpose and made available to the education and training provider. The accreditation standards framework developed by the agency following consultation with the boards will set down requirements for the accreditation process which will ensure that good regulatory practice is followed and Ministerial policy directions are met.

The *World Health Organisation/World Federation of Medical Education Guidelines for Accreditation of Basic Medical Education (2005)* suggest the following:

*“The accreditation system must operate within a legal framework. The system must be pursuant to either a governmental law or decree; the statutory instrument will most probably be rules and regulations approved by government. 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” (Attachment 1, page 4).*

‘Professions Australia’ has recently developed standards for the professional accreditation processes (Professions Australia, June 2008, *Standards for Professional Accreditation Processes* (refer [Attachment 2](#)) which could form a starting point for the work of the agency on this matter.

It is expected that accreditation processes will be based on principles which ensure that the different bodies operate in ways which meet any relevant international guidelines (eg *World Health*

*Organisation/World Federation of Medical Education Guidelines for Accreditation of Basic Medical Education, 2005*) and the needs of the specific education and training systems of the particular profession.

The process of assessing education and training courses is usually done by panels, constituted for that purpose. Panels assess the application and all information forwarded by the education and training provider against specific and relevant assessment tools and draft a report for consideration of the decision-making body or committee. The constitution of assessment panels is an important way of ensuring that the process is objective and fair. It would be expected that there is an open and transparent appointment process for panellists and that each panel includes professional representation, education and training expertise and people who are not members of the profession.

Membership of accreditation panels should not over-represent the interests of the profession. This is important in order to maintain independence of accreditation functions and to ensure that such bodies maintain their accountability to the public. At the same time, professional involvement in the accreditation function is important to ensure that processes and decisions are well informed. It is through the panel that principles of independence may be maintained.

**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.

***CPRB agrees with these proposals, except it considers that the Board, not the Agency, should be responsible for such matters***

### **Relationship between registration and accreditation functions**

The purpose of accreditation of programs is to ensure that graduates of programs meet the requirements of registration when they have completed their programs. It is important that students from accredited programs are able to register or that, if their program has not maintained the required standard since accreditation, public safety is maintained while students are not unduly disadvantaged. There are ways of minimising such disadvantage which include

- ensuring that the accreditation body or committee has an ongoing monitoring role of accredited programs to enable early intervention in the event of a deterioration of standards
- enabling accreditation decisions to be rescinded if the standards are no longer met
- putting appropriate conditions on the accreditation if necessary, for example, if a program has ceased meeting accreditation standards a condition could be put on its accreditation that the program does not take in new students until the standards are met, and
- monitoring closely to ensure that current students meet course requirements through extra assistance, for example, assistance from other programs if necessary or extra relevant clinical placements and assessments.

As a last resort, the board may need to intervene before the issue gets to the stage of refusal of registration. The board could implement alternative arrangements to ensure that graduates are fit to register which could include scrutinising the files of individual graduating students to ensure that they meet the competencies for registration or ways of meeting them are worked through.

**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.

***CPRB agrees with this proposal***

## **4 Linkages with Commonwealth, State and Territory government bodies**

There will be several linkages with Commonwealth, State and Territory health departments. Under the IGA, the Ministerial Council will be responsible for approving accreditation standards, if they are submitted by a national board with a recommendation that they be approved.

It is also important to ensure clear communication and cooperation with government education agencies, such as State and Territory and Commonwealth education departments. It is expected that there will be operational linkages between tertiary education accreditation bodies, both in the university and the vocational education and training sectors, as appropriate.

***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.

***CPRB agrees with this proposal provided that these are summary outcomes not detailed reports.***

### **Assessment of overseas qualifications**

Assessment of qualifications and skills of overseas trained practitioners wanting to migrate and practise in Australia is required for immigration purposes under assignment by the Minister of Immigration and Citizenship (supported by the Department of Education, Employment and Workplace Relations) as discussed earlier in this document (Section 2.3), and for registration purposes. The national scheme provides opportunities to link these functions more efficiently and combine the functions of assessing overseas qualifications and skills for registration purposes and assessing them for migration purposes. Linking these activities would be more efficient for both the individual applicant and the organisation. It would also ensure that migrants did not come in to the country only to find that they are unable to be registered in their profession. There have been instances where practitioners' qualifications and skills have been assessed as meeting requirements for migration but the practitioner has been unable to register in Australia. The arrangements for medical practitioners wishing to migrate to Australia are different and medical practitioners are required to be registered and must provide evidence of either full or conditional registration by way of a certificate from a State or Territory medical board to the Department of Immigration and Citizenship before permission for migration is granted.

The new scheme will improve the national information on registration and provides the opportunity for government departments to obtain such information directly from the national boards/agency in order to meet their obligations under relevant legislation and to improve policy outcomes rather than obtaining it separately. Policy on information sharing and privacy will be presented in more detail in a later consultation paper.

## **5 International linkages**

Submissions have emphasised the importance of ensuring that education and training of health professionals is consistent with that of other similar nations. As outlined previously, standards for accreditation should meet relevant international guidelines for the preparation of the professional group. Graduates from Australian programs need to be able to register in other countries, as international practice experience enhances the knowledge and skills of health professionals which benefits the Australian community on their return.

It is important that the assessment of overseas qualifications is based on a clear understanding of the standards, content and accreditation processes of the particular country where the health practitioner has qualified. Accreditation bodies and committees will need to maintain and develop relationships to ensure that accreditation is informed by international standards and processes.

Governments have a particular relationship with New Zealand under the *Trans-Tasman Mutual Recognition Act 1997*. This means that health professionals from New Zealand are registered in Australia

for the equivalent activities for which they are registered in New Zealand and vice versa. Under these arrangements, qualifications cannot be assessed but are assumed to be equivalent. It is important, therefore, that standards for education and accreditation processes are aligned. Many of the current national accreditation bodies (eg CCEA and OCA NZ), demonstrate these links by having New Zealand representation on their membership and/or through the provision of accreditation functions for New Zealand programs. The AMC also accredits New Zealand medical schools. It is important that the introduction of the scheme recognises and facilitates such 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.

***CPRB agrees with this proposal, but wants to know the final powers in relation to this 'consultation' in the case of disagreements between jurisdictions.***

## **6 Transitional arrangements**

It is not intended that the introduction of the new scheme will force changes to current education standards which are working well. It is intended that current education standards remain in force until any replacement standards have been approved.

The transitional arrangements should ensure that the introduction of the national scheme occurs as seamlessly as possible and that students and practitioners are not disadvantaged by the introduction of the new scheme. For example, any change to standards for courses should allow a pathway for students enrolled in programs prior to July 2010 to complete their courses of study and register. It is also important that education providers have time to develop new curricula required by any significant change to education and training standards and phase them in so that the impact is reduced to a minimum. The lead time for the introduction of any new standards should be long enough to enable education and training providers to develop new curricula and for current students to complete their programs.

It is expected that transitional arrangements will be set down in legislation.

**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.

***CPRB agrees with these proposals***