



**Ensuring and maintaining quality assurance in chiropractic
education and competency in Australia and New Zealand**

Proposed arrangements for accreditation

National Registration and Accreditation Scheme

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17 December 2008

CCEA is grateful for the opportunity to make comment in relation to the proposed National Scheme.

GENERAL COMMENTS

The Council on Chiropractic Education Australasia Limited (CCEA) is an independent body which predominantly provides and undertakes professional accreditation services for entry-level programs in chiropractic and strives to ensure quality assurance and continuous improvement of the quality of professional education and training. The accreditation process is geared towards being a collaborative rather than an adjudicative process.

The CCEA provides services in Australia, New Zealand and Asia and is a member agency of the Councils on Chiropractic Education International (CCEI) www.ccei@earthlink.net. Its main objectives are towards international best practice, global benchmarking and mutual recognition of equivalence.

CCEI exists to:

- Define minimum model educational standards and ensure their adoption and maintenance by accrediting agencies worldwide;
- Define the process of accreditation and ensure appropriate implementation and administration of the process by accrediting agencies worldwide;
- Establish and maintain a process for verifying equivalence of the educational standards and accreditation processes utilized by CCEI member accrediting agencies worldwide;
- Assist and provide guidance for the development of accrediting agencies toward their full autonomy and membership in CCEI;
- Promote continuous improvement of model educational standards, recognizing educational, cultural and legislative diversity in various countries and regions; and,
- Advocate quality education through the dissemination and promotion of information to governments, professional organizations and others.

Membership in CCEI is open to agencies organised to accredit chiropractic education that meet ALL requirements for CCEI recognition and are committed to ongoing compliance with the responsibilities of membership, as stated in the CCEI Articles and Bylaws:- e.g.

- 1.1.1 Organised to assess and make determinations regarding the quality and content of educational programs according to the criteria and processes stated in the Model Core Chiropractic Education Standards, as adopted by CCEI.

- 1.1.2 An accreditation agency must be completely independent and free from influence by any other body or individual.
- 1.1.4. Structured and staffed in a manner that ensures thorough and rigorous accreditation.
- 1.2.2 Endorsement and adherence to the Bylaws, Model Care Standards and Policies established by CCEI
- 1.2.4 Compliance with ALL provisions of the CCEI Bylaws and Policies

CCEA also takes into consideration the World Health Organizations (in partnership with the World Federation of Chiropractic) Guidelines on Chiropractic Basic Education and Training).

The CCEA is composed of appointees of the regulatory and professional bodies in Australia and New Zealand as well as educational nominees and community personnel. CCEA appointees are not made up of representatives of nominating bodies (as per the requirements of Australian Law – Justice Streets decision), which further reinforces its independence and minimises the perceived conflicts of interest.

Its purpose and objects are to advise and make recommendations relating to chiropractic accreditation, standards of education and practice.

Specifically its purposes and objects are to:-

- Assess and accredit chiropractic undergraduate and post-graduate programs
- Develop, advocate and maintain valid and reliable accreditation standards and processes to assess the suitability and quality of chiropractic programs and to judge the success of provider institutions in ongoing development, implementation and evaluation of those course goals and outcomes
- Develop and conduct evaluations in relation to the suitability of overseas trained chiropractors for migration and practice in Australia.
- Develop and conduct competency assessments on behalf of Members and advise on the suitability of chiropractors, referred for assessment, to practise in Australasia
- Advise and make recommendations in relation to chiropractic education and uniform approaches to Standards of Practice and regulation of chiropractors in Australia
- Establish and maintain relationships with bodies or organisations in other countries having objects and functions in whole or in part, similar to the objects and functions of the Council

A key ingredient of a body which undertakes accreditation is its need to maintain independence and objectivity, free from any internal or external influences or perceived conflicts of interest. CCEA does of course appreciate and understand that there must be mechanisms of transparency and accountability.

There are a number of matters within the consultation paper which if implemented as written would likely cause the CCEA to not be compliant with its CCEI requirements. The outcome of such, would interfere with various steps of international portability and recognition of equivalence. This would affect the education providers and more importantly their students.

The items of concern within the paper include:-

- The approval process of the professional accreditation standards. The current proposal suggests that these "Standards" once developed by the accreditation body are to then be "considered" by the National Board, then approved by the Ministerial Council

It is not clear what is meant by "to be considered". If this indicates that there is a power of veto or revision, then this represents a conflict of interest as it impinges on the independence of the accreditation body. The potential exists whereby a Board may request or make conditions with the threat of non funding.

In regards to the approval by the Ministerial Councils, a genuine concern exists in respect to the philosophical differences. An accreditation body in the interest of public safety, concerns itself with quality assurance and continuous improvement of professional education and training. Required competencies and attained standards are paramount. The natural history and evolution of professional education and training has always been upward improvement. By contrast, the Ministerial Council has concerns in so far that changes to accreditation standards may have implications to workforce shortages and increased funding requirements.

The essence for us is the continued improvement in patient safety and international best practice.

- Funding agreements and contracts.

This needs to be better clarified with essential input from CCEA into these documents. It becomes important to again mention the need to project independence and minimize perceived conflict of interests, while still having mechanisms of accountability. Could the direct funding agreement occur via the agency, rather than the Board?

- Governance advice.

The consultation paper describes guidelines of direction which would be appropriate. Any stronger requirement could be perceived as interference.

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.

CCEA wishes to state and acknowledge that accreditation function, infrastructure and set-up costs are highly subsidised by the pro-bono contributions of assessors, committee members, council appointees etc as well as income derived from other CCEA activities.

With respect to 12.2 above, CCEA seeks clarification as to whether accreditation agencies that currently do not receive funding from the Commonwealth will be able to access some "seeding" funding to assist with operations.

With respect to 12.6 above, CCEA notes that registration fees will need to increase significantly for some registrants within some professions to ensure that the current and expected level of accreditation activity continues. CCEA considers it is important that the professions are made aware of an expected increase.

ACCREDITATION

To fulfil requirements as expected within the first 12 months of the new scheme, CCEA requests that the standards and criteria to be met are to be formulated and provided to the existing external accreditation bodies as soon as possible.

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.

CCEA agrees with these principles.

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.

CCEA seeks clarification with respect to 1.35(b) above, as there appears to be confusion between the accreditation body's role in accreditation as separate to registration. Program accreditation does not ensure registration.

Program accreditation concerns itself with "the content and quality of what is taught" whereas registration's educational requirement is that an individual, graduates (passes the competency assessments) from an accredited institution. There is a significant difference. CCEA through its membership in CCEI indirectly assesses equivalence of "like" accrediting bodies in other countries/regions. A mutual recognition of international equivalence is therefore established of programs (courses of study) from CCEI member accrediting bodies. This does not determine individual practitioner competency to allow automatic practice in Australia. Individuals wishing to practise in Australia are then required to undertake the CCEA's assessment for suitability to be eligible to practise in Australia.

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.

CCEA, given its international recognition by the Councils on Chiropractic Education International (CCEI), is required to implement accreditation standards that meet CCEI criteria. CCEA is concerned that if it is 'required' to submit its accreditation standards to the National Board, that this may be seen by CCEI as a conflict or interference from outside organisations and may be a detriment to our international recognition.

If the National Board were not to be satisfied, what would be the process? If our international body was to not find this as an acceptable arrangement, would there be a pathway or opportunity to remedy the situation?

CCEA also has concerns, given members of the accreditation body have the expertise in relation to accreditation standards and not a National Board, that a National Board (for one reason or another) may not agree with the standards set and request they be amended, which may result in a lesser or higher expectation.

- (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.

While CCEA is supportive of this principle, it must recognise the need to also satisfy its international requirement. In recognition of that requirement, CCEA welcomes consultation on content from Stakeholders including Government and Community Groups.

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....

See Clause 9, point 3 above.

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

CCEA suggests that clause (b) above be amended to read "...health professional educators, the profession and registration board".

- (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 for accreditation

CCEA suggests that principle (f) must not result in automatic recognition of accreditation authorities and decisions in other countries with which Australia has/develops a Free Trade/Mutual Recognition Agreement. The concern is that some overseas authorities and/or standards may not comply with our own.

- (g) reflect the wording and intent of the IGA and additional provisions in Bill A which were developed following consultation.

2 Current accreditation arrangements

2.3 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.

CCEA is of the opinion that income derived from activities unrelated to program accreditation should not be used to "prop up" accreditation functions and should be available for accreditation bodies to use to further develop and research these non-accreditation functions.

CCEA recommends that funding received by accreditation bodies to undertake accreditation functions should not take into account income received from other activities.

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 eligible to be 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.

CCEA's accreditation activities are designed to ensure both quality assurance and quality improvement.

Graduates are also expected to demonstrate relevant professional attitudes and behaviours (not just skills, knowledge and competence).

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 Board must ensure that international requirements are not compromised, nor the Boards involvement be perceived as a conflict of interest, nor an undermining of the process.

To avoid an impingement of its independence, CCEA’s preference would be for the CCEA to seek input from the National Board and then CCEA itself to directly send the standards to the Ministerial Council for its consideration.

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.

CCEA suggests that the intent of the above paragraph requires more clarification.

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.

CCEA again suggests that full costs of accreditation activities, including appropriate assessor remuneration, needs to be considered and agreed upon.

CCEA assumes that accreditation bodies will, as per current practice, be able to charge the inspected institutions at least a cost recovery fee.

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.

CCEA seeks clarification as to what the proposed process will be if a national board, accreditation body and the Ministerial Council disagree over a proposed 'standard'.

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)

CCEA suggests that clauses (a) and (b) above blur the issue of the accreditation body being responsible for the development of accreditation standards. There needs to be consistent and appropriately described terminology whenever the term "standards" are used.

- (c) in agreement with boards, through the mechanism of the health profession agreements with boards, manage the financing and contractual aspects of accreditation, and

CCEA requests that the actual accreditation bodies to be a part of the consultation for the above process.

- (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.

We need to have clarified whether existing accreditation bodies could also negotiate with the National Agency for the provision of administrative assistance where required and applicable.

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

CCEA considers it more appropriate to ensure National Board input then directly submit Standards to the Ministerial Council as outlined in our second paragraph of comments in section 3 above .

- (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.

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

CCEA seeks confirmation that contractual discussions andl arrangements will occur between the CCEA and the National Agency.

- (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.

*CCEA suggests that the following be included as clause (g):
(g) in accord with international obligations and relevant Standards.*

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.

3.4 Scope of accreditation

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

CCEA agrees with this proposal.

Currently within the Chiropractic profession in Australia there is a radiology specialty. In overseas countries other chiropractic related specialties do exist. CCEA assumes there will be a move towards greater specialist endorsements in the future.

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.

CCEA understands that the process of establishing a specialty will be as follows;-

- *list of required competencies;*
- *Accreditation Standards for that specialty;*
- *Assessment process of individuals to attain the specialty.*

While CCEA appreciates the desire for the Ministerial Council to ensure all these processes are in place,(in line with current practice in medicine), CCEA however does hold some concern that the Ministerial Council could easily be also able to 'block' the inclusion of a specialty due to workforce or funding factors..

Core accreditation functions

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.

CCEA agrees with the clauses contained in the Core Accreditation Functions listed above.

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.

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.

CCEA agrees with this proposal.

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.

CCEA suggests that proposal 3.4.6, as written above, does not comply with the legal framework outlined in the WHO/WFME Guidelines which provides that "the legal framework must authorise the accrediting body to set standards..." nor does it comply with the CCEI requirements.

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.

CCEA agrees with this proposal however suggests that the drafting needs to be clear that such delegation would be through negotiation and mutual agreement with the relevant accreditation body.

3.5 Governance arrangements for external accreditation bodies

CCEA currently is constituted with the following appointed and nominated members:

- *Appointed members from each regulatory jurisdiction in Australia and New Zealand (currently 9 members)*
- *Appointed members from the peak professional associations in Australia and New Zealand (currently 2 members)*
- *Nominated members representing the combined educational institutions teaching chiropractic entry-level programs in Australia and New Zealand (currently 2 members)*
- *Nominated members representing the community who have senior accreditation and organization skills (currently 2 members)*
- *Currently a total of 15 Council members*

With the establishment of the new Scheme, there will no longer be 9 separate regulatory jurisdictions which were required to appoint persons due to mutual recognition and Trans Tasman requirement.

In place of the previous regulatory authorities' appointees it is assumed and expected that the Australian & N.Z. National Boards will each contribute an appointee to the Accreditation Body of a person who could provide advice, experience and skills to assist the Accreditation Body. The other categories of appointed/nominated members would remain as above.

CCEA considers that a workable number of Councillors (considering all are part-time) is 11. The remaining 3 appointees would best be served by and taken from those on the State committees. The preceding formula is one possible scenario however CCEA has yet to make final determination.

Separate to CCEA Council is CCEA's current Accreditation Committee whose function it is to ensure that all matters pertaining to the assessment and accreditation process occurs appropriately. Membership of this committee (or commission) is appointed by Council and similarly has a mix of academic, professional, community and regulatory persons.

Composition of site inspection teams has a mix of academic (profession-specific), academic (non-profession specific & community), academic specialist (radiology) and clinician (either professional or regulatory). The team leader can be anyone of the above categories, but cognizant and skilled in all areas.

Further guidance is available in the Professions Australia document and Forum of Australian Health Professions Councils Good Practice Document.

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.

CCEA agrees with this proposal.

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.

CCEA would be pleased to enter into a contract arrangement with the Agency and would expect 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 Scheme as well as consideration of the objectives and requirements of the CCEA;*
- (b) It assumes that the framework standards are operational in nature;*
- (c) The budget for the accreditation functions it is performing for the national board;*
- (d) Presently, costs are partly subsidized by registration fees. It is assumed that fee for services regarding accreditation from the institutions is still possible;*
- (e) Monitoring and reporting arrangements;*
- (f) Requirements relating to contributions to the national board's annual report;*
- (g) Provisions relating to termination of the contract;*
- (h) International membership fees in accord with international obligations;*
- (i) Whether CCEA would have the opportunity to request Agency support services if required;*
- (j) Use of Agency support staff if required;*
- (k) Matters pertaining to intellectual and documentation property;*
- (l) Dispute process.*

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.

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.

For purposes of ensuring independence and to minimize the perception of conflict and confusion, CCEA suggests it is important to ensure that the external body has input to the arrangements and health professions agreement. Any arrangements must have good clarity and attend to the above concerns.

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.

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.

It is important that the Accreditation Body must also be consulted and given opportunity for input. CCEA understands the "Standards" in this proposal relate to operational requirements.

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.

CCEA agrees with this proposal.

Ensuring transparency

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.

Use of the term "widely" is too broad and not necessarily helpful when considered, meaningful and appropriate feedback is required. CCEA suggests the term "Stakeholder" consultation

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.

CCEA agrees with this proposal to publish standards, however disagrees with the words "as well as all fees and charges related to accreditation".

A general statement concerning fees would be acceptable, however specific accreditation fees and charges are variable and are dependent upon air transport charges, site team accommodation charges, etc., etc.

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.

CCEA agrees with this proposal although it would request that the phrase "and anything else requested" be modified to "and anything else reasonably requested".

3.6 Accreditation committees

Composition of accreditation committees

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

CCEA suggests that the composition of these Board appointed accreditation committees should not be limited, but be listed as "no less than two".

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.

CCEA agrees with this proposal.

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

CCEA is not convinced that this proposal will lead to robust, well balanced and well credentialed committees.

Administration

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.

CCEA agrees with this proposal.

3.7 Linkages

Review and appeal provisions

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.

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.

CCEA suggests that this proposal requires further thought and clarity. Terms used e.g. "any organisation disadvantaged" are too broad and open.

CCEA is supportive of measures aimed at principles of natural justice. It believes an educational institution has the right to seek an internal review of a decision and/or imposed conditions provided the institution can demonstrate adequate reasoning for the review of decision.

CCEA also considers "to go beyond to an external process of review", is too open and dangerous. There needs to be better definition and description to the proposal.

3.8 Indemnity

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

CCEA agrees with this proposal.

There is discussion regarding the composition of accreditation panels (inspection teams). It is crucial that panels require focussed expertise and an acknowledgement that the composition needs to vary according to the inspected requirements. There is also the need to ensure exclusionary criteria e.g. not of same institution and not of same jurisdiction. Panel selection also takes into account the timing of the inspection and the team availability. Consequently, panel members are by invitation according to a formula as discussed in our response to 3.5 within this paper.

3.10 Accreditation processes

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

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

CCEA agrees with this proposal.

Relationship between registration and accreditation functions

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.

CCEA agrees with this proposal, although the term "as soon as" becomes problematic as quite often there is a need to confirm, further evaluate and make an actual determination of the event/changes..

4 Linkages with Commonwealth, State and Territory government bodies

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

CCEA suggests that this proposal needs to be more specific in relation to the type of accreditation reports. There are multiple tiers of reporting.

CCEA assumes that the proposed report is the accreditation summary and/or recommendations report.

Assessment of overseas qualifications

5 International linkages

Proposal 5.1: It is proposed that the national scheme legislation provide that standards for accreditation are developed in consultation with New Zealand and any other country with which Australia has (or develops) a mutual recognition agreement. While CCEA supports the principle of international mutual recognition, there is a need for caution as the priority is international best practise, global bench-marking and recognition of equivalence. There is a need to recognise that there is significant diversity in education, culture and legislative environments within the various countries and regions. The development of Standards would need to be in line with international requirements.

While our relationship with New Zealand has been of absolute benefit, we cannot assume that other countries could easily satisfy the required standards and practice levels, CCEA strongly believes that this could be dangerous in that it may 'lock' in the requirement to automatically register persons from those countries without further assessment.

6 Transitional arrangements

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

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

CCEA agrees with this proposal however again requests that the standards and criteria to be met are to be formulated and provided to the existing external accreditation bodies as soon as possible.