

**Professor Steve Wesselingh** BMBS FRACP PhD  
Dean, Faculty of Medicine, Nursing and Health Sciences

18 December 2008

Ms Bronwen Nardi  
Chair, PRSC

Dear Ms Nardi

**Re: Response to COAG NRA Accreditation Consultation Paper**

Please find attached a submission from the Faculty of Medicine Nursing and Health Sciences, Monash University to the COAG NRA Accreditation Consultation paper.

Should you require further information, please do not hesitate to contact me on (03) 9905 4318 or via email at [steve.wesselingh@med.monash.edu.au](mailto:steve.wesselingh@med.monash.edu.au).

Yours sincerely



Steve Wesselingh  
Dean

## **Response to the COAG NRA Accreditation Consultation Paper**

Monash Faculty of Medicine, Nursing and Health Sciences is an educational organisation which provides basic professional education for trainees in several of the health professions included in the IGA's provisions, and as such has a strong interest in ensuring that the processes for accreditation of educational programs are efficient, effective and transparent. The Faculty seeks to provide educational programs of the highest quality and welcomes opportunities to review and benchmark its courses, provided the review processes are collegial and conducted in accord with the principles of continuous quality improvement.

In several of the courses offered by the Faculty, accreditation processes are already conducted under the aegis of national accreditation agencies using standard frameworks. The Faculty welcomes a move towards the use of consistent national standards for accreditation of health professional education programs, particularly where the standards have been developed in a manner supported by the education providers and the profession, where the assessment process is based predominantly on self-review against the relevant standards and where assessment teams and agency boards include peers with appropriate expertise. The Faculty is also particularly concerned that accreditation agencies have legal independence in setting the standards against which accreditation assessments are conducted.

The following comments address some of the specific proposals listed in the Accreditation Scheme consultation paper issued by the Practitioner Regulation Subcommittee of the Health Workforce Principal Committee, AHMAC in November 2008.

**Proposal 3.4.1:** Education programs for Psychology and Nursing/Midwifery might be considered to have aspects of specialisation included in the education processes. In the case of Psychology, existing streams are well defined and standards for accreditation of educational programs exist. Changes to these definitions would need to be discussed carefully with institutions providing basic education programs and professional training. Specialisation in medical practice is well established and currently occurs outside the Faculty and after basic education has been completed.

**Proposal 3.4.4:** The Faculty welcomes the proposal that the core accreditation functions initially assigned to the external accreditation bodies are those core functions listed in the consultation paper where those functions are currently undertaken by the body. Because of the long lead times for preparation of accreditation reviews and need for reasonable periods of accreditation after successful review, the Faculty endorses the plan for a considered schedule for transition to any new accreditation schemes.

**Proposal 3.4.5:** The Faculty emphasises the importance of developing long term collegial relationships, appropriately representative structures and strong stakeholder engagement in accreditation mechanisms for health professional education programs. The Faculty supports the proposal that delegation of core accreditation functions of Boards be permitted, particularly where additional efficiency and consistency can be achieved from the delegation.

**Proposal 3.4.6:** The ability of the national scheme to provide for changes in and expansion of the range of courses accredited is essential to the effective operation of

the scheme into the future. This is particularly relevant to the need for educational institutions to consider innovative strategies in health professional education in response the changing needs of the Australian community.

**Section 3.5:** The Faculty supports strongly the principle that the accreditation process can seek and receive appropriate inputs without compromising the independence of the process itself. The Faculty's view is that an appropriate balance of input can be best obtained through appropriate representation of stakeholders in standard setting and assessment processes. The WFME's guidelines for accreditation processes in basic medical education provide an ideal model for this process, and place particular emphasis on representative composition of boards and panels, on the need for expertise and specificity of purpose of accreditation teams and on adaptability of the process for individual situations. Accreditation programs adopting the WFME model engender a strong sense of engagement for stakeholders through the collegiality and shared values which emerge under the model's structures.

Whilst balanced membership of accreditation agencies and their various panels under guidelines similar those of the WFME are the most important determinant of independence and protection from undue influence at the level of stakeholders, independence at the organisational level is essential and needs to be guaranteed by the provision of a suitable legal framework for governance and operation of the accreditation agency. The Faculty holds the very strong view that genuine independence of the accreditation processes planned under the NRAS needs to be ensured by the governance structures developed for these.

**Proposals 3.5.1-3.5.4:** The issues of key interest and concern to the Faculty arising from these proposals are that accreditation processes retain genuine independence as outlined above, that there is support from the educational institutions and the professions together for the accreditation processes, that the processes for determining standards are collaborative and consultative, and that mechanisms developed take into account the time scales under which institutions operate in developing new courses or revising existing ones. Accreditation assessments require educational institutions to provide reviewers with detailed insights into processes and access to information which would not normally be in the public domain. In doing so, universities and other training organisations need to be confident that accreditation processes will provide them with adequate protection and confidentiality.

On the other hand, the process of standards development needs to be undertaken in a way which retains the confidence and support of the educational institutions and which remains independent of external factors which might otherwise influence criteria applied to the process. Again, the WFME guidelines referred to above provide an ideal framework for ensuring that the right balance of representation and consultation are found to ensure transparency and accountability in developing standards and conducting assessments.

**Proposal 3.5.7:** The Faculty supports the publication of standards and fee structures for accreditation processes on relevant web-sites.

**Proposal 3.5.8:** The Faculty is concerned that implementing this proposal might lead to publication of confidential material as outlined above. The Faculty would prefer

that the phrase “and anything else requested by the Board” be removed from this proposal to ensure that there is an explicit understanding of the nature of material that can be released through either accreditation body or Board annual reports.

**Proposal 3.6.1:** The composition of accreditation committees of national Boards will need to reflect the requirements of the educational programs and the nature of the profession involved. The Faculty endorses the principles of the proposal, namely efficiency, expertise and representation of stakeholders, but notes that the proposed structure would not be suitable for several of the professions for which national accreditation processes currently exist. The structure nominated in the proposal should represent a minimum standard for professions for which no national accreditation processes currently exist.

**Proposal 3.7.1:** The Faculty concurs strongly with the proposal that appeal (process and merit) processes be included in the accreditation structures developed under the NRAS.

**Proposal 3.8.1:** The Faculty supports strongly the intent of this proposal. Numerous members of the Faculty contribute to accreditation assessment processes for several health profession education programs under the current structures and to the processes for assessment of foreign graduates. Indemnity for *bona fide* work in these processes is vital to ensure that the processes can be resources adequately and to maintain the collaborative processes which exist at the moment.

**Proposals 3.10.1 (a-d):** The Faculty endorses these proposals, but notes that the background discussion (final paragraph) seems to leave unclear the extent to which each of the professions would be represented in the accreditation agency structures. To some extent, this is a problem of semantics in that the educational institutions might themselves be seen as outside the profession. However, for most of the health profession education programs, there is a strong cross-representation between the practitioners and the educationalists of the profession. Our view is that the accreditation structures must have appropriate expertise, credibility within and the support of both the educational institutions and the broader relevant professions. Achieving this will require strong representation by members of the profession, but does not preclude in any way the inclusion of members from outside the profession and would not impair accountability to the public.

**Proposal 3.10.2:** The Faculty currently operates under a framework in which significant changes to courses, and new programs are reported prospectively to the relevant accrediting agencies and is broadly comfortable with the intent of this proposal. It is important however that the reporting processes and the actions arising from this are cognisant of the points made in respect of proposals 3.5.1-4; in particular that information is not released into the public domain without the consent of the educational institution involved.

**Proposal 4.1:** Existing accreditation review outcomes for medical education courses are published on the web-site of the Australian Medical Council and the Faculty remains comfortable with a similar arrangement for other health profession education programs. It is important to note however that such publication follows a careful and formal process of consultation between the Council and the reviewed medical school.

We endorse this process and suggest that a similar model be used in all other health profession reviews.

**Proposal 5.1:** The Faculty welcomes the proposal that relevant consultations occur (and continue in the case of medical school accreditation) with New Zealand Boards and Councils and with other countries where appropriate.

**Proposal 6.1:** The transitional arrangements are of particular importance to the Faculty where existing national accreditation processes are involved. There are substantial implications for new demands on resources and effort of staff in participation in development of new standards, accelerated review processes and the need to review compliance with new accreditation standards even where no changes to existing courses are needed. Notwithstanding our acknowledgement of the need to review and upgrade standards regularly, the Faculty remains wary of proposals which might lead to alteration of existing national accreditation standards for established courses on an accelerated schedule and the attendant costs this would entail.