

Attention: Practitioner Regulation Subcommittee
By email to nraip@dhs.vic.gov.au

Dear Sir or Madam

Accreditation arrangements submission

Thank you for the opportunity to comment on the consultation paper *Proposed arrangements for accreditation*, as part of the National Registration and Accreditation Scheme for the Health Professions.

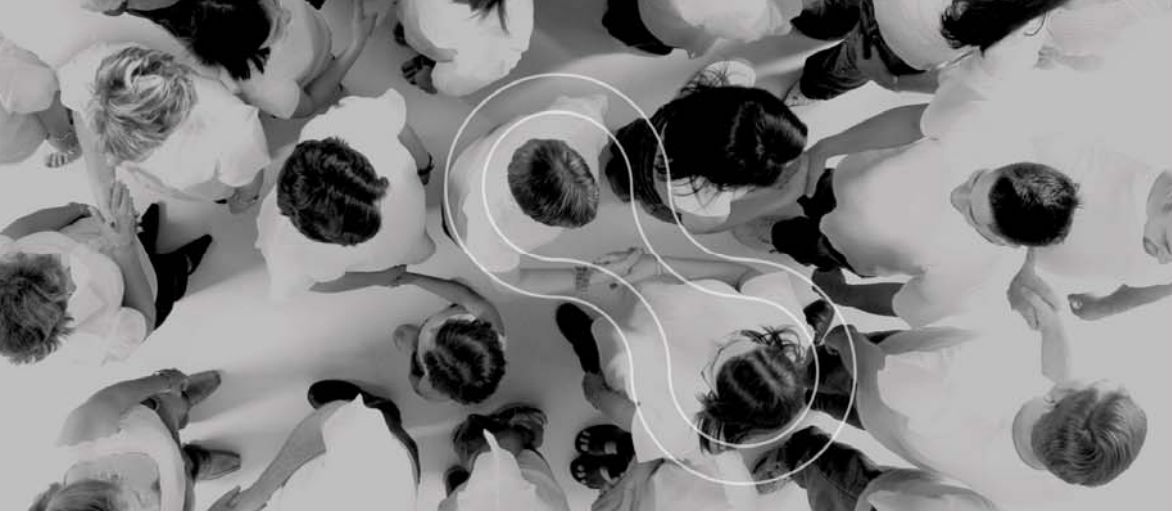
I attach a submission from the Health Quality and Complaints Commission (HQCC), an independent body dedicated to improving the safety and quality of health services in Queensland.

For further information or clarification regarding the HQCC submission, please contact Dr Teresa Lynne A/Director Standards and Quality:
teresa.lynne@hqcc.qld.gov.au

Yours sincerely



Cheryl Herbert
Chief Executive Officer
17 December 2008



health quality
and complaints
commission

POSITIVE HEALTH ACTION

Response from

Health Quality and Complaints Commission Queensland

to

National Registration and Accreditation Scheme for
Health Professions Consultation Paper:

Proposed arrangements for accreditation

17 December 2008

Introduction

This is a submission from the Health Quality and Complaints Commission (HQCC) in response to the consultation paper *Proposed arrangements for accreditation* released in preparation for the National Registration and Accreditation Scheme for the Health Professions.

The HQCC is an independent body dedicated to improving the safety and quality of health services in Queensland. Established in July 2006, the HQCC has three key functions – managing complaints, monitoring and promoting quality improvement in health services and sharing information.

The HQCC is supportive of national registration and accreditation and agrees with the majority of proposals outlined in this consultation paper. It is hoped that formalising the functions of accreditation and clarifying its relationship to registration will help achieve the guiding principles set by the Health Ministers to:

- ensure that public safety and protection is paramount
- advance and protect high quality health care
- maintain a high degree of transparency and accountability.

In July 2007, the HQCC released seven healthcare standards including one on credentialing and scope of clinical practice. This Standard requires that health facilities define the scope of clinical practice that health professionals are competent to perform, taking into account such factors as qualifications and service capability of the facility. This Standard is also in alignment with some accreditation requirements.

As stated in the rationale for HQCC's credentialling standard, '*modern healthcare is complex and rapidly changing due to the introduction of new clinical services, procedures and other technologies... The process of credentialling and defining the scope of clinical practice therefore needs to be continuously evaluated and fine-tuned to ensure that credentialling practices, policies and procedures reflect the changes in the health market (technology, ageing specialists, continuing professional development, peer review requirements, geographic mobility of health care professionals)...*'. As with credentialling, it is important that formal accreditation arrangements keep pace with, and encourage innovation in healthcare. It is also in the interests of public safety for accreditation criteria to be continuously updated to ensure new developments are captured. Courses will then need to be frequently re-accredited, particularly when changes are made to the criteria.

In July 2010, the HQCC will complete its first comprehensive review of the seven Standards, which coincides with the commencement of the national registration and accreditation scheme. The HQCC is therefore mindful of the impact the scheme may have on its Standards, particularly the credentialling Standard, and will make amendments if required to ensure they align with the new arrangements.

Specific comments

The HQCC's response to specific proposals included in the consultation paper are listed below, identified by the reference numbers used in the consultation paper. Where proposals are omitted it can be assumed the HQCC has no comment.

Section 1 Background

1.6 Principles

The HQCC is supportive of the principles outlined at 1.6. However, principle 1.6(b) requires that *'the process of assessment of courses and qualifications (be) undertaken independently from government, health professional educators and the profession'*. The HQCC is of the opinion that such independence will be difficult and suggests that input from these groups is necessary and appropriate for the assessment of courses and qualifications, particularly the expertise provided by the profession.

Further, this principle is inconsistent with section 1.34(a) of the Intergovernmental Agreement, which requires that processes for assessing individual qualifications and courses of training be consistent with government policy. While some degree of consistency is necessary and desirable, it is also hoped that government policy will promote safe and quality health care, and that accreditation standards will not be lowered in the interests of achieving this alignment.

Section 3 Proposed new accreditation arrangements

Recognition of specialties and accreditation of specialist training

Proposal 3.4.1

The proposal - for boards to consider the need for specialist endorsement in their professions - is supported.

Proposal 3.4.2

The proposal – for the national medical board to consult with the Australian Medical Council regarding specialties – is supported. Equally, the HQCC recommends that all of the national boards consult widely with professional groups and education providers in developing their lists of specialties and associated qualifications. For example, it will be necessary for the national nursing and midwifery board to consult with the Australian Nursing and Midwifery Council regarding the endorsement of nurse practitioners.

Proposal 3.4.3

The proposal – for new specialties to be approved by the Ministerial Council – is supported, provided that appropriate input is sought from the professions and other relevant stakeholders, and that the approval process can meet the pace of development in emerging specialty areas.

Core accreditation functions

Proposal 3.4.6

The proposal – to allow for changes of the range of accredited courses with the approval of the Ministerial Council – is supported, provided appropriate input is sought from the professions and other relevant stakeholders. The Ministerial Council will also need to consider other factors, such as the appropriateness of an institution's resources, when assessing new courses for accreditation.

Ensuring transparency

Proposal 3.5.6

The proposal – for accreditation bodies and the national boards to consult widely when developing standards for accreditation – is supported. Such consultation will also need to occur on a regular basis in order to evaluate and update those standards.

Proposal 3.5.7

The proposal – for the agency to publish accreditation standards and fees on its website – is supported.

Composition of accreditation committees

Proposal 3.6.1

While implicit in the proposal, it is suggested that accreditation committees may benefit from having at least one member with expertise in curriculum as distinct from education and training. Input from researchers and clinical innovators will also be important in order to capture up to date developments in a profession. Finally, it should be required that at least one of the registered practitioners have relevant clinical experience, perhaps by specifying that they be currently practising.

3.9 Funding arrangements

The contribution of pro bono accreditation work currently performed by practitioners in the interests of the profession cannot be underestimated. It is recommended the national boards and accreditation bodies consider this contribution in their financial modelling.

As a general comment with regard to funding, the HQCC hopes that the national registration and accreditation arrangements will offer opportunities for efficiencies and not instead add another layer of administration and bureaucracy to the opposite effect.

3.10 Accreditation processes

Proposal 3.10.1

The HQCC supports the matters outlined for consideration by the agency in developing accreditation standards and is particularly supportive of aligning Australian accreditation processes with international best practice guidelines such as those prepared by the World Health Organisation (WHO) and World Federation for Medical Education (WFME)¹. However, as outlined in those guidelines, national sovereignty is also important particularly where existing Australian standards² are higher, more explicit or more relevant.

Whilst an evaluation of the guidelines prepared by WHO and WFME is outside the scope of this submission, it is noted that section 7 of those guidelines suggests accreditation should be valid for a fixed period and provides the example of five to twelve years. The HQCC is of the view that this period is too long to adequately capture advances in emerging fields and it would be in the interests of maintaining public safety and encouraging innovation to accredit courses more often. The consultation paper is silent on the issue and it is suggested the accreditation period needs to be explored.

¹ World Health Organization and World Federation for Medical Education. *WHO/WFME Guidelines for Accreditation of Basic Medical Education*, Geneva/Copenhagen, 2005.

² Walters, Theanne. *Standards for Professional Accreditation Processes*, Professions Australia, 2008.

Relationship between registration and accreditation functions

Proposal 3.10.2

The proposals - regarding the monitoring of education courses - are supported.

Section 4 Linkages with Commonwealth, State and Territory government bodies

Proposal 4.1

The issue of making accreditation reports public is problematic. On the one hand, such reports could encourage institutions to maintain the quality of their courses and allow prospective students to make informed decisions about their education. However, it could be argued that such a practice is misleading as it is difficult to accurately compare vastly different institutions. Institutions may also have an unfair advantage by previewing the results of their competitors and making changes to their courses prior to accreditation. If accreditation reports are to be made public, it is recommended that institutions be given an appropriate grace period within which to address issues before the results are published.