

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

**PHARMACY BOARD OF NEW SOUTH WALES RESPONSE TO CONSULTATION
PAPER**

Proposed arrangements for accreditation

Issued by the Practitioner Regulation Subcommittee
Health Workforce Principal Committee
Australian Health Ministers' Advisory Council
6 November 2008

Recognition of specialties and accreditation of specialist training

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.

Agreed

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.

No comment

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.

Agreed

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.

Agreed

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.

Agreed – it is recognised that such delegation, by the Pharmacy Board of Australia would include delegation of responsibility for the accreditation of intern training programs and assessment of interns at the conclusion of such programs.

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.

This 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...”

Additional functions relating to the national scheme

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.

Agreed

Support the view that external accreditation bodies must be allowed to continue to undertake other activities, on their own account, on the condition that there is no conflict with the activities undertaken on behalf of the National Board.

3.5 Governance arrangements for external accreditation bodies

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.

Comment

It is anticipated that when restructured (as required by the disbanding of jurisdictional boards), the Australian Pharmacy Council (APC) will have at least two community representatives and representatives of education providers, the profession, Department of Health and Ageing, and at least one representative of the Pharmacy Board of Australia. The two expert committees established by APC will each have at least 30% stakeholders (community representatives, students and other), 30% education provider representatives and 30% from the profession.

The APC accreditation process provides that any on-site assessment team undertaking the accreditation must have at least one academic not aligned with the university being accredited, one community pharmacist, one hospital pharmacist and the accreditation manager (non-pharmacist). A report is written with recommendation/s, submitted to the expert committee and the accreditation status recommended to the Australian Pharmacy Council.

Legal arrangements between accreditation bodies, boards and the national agency

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.

Agreed

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.

All Agreed plus recommend clear expression of scope of the delegated functions ie the activities delegated and the term of the delegation. Contract should also include an outline of the procedure to negotiate additional funding if required, for example, as a result of the unexpected entrance of new institutions and/or programs requiring accreditation.

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.

Agreed

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.

Agreed

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.

Agreed that the external body should be able to delegate parts of the accreditation function but do not agree that such bodies should be constrained to do this only if such arrangement was in place at the time the accreditation function was assigned. External accreditation bodies must have the flexibility to conduct their business in the most efficient / cost effective manner and in

order to achieve national consistency, this may include making adjustments from time to time to pre-existing business processes.

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.

Agreed – existing accreditation standards for pharmacy were established following a widely consultative process and it is accepted that development of any future standards must include similar consultation processes.

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.

Agreed

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.

Agreed

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.

Agreed

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.

Agreed

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.

Agreed

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.

Agreed

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.

Agreed

It is further suggested that accreditation decisions affecting individual practitioners or applicants for registration (e.g. assessment of overseas qualified pharmacist) should be reviewed through a two tier process. For pharmacy, the first review would use the established appeals process set down by the Australian Pharmacy Council then, if the

individual appeals further, the case would be determined under the appeal provisions relating to registration decisions.

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.

Agreed that the legislation should provide for indemnity for all persons / bodies authorised to act.

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.

All Agreed and note that the proposal that such standards would need to be approved by the Ministerial Council does not accord with the legal framework requirements set out in the WHO / WFME Accreditation guidelines.

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.

Agreed but as such requirement is designed to limit risk, the reporting requirement should apply where such changes "may" rather than "would" adversely impact.

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.

Agreed

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.

Agreed

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.

All Agreed but note again that requirement for approval of accreditation standards by the Ministerial Council does not accord with legal framework requirements under the WHO / WFME Accreditation guidelines. It is recommended that a timeframe should be fixed for the completion of activities described in (b) and (c) above.