



Consultation paper

17 April 2018

Review of accreditation arrangements – assignment of accreditation functions

The Aboriginal and Torres Strait Islander Health Practice, Chinese Medicine, Chiropractic, Dental, Medical, Medical Radiation Practice, Nursing and Midwifery, Occupational Therapy, Optometry, Osteopathy, Pharmacy, Physiotherapy, Podiatry and Psychology Boards of Australia (the National Boards) are reviewing the current accreditation arrangements, and in particular, the assignment of accreditation functions for the National Registration and Accreditation Scheme (the National Scheme).

These National Boards are releasing this consultation paper for feedback.

Providing feedback

The National Boards are seeking to consult on the future accreditation arrangements for the National Scheme. In addition to general feedback, they are interested in stakeholders' feedback on specific questions about the accreditation arrangements.

Feedback can be provided in a number of ways by close of business on **14 May 2018**:

- take a short survey to provide your views and/or
- send a written submission by email, to accreditationreview@ahpra.gov.au.

Submissions for website publication should be sent in Word format or equivalent.¹

Publication of submissions

The National Boards publish submissions at their discretion.

We generally publish submissions on their websites to encourage discussion and inform the community and stakeholders. Please advise us if you do not want your submission published.

We will not place on our websites, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the subject of the consultation. Before publication, we may remove personally-identifying information from submissions, including contact details.

The views expressed in the submissions are those of the individuals or organisations who submit them and their publication does not imply any acceptance of, or agreement with, these views by the National Boards.

The National Boards accept submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. Any request for access to a confidential submission will be determined in accordance with the *Freedom of Information Act 1982* (Cth), which has provisions designed to protect personal information and information given in confidence. Please let us know if you do not want us to publish your submission, or want us to treat all or part of it as confidential.

Published submissions will include the names of the individuals and/or the organisations that made the submission, unless confidentiality is requested.

¹ We aim to publish documents in accessible formats (such as word files) to meet international website accessibility guidelines. Therefore, while you are welcome to supply a PDF file of your feedback, we ask that you also provide a text or word file. More information about this is available at www.ahpra.gov.au/About-AHPRA/Accessibility.aspx

We will also publish a high level summary of survey responses.

Next steps

The National Boards will review and consider all feedback from this consultation before making decisions about the future assignments of accreditation functions.

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Executive summary

National Boards and the Australian Health Practitioner Regulation Agency (AHPRA) are undertaking a review of current accreditation arrangements to determine the accreditation arrangements from mid-2019 when the currently assigned terms end.

The National Law² sets out the accreditation functions in the National Scheme³. These include developing accreditation standards, accrediting programs of study against approved accreditation standards and assessing overseas-qualified practitioners.

The last review of the assignment of accreditation functions occurred in 2012, when the accreditation authorities for the first ten professions to join the National Scheme went through a rigorous review process. The current review includes those accreditation authorities, as well as the three accreditation committees that were assigned their functions by their respective National Boards in 2012.

National Boards and AHPRA are conscious that COAG Health Council's decisions on the outcomes of the yet-to-be-released Accreditation Systems Review (ASR) will affect the future shape of the accreditation system. The draft ASR report proposed: changes to the governance of accreditation; to ensure the relevance and responsiveness of the education of health practitioners; to enable accreditation to achieve the objectives of the National Scheme; and to increase efficiency and effectiveness. The draft report also acknowledged the substantial contribution that has been made to accreditation by the current accreditation authorities, and the critical value they contribute to the system.

It is each National Board's decision as to whether the accreditation functions for the profession it regulates are carried out by an external accreditation body or a committee established by the National Board. If the National Board decides on an external organisation, AHPRA enters a contract with them which specifies the scope of accreditation functions and sets out associated reporting requirements and funding arrangements. If the National Board decides on a committee, these matters are specified in terms of reference. The accreditation authorities have indicated their support for an open and transparent review process and discussion with their National Board about strengths and challenges in meeting the objectives of the National Law.

The *Quality framework for the accreditation function* (the Quality Framework), which was developed before the 2012 review of accreditation arrangements, articulates the expectations of accreditation authorities operating under the National Law. It identifies eight key performance domains. In this review other activity data and themes from the ASR are also considered.

This consultation paper provides an overall high level picture of the accreditation functions in the National Scheme and an analysis of performance across accreditation authorities against the Quality Framework and the objectives and guiding principles of the National Law.

Stakeholders are invited to provide feedback about the current and future accreditation arrangements in the National Scheme through this consultation process.

² Health Practitioner Regulation National Law, as in force of each state and territory (the National Law).

Overview

Introduction

The National Boards in the National Scheme and AHPRA are undertaking a review of current accreditation arrangements to determine the accreditation arrangements for all professions in the National Scheme except paramedicine (see list below) from mid-2019 when the currently assigned terms end.

This consultation paper invites comments on the review. It provides background on the National Scheme and National Scheme bodies, accreditation in the National Scheme and previous reviews and reports on accreditation. It then provides a multi-profession analysis of performance against the *Quality framework for the accreditation function*, which is the key performance measure for accreditation functions, and the objectives and guiding principles in the National Law.

Whilst this review has a more targeted focus than other more comprehensive reviews such as the ASR and is explicitly not pre-empting the outcomes of those reviews, it cross-references them as context.

Background

The National Scheme and National Scheme bodies

The National Registration and Accreditation Scheme (the National Scheme) establishes 15 National Boards and the Australian Health Practitioner Regulation Agency (AHPRA), which works in partnership with the National Boards to implement the National Scheme which has maintaining public safety at its heart. The fifteen National Boards are

- Aboriginal and Torres Strait Islander Health Practice Board of Australia (from 1 July 2012)
- Chinese Medicine Board of Australia (from 1 July 2012)
- Chiropractic Board of Australia
- Dental Board of Australia
- Medical Board of Australia
- Nursing and Midwifery Board of Australia
- Medical Radiation Practice Board of Australia (from 1 July 2012)
- Occupational Therapy Board of Australia (from 1 July 2012)
- Optometry Board of Australia
- Osteopathy Board of Australia
- Paramedicine Board of Australia (from late 2018 – date of first registration to be announced)
- Pharmacy Board of Australia
- Physiotherapy Board of Australia
- Podiatry Board of Australia, and
- Psychology Board of Australia.

Further information is available at www.ahpra.gov.au.

Accreditation arrangements in the National Scheme

The National Law sets out how the accreditation arrangements in the National Scheme operate.

Each National Board decides whether the accreditation functions (see below) for the profession it regulates are carried out by an external accreditation body or a committee established by the National Board (the assignment of accreditation functions).

If a National Board decides on an external organisation, AHPRA enters into a contract with that organisation which specifies the scope of accreditation functions assigned by the Board and sets out associated reporting requirements and funding arrangements. If a National Board decides on an accreditation committee, it establishes Terms of Reference which specify the scope of accreditation functions assigned by the Board and sets out associated reporting requirements and funding arrangements.

The National Law defines the accreditation function as:

- develop accreditation standards and recommend them to the relevant National Board for approval

- accredit and monitor education providers and programs of study to ensure that graduates are provided with the knowledge, skills and professional attributes to safely practise the profession in Australia.
- provide advice to National Boards about issues relating to their accreditation functions
- assess overseas qualified practitioners, and
- assess overseas accrediting authorities.

Current accreditation arrangements

There are currently 11 external accreditation entities and three accreditation committees exercising accreditation functions in the National Scheme (see: www.ahpra.gov.au/Education/Accreditation-Authorities):

- [Aboriginal and Torres Strait Islander Health Practice Accreditation Committee](#) (ATSIHPAC)
- [Australian and New Zealand Podiatry Accreditation Council](#) (ANZPAC)
- [Australian Dental Council](#) (ADC)
- [Australian Medical Council](#) (AMC)
- [Australian Nursing and Midwifery Accreditation Council](#) (ANMAC)
- [Australasian Osteopathic Accreditation Council](#) (AOAC)
- [Australian Pharmacy Council](#) (APharmC)
- [Australian Physiotherapy Council](#) (APhysC)
- [Australian Psychology Accreditation Council](#) (APAC)
- [Chinese Medicine Accreditation Committee](#) (CMAC)
- [Council on Chiropractic Education Australasia](#) (CCEA)
- [Medical Radiation Practice Accreditation Committee](#) (MRPAC)
- [Occupational Therapy Council \(Australia and New Zealand\) Ltd](#) (OTC), and
- [Optometry Council of Australia and New Zealand](#) (OCANZ).

The current National Board assignments of functions to accreditation authorities and corresponding agreements between AHPRA and external accreditation authorities end in mid 2019 and are due for a scheduled review. The terms of reference for the accreditation committees are also due for a scheduled review.

Table 1 provides an overview of the accreditation functions currently carried out by each accreditation authority. Four functions (a, b, d and e) are key functions done by most accreditation authorities. Three accreditation authorities also currently have the function of assessing overseas accrediting authorities (c). Assessment of overseas qualified practitioners applying for registration is a National Board function. When the National Board does not assign accreditation functions (c) and/or (d) to the accreditation authority, AHPRA implements registration processes that enable the National Board (or its delegate) to assess overseas accrediting authorities and overseas qualified practitioners. Examples include the Medical Board of Australia competent authority pathway.

All accreditation authorities (whether external authorities or committees) are independent in making accreditation decisions under the National Law.

Table 1: Accreditation functions carried out by accreditation authority

Accreditation authority	Accreditation functions assigned to authority ⁴				
	a) Develop and review accreditation standards	b) Assess programs of study and education providers, accredit programs of study, monitor approved programs and providers	c) Assess authorities in other countries that conduct registration exams or accredit programs	d) Assess overseas qualified health practitioners seeking registration who do not hold an approved qualification	e). Make recommendations and provide advice to National Board on accreditation matters
ATSIHPAC	✓	✓	X	X	✓
CMAC	✓	✓	X	✓	✓
CCEA	✓	✓	✓	✓	✓
ADC	✓	✓	X	✓	✓
AMC	✓	✓	X	✓	✓
MRPAC	✓	✓	X	X	✓
ANMAC	✓	✓	X	X	✓
OTC	✓	✓	X	✓	✓
OANZ	✓	✓	X	✓	✓
AOAC	✓	✓	✓	✓	✓
APharmC	✓	✓	✓	✓	✓
APhysC	✓	✓	X	✓	✓
ANZPAC	✓	✓	X	✓	✓
APAC	✓	✓	X	X	✓

Other bodies involved in accreditation

Accreditation Liaison Group

The National Boards, accreditation authorities and AHPRA have established an Accreditation Liaison Group (ALG) to facilitate effective delivery of accreditation within the National Scheme. The ALG is a committee of the Forum of NRAS Chairs and, as an advisory group, it provides an important mechanism to consider shared issues in accreditation across National Boards, accreditation authorities and AHPRA. The ALG has developed a number of reference documents to promote consistency and good practice in accreditation while taking into account the variation across entities. These documents have been approved by National Boards and Accreditation Authorities. Examples include the *Quality framework for the accreditation function*.

⁴ Source: 2017-2018 Profession specific schedule, Committees' Terms of Reference

The Health Professions' Accreditation Collaborative Forum

The [Health Professions' Accreditation Collaborative Forum](#) (HPACF), formerly known as the Health Professions' Accreditation Councils' Forum, is the coalition of the entities appointed by the National Boards as accreditation authorities for the professions regulated under the National Law. The HPACF has been meeting regularly since 2007, prior to the commencement of the Scheme, to consider matters of common interest, principally matters concerning the accreditation of education and training programs in the regulated health professions and advocating for good accreditation practices. The HPACF engages with AHPRA and the National Boards.

Accreditation in the National Scheme over the past five years

The National Scheme established a common statutory framework for accreditation of health profession education and represents a significant change from the previously diverse pre-Scheme models. Since the National Scheme began, all accreditation authorities have updated their pre-Scheme models to better align with the framework of the National Law. There are now significant commonalities across the accreditation authorities driven in part by the collaboration across accreditation authorities, and in part by the requirements of the National Scheme including the contracts between AHPRA and accreditation authorities and reporting requirements.

After the National Scheme began, the Quality Framework was developed to set key dimensions of quality performance at the request of Health Ministers. Accreditation authorities have reported six monthly against the Framework and a significant amount of data has been collected through this routine performance reporting.

The developments over the past five years in the work of individual accreditation authorities and the HPACF are summarised later in this paper. There have also been several significant reports on accreditation within the National Scheme and more broadly.

Recent reports on accreditation

Two major reports on accreditation are currently under active consideration by governments. Firstly, the [Accreditation Systems Review](#) (ASR) was a dedicated, comprehensive review of the accreditation systems in the National Scheme and its September 2017 draft report proposed a number of reforms. The draft report adopted a threefold approach:

- to propose improvements to the efficiency and effectiveness of the current system
- to ensure the relevance and responsiveness of health education and address the broader question of how education and training, and its accreditation, can help create the workforce that Australia needs, both now and in the future, and
- to propose governance arrangements that would deliver the proposed reforms.

The draft report noted the ASR was 'cognisant of the substantial contribution that has been made to accreditation by the current accreditation councils and the critical value they provide through expert professional input'⁵. The National Boards and AHPRA have published our [submission to the draft report](#) which indicates our willingness to progress improvements in the context of Ministers' response to the ASR.

The ASR reported to COAG Health Council in late 2017 and the final report of the ASR and Health Ministers' response, which will set the future direction for accreditation in the National Scheme, are not yet available. Importantly, the ASR draft report indicated that any substantial change in accreditation arrangements would need a significant transition time to implement and proposed that the current accreditation authorities would continue to exercise the accreditation functions for a further five years⁶.

In 2016 the Department of Education and Training commissioned Phillips KPA to map professional course accreditation practices in Australian higher education. The Phillips KPA report [Professional Accreditation: Mapping the territory](#) does not make formal recommendations but does identify a number of possible improvements to accreditation across the higher education sector. While the scope of the report is much

⁵ See *Accreditation Systems Review draft report*, p. 127

⁶ *Accreditation Systems Review draft report*, p. 127

broader than accreditation in the National Scheme, the report makes a number of positive comments on the National Scheme and individual accreditation authorities and its suggested improvements generally encompass the work of accreditation authorities.

In late February 2018, the Department of Education and Training released a [consultation](#) on the Higher Education Standards Panel's (the Panel) advice on the impact of professional accreditation in Australian higher education and opportunities to reduce the regulatory burden on higher education providers, drawing on the Phillips KPA report. The Panel has recommended that:

- the Government consider a legislated code of practice that limits professional accreditation bodies to matters that are profession-specific, rather than issues already assured by TEQSA;
- TEQSA work with accrediting bodies to build their capacity to work more effectively and efficiently – by establishing formal guidance, participating in workshops, encouraging a focus on outcomes-based quality assurance, and promoting best practice regulation, and
- a stakeholder forum is held to discuss the future of professional work and ways to further streamline accreditation.

The Government has accepted the Panel's advice in principle and the department is seeking stakeholder views on the advice and its implementation. The consultation period closes on 30 April 2018.

The ASR and other recent reports on accreditation have identified some key themes:

- the potential to reduce duplication, regulatory burden and cost
- the need for greater transparency and accountability including in relation to cost, fees and performance
- the opportunity for greater collaboration, sharing of good practice and multi-profession approaches including to address health workforce issues and achieve greater effectiveness, and
- the need for clearer performance indicators to more effectively address these issues and other key measures of performance.

[Relationship between this review and recent reports](#)

The ASR, the *Professional Accreditation: Mapping the territory* report and the Higher Education Standards Panel's advice involve a broad, systemic perspective on accreditation issues rather than a focus on the performance of individual accreditation authorities. These reports are currently being actively considered by governments, and the current review of National Scheme accreditation assignments is not intended to pre-empt the outcomes of those processes. In contrast, the current review of assignments has a much narrower focus and scope and is intended to provide sufficient information on performance against the currently agreed measures to support National Board decisions about future assignments to enable continuity of functions pending the outcome of the ASR.

[Previous review of accreditation arrangements](#)

The National Law provides that each National Board must decide whether their accreditation function is to be exercised by an external accreditation entity or a committee established by the National Board. As part of the transition to the National Scheme, Ministers assigned accreditation functions to external accreditation authorities for the first ten professions to be regulated under the Scheme, for the first three years of the National Scheme. Ministers provided for the National Boards for the four 2012 professions to decide whether their accreditation function is to be exercised by an external accreditation entity or a committee established by the National Board.

In 2012, there was a review of the accreditation arrangements for each of the first ten professions to be regulated under the National Law, as provided for under the transitional provisions of the National Law⁷. Since then, a scheduled review of accreditation arrangements for all National Scheme professions was initially planned to occur in 2017 but was deferred due to the ASR.

⁷ The consultation paper from the 2012 review of accreditation arrangements and submissions from the accreditation authority and stakeholders are published on the *Past consultations* page of each National Board website.

Current review process

National Boards are now conducting a scheduled review of assignments drawing on information about performance over the past five years, and other main sources of information. An outline of the review process is at [Attachment A](#). As part of this review, each accreditation authority has been asked to confirm its interest in continuing to exercise the accreditation functions it currently performs and any other accreditation functions the accreditation authority is interested in undertaking for its existing and/or other professions. All accreditation authorities have responded confirming their interest in continuing to exercise their current functions, with some also indicating a broader interest.

The key sources of information the review will consider are:

1. Documents submitted by accreditation authorities to National Boards since 2013, particularly the twice yearly reports against the *Quality framework for the accreditation function*
2. Other information from accreditation authorities – for example, annual reports and information published on websites
3. Relevant reports and documents such as the:
 - The Accreditation Liaison Group 2016 [Report on the costs of accreditation in the NRAS](#)
 - The Accreditation Liaison Group 2016 [Report on Comparison of international accreditation systems for registered health professions](#), and
 - The Health Professions Accreditation Collaborative Forum publications.
4. Accreditation authority confirmations of interest in exercising accreditation functions
5. Consultation feedback

A desktop review of the first three categories of information has been used to develop the following multi-profession analysis, based on documents provided by accreditation authorities and other published sources.

This overall description and analysis of accreditation performance over the past five years will be revised to take into account consultation feedback and other information that may be provided during consultation and as part of the accreditation authority confirmations and expressions of interest in exercising accreditation functions.

Summary of multi-profession analysis

This section provides a high level summary of multi-profession analysis of accreditation performance in the following areas:

1. Performance against the *Quality framework for the accreditation function*
2. Performance against the objectives and guiding principles in the National Law, and
3. Cross-cutting issues for the National Scheme.

Commonality and diversity in current accreditation arrangements

The information reviewed for the multi-profession analysis shows both significant commonalities across the accreditation authorities and considerable diversity. Like National Boards and AHPRA, all accreditation authorities are subject to the objectives and guiding principles in exercising functions under the National Law, and this provides a shared context for the accreditation functions. Further, all accreditation authorities are exercising most of the accreditation functions (development of standards, accreditation of programs of study and providers against approved standards and providing advice to National Boards), while most also assess overseas qualified practitioners.

However, considerable diversity also exists. Accreditation authorities differ in longevity (with ANZPAC, AOAC and ANMAC created just prior to the commencement of the Scheme, four authorities created in 2012 and several authorities existing for decades), operational size (varying from very small to much larger with significant infrastructure), numbers of accredited programs (from three to several hundred), numbers of

overseas qualified practitioners assessed (from less than 30 to more than 2000 candidates a year), resources, activity in addition to accreditation functions in the National Scheme and complexity of workload, for example accrediting programs and/or assessing overseas qualified health practitioners for more than one type of registration.

The multi-profession analysis has been completed within the context of this commonality and diversity.

Performance against the Quality Framework

The *Quality framework for the accreditation function* (Quality Framework) is the principal reference document for National Boards and AHPRA to assess the work of accreditation authorities. Accreditation authorities provide six-monthly reports to National Boards on developments relevant to the domains of the Quality Framework. Performance against the Quality Framework is the main measure for this review.

In 2011, the external accreditation entities, National Boards and AHPRA developed the Quality Framework to support quality assurance and continuous quality improvement of accreditation under the National Law. The Quality Framework was also used in 2012, when the performance of the accreditation authorities of the first ten professions to be regulated under the National Law was assessed during the review of accreditation arrangements.

The framework identifies eight domains of good practice, and a summary of the multi-profession analysis against each domain follows.

Domain 1: Governance

Description

The accreditation authority effectively governs itself and demonstrates competence and professionalism in the performance of its accreditation role.

Overview

During the period 1 July 2013 to date, the accreditation authorities have regularly reviewed their governance arrangements. All external accreditation authorities have updated their constitution at least once in this period. Several accreditation authorities have reported that they have decreased the number of directors and ceased to have executive committees to align with principles of good governance practice. Several accreditation authorities have rationalised the number of standing committees to improve efficiency and effectiveness. Table 2 provides an overview of the size of the governing body of each accreditation authority. The majority of accreditation authorities (13) have reviewed and updated the composition of their board of directors and committees in the period since 2013.

Table 2: Overview of the size of governing body for each accreditation authority

Note: The Board of Directors is the governing body of the external entities. The governance structure of many external entities includes an accreditation committee and an assessment/examining committee as standing committees of the Board of Directors.

Accreditation authority	Number on governing body ⁸
1. ATSIHPAC	Three <i>Terms of Reference: Four.</i>
2. CMAC	Five <i>Terms of Reference: Five to seven.</i>
3. CCEA	13 <i>Constitution (April 2016): Directors not less than three or more than 13 (maximum increased from 12 in previous constitution).</i>

⁸ 2017 Accreditation authorities' 2017 annual reports and/or websites

Accreditation authority	Number on governing body ⁸
4. ADC	Nine <i>Constitution (November 2013) Not less than three, maximum of ten.</i>
5. AMC	Nine <i>Constitution (November 2017) Directors are the President, Deputy President, three members elected by the Council and ex-officio the chair of each of the four standing committees.</i>
6. MRPAC	Eight <i>Terms of Reference: Not less than five.</i>
7. ANMAC	Nine <i>Constitution (November 2016) Board of Directors not less than four and not more than nine (maximum reduced from 13 in previous constitution).</i>
8. OTC	Nine <i>Constitution (May 2015): Directors not less than three or more than nine.</i>
9. OCANZ	Nine <i>Constitution (October 2016): Not less than eight, or more than ten.</i>
10. AOAC	Six <i>Constitution (November 2017): Not less than five or more than nine.</i>
11. APharmC	Nine <i>Constitution (May 2015): At least six, not more than ten. Reduced from ten required in 2010 constitution.</i>
12. APhysC	Seven <i>Constitution (November 2014): Not less than seven, not more than nine.</i>
13. ANZPAC	Nine <i>Constitution (November 2013): Not less than four, not more than nine.</i>
14. APAC	12 <i>Constitution (November 2017): Maximum of 12.</i>

Specific attributes

- The accreditation authority is a legally constituted body and registered as a business entity.

Table 3 provides an overview of current status against this specific attribute. The eleven external accreditation authorities are all registered with the Australian Securities and Investments Commission as companies limited by guarantee under the *Corporations Act 2001* (Cth) and are registered business entities. Nine of the eleven are registered with the Australian Charities and Not for Profits Commission (ACNC) under the *Australian Charities and Not-for-profits Commission Act 2012* (Cth).

Between 1 July 2013 and March 2014, the Council on Chiropractic Education Australasia was incorporated as an association in South Australia under the *Associations Incorporated Act 1985* (SA) and changed its corporate structure to a company limited by guarantee in 2014.

The three accreditation authorities that are not external are all established as committees by the relevant National Board under the National Law.

Table 3: Overview of type of entity

Accreditation authority	Type of entity
1. ATSIHPAC	Committee established under the National Law
2. CMAC	Committee established under the National Law
3. CCEA	Company limited by guarantee
4. ADC	Company limited by guarantee, registered with ACNC from 3 December 2012
5. AMC	Company limited by guarantee, registered with ACNC from 1 July 2014
6. MRPAC	Committee established under the National Law
7. ANMAC	Company limited by guarantee, registered not for profit with ACNC from 3 December 2012
8. OTC	Company limited by guarantee, registered with ACNC from 3 December 2012
9. OCANZ	Company limited by guarantee, registered with ACNC from 3 December 2012
10. AOAC	Company limited by guarantee, registered with ACNC from 3 December 2012
11. APharmC	Company limited by guarantee
12. APhysC	Company limited by guarantee, registered with ACNC from 3 December 2012
13. ANZPAC	Company limited by guarantee, registered with ACNC from 3 December 2012
14. APAC	Company limited by guarantee, registered with ACNC from 3 December 2012

- The accreditation authority's governance and management structures give priority to its accreditation function relative to other activities (or relative to its importance).

All external accreditation authorities have established governance and management structures that reflect the priority of its accreditation function. These include standing committees to oversee assessment, accreditation and monitoring of programs of study and to oversee assessment of overseas qualified practitioners seeking registration in Australia. The external accreditation authorities' objects within their constitutions and the accreditation committees' terms of reference also give priority to their accreditation functions.

Several accreditation authorities perform accreditation functions for the regulatory body in New Zealand and use a single governance and management structure for the accreditation functions assigned under the National Law and those carried out for the regulatory body in New Zealand. The relative funding arrangements for these blended models differ for each profession. The costs of functions carried out for the regulatory body in New Zealand are clearly funded separately to those assigned under the National Law for some, but not all, professions. One accreditation authority bases relative funding proportions on the number of registrants in each country.

Eight of the nine external accreditation authorities that assess overseas qualified practitioners seeking registration are also gazetted assessing authorities for the Department of Home Affairs. These eight accreditation authorities assess overseas qualified practitioners who intend to apply for temporary and permanent visas under Australia's skilled migration programs. The relative funding arrangements for these blended models differ for each profession. The cost of assessments undertaken for the Department of Home Affairs are clearly funded separately to those assigned under the National Law for some, but not all, professions. .

- The accreditation authority is able to demonstrate business stability, including financial viability.

Most accreditation authorities have established management structures and arrangements that support business stability which vary from authority to authority, influenced by business size and operations. The financial equity of the individual authorities also varies, and may be influenced by factors such as business size, risk profile and the need for ongoing investment in the accreditation and assessment functions. At the end of the 2016/17 financial year, eight of the eleven external accreditation authorities have total equity ranging from around \$380,000 to \$16,645,649. Two external accreditation authorities have total equity of around \$95,000 and \$110,000 at the end of the 2016/17 financial year. Total equity of one authority is being confirmed. Accreditation committees do not hold separate equity to National Boards.

Since May 2015, the administrative and executive services for the Australasian Osteopathic Accreditation Council (AOAC) have been managed by the Australian Nursing and Midwifery Accreditation Council (ANMAC). This gives the AOAC access to the ANMAC's infrastructure and experience. Further work is needed to quantify the impact of this model on the AOAC's business stability and financial viability.

- The accreditation authority's accounts meet relevant Australian accounting and financial reporting standards.

The accounts of all accreditation authorities are verified by professional auditors as meeting relevant Australian accounting and financial reporting standards.

- There is a transparent process for selection of the governing body.

The process for selection of the Board of Directors of external accreditation authorities and for selection of members of the accreditation committees is generally transparent in the accreditation authorities' governing documents, annual reports and reports against the Quality Framework and the accreditation committees' terms of reference and call for expression of interest documents.

- The accreditation authority's governance arrangements provide for input from stakeholders, including input from the community, education providers and the profession(s).

All accreditation authorities' governance arrangements provide for input from these three stakeholder groups through composition of governance bodies including the Board of Directors and committees and/or through membership of the accreditation authority. Given the interest in the ASR and from stakeholders in community involvement in the accreditation functions, Table 4 provides an overview of the current status of community (non-practitioner) members on the governing bodies.

Table 4: Overview of community (non-practitioner) members on governing body

Accreditation authority	Number of community (non-practitioner) members on governing body ⁹
1. ATSIHPAC	One
2. CMAC	One
3. CCEA	Two <i>Plus one director from 'another regulated health profession who is experienced in processes of evaluation, accreditation and wise governance' so there is a multi-profession board. This role is currently filled by a psychologist.</i>
4. ADC	Three

⁹ Source: Web page listing Directors/Committee members or Constitution/Terms of Reference or Annual report of accreditation authorities

Accreditation authority	Number of community (non-practitioner) members on governing body ⁹
5. AMC	Two <i>AMC advice April 2018 AMC's Board of Directors include two non-practitioners and AMC has community members on all its committees. AMC's Constitution (November 17) identifies membership of AMC Ltd includes four community members - two people each of whom has a background in and knowledge of consumer health issues and two people each of whom is, at the time of their appointment, a community member of a State or Territory Board of the Medical Board of Australia</i>
6. MRPAC	One
7. ANMAC	Four <i>Constitution (November 2016) ANMAC's Board of Directors may appoint up to four directors who bring skills and experience to enable the Board of Directors to advance the Objects</i>
8. OTC	Three <i>Constitution (May 2015)</i>
9. OCANZ	Three <i>Constitution (October 2016)</i>
10. AOAC	Two <i>Constitution (November 2017) at least two community</i>
11. APharmC	Two <i>Constitution (May 2015): Up to two community representatives appointed as Councillors. APharmC also appoints one non-pharmacist health practitioner as a Councillor, which since 2014 has been a medical practitioner.</i>
12. APhysC	<i>Currently two out of seven are non-physiotherapists Constitution (November 2014) – Up to four Directors may include, without limitation, regulation, law, finance, marketing, business development, consumer (non-physiotherapist) or other as determined by APhysC's Board of Directors from time to time.</i>
13. ANZPAC	Two <i>Constitution (November 2013) - at least two appointed ... on the ground that such persons possess particular skills, experience or expertise required by ANZPAC's Board of Directors from time to time (at least one of whom must not be a podiatrist)</i>
14. APAC	Three <i>Constitution (2015) – each of the three appointing entities may appoint no more than one community director Community directors must have expertise in e.g. law, finance and business, education and training</i>

- The accreditation authority's governance arrangements comply with the National Law and other applicable legislative requirements.

The accreditation authorities' governance arrangements comply with the National Law and self-reporting by the external accreditation authorities indicates they comply with the *Corporations Act 2001* (Cth) and, where applicable, the *Australian Charities and Not-for-profits Commission Act 2012* (Cth).

Domain 2: Independence

Description

The accreditation authority carries out its accreditation operations independently

Overview

Accreditation authorities have established governance and decision-making structures and processes have to support them to carry out accreditation operations independently.

Specific attributes

- Decision-making processes are independent and there is no evidence that any area of the community – including government, higher education institutions, business, industry and professional associations – has undue influence.

Initial reports against the Quality Framework outlined decision making structures and processes to ensure independence and no undue influence. These included provisions in accreditation authority constitutions and approaches to composition and training of decision-making bodies (boards and committees) to ensure a balance of interests.

Accreditation authorities operate according to the objects defined in their constitutions and purposes, which generally reflect a public interest focus. A number of accreditation authorities highlighted the existence of policy and decision-making frameworks to ensure independent decision-making. However, one accreditation authority, APAC, acknowledged that in 2012 its governance arrangements did not support a perception of independent decision-making as it was a fully owned subsidiary of the relevant professional association and that constitutional change would be needed to address this.

As a significant basis for independent decision-making is created by the constitution/terms of reference and governance structures of accreditation authorities, this attribute has generally been subject to less change than most other Quality Framework domains and attributes. However, reports since 2013 have identified a range of improvements to baseline performance. The most profound example is APAC. As an outcome of the 2012 review, the National Board required changes to APAC's governance arrangements to achieve alignment with the Quality Framework. APAC progressed constitutional and organisational changes to achieve appropriate independence, and now has governance and organisational structures which support independent decision-making.

Other examples of change since the 2012 review include the ADC reviewing policies relating to independence and regularly updating Standing Notice of Interests Form, the APharmC developing a new complete Governance Charter following a Board Governance Review, and the AMC developing a Code of Conduct for participants in accreditation processes.

- There are clear procedures for identifying and managing conflicts of interest.

Accreditation authorities' approaches to managing conflicts of interest is an issue that interests stakeholders and received attention in the ASR. Initial reports against the Quality Framework provided baseline information about the existence of conflicts of interest procedures for governing bodies and committees (all) and associated registers of interests (most in 2012) and training (some specific references). For example, conflict of interest policies typically provide guidance on identifying potential and actual conflicts of interest, determining appropriate action and recording considerations and decisions to prevent any adverse effect on the public interest.

All accreditation authorities' current constitutions (external entities) or terms of reference (accreditation committees) provide for disclosure of interests. Management of conflicts of interest is described in accreditation processes, procedures and administrative documents. The Quality Framework reports include examples of accreditation authorities monitoring their performance against this attribute. For example, in 2012, one accreditation authority identified the need to provide more specific guidance to ensure full disclosure of all relevant interests and be less reliant on the judgement of individual Directors.

Reports since 2013 have included references to reviewing and strengthening management of conflicts of interest, including training for directors and site assessment teams, and expanded guidance on managing conflicts of interest in governance documents such as Governance Charters and Codes of Conduct. All accreditation authorities maintain a register of interests and report on related party transactions in accordance with statutory requirements.

Domain 3: Operational management

Description

The accreditation authority effectively manages its resources to carry out its accreditation function.

Overview

Initial reports against the Quality Framework described how each accreditation authority managed resources to carry out its accreditation function. The approaches varied depending on the particular characteristics of the authority and the volume and complexity of its work.

Specific attributes

- The accreditation authority manages the human and financial resources to achieve objectives in relation to its accreditation function.

The accreditation authorities report various approaches to managing the human and financial resources to achieve objectives in relation to its accreditation function. For example, human resources range from a single part-time Executive Officer engaged through an outsourced provider model to organisations of close to 80 employees. All accreditation authorities also involve individuals, such as academics, members of the profession and educationalists, on committees and site assessment teams.

The financial resources needed by each accreditation authority depend on the volume and complexity of the accreditation functions. Accreditation authorities also vary in the level of strategic planning they report in this area, with some demonstrating careful analysis of the operating environment to identify opportunities to provide a more stable funding base.

- There are effective systems for monitoring and improving the authority's accreditation processes, and identification and management of risk.

All accreditation authorities report having systems for monitoring and improving the authority's accreditation processes, and identifying and managing risk.

Systems to monitor and improve accreditation processes include seeking feedback on accreditation processes from education providers and assessors, evaluating accreditation processes, monitoring policies, and reviewing and updating policies and processes. Accreditation authorities report a range of other work to monitor and improve processes, such as seeking review by international peak bodies.

Most accreditation authorities report having a risk management plan, with some also reporting having established risk focused decision making bodies such as Finance, Audit and Risk Committees.

- The authority can operate efficiently and effectively nationally.

Each accreditation authority has a national office or equivalent and has reported operating efficiently and effectively nationally. Most accreditation authorities report increasingly using technology to support efficient and effective operations such as online portals for document submission.

- There are robust systems for managing information and contemporaneous records, including ensuring confidentiality.

All accreditation authorities reported systems for managing information and contemporaneous records, including ensuring confidentiality through appropriate policies and procedures, in the initial Quality Framework reports.

Over time, some authorities have reported moving to electronic or integrated information management systems to improve security and confidentiality and others have reported IT upgrades to achieve similar goals. One accreditation authority initially reported relying on IT systems provided by its parent organisation but subsequently progressively established separate IT and record management systems.

- In setting its fee structures, the accreditation authority balances the requirements of the principles of the National Law and efficient business processes.

The fees charged for accreditation functions (see Table 9) are an issue of keen interest to stakeholders, particularly education providers and overseas qualified practitioners seeking assessment.

As identified in the ASR draft report, there is no agreed approach to setting fees across accreditation authorities, although two approaches dominate: a fixed fee charged annually and fee charged for specific accreditation activities. Initial work on fee principles has not yet progressed. However, although there is a range of approaches to fee setting, all accreditation authorities report balancing the requirements of the principles of the National Law and efficient business processes.

Domain 4: Accreditation standards

Description

The accreditation authority develops accreditation standards for the assessment of programs of study and education providers.

Overview

Initial reports against the Quality Framework provided baseline information about the specific attributes for all accreditation authorities exercising this function. The information reviewed for this analysis demonstrates in the period 1 July 2013 to date all accreditation authorities have developed new accreditation standards, have revised the accreditation standards and/or have started a review of accreditation standards. All accreditation authorities take account of AHPRA's *Procedures for development of accreditation standards* and the National Law when reviewing and developing accreditation standards.

The AHPRA [Procedures on the development of Accreditation Standards](#) were updated in 2014. The key procedures require that when putting forward a proposal for a new or revised accreditation standard an accreditation authority must be satisfied it takes into account the objectives and guiding principles in the National Law, meets the requirements for wide ranging consultation, takes account of relevant international standards and statements relating to education and training in the profession, and the accreditation standards applied in countries with comparable education and practice standards for the profession, and takes into account the [COAG Principles for Best Practice Regulation](#) by considering specified matters. The accreditation authority assessment against these matters must be available during public consultation on the new or revised standard.

Five external accreditation authorities have harmonised their accreditation standards. Five other accreditation authorities are currently reviewing the applicable accreditation standards and plan to develop revised standards based on the harmonised framework. Table 5 provides an overview of current accreditation standards.

Specific attributes

- Standards meet relevant Australian and international benchmarks.

The baseline information in the initial reports against the Quality Framework indicates at that time, two accreditation authorities planned to ensure an outcome of the next revision of the accreditation standards was to meet relevant Australian and international benchmarks. All other accreditation authorities applied standards that met relevant Australian and international benchmarks at that time. The information reviewed for this analysis indicates all accreditation authorities now apply standards that meet relevant Australian and international benchmarks. All current accreditation standards are outcome-based.

- Standards are based on the available research and evidence base.

The baseline information in the initial reports against the Quality Framework indicates at that time, two accreditation authorities planned to ensure the next revision of the accreditation standards was based on the available research and evidence base. All other accreditation authorities applied standards based on the

available research and evidence base at that time. The information reviewed for this analysis indicates all accreditation authorities now apply standards that are based on the available research and evidence base.

- Stakeholders are involved in the development and review of standards and there is wide-ranging consultation.

The information reviewed for this analysis indicates all accreditation authorities have continued to involve stakeholders and completed wide-ranging consultation when reviewing and developing accreditation standards during the period 1 July 2013 to date. There is an emerging trend of cross-profession membership on the project committees overseeing the review of accreditation standards, for example, the recent reviews of the physiotherapy and the registered nurse accreditation standards.

- The accreditation authority reviews the standards regularly.

The information reviewed for this analysis indicates all accreditation authorities continue to review accreditation standards regularly and that accreditation standards are generally updated every five years.

- In reviewing and developing standards, the accreditation authority takes account of AHPRA's *Procedures for development of accreditation standards* and the National Law.

The information reviewed for this analysis indicates all accreditation authorities have taken account of AHPRA's *Procedures for development of accreditation standards* and the National Law when reviewing and developing accreditation standards during the period 1 July 2013 to date. Confirmation of this compliance is required as part of the communication to the relevant National Board when the accreditation authority submits proposed new or revised standards for approval by the relevant National Board.

Table 5: Overview of current accreditation standards

Profession	Document Source	Review Date
1. Aboriginal & Torres Strait Islander Health Practice	Accreditation standards: Aboriginal and Torres Strait Islander health practice See: www.atsihealthpracticeboard.gov.au/Accreditation .	December 2016 <i>Currently under review</i>
2. Chinese Medicine	Accreditation standards: Chinese medicine See: www.chinesemedicineboard.gov.au/Accreditation .	December 2016 <i>Currently under review</i>
3. Chiropractic	Accreditation Standards for Chiropractic Programs and Competency Standards for Graduating Chiropractors 2017 See: www.chiropracticboard.gov.au/Accreditation .	Not specified
4. Dental	Accreditation Standards for Dental Practitioner Programs	2019
5. Medical	<u>Medical schools</u> Accreditation Standards for Primary Medical Education Providers and their Program of Study and Graduate Outcome Statements See: www.amc.org.au/accreditation/primary-medical-education .	AMC annual reports refer to reviews every 5 years <i>Currently under review</i>
	<u>Specialist Colleges</u> Standards for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs by the Australian Medical Council 2015 See: http://www.amc.org.au/accreditation/medical-education	AMC annual reports refer to reviews every 5 years
6. Medical radiation	Accreditation standards: Medical radiation practice	December 2016

Profession	Document Source	Review Date
practice	See: www.medicalradiationpracticeboard.gov.au/Accreditation .	Currently under review
7. Nursing and Midwifery	<ol style="list-style-type: none"> 1. Enrolled Nurse Accreditation Standards 2017 2. Re-entry Enrolled Nurse Accreditation Standards 2010 3. Midwife Accreditation Standards 2014 4. Programs Leading to Endorsement for Scheduled Medicines for Midwives Accreditation Standards 2015 5. Re-entry to the Register Midwife Accreditation Standard 2016 6. Nurse Practitioner Accreditation Standards 2015 7. Registered Nurse Accreditation Standards 2012 8. Re-entry Registered Nurse Accreditation Standards 2014 9. EPIQ Registered Nurse Accreditation Standards 2014 See: www.anmac.org.au/standards-and-review .	Standards are reviewed every five years following the NMBA Review of Practice Standards <i>Registered Nurse Accreditation Standards (2012)</i> Currently under review
8. Occupational Therapy	Accreditation standards for entry-level occupational therapy education programs (December 2013) See: www.otcouncil.com.au/accreditation .	Not specified Currently under review
9. Optometry	Accreditation Standards and Evidence Guide for Entry-Level Optometry Programs - Part 2 See: www.optometryboard.gov.au/Accreditation . See: www.ocanz.org/accreditation .	OCANZ has included in its strategic plans the review of Accreditation Standards at least every five years Source: <i>Report to the Optometry Board of Australia on the proposed new Entry-Level Accreditation Standards for the Optometry Profession 22 January 2016</i>
	Accreditation standards and evidence guide for programs of study in ocular therapeutics See: www.optometryboard.gov.au/Accreditation . See: http://www.ocanz.org/accreditation	OCANZ has included in its strategic plans the review of Accreditation Standards at least every five years Source: <i>Report to the Optometry Board of Australia on the proposed new Entry-Level Accreditation Standards for the Optometry Profession 22 January 2016</i>
10. Osteopathy	Accreditation Standards for Osteopathic Courses in Australia (July 2016) See: http://www.osteopathiccouncil.org.au/accreditation.html .	Not specified AOAC advises standards are generally due for review every five years.
11. Pharmacy	<u>Degree programs</u> Accreditation Standards for Pharmacy Programs in Australia and New Zealand See: https://www.pharmacycouncil.org.au/policies-procedures/standards/standards_pharmacyprograms2014.pdf	Not specified Review commencing 2018
12. Physiotherapy	Accreditation Standard For Entry-Level Physiotherapy	Not specified

Profession	Document Source	Review Date
	Practitioner Programs December 2016 See: Accreditation Standard For Entry-Level Physiotherapy Practitioner Programs December 2016	
13. Podiatry	Accreditation Standards for Podiatry Programs for Australia and New Zealand 2015	2020
	Accreditation Standards for Podiatric Surgery Programs <i>Note: 2017 ANZPAC Project underway to develop national competency framework for podiatric surgeons.</i>	June 2017
	ANZPAC ESM Accreditation Standards - Part A Podiatric Therapeutics See: www.anzpac.org.au/accreditation . See: www.podiatryboard.gov.au/Accreditation .	August 2017 Currently under review
14. Psychology	Accreditation Standards for Psychology Programs effective 1 January 2019 See: http://www.psychologyboard.gov.au/Accreditation.aspx The revised standards replace the APAC Accreditation Standards for Psychology Courses (version 10) APAC Rules for Accreditation and Accreditation Standards for Psychology Courses - 10 June 2010 See: http://www.psychologycouncil.org.au/sites/default/files/public/Standards_Rules_2010_Jun_APAC_Accreditation_for%20Psychology_Courses_v10.pdf	Not specified

Domain 5: Processes for accreditation of programs of study and education providers

Description

The accreditation authority applies the approved accreditation standards and has rigorous, fair and consistent processes for accrediting programs of study and their education providers.

Overview

Initial reports against the Quality Framework provided baseline information about the specific attributes for all accreditation authorities exercising this function. The information reviewed for this analysis demonstrates in the period since 1 July 2013 to date, all accreditation authorities have regularly reviewed and updated their accreditation processes, policies, approach to assessor training and supporting documents. These reviews have often improved efficiency, for example by enabling education providers to submit applications and other documents via online portals and facilitating online interaction with assessors. The level of sophistication of these systems varies.

A number of accreditation authorities (11) have established or are developing risk-based approaches to monitoring accredited programs and to re-accreditation. The level of sophistication of these approaches varies. Table 6 provides an overview of the number of programs accredited by each accreditation authority.

Table 6: Number of programs accredited by each accreditation authority (Australia only)

Accreditation authority	Number of <u>accredited</u> programs
ATSIHPAC	15

Accreditation authority	Number of <u>accredited</u> programs
	See: Accreditation Committee website
CMAC	Nine See: Accreditation Committee website
CCEA	Five See: 2017 Quality Framework report
ADC	62 See: 2018/19 funding request
AMC	126 See: Profession Profile in <i>Cost of Accreditation in the National Registration and Accreditation Scheme</i>
MRPAC	35 See: Accreditation Committee's website
ANMAC	218 See: 2018/19 Funding request
OTC	31 See: 2018/19 funding request
OCANZ	Eight See: 2018/19 funding request
AOAC	Five (two programs in teach out) See: 2018/19 funding request and advice from AOAC on 3 April 2018
APharmC	47 See: Profession Profile in <i>Cost of Accreditation in the National Registration and Accreditation Scheme</i>
APhysC	53 See: 2018/19 funding request
ANZPAC	19 See: Profession Profile in <i>Cost of Accreditation in the National Registration and Accreditation Scheme</i>
APAC	147 ¹⁰ See: Profession Profile in <i>Cost of Accreditation in the National Registration and Accreditation Scheme</i>
TOTAL	765

Specific attributes

¹⁰ APAC accredits 769 individual programs including a number of three year programs that are components of qualifications for registration rather than a standalone qualification for registration

- The accreditation authority ensures documentation on the accreditation standards and the procedures for assessment is publicly available.

The information reviewed for this analysis demonstrates in the period since 1 July 2013 to date, all accreditation authorities have continued to publish the accreditation standards and procedures and/or processes on their websites.

- The accreditation authority has policies on the selection, appointment, training and performance review of assessment team members. Its policies provide for the use of competent people who are qualified by their skills, knowledge and experience to assess professional programs of study and their providers against the accreditation standards.

Baseline information from the initial reports indicated seven accreditation authorities did not have policies for assessor training. However two were developing those policies at that time and all accreditation authorities provided written guidance to assessors, briefing on the role and 'on the job' learning through participation with experienced assessment team members. The baseline information also indicated one accreditation authority had policies on performance review of assessors and two were developing those policies at that time. The information reviewed for this analysis demonstrates in the period since 1 July 2013 to date, all accreditation authorities have continued to maintain or have developed policies on selection, appointment and training and performance review of assessment team members. These policies continue to provide for the use of competent people. Training ranges from 'on the job' participation with experienced assessment team members to formal face to face training sessions conducted on a regular basis with periodic re-training requirements. Two accreditation authorities have developed online modules for assessors and made these freely available via the public pages of their websites. Information reviewed for this analysis indicated that the Forum has started a project to develop (online) training for accreditation assessors.

- There are procedures for identifying, managing and recording conflicts of interest in the work of accreditation assessment teams and working committees.

Baseline information from the initial reports indicated all accreditation authorities had in place procedures for identifying, managing and recording conflicts of interest in the work of accreditation assessment teams and working committees. All were providing education providers with an opportunity to request changes to the assessment team based on conflicts of interest identified by the education provider. The information reviewed for this analysis demonstrates in the period since 1 July 2013 to date, all accreditation authorities have reviewed and updated their procedures and several accreditation authorities publish information about these procedures in publicly available documents.

Reports against the Quality Framework since 2013 have included references to reviewing and strengthening management of conflicts of interest, including inclusion of relevant advice in training for assessment teams and expanded guidance on managing conflicts of interest in *Assessor manuals* and *Codes of conduct*.

- The accreditation authority follows documented processes for decision-making and reporting that comply with the National Law and enable decisions to be made free from undue influence by any interested party.

Self-reporting by accreditation authorities indicates all have documented processes for decision-making and reporting that comply with the National Law and enable decisions to be made free from undue influence by any interested party. Several accreditation authorities publish information about these processes in publicly available documents.

- Accreditation processes facilitate continuing quality improvement in programs of study by the responsible education provider.

The publicly available accreditation process support approaches that facilitate continuing quality improvement in programs of study by the responsible education provider.

- There is a cyclical accreditation process with regular assessment of accredited education providers and their programs to ensure continuing compliance with standards.

Table 7 provides an overview of current accreditation cycles. All accreditation authorities have established a process with regular assessment of accredited education providers and their programs. There are a range of

approaches to ensuring continuing compliance with standards with most authorities using both cyclical and/or risk-based approaches.

All accreditation authorities currently require education providers to submit a regular (almost all yearly) report on accredited programs. A number of accreditation authorities, including the accreditation committees, are working collaboratively to develop a common approach to annual reporting requirements.

The majority of external accreditation authorities accredit programs for a maximum of five years and complete a full re-accreditation at that time. One external accreditation authority accredits some programs for up to seven years and another for up to eight years.

One authority accredits programs for an initial period of up to six years with a potential extension for up to four years and completes a full assessment at least every ten years.

Another authority has recently introduced a risk based approach to periods of accreditation – high risk programs/providers have initial accreditation granted for 12 months, moderate risk programs/providers have initial accreditation granted for three years and low risk programs and providers are accredited for six years if assessed as compliant with all accreditation standards. In the case of the high and medium risk programs, accreditation can be extended to the full six year period as conditions are met and risk decreases.

The three accreditation committees take a risk based approach and do not generally accredit programs for specified periods, however require regular reporting through annual reports and through program-specific monitoring including conditions on accreditation. A partial or full assessment is triggered if changes to a program and/or provider create a risk that some or all accreditation standards may no longer be fully met. One committee has accredited a high risk provider for 12 months.

Table 7: Overview of current accreditation cycles

Accreditation authority	Number of years/source
1. ATSIHPAC	n/a
2. CMAC	n/a
3. CCEA	No more than five See: http://ccea.com.au/files/1314/9588/8212/150421_Accreditation_policies_and_procedures_at_1_June_2015_-_updated_27_May_2017.pdf (July 2015)
4. ADC	No more than seven - Dentist program No more than five - Dental specialist, dental hygienist, dental therapist, oral health therapist, dental prosthetist programs See: www.adc.org.au/index.php?id=36 . See: https://www.adc.org.au/sites/default/files/Media_Libraries/PDF/Accreditation/Assessor%20Training_Stage%201%20March%202018_rebranded.pdf
5. AMC	Medical programs Six (+ four) Full assessment at least every ten years See: www.amc.org.au/files/a1c951a8cdfb29f3938b750aecfe5e600727fbd6_original.pdf , (2017)
6. MRPAC	n/a

Accreditation authority	Number of years/source
7. ANMAC	Five See: https://www.anmac.org.au/sites/default/files/documents/National_Accreditation_Guidelines_1_0.pdf
8. OTC	Five See: www.otcouncil.com.au/accreditation .
9. OCANZ	Eight See: http://ocanz.org/documents/accreditation-1/5-ocanz-accreditation-manual-part-1-1/file , (2012)
10. AOAC	Five See: www.osteopathiccouncil.org.au/files/AOAC%20Procedures%20for%20the%20Accreditation%20of%20Osteopathic%20Courses%20in%20Australia.pdf , (July 2017)
11. APharmC	Six (low risk programs; fully compliant) Three (moderate risk programs), which may be extended to the full six years as conditions are met One (high risk programs), which may be extended to the full six years as conditions are met See: www.pharmacycouncil.org.au/policies-procedures/policies/accred_comm_decisionmaking_framework.pdf , page 4 (October 2016)
12. APhysC	Five See: https://physiocouncil.com.au/wp-content/uploads/2017/10/GUIDELINES-FOR-ACCREDITATION-V1.1-10112017.pdf (2017)
13. ANZPAC	Five See: www.anzpac.org.au/files/Accreditation%20Procedures%20V3.0%20241116%20(Final).pdf , page 6 (November 2016)
14. APAC	Five See: http://www.psychologycouncil.org.au/accreditation_process , (April 2016)

- The accreditation authority has defined the changes to programs and to providers that may affect the accreditation status, how the education provider reports on these changes and how these changes are assessed.

All accreditation authorities have established processes for education providers to report on changes to programs. The type of information collected and the approach to assessment of these changes varies across the accreditation authorities.

- There are published complaints, review and appeals processes which are rigorous, fair and responsive.

The accreditation functions involve decisions about high stakes issues with significant implications for institutions and individuals. All accreditation authorities have published complaints, review and appeals processes and internal policies that draw on the [Management of complaints relating to accreditation functions](#) Consultation paper – review of accreditation arrangements

[under the National Law – a guidance document](#). These processes and policies reflect a rigorous, fair and responsive approach.

Given the significance of the issues involved, accreditation authorities regularly report on the total numbers of complaints and appeals received, although the reports do not provide a breakdown of complaint types, for example whether these are complaints about accredited programs or about accreditation authorities' processes. A summary of the complaints and appeals reported by the accreditation authorities to National Boards in the period 1 July 2013 – 30 June 2017 is in Table 8 below, acknowledging that accreditation authorities may receive additional inquiries and other contacts about their decisions which do not meet the threshold for reporting to National Boards.

Table 8: Summary of complaints and appeals reported by accreditation authorities to National Boards

Period	Number of complaints reported by accreditation authorities	Number of appeals reported by accreditation authorities
1 July 2013 – 30 June 2014	Nil reported	One appeal on grounds of lack of procedural fairness. Outcome – appeal not upheld
1 July 2014 – 30 June 2015	19 reported	Nil reported
1 July 2015 – 30 June 2016	Nil reported	Nil reported
1 July 2016 – 30 June 2017	13 reported – two substantiated	One appeal. Outcome – appeal not upheld

Domain 6: Assessing authorities in other countries

Description

Where this function is exercised by the accreditation authority, the authority has defined standards and procedures to assess examining and/or accrediting authorities in other countries.

Overview

As identified in Table 1, three of the external accreditation authorities exercise this function, although a number of others comment on it in their Quality Framework reports.

Each authority exercising this function has defined standards and processes to assess examining and/or accrediting authorities in other countries, however these vary in approach and the extent of application. For example, a process has been developed and implemented for a single country, where the overall numbers of overseas qualified applicants from the profession are low but are mostly from one country.

There tends to be little if any information published about the standards and processes to assess examining and/or accrediting authorities in other countries in contrast to the comprehensive information published about the standards and processes to accredit education providers and programs in Australia. For example, one accreditation authority publishes information about the pathway arising from the assessment process but not the standards and process to assess the international accrediting authority.

The published paper *Comparison of international accreditation systems for registered health professions, November 2016* includes a comparative high level, visual schematic, using Australia as the comparator, to highlight what is covered by the accreditation functions before registration in the National Scheme and how this work is being done in other countries for each of the professional groups in the National Scheme other than paramedicine. This includes the components in each country for general registration and, where relevant, specialist registration for each profession. This work highlights the complexity associated with performing this accreditation function. As the paper states:

When considering the pathways to general registration and specialist registration in the 14 NRAS professions, it is clear that embarking on any comparison is a difficult task. The differing range of requirements to meet

general or specialist registration combined with the different entities involved across the countries looked at, means that any comparison of these is complex.¹¹

To add to this complexity and the difficulties in comparing across countries, there can be a single or multiple authorities involved in the process. For a registered nurse in the UK, there is a separate accrediting authority and regulatory authority involved that an individual needs to adhere to the requirements of in order to become registered. In Canada, there is a separate examination authority involved, whilst in the United States, there is a single entity who has responsibility for the three components that lead to registration.¹²

Specific attributes

- The assessment standards aim to determine whether these authorities' processes result in practitioners who have the knowledge, clinical skills and professional attributes necessary to practice in the equivalent profession in Australia.

The assessment processes and standards used by accreditation authorities exercising this function generally reflect the aim of determining whether these authorities' processes identify practitioners who have the knowledge, clinical skills and professional attributes necessary to practice in the equivalent profession in Australia. One accreditation authority carries out this function through participation in an international peak body, and reliance on its standards and processes.

- Stakeholders are involved in the development and review of standards and there is wide-ranging consultation.

The accreditation authorities exercising this function report involving stakeholders in the development and review of standards and wide-ranging consultation, however it is less clear how this approach applies to their work assessing examining and/or accrediting authorities in other countries.

- The procedures for initiating consideration of the standards and procedures of authorities in other countries are defined and documented.

The accreditation authorities exercising this function have defined and documented procedures for initiating consideration of the standards and procedures of authorities in other countries although the approaches vary from participation in an international peak body, and relying on its standards and processes to developing standards and processes specific to this function.

- There is a cyclical assessment process to ensure recognised authorities in other countries continue to meet the defined standards.

Accreditation authorities performing this function report a cyclical assessment process to ensure recognised authorities in other countries continue to meet the defined standards. The period typically varies from three to five years.

- The accreditation authority follows documented systems for decision-making and reporting that enable decisions to be made free from undue influence by any interested party.

Self-reporting by accreditation authorities performing this function indicates all have general documented processes for decision-making and reporting that comply with the National Law and enable decisions to be made free from undue influence by any interested party. Several accreditation authorities publish information about these processes in publicly available documents.

- There are published complaints, review and appeals processes which are rigorous, fair and responsive.

The accreditation authorities performing this function have published general complaints, review and appeals processes that reflect a rigorous, fair and responsive approach. While the processes do not explicitly mention assessment of overseas assessing authorities, they are generally broad enough to encompass, or be adapted to encompass, this context.

¹¹ *Comparison of international accreditation systems for registered health professions* (November 2016), page 5

¹² *Comparison of international accreditation systems for registered health professions* (November 2016), page 6

Domain 7: Assessing overseas-qualified practitioners

Eight of the nine external accreditation authorities that exercise this function also assess overseas-qualified practitioners seeking registration and are also gazetted assessing authorities for the Australian Government's Department of Home Affairs. These eight accreditation authorities assess overseas-qualified practitioners who intend to apply for temporary and permanent visas under Australia's skilled migration programs.

Two other external accreditation authorities are also gazetted assessing authorities for the Department of Home Affairs. These two accreditation authorities assess overseas qualified practitioners who intend to apply for temporary and permanent visas under Australia's skilled migration programs. The assessment for registration purposes is undertaken as part of the processing of applications for registration in these professions.

Description

Where this function is exercised by the accreditation authority, the authority has processes to assess and/or oversee the assessment of the knowledge, clinical skills and professional attributes of overseas qualified practitioners who are seeking registration in the profession under the National Law, and whose qualifications are not approved qualifications under the National Law for the profession.

Overview

Nine of the eleven external accreditation authorities and one accreditation committee exercise this function. The accreditation committee exercises an oversight and advisory functions and the committee does not currently undertake any assessments. The outcomes of assessment performed under this function enable overseas qualified practitioners to qualify for registration in Australia but do not guarantee eligibility because applicants for registration must meet all registration requirements including registration standards related to criminal history, recency of practice and English language skills. Initial reports against the Quality Framework provided baseline information about the specific attributes for all accreditation authorities exercising this function.

The information reviewed for this analysis demonstrates in the period since 1 July 2013 to date, all accreditation authorities have reviewed and updated their approaches to assessment. This work has, to date, been completed on a profession-specific basis, sometimes with substantial investment. As with other areas of the National Scheme, there is potential to share research and good practice and examples of this occurring. Further work is needed to explore whether collaborative work or cross-profession approaches to reviews and updates may enhance efficiency and effectiveness.

Specific attributes

- The assessment standards define the required knowledge, clinical skills and professional attributes necessary to practise the profession in Australia.

The assessment standards used by all accreditation authorities exercising this function are based on the standards that define the required knowledge, clinical skills and professional attributes for Australian graduates to qualify for registration in Australia. In the period since 1 July 2013, the standards have been updated for all professions when these standards have been revised.

- The key assessment criteria, including assessment objectives and standards, are documented.

Initial reports against the Quality Framework provided baseline information about the existence of key assessment criteria, including assessment objectives and standards, for all but one accreditation authority. That authority subsequently documented key criteria and the information reviewed for this analysis demonstrates all accreditation authorities now have documented key assessment criteria, including assessment objectives and standards.

The majority of accreditation authorities regularly review their assessment objectives and standards. These reviews help in maintaining evidence based approaches to assessment.

- The accreditation authority uses a recognised standard setting process and monitors the overall performance of the assessment.

The information reviewed for this analysis demonstrates in the period since 1 July 2013 to date, all accreditation authorities are using a recognised standards setting process and monitoring performance of the

assessment. The level of sophistication of these processes and monitoring varies across the nine accreditation authorities and accreditation committees. The accreditation authority with the highest number of assessments has invested in sophisticated hardware and software to monitor the overall performance of the assessment.

- The procedures for applying for assessment are defined and published.

The information reviewed for this analysis demonstrates in the period since 1 July 2013 to date, all accreditation authorities have updated their procedures since the initial reports with a focus on improving efficiency and timeliness. This work is ongoing for some authorities. Several (four) have implemented online application processes and report consequent savings in time and resources. One authority with a relatively low number of assessments (about 50 to 60 a year) introduced an option for a priority assessment at the initial application stage.

- The accreditation authority publishes information that describes the structure of the examination and components of the assessments.

The information reviewed for this analysis demonstrates in the period since 1 July 2013 to date, all accreditation authorities have reviewed and updated the structure of the examination and/or components of the assessments with a focus on improving reliability and validity of approaches to assessment for regulatory purposes. This work is ongoing for some authorities.

- The accreditation authority has policies on the selection, appointment, training and performance review of assessors. Its policies provide for the use of competent people who are qualified by their skills, knowledge and experience to assess overseas-qualified practitioners.

Initial reports against the Quality Framework provided baseline information about the existence of policies on the selection, appointment, training and performance review of assessors. At that time three of the eight external accreditation authorities outsourced the practical and/or clinical assessment to third party providers such as universities and did not have internal policies relevant to this attribute.

The information reviewed for this analysis demonstrates in the period since 1 July 2013 to date, the five accreditation authorities that directly oversee the practical/clinical assessment have reviewed and updated policies on the selection, appointment, training and performance review of assessors. One accreditation authority includes video recording of each clinical examination in its performance review. Several accreditation authorities analyse results data as part of performance review.

- There are published complaints, review and appeals processes which are rigorous, fair and responsive.

The information reviewed for this analysis demonstrates in the period since 1 July 2013 to date, all accreditation authorities have maintained published complaints, review and appeals processes. The number of reported complaints and appeals is low (about 50 reported complaints and appeals per 9000 reported assessments a year.)

Domain 8: Stakeholder collaboration

Description

The accreditation authority works to build stakeholder support and collaborates with other national, international and/or professional accreditation authorities.

Specific attributes

- There are processes for engaging with stakeholders, including governments, education institutions, health professional organisations, health providers, National Boards and consumers/community.

In the period since 1 July 2013 to date, all accreditation authorities have had processes to engage with stakeholders, including the main groups listed in the attribute although these approaches vary in scale and sophistication. Mechanisms include involvement of stakeholder nominees to decision-making and policy development through committee membership, regular meetings with key stakeholders, conferences and colloquium, joint work and collaboration with stakeholders, formal and informal consultation and registers of stakeholders.

- There is a communications strategy, including a website providing information about the accreditation authority's roles, functions and procedures.

Since mid-2013, all accreditation authorities report having a communication strategy, with approaches varying from a comprehensive documented strategy that is regularly reviewed, to a collection of individual activities without an overarching articulated strategy, to largely web-based communication. One accreditation authority actively uses social media platforms to engage with stakeholders and practitioners.

- The accreditation authority collaborates with other national and international accreditation organisations.

Since mid 2013, all accreditation authorities report collaborating with other national and international accreditation organisations. This varies from collaboration with New Zealand counterparts to relevant groupings of higher education providers such as Councils of Deans. Most reference collaboration with international accreditation bodies for individual professions such as the World Federation for Medical Education (WFME), World Council of Optometry, International Council of Nurses International Society of Dental Regulators and so on. One references a regional association for education. A number of authorities are also associate members of Professions Australia, and have been involved in their recent work on best practice accreditation. Some reference the Council on Licensure, Enforcement and Regulation - CLEAR. Most accreditation authorities refer to collaboration with the Tertiary Education Quality and Standards Agency (TEQSA) and for those accrediting programs of study in the vocational education and training sector, the Australian Skills Quality Authority (ASQA).

- The accreditation authority collaborates with accreditation authorities for the other registered health professions appointed under the National Law.

Since mid 2013, all accreditation authorities report collaborating with accreditation authorities for the other registered health professions appointed under the National Law, primarily through participation in the Forum. The HPACF has been operating since before the National Scheme was implemented, and has been taken carriage of joint projects over this time.

Completed projects include the development and high-level accreditation principles, and the agreement on a position statement on interprofessional education and competencies¹³. Other projects in train include one on the contribution that accreditation can make to improving Aboriginal and Torres Strait Islander health and the development of approaches to risk based monitoring and joint assessor training. Five accreditation authorities are currently participating in a project on approaches to risk based monitoring and the three Accreditation Committees have delivered joint accreditation assessor training since 2014. .

- The accreditation authority works within overarching national and international structures of quality assurance/accreditation.

All accreditation authorities report working within overarching national and international structures of quality assurance/accreditation, where relevant, however models vary from referencing the AHPRA [Procedures on the development of accreditation standards](#) to participation in external quality assurance reviews.

A number of councils reference the work of the World Federation on Medical Education (WFME). The Aboriginal and Torres Strait Islander Health Practice Accreditation Committee undertakes accreditation functions for a uniquely Australian profession, but has regard to relevant overarching national and international quality assurance structures in the context of its work. A small number of accreditation authorities have sought formal evaluation of their processes through external quality assurance/accreditation mechanisms such as relevant international body. One accreditation authority references working towards compliance with ISO/IEC17011 and using this as a roadmap for future development of standards and processes while another refers to ISO standards more generally.

¹³ <http://www.hpacf.org.au/statementsandpositionpapers/>

Performance against the objectives and guiding principles in the National Law

All National Scheme bodies must exercise their functions having regard to the objectives and guiding principles of the National Law. Accordingly, in addition to performance against the Quality Framework, some brief observations on performance against the objectives and guiding principles in the National Law follow.

Protecting the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered

The information reviewed for this analysis identifies all accreditation authorities consider a central purpose of accreditation is to ensure programs of study and education providers are graduating practitioners who have demonstrated the knowledge, clinical skills and professional attributes necessary to practise the profession.

In the period since 1 July 2013, three programs of study have been refused accreditation and all accreditation authorities have used conditions and monitoring to address areas of concern identified during assessment of education providers and programs. The accreditation standards underpinning the accreditation assessments are designed to deliver on this objective and the harmonised approach adopted since 1 July 2013 includes a specific standard requiring education providers and programs to demonstrate that public safety is assured.

The accreditation authorities that exercise the function of overseeing assessment of overseas-qualified practitioners have designed assessment models that require those seeking registration to demonstrate the knowledge, clinical skills and professional attributes necessary to practise the profession in Australia. The involvement of community members in governance structures of all accreditation authorities also contributes to this objective.

Facilitating workforce mobility by reducing barriers to movement of practitioners between jurisdictions or to practitioners practising in more than one jurisdiction

The National Scheme is designed to deliver on this objective by establishing a single national Register of practitioners for all professions. Accreditation delivers on this objective as a part of the National Scheme as a whole. Accreditation is a core element of the National Scheme and each accreditation authority applies its profession-specific standards and processes nationally and provides advice on its accreditation decisions to the relevant National Board.

Facilitating the provision of high quality education and training of health practitioners

The information reviewed for this analysis identifies all accreditation standards underpinning the accreditation assessments are designed to deliver on this objective and that all accreditation authorities consider this objective in their accreditation policies and processes. The analysis of performance against the Quality Framework indicates that accreditation in the National Scheme is delivering on this objective.

Facilitating the rigorous and responsive assessment of overseas-trained health practitioners

The information reviewed for this analysis indicates around 9,000 health practitioners are assessed each year by the nine accreditation authorities that oversee the assessment of overseas-trained health practitioners. In addition to this, around 5,500 applications from overseas trained health practitioners are assessed each year by National Boards and AHPRA under registration functions. Ninety percent of these are from internationally qualified nurses and midwives.

Enabling the continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivery by, health practitioners

In the period since 1 July 2013, all accreditation authorities have adopted outcomes focussed standards and processes that facilitate innovation and flexibility in education and training by enabling education providers to meet the standards, including those related to clinical education and training, in a range of ways.

Many of the current accreditation standards and related graduate outcomes and/or professional capabilities and/or competencies address emerging health workforce requirements such as interprofessional learning and practice and cultural safety. A number of accreditation authorities have expressly stated the value of simulated learning environments and inter-professional learning within their standards and provide sufficient flexibility for education providers to use a range of learning and assessment approaches and environments.

Collaborative work across the accreditation authorities provides opportunities to share and disseminate best practice in innovative and flexible education and training approaches. For example, the HPACF is currently

working on the development of cross-profession accreditation standards for quality use of medicines. The HPACF is adopting a broad approach intended to capture the full range of activities relating to the quality use of medicines, not just those relating to provision of Schedule 4 and above medicines, recognising that this issue is relevant to all registered health practitioners, and enhances the importance of teamwork and interprofessional practice.

Operating in a transparent, accountable, efficient, effective and fair way

The information reviewed for this analysis indicates all accreditation authorities publish information about accreditation standards and processes, including assessment of overseas qualified practitioners, on their website. Most accreditation authorities also publish an annual report including performance data and audited financial accounts. All accreditation authorities provide routine reports against the Quality Framework.

In the period since 2013, several accreditation authorities have engaged external consultants to review their operating models and have achieved efficiencies through streamlining and automating their systems. All accreditation authorities have established appeals and/or complaints processes and information reviewed for this analysis indicate one education provider has applied for an internal review of decision since 2013 and a relatively low number of overseas qualified practitioners (about 50 per 9000) appeal the outcome of their assessment each year.

Detailed information about the cost of accreditation at November 2016 is published in the paper [Cost of accreditation in the National Registration and Accreditation Scheme](#). The data are currently being updated to include 2016/17.

Fees required to be paid under the scheme are to be reasonable having regard to the efficient and effective operation of the scheme

The information reviewed for this analysis indicates all accreditation authorities regularly review their fees. Table 9 provides an overview of current accreditation fees.

In the period since 2013, some fees have remained stable, some have risen and some have decreased. The Quality Framework reports include changes in fees and proposed fee increases and are an important issue for discussion between the accreditation authority and relevant National Board. One accreditation authority is planning to review its fee structure based on the outcomes of an activity based costing analysis.

The draft ASR report noted the absence of fee setting principles for accreditation. Before that report, in 2016, National Boards, accreditation authorities and AHPRA commenced work to develop principles for funding accreditation. The ALG agreed to put the work on hold pending outcomes of the ASR, although all accreditation authorities have indicated a willingness to participate in collaborative work with National Boards and AHPRA to develop funding principles.

In the period since 2013, the funding provided to all accreditation authorities from registrant fees has increased. AHPRA's financial reports identify the total amount of registrant fees provided to accreditation authorities has increased by 30% in the four year period from 1 July 2013 to 30 June 2017 from \$7,438,000 to \$9,687,000. Detailed information about the amounts provided for each profession in this period are published in [AHPRA's annual reports](#).

Table 9: Overview of current accreditation fees

Note: This is a high level summary only. More detailed information is available on the accreditation authority's website. Whether or not the fees include GST varies across the accreditation authorities.

Accreditation authority	Fee to accredit program of study	Annual accreditation fee
<p>1. ATSIHPAC</p> <p>See: www.atsihealthpracticeboard.gov.au/Accreditation/Application-information</p> <p>[2017/2018 fees]</p>	<p>\$3,000 per site/campus <i>(GST free)</i></p>	<p>\$3,000</p>
<p>2. CMAC</p> <p>Source: www.chinesemedicineboard.gov.au/Accreditation/Application-information</p> <p>[2017/2018 fees]</p>	<p>\$12,000 - one division, one site \$16,000 - two divisions, one site \$20,000 - three divisions, one site \$6,000 per additional site <i>(GST free)</i></p>	<p>\$4,000 – one division, one site \$6,000 - two divisions, one site \$8,000 - three divisions, one site</p>
<p>3. CCEA</p> <p>Source: Accreditation Cost Recovery Policy (provided with August 2017 Annual Quality Framework report) (fees not on website).</p>	<p>Fees and charges calculated on cost recovery basis</p>	<p>\$3,000 (plus GST) per program <i>From 1 July 2017 fee subject to an annual CPI increase.</i></p>
<p>4. ADC</p> <p>See: www.adc.org.au/index.php?id=34</p> <p>Applicable as at October 2017</p>	<p><u>New program</u> Dental \$44,000 Oral health therapy \$33,000 Dental hygienist/therapist/specialist/prosthetist \$16,500 Specialist or endorsement \$16,500 <i>(GST inc)</i></p>	<p>Dental \$19,800 Oral health therapy \$12,100 Dental hygiene or therapy \$8,250 Prosthetist program \$6,600 Provider of specialist program(s) \$5,500 Endorsement program \$5,500 <i>(GST inc)</i></p>
<p>5. AMC</p> <p>See: www.amc.org.au/files/f63a0232dd94ace2a3a0bf6e299fbb800f187847_original.pdf 2017 fees</p>	<p>Fees vary as they are based on cost recovery New programs and major changes Stage one submission \$10,000 Comprehensive report for extension of accreditation \$7,500 Accreditation visit costs <i>case by case</i> <i>Deposit \$20,000 education provider required to pay deposit when lodging accreditation submission</i> <i>Fees information in Procedure of Assessment and Accreditation of Medical</i></p>	<p>No annual fee charged</p>

Accreditation authority	Fee to accredit program of study	Annual accreditation fee
	<i>Schools document</i>	
6. MRPAC See: www.medicalradiationpracticeboard.gov.au/Accreditation/Application-information . [2017/2018 fees]	\$20,000 one program, one site \$25,000 two programs, one site at the same time \$30,000 three programs, one site at the same time (GST free)	\$4,000 per program of study
7. ANMAC See: www.anmac.org.au/program-accreditation/fee-schedule . [2016/2017 fees]	<u>Program length</u> Over 12 months - \$38,100 Between six and 12 months - \$23,700 Under six months - \$10,600 Dual degree - \$53,600 Site visits (charge per site if more than two sites are being assessed) - \$5,150	No annual fee charged
8. OTC See: www.otcouncil.com.au/accreditation . Date: 1 January 2015 Webpage includes: "The OTC intends to undertake a review of the costs of program accreditation in 2018/19 with a view to setting the fees for the five-year period commencing 1 July 2020."	Accreditation fees are set on a cost recovery basis <u>Initial accreditation fee</u> 2017/2018 \$6600 2018/2019 \$6900 2019/2020 \$7300 <u>Site visit costs</u> 2017/18 \$6600 2018/19 \$6900 2019/20 \$7300 Additional fee, typically \$2000 (+CPI) per day, for more than 1 campus.	2017/18 \$8700 2018/19 \$9100
9. OCANZ Source: Quality Framework Annual Report (October 2017) – 2017 annual fees Advice from OCANZ 26 March 2018 – 2018 fees	Entry-level program \$98,395 (fee is inclusive of annual fees for first delivery of program – five years; ex annual charges fee is \$30,745) – 2018 Postgraduate (therapeutics only) program \$11,715 - 2018	Entry-level program \$12,300 (ex GST) – 2017 \$13,530 (ex GST) - 2018 Postgraduate (therapeutics only) program \$1,336 (ex GST) – 2017 \$1,635 (ex GST) – 2018
10. AOAC See: http://www.osteopathiccouncil.org.au/publications.html Fees effective from 1 January 2013	<u>Application fee</u> New program \$5,000 (+ GST) Existing program \$5,000 (+ GST) PLUS <u>Accreditation Fee</u> New program \$15,000 (+ GST) (one site visit) Existing program \$10,000 (+ GST) (one site visit) Major course change \$5,000 (+ GST)	\$2,000 (+ GST)

Accreditation authority	Fee to accredit program of study	Annual accreditation fee
11. APharmC See: www.pharmacycouncil.org.au/our-services/education-providers/fees	New degree programs \$30,900	Degree programs Annual fee \$18,540 (first program), \$13,380 (each additional program) Major change \$7,210
12. APhysC See: www.physiocouncil.com.au/accreditation-for-education-providers/policies-guidelines-resources 2017/18 fees	<u>New Programs:</u> Expression of Interest application \$1,000 Initial Application \$24,000 <u>Site Visits:</u> Cost-recovery	\$15,800 Programs offered across multiple campuses receive 30% discount
13. ANZPAC See: www.anzpac.org.au/accreditation Effective from 1 January 2015 (revised May 2015)	New program \$30,000 (plus GST) Existing program \$30,000 (plus GST)	No annual fee charged
14. APAC See: www.psychologycouncil.org.au/sites/default/files/public/Schedule_2018_Accreditation_Fees_for_AOUs.pdf 2018 fees	<u>Application fee</u> \$3,382 (plus GST) per application <u>Assessment</u> \$6,017 (plus GST) per onshore education provider \$7,264 (plus GST) per four year undergraduate sequence \$8,822 (plus GST) per Master of Professional Psychology program \$10,024 (plus GST) per specialist Masters, Masters/PhD or Doctorate degree program <u>Additional site visit</u> \$6,017 (plus GST) per additional onshore campus site visit	No annual fee charged

Cross-cutting issues

Collaboration, consistency and effective progress on cross-cutting issues has increasingly emerged as a theme in accreditation since the National Scheme commenced, as mentioned in the ASR draft report. The agreements between AHPRA and the accreditation authorities note the interest in demonstrable changes in line with the following goals, as part of the broader context for the accreditation functions within the National Scheme and drawing on key issues for the health workforce identified by stakeholders such as government:

- opportunities to increase cross-profession collaboration and innovation, including to address the guiding principle of the National Law that the Scheme is to operate in a transparent, accountable, efficient, effective and fair way. For example, joint projects with other accreditation entities or through the Health Professions Accreditation Collaborative Forum;
- opportunities for each authority to facilitate and support inter-professional learning in its work; and
- opportunities for each authority to encourage use of alternative learning environments, including simulation, where appropriate.

Accreditation authorities report to their National Board on initiatives in these areas as relevant.

Cross-cutting issues relevant across the National Scheme include how accreditation can best:

- contribute to improving Aboriginal and Torres Strait Islander Peoples' health
- support interprofessional education and practice
- contribute to addressing current and future health priorities such as safe use of medicines and family and domestic violence
- encourage innovation in learning environments
- strengthen risk based approaches
- be transparent about the costs of accreditation and funding of accreditation authorities
- explore opportunities for collaboration to reduce duplication and regulatory burden, and
- explore opportunities for collaboration to promote effectiveness and efficiency and reduce costs.

There has been some progress on cross-cutting issues through a range of approaches, including projects through the HPACF, collaboration across groups of accreditation authorities and work by individual authorities. However, there is currently not an agreed model within the National Scheme to support and progress consistent approaches to multi-profession issues in accreditation. This was a main theme of the ASR and is likely to be a focus of future work.

The contribution accreditation can make to improving Aboriginal and Torres Strait Islander health

The National Scheme is developing a strategy on how it can contribute to improving Aboriginal and Torres Strait Islander Peoples' health, through an [advisory group](#) consisting of Aboriginal and Torres Strait Islander health sector leaders and representatives from accreditation entities, National Boards, AHPRA and the Chair of AHPRA's Agency Management Committee.

Co-Chaired by Associate Professor Gregory Phillips, CEO of ABSTARR Consulting and Dr Joanna Flynn AM, Chair of the Medical Board of Australia, this group provides advice on how best to develop the National Scheme's strategy, and define its role, in ensuring patient safety for Aboriginal and Torres Strait Islander Peoples in Australia's health system. The group's agreed vision is: Patient safety for Aboriginal and Torres Strait Islander Peoples in Australia's health system is the norm, as defined by Aboriginal and Torres Strait Islander Peoples. Members of three accreditation authorities are part of this group.

A number of accreditation authorities have well developed standards and processes to assess whether programs of study include Indigenous health as a curriculum topic and whether there is appropriate learning and assessment in this area. In addition, accreditation authorities are progressing work on the specific contribution accreditation can make to improving Aboriginal and Torres Strait Islander health through collaborative work auspiced by the HPACF.

For example, as a monitoring function, a thematic review is to start in April/May 2018 to develop baseline data about the extent to which health practitioner programs are;

- Supporting students who identify as Aboriginal and/or Torres Strait Islander People and/or Māori; and
- For all students, producing health practitioners who are culturally safe.

The questions will also include areas for programs and providers to feed back to accreditation authorities the extent to which accreditation is promoting or inhibiting action in these areas.

This will be the first time since the start of the National Scheme that accreditation authorities have coordinated to use the monitoring role defined in the National Law and ask the same set of questions across over 700 programs and 330 providers.

Interprofessional education

The Australian Medical Council (AMC), in collaboration with the Australian Pharmacy Council, the Australian Nursing and Midwifery Accreditation Council, and the Council on Chiropractic Education Australasia, held a workshop in 2015 with the aim of improving delivery of coordinated interprofessional education between health professions in Australia.

The workshop was held with support and input from the HPACF. It brought together representatives of the regulated health professions' National Boards and accreditation authorities, self-regulating health professions, education providers, AHPRA, representatives of government health departments and academics working in this field.

The HPACF members have agreed to the outcomes of the workshop and have released a [position statement](#) to support incorporating IPE into accreditation standards and competency frameworks.

Current health priorities such as quality use of medicines

The HPACF has a project underway which reflects a national focus on improving the capacity and capability of health professionals to ensure safe and effective management of patients and/or clients using medicines. It recognises the capacity of accreditation authorities and education providers to work together to ensure that programs of study are responding to the needs of the Australian community.

The project is aiming to develop clearly articulated fundamental principles, criteria and competencies for the safe use of medicines that are aligned with community and National Board expectations, and can be easily incorporated into the various professions' accreditation standards as appropriate. This will allow some professions to incorporate the principles and competencies under a stand-alone standard, whilst others might incorporate them as graduate outcomes or similar.

Simulated learning

As articulated in the HPACF's initial submission to the ASR, the accreditation standards for all the National Scheme professions support simulated learning by enabling some opportunities to practice skills, techniques and patient/ client interactions before using them in real clinical situations. These opportunities will vary depending on the role of the profession in health care.

Risk based approaches

A number of accreditation authorities have implemented risk-based accreditation approaches. Additionally, five accreditation authorities are currently participating in a joint project to develop or refine an approach to risk based monitoring. This work references the work of other accreditation authorities who are developing or have implemented risk based accreditation approaches.

Opportunities for collaboration to reduce duplication and improve effectiveness and efficiency

As members of the HPACF, a number of initiatives are underway across the accreditation authorities to reduce duplication. This includes the work of the Accreditation Managers Subcommittee to agree on consistent terminology, core Quality assurance activities (including common review processes for assessment teams) and development of standardised competency principles for assessor training.

Some individual accreditation authorities have harmonised the structure of accreditation standards and others are planning to do this when they next review their standards.

In 2016 the HPACF agreed and published a set of High Level Accreditation Principles that all members aspire to achieve. Each accreditation authority has agreed to work independently and in collaboration with others to achieve these.

The HPACF also published the following guidelines: [Good Practice in Accreditation of Health Profession Education Programs](#) and [Essential Elements of Education and Training in the Registered Health Professions](#)

Joint Statement of Principles for Professional Accreditation

Since 2013, a number of statements have been developed in Australia on good practice in accreditation. The accreditation authorities operating in the National Scheme have contributed to the development of these statements.

The [Joint Statement of Principles for professional accreditation](#) developed by Professions Australia/Universities Australia (the Joint Statement) contains guiding principles for the accreditation of university courses by professional accreditation bodies in three areas of focus:

1. Professional accreditation standards
2. Professional accreditation processes
3. Stakeholder engagement

Several accreditation authorities contributed to the development of these principles and they broadly align with the Quality Framework.

Future directions

The wider environment for accreditation in the National Scheme is dynamic and subject to change. The overall future direction for accreditation in the National Scheme will be determined by Ministers response to the ASR. The outcomes of the Department of Education and Training's current consultation on the impact of professional accreditation and opportunities to reduce the regulatory burden on higher education providers will be a key pathway for further coordination between TEQSA and accreditation authorities.

National Boards and AHPRA recognise that the current review of assignments is occurring in this context and the outcomes of this review will be subject to the overall directions emerging from the ASR and to a lesser extent, the Department of Education and Training.

As outlined earlier in this paper, there is considerable consensus across National Scheme bodies about the potential for improvement in key areas, such as:

- reducing duplication, regulatory burden and cost
- increasing transparency and accountability including in relation to cost, fees and performance
- achieving greater collaboration, sharing of good practice and multi-profession approaches including to address health workforce issues and achieve greater effectiveness, and
- establishing clearer performance indicators to more effectively address these issues and other key measures of performance.

Work on the agreements for the next assignment periods will explore how best to address these key issues and demonstrate progressive improvements over the next five years. This review invites stakeholder feedback to inform this work.

Next steps after consultation

National Boards will consider the information in this consultation paper, together with the information received through the consultation process, the individual Quality Framework reports and their experience working with the accreditation authorities over the past five years and make decisions about the assignment of accreditation functions for the next term (generally expected to be five years subject to the outcomes of the ASR unless there are reasons for a shorter period).

After these National Boards' decisions, the accreditation arrangements for the next term will be formalised. This will include replacing the current agreements with external accreditation authorities and terms of reference for accreditation committees.

Consultation questions

When providing comments, including responding to these questions, please indicate whether you are commenting on an individual profession or professions or all professions in the National Scheme.

1. What is your general experience of the accreditation functions under the National Law?
2. Do you have any comments on performance against the individual Quality Framework domains:
 1. Governance – the accreditation authority effectively governs itself and demonstrates competence and professionalism in the performance of its accreditation role.
 2. Independence – the accreditation authority carries out its accreditation operations independently.
 3. Operational management – the accreditation authority effectively manages its resources to carry out its accreditation function.
 4. Accreditation standards – the accreditation authority develops accreditation standards for the assessment of programs of study and education providers.
 5. Processes for accreditation of programs of study and education providers – the accreditation authority applies the approved accreditation standards and has rigorous, fair and consistent processes for accrediting programs of study and their education providers.
 6. Assessing authorities in other countries (where this function is exercised by the accreditation authority) – the accreditation authority has defined its standards and procedures to assess examining and/or accrediting authorities in other countries.
 7. Assessing overseas qualified practitioners (where this function is exercised by the accreditation authority) – the authority has processes to assess and/or oversee the assessment of the knowledge, clinical skills and professional attributes of overseas qualified practitioners who are seeking registration in the profession under the National Law, and whose qualifications are not approved qualifications under the National Law for the profession.
 8. Stakeholder collaboration – the accreditation authority works to build stakeholder support and collaborates with other national, international and/or professional accreditation authorities.
3. Do you have any comments on how future accreditation agreements could address any of the following issues and demonstrate progressive improvements over the next five years?
 - reducing duplication, regulatory burden and cost
 - increasing transparency and accountability including in relation to cost, fees and performance
 - achieving greater collaboration, sharing of good practice and multi-profession approaches including to address health workforce issues and achieve greater effectiveness
 - establishing clearer performance indicators to more effectively address these issues and other key measures of performance
4. Do you have any comments on the extent to which accreditation has addressed or had regard for the objectives and guiding principles of the National Scheme?
5. Do you have any comments on how future accreditation arrangements could address or have regard for the objectives and guiding principles of the National Scheme?
6. Do you have any comments on the benefits or risks of an arrangement where one accreditation authority performs accreditation functions for more than one profession?
7. Do you have any other comments about the future accreditation arrangements in the National Scheme?

References

ADC (2013-2017) Australian Dental Council, Annual Report

ADC (2013-2017) Australian Dental Council, Half yearly and Annual Reports to the National Board against the Quality Framework

ADC Australian Dental Council website, see: www.adc.org.au.

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ANMAC (2013-2017) Australian Nursing and Midwifery Accreditation Council, Annual Report

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AOAC (2013-2017) Australasian Osteopathic Accreditation Council, Annual Report

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AOAC Australasian Osteopathic Accreditation Council website, see www.osteopathiccouncil.org.au.

APAC (2013-2017) Australian Psychology Accreditation Council, Annual Report

APAC (2013-2017) Australian Psychology Accreditation Council, Half yearly and Annual Reports to the National Board against the Quality Framework

APAC Australian Psychology Accreditation Council website, see: www.psychologycouncil.org.au.

APharmC (2013-2017) Australian Pharmacy Council, Annual Report

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Attachment A: Overview of process for 2018 review of accreditation arrangements

Assumptions underlying potential approach:

- an opportunity for input from Accreditation Authorities, National Boards, AManC and governments
- multi-profession approach
- modified consultation process to fit timeframes
- bilateral discussions between National Boards and Accreditation Authorities to be scheduled between the key dates, and
- future period agreement issues addressed after the review process.

Timeline of key activities

Stage	Key features of review process	Indicative timing
Preparatory	Develop and consult on draft process (FoNC, AManC, National Boards taking into account advice from ALG and HPACF and including out of session advice to National Boards)	February 2018
	Multi-profession analysis of existing data	February – March 2018
	AHMAC/Jurisdictional Advisory Committee (JAC)/Jurisdictional Officers Forum (JOF) briefed including on proposed approach to consultation	March 2018
Review launch	AHPRA publishes information about the review process and timing	March 2018
EOI	AHPRA invites accreditation authorities to express interest in continuing to exercise current functions	Mid-March 2018
	AHPRA provides draft multi-profession analysis to HPACF for fact checking by 3 April	23 March 2018
	If the Accreditation Authority wishes to continue undertaking the current accreditation functions, the Authority provides an expression of interest to AHPRA	3 April 2018
Review drafts	Agency Management Committee briefed about draft multi-profession consultation paper and approves membership of Accreditation Advisory Committee (AAC)	Mid-March 2018
	Advice to National Boards with draft multi profession consultation paper	March National Board meetings (20 – 29 March)
	AAC considers draft multi-profession consultation paper including feedback from National Boards	10 April 2018
	Consultation paper finalised	Mid - April 2018
Consultation	Public consultation	Mid April – mid May 2018
Analysis and advice	Analysis of submissions and initial multi-profession advice to AAC	Late May 2018
	Update to FoNC	10 – 11 May 2018
	Summary of feedback from consultation provided to National Boards and Accreditation Authorities	Late May/early June 2018
Advice and decisions	Multi profession advice to National Boards about assignment decision (short presentation)	June National Board meetings (22 – 29 June)
Communicating outcomes	Advice to Accreditation Authorities about review outcomes and opportunity to discuss any issues	July 2018
	JOF/JAC briefed	July 2018
	Review outcomes published	July 2018