



Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions

Guidelines for preparing a submission

Submissions are due **COB Friday 29 September 2017** and should be submitted electronically to admin@asreview.org.au. Please note: Due to project timelines, extensions to the due date cannot be granted.

Please contact the Review team at the above email if you require further information or assistance in making a submission.

Preparing a submission

1. You are required to complete the Submission to the Draft Report Cover sheet and include this as part of your submission. You are also requested to use the Draft Report - Submission Template. Both documents are included below.
2. Submissions as Microsoft Word (.docx) files are preferred. PDF files are also acceptable if produced from text based software. Please do not send password protected files. Track changes, editing marks and hidden text should also be removed from submissions.

Publication of Submissions

3. Each submission, except for any attachment supplied in confidence, will be published on the COAG Health Council website. The Independent Reviewer reserves the right to not publish material that is offensive, potentially defamatory or out of scope of the Review.
4. For privacy reasons, all personal details (e.g. home and email address, signatures, phone numbers) will be removed from your submission before they are published on the website.

Confidential Submissions

5. Material supplied in confidence should be clearly marked 'In Confidence' and be in a separate attachment to non-confidential material. Information which is of a confidential nature or which is submitted in confidence will be treated as such, if the reasons why the information should be treated as confidential are provided.

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Submission template instructions

7. You are requested to respond to any or all of the themes, issues and draft recommendations raised in the Draft Report using the template below. If you wish to provide additional information or evidence which is not in direct response to the draft recommendations, please provide these as attachments. Space has been provided after each theme for comments/feedback. You are asked to elaborate on the reasons for your decision to support/not support. Please note that failure to substantiate your arguments can reduce the value of your submission.
8. If you disagree with a draft recommendation, it would assist the Review if you could suggest an alternative approach which addresses the issues raised. Please provide evidence whenever possible (e.g. case studies, literature references, cost benefit analyses) to support your views as outlined in your submission.



**Independent Review of Accreditation Systems
within the National Registration and
Accreditation Scheme for health professions**

Submission to the Draft Report

Cover Sheet

Please complete all fields

First Name: Rachel

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Individual or organisational submission: Please select

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Please select one of the following:

- This is a public submission. It does **not** contain 'in confidence' material in the main submission or its attachments and can be placed on the COAG Health Council website.
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Review of Accreditation Systems within the National Registration and Accreditation Scheme

Draft Report - Submission Template

Funding the accreditation system

The Review has examined opportunities to improve transparency and accountability, minimise duplication and reduce costs through greater efficiency and effectiveness. In doing so, it has undertaken a financial assessment of the accreditation system, including the fees charges by accreditation authorities as well as the expenditure they incur in the exercise of their functions. It has also undertaken a consideration of the fees and costs of other like systems.

There are many complexities involved in comparing the cost of accreditation across jurisdictions (both in Australia and overseas) due to the differing nature of health practitioner registration schemes and accreditation arrangements, intersections with other parts of public systems and different funding methodologies. Despite these differences, the Review has concluded that:

- There are elements within comparator international regulatory systems which can inform improvements in Australia and they need to be addressed in a continuous cycle of improvement and review.
- Assessment of the cost effectiveness of the National Scheme can only be achieved once there is a consistent and transparent funding and accounting framework.

The Review is recommending the adoption of consistent accrual accounting and business standards and the development of a single set of funding principles to guide the setting of fees and charges for accreditation and the application of a transparent cost recovery policy and methodology. The Commonwealth's model of public Cost Recovery Implementation Statements should also be employed when levies and charges for accreditation activities are to be set.

Specific draft recommendations are 1, 2 and 3 in the Draft Report.

Response – You are invited to respond to the general directions proposed in Chapter 3 of the Draft Report and any or all of the specific recommendations.

- **Universities Australia supports greater consistency and transparency in the development of accreditation fees across professions – including the non-registered professions (see also response to chapters 7 and 8) through the development of a single, national set of funding principles.**
- **Universities Australia understands that there may be legitimate variance across courses but that unnecessary variance needs to be minimised or eliminated. Universities Australia supports the use of a robust methodology in fee setting for this purpose and believes the suggested Australian Government Charging Framework is a useful foundation document on which to develop consistent, transparent and accountable charging.**
- **Universities Australia recommends broad consultation with relevant stakeholders (including education providers, students, future registered practitioners, health consumers and accreditation authorities) on the further development of charging principles. This should also include discussion on what proportion of fees is allocated to relevant groups directly benefiting from accreditation processes.**

Improving efficiency

The accreditation system requires sound and fit-for-purpose processes which are designed to reduce complexity and unnecessary duplication, increase clarity and transparency and reduce cost within the system. Each step of an accreditation process has direct resource implications for both education providers and accreditation authorities (and indirect cost implications for students, practitioners and consumers). Greater commonality in accreditation standards, terminology, assessment processes and reporting requirements across the professions, as recommended by this Review, should create opportunities for greater efficiency and effectiveness in the accreditation of education programs and providers.

There are also opportunities to streamline processes that currently overlap with regulators who operate outside the National Scheme. While the education sector regulatory authorities, the Tertiary Quality Standards Agency (TEQSA) and the Australian Skills Quality Authority (ASQA), have different overarching purposes and foci for accreditation, their underlying domains and processes are largely the same and intersect with National Scheme regulators at the point of health education. Clarification and separation of roles and responsibilities should further reduce duplication, costs and administrative burdens.

Specific draft recommendations are 4 and 5 in the Draft Report.

Response – You are invited to respond to the general directions proposed in Chapter 4 of the Draft Report and any or all of the specific recommendations.

- **Universities Australia agrees with the principle of reducing unnecessary duplication and bringing greater efficiency to accreditation through streamlining of processes and the clear delineation of responsibilities for health professional education/course accreditation (professional accreditation) from institutional accreditation through TEQSA and ASQA (academic/institutional accreditation).**
- **Universities Australia supports, in principle, recommendations 2 and 3 in the draft report and agrees with the development, where common domains allow, of cross professional policies and guidelines in accreditation processes and in greater consistency and performance of assessment panels. Universities Australia also suggests that greater harmonisation of shared accreditation standards includes policies to facilitate more streamlined recognition of prior learning within and across professions.**
- **Universities Australia recommends close consultation with the higher education sector, accreditation authorities and the professions in the development of such policies and guidelines.**

Relevance and responsiveness

The health education system is critical in delivering a health workforce that is responsive to emerging health and social care issues and priorities. Education providers are guided by accreditation standards and competency standards in designing contemporary programs of study. The Review has explored the constraints created by the existing accreditation regulatory system, together with opportunities to deliver relevant and responsive health education programs which align with the National Law objectives. The Review has identified a number of key enablers:

- Adoption of outcome-based approaches for accreditation standards.
- Encouragement of innovative use of technological and pedagogical advances such as simulation-based education and training in the delivery of programs of study and a common, cross-professional approach to the inclusion of interprofessional education as a mandatory requirement in all accreditation standards.
- A requirement that clinical placements to occur in a variety of settings, geographical locations and communities, with a focus on emerging workforce priorities and service reform.

Relevance and responsiveness

- Adoption of a common approach to the development of domains and learning outcomes for competency standards for professions that ensures relevance to contemporary health care needs.

The Review has also explored the issue of what ‘work ready’ means. Clarification is required on the differences between the normal induction, support, orientation and mentoring provided by employers to assist new graduates and requirements set by National Boards that restrict the attainment of general registration on first entry into the workforce. Accordingly, the Review is proposing the need for clearer demonstration of the need for supervised practice requirements and national examinations.

Specific draft recommendations are 6 to 11 in the Draft Report.

Response – You are invited to respond to the general directions proposed in Chapter 5 of the Draft Report and any or all of the specific recommendations.

Adoption of outcome-based approaches for accreditation standards.

- **Universities Australia welcomes an increased focus on outcomes-based approaches to accreditation and does not support “tick-box” competency accreditation. However we emphasise that outcome measures must be balanced with relevant, evidence-based, input and output measures.**
- **True outcome measures are often only apparent some-time after the student has qualified and has commenced working as a health professional in the workplace. Universities Australia recommends that proxy output, and where relevant, input measures must be allowed in place of outcome measures where this is the case. For example, an outcome such as effective application of cultural competence, capacity/confidence to work in different settings or as part of a team may only be fully evident once a new graduate is in the full-time workplace. This would not be possible for universities to measure. However inputs (time in rural and other settings, undertaking cultural competency training, interprofessional education and team working) and outputs (the graduation of a technically and culturally competent graduate who has undertaken and passed the relevant education and training components required) are measurable within the university environment.**
- **Universities Australia recommends that all standards used - input, output and outcome - are meaningful, measurable and underscored by a strong evidence-base.**
- **Universities Australia recommends that any output and outcome measures composed by the professions/accreditation authorities are developed in close consultation with the higher education sector.**

Simulation Based Education and Training (SBET) and Simulated Learning Environments (SLE)

- **Universities Australia strongly supports the promotion and use of innovative technologies, including SLE/SBET and other pedagogical advances, in the accreditation standards and supports a strong and current evidence base in the development of such standards.**

Interprofessional Education

- **Universities Australia supports a shared cross-professional approach to standards setting and interprofessional education and believes this needs to include frequent and regular cross-profession discussion and agreement on how best to incorporate interprofessional approaches into subsequent accreditation standards. Universities Australia believes that such an approach will be further supported through the draft report’s proposed governance reform (see response to Chapter 7’s draft recommendations).**
- **Issues raised in the review underscore the challenges of implementing interprofessional education in health services and clinical training. For this reason, while Universities Australia supports the removal of barriers to the inclusion of interprofessional education within accreditation standards and supports pro-active cross-professional dialogue on interprofessional education, we do not support IPE as a mandatory deliverable within accreditation. This would be very difficult for all institutions to provide and Universities Australia believes that**

Response – You are invited to respond to the general directions proposed in Chapter 5 of the Draft Report and any or all of the specific recommendations.

higher education providers should not be penalised if, after making every effort, they are unable to provide interprofessional education in clinical settings due to factors beyond their control. Such factors include the difficulties of scheduling multiple cohorts of students and supervisors in clinical settings, particularly outside public hospitals. Instead, Universities Australia supports accreditation standards around interprofessional education which require that education providers show best endeavours to provide interprofessional education and training subject to constraints. Such constraints include locality, limited health courses offered in their institution, health service facilities in which students undertake clinical placements, supervisory capacity and the like. This could include demonstrating examples of IPE across an entire health school or faculty, as well as cross-professional collaboration and coordination efforts with other education providers and health services.

- Universities Australia is also strongly of the view that any interprofessional education developed and implemented needs to be flexible (for example, not requiring a pre-defined mix of disciplines or settings) meaningful, beneficial and translatable to team working in real-life settings. While cross-discipline classroom health education may be easily measurable, it should only be a small part of this. Effective interprofessional education involves much more about opportunities for team working and bringing discipline-specific knowledge to shared problem-solving in a collaborative manner to support better patient outcomes. Universities Australia supports this being delivered where it can be.

Clinical experience and student placements

- Universities Australia supports the expansion of student experience and clinical placements beyond traditional hospital settings and supports the removal of accreditation barriers to this, including, for example, constraints on cross-disciplinary supervision. Universities Australia sees expansion of clinical placements to geographical locations (outer metropolitan as well as rural and remote) and settings of health care need (e.g. primary, aged care, mental health and Indigenous) as fundamental to more effective future workforce development. However, there are currently significant financial and logistical barriers and UA strongly recommends that any such recommendation made in the Review is also accompanied by recommendations for such placements to be appropriately resourced by government or placement providers and supported by agencies beyond accreditation bodies. Cost, willingness, preparedness, supervisory capacity and other factors must all be addressed in addition to accreditation barriers if expanding placements beyond traditional settings is to succeed. Universities Australia recommends that this is an urgent priority requiring multi-stakeholder, cross portfolio, intergovernmental and COAG action.
- Universities Australia also recommends that such placements should not be tick-box exercise but fit-for-purpose, relevant to education and training requirements, of adequate time/duration and evidence-based, especially if they are to fulfil the dual purpose of educational experience and future workforce development and distribution. For example, two week rotations to rural general practice and other underserved locations and settings do little to support later workforce distribution to such areas, particularly if students are sent against their wishes and experience financial burdens (e.g. paying rent on a metropolitan property and/or putting part time employment at risk.)
- Universities Australia further suggests that any mandated requirement for placements to occur in expanded settings be accompanied by a requirement that the placement reflects the philosophy and geographic location of the institution, evidenced by appropriate student selection processes, curriculum content, and partnerships with communities and their health services.

Competency development, work readiness internships and national examinations

- Universities Australia supports the uncoupling of accreditation from registration and sees this as relevant to the question of internships, supervised practice and provisional registration.

Response – You are invited to respond to the general directions proposed in Chapter 5 of the Draft Report and any or all of the specific recommendations.

- **Where gaps exist in professional entry-level education and training, Universities Australia supports these gaps being addressed within the entry-level training program itself through the accreditation standards and not retrospectively through additional post entry-level training.**
- **Universities Australia believes that a few disciplines and professions, such as medicine, require further periods of supervised training and internship but that a careful assessment of requirements for internship should be undertaken on a profession-specific basis, strongly supported by evidence.**
- **Universities Australia is unsure about the implications of National Boards setting requirements for general registration (or further supervision) beyond graduation. However, Universities Australia does support any set vocational or academic requirements for general registration additional to domestic qualifications being developed as defined programs of study and accredited by accreditation authorities.**
- **Universities Australia does not support national examinations for Australian trained health professional graduates undertaking internships but supports their use in bringing consistency to assessing the skills, knowledge and attributes of overseas trained practitioners from varying educational and training backgrounds.**

Reforming governance - the importance of consumers

The Review considers that there should be greater consumer involvement in accreditation functions to ensure a continued focus on patient centred care and to provide an important addition to professional input. However, effective participation requires clear identification of where such involvement would provide most value and consumers will require additional support and training if they are to be expected to participate as equal members. Consumer involvement (whether it be service users, students and/or employers) in governance committees and assessment processes should be considered where it is relevant, rather than as a matter of course across all functions. Nonetheless, it should be considered in the following areas:

- In the development of professional competency standards.
- In the design of education and training programs, including curricula.
- In the assessment of programs of study and education providers as appropriate.

The Review is also supportive of the AHPRA Community Reference Group and considers that its Terms of Reference should be expanded to include a consumer perspective on accreditation.

Specific draft recommendations are 12 and 13 in the Draft Report.

Response – You are invited to respond to the general directions proposed in Chapter 6 of the Draft Report and any or all of the specific recommendations.

- **Universities Australia supports the inclusion of consumer and broader community voices in health course accreditation processes, largely through community consultative groups. Universities Australia views this as a further step towards patient centred health professional education, training and health care.**
- **A greater understanding of health accreditation matters, including health course accreditation, across the community may assist with this. Universities Australia suggests that consideration is given to the inclusion of summary accreditation information in health literacy resources as part of a broader community understanding about quality assurance in health care delivery.**

Response – You are invited to respond to the general directions proposed in Chapter 6 of the Draft Report and any or all of the specific recommendations.

- **As recommended in its original submission, Universities Australia believes that, for consistency, all accreditation panel members, and advisers, including consumer, community and student consultative group representatives need to be supported with consistent national approaches and training principles. The establishment of a common register of experts who have undertaken comprehensive and consistent training, as recommended in chapter 3 of the draft report for accreditation assessment panels, could potentially be one way to achieve this.**
- **Universities Australia questions an expanded Terms of Reference and role for the AHPRA Community Reference Group to include accreditation functions and enable accreditation authorities to refer issues to the group for advice. Universities Australia understands that this group is appointed according to individual expertise but notes that it currently lacks representation from a range of representatives that are important to and/or consumers of health course accreditation, such as university students and higher education experts.**

Reforming governance - the overarching model

The Review considers that the greatest constraint to reform of the accreditation system is its model of governance. The current arrangements are unable to provide an actively regulated and managed accreditation system that delivers on all of the objectives set out in the National Law. The Review has developed three options, all drawn from submissions and its own analysis and are evaluated in detail in the Draft Report.

Option 1 - Enhance an existing forum or liaison committee

The first option explores streamlining the time-consuming and resource-intensive nature of the current governance arrangements through enhancing the role of an existing forum or liaison committee. A cross-professional advisory body could provide advice on common approaches to accreditation standards and processes, and develop reference and guidance documents to promote principles of consistency, efficiency and transparency. Submissions to the Discussion Paper suggested that the Health Professions Accreditation Collaborative Forum (HPACF) or the AHPRA Accreditation Liaison Group (ALG) could assume this more formalised role with membership expanded with additional representatives from consumers, education providers and jurisdictions.

Option 2 - Enhance the Agency Management Committee

An option advanced in the Discussion Paper that could provide the desired integrative and determinative approach to accreditation was to expand the remit of the AHPRA Agency Management Committee (AManC). Very few submissions directly addressed this option, rather they either indicated support for another option or proposed a new one. Of those that did address the expanded AManC option, support was limited.

However, the AManC, in its supplementary submission, proposed a different role to that set out in the Discussion Paper and this has formed the basis for the configuration of the second option. The AManC proposed it could become responsible for *“.....developing strong and clear cross-professional requirements for good regulatory practice through new procedures for the development of capability and competency standards and enhancing the existing procedures for development of accreditation standards whilst respecting the profession specific standard setting function of National Boards.”* (p2). Responsibilities and operations, as proposed by the AManC in its submission, could include:

- AManC, in consultation with each National Board, deciding which body will be assigned responsibility for the accreditation functions for each profession.
- AManC would create a standing committee to advise on approaches to approving programs of study, procedures for the review of accreditation arrangements, procedures for accreditation standards development and review, and procedures to support multi-profession approaches, including the development and use of professional capabilities. The committee would comprise representatives from accreditation authorities, National Boards, AHPRA and potentially other key stakeholders such as government and education providers.

- A program of study accredited by an accreditation authority being automatically deemed to be approved without the need for a decision by a National Board. A Board would retain the power to restrict a program's approval for registration, including imposing conditions on a program of study or on graduates' registration.

Option 3 – Establish integrated accreditation governance

The third option is a governance model that separates the regulation of accreditation from that of registration and establishes a single national cross profession accreditation framework for health workforce education and training within the National Scheme. The option establishes a **Health Education Accreditation Board** with a secretariat drawn from AHPRA, to sit alongside the National Registration Boards with the following responsibilities.

- Assignment of Accreditation Committees.
- Determination of common cross-profession policies, guidelines and reporting requirements, including the fees and charges regime.
- Approval of accreditation standards across the professions that meet its policies and guidelines.
- Development and management of the relationships with TEQSA, ASQA and the Australian Commission on Safety and Quality in Health Care (ACSQHC), including agreements for the delineation of responsibilities between the respective accreditation systems and how they interact.

Accreditation Committees would be established and be responsible for the development of accreditation standards for approval by the Accreditation Board. Accreditation Committees would have independent responsibility for the assessment and approval of on-shore programs of study and education providers, authorities in other countries who conduct examinations for registration, programs of study in other countries and the qualifications of overseas health practitioners.

Accreditation Committees would be able to be appointed within external entities, provided that decisions made by a Committee under the National Law are autonomous from the hosting entity. The external entities (such as the current accreditation councils) must establish their Accreditation Committee operations in a manner that would enable the functions to be covered in the same manner as other National Scheme entities defined in the *Health Practitioner Regulation National Law Regulation 2010*. This should not relate to the general governance and operations of the external entity beyond normal contractual requirements. External entities should be permitted to have other commercial arrangements. A Committee could be responsible for accreditation functions of more than one registered health profession where the relevant Committees agree to merge.

Profession specific competency standards should be developed by **National (Registration) Boards** and recognised under the National Law in accordance with the legislative provisions established for development of registration standards and their approval by Ministerial Council. These standards are currently developed outside of the regulatory purview of the National Scheme and yet, via the accreditation standards, they have very significant influence on the education foundation of the workforce and ultimately on health service models. This reform should strengthen the National Registration Boards' trust in the accreditation standards and in the integrity of the accreditation system more generally.

Specific draft recommendations are 14 to 25 in the Draft Report.

** Note: As observed in the Draft Report, the NRAS Governance Review may be considering proposals for other changes that impact of the role of the AManC. It is possible that such changes could encompass it taking responsibility for some of the Ministerial Council's roles. Given this, if you wish, your response could also encompass the potential for the AManC undertaking the functions proposed for the Accreditation Board.*

Response – You are invited to respond to the general directions proposed in Chapter 7 of the Draft Report and any or all of the specific recommendations (*refer also to the Note in the above summary).

Options for reform: Health Education Accreditation Board, Accreditation Committees, National Boards.

- **Universities Australia supports a governance structure that underpins future health workforce development to best meet community need – that is, a workforce that will increasingly work across professions within integrated health and social services, in new, flexible and more technologically driven roles, delivering person-centred care.**
- **It is Universities Australia’s view that a body such as a single Health Education Accreditation Board to which all health professional accreditation committees report will better enable the development of the necessary cross-professional policy and educational reforms. Because of this Universities Australia gives in principle support for option 3 in the draft report.**
- **Universities Australia broadly supports the uncoupling of educational course accreditation and regulation and registration of individual health practitioners and supports these roles respectively being separately the purview of accreditation committees (educational course accreditation) and national boards (professional registration standards/competencies). UA believes this will significantly reduce variation in accreditation standards and processes.**
- **Universities Australia acknowledges the relationship between accreditation of programs of health education/training and development of professional competencies and supports opportunities for these to be contiguous. Again Universities Australia sees the recommended governance structure as a useful means to achieve this. However underscores that there should be sufficient flexibility within the proposed reforms for profession-specific input where needed and notes that the draft report has recognised and allowed for this.**
- **Universities Australia does have some concerns regarding the potential for processes within the proposed Option 3 to become overly bureaucratic and removed from relevant stakeholder input. We are also concerned with – and seek clarification on – how the Health Education Accreditation Board would remain independent from the Ministerial Council/Government, what its Terms of Reference would be and how its membership would be selected. The Health Education Accreditation Board is central to the new governance model and its composition and functioning will be critical to the success of the proposed reforms. Suitable expertise and representation of all key stakeholders in the Accreditation Board will be essential. Universities Australia strongly recommends that higher education providers as well as other relevant stakeholders are well represented on the Health Education Accreditation Board and that its further development is undertaken in close consultation with the university sector and other key stakeholders.**
- **Universities Australia does not have a particular view regarding options for current accreditation councils to establish accreditation committees and for the Health Education Accreditation Board to seek expressions of interest around this after five years.**

Reforming governance - the inclusion of non-registered professions

The opportunity to consider unregistered professions in the overall reform of accreditation of health education under the National Scheme was raised in a number of submissions. Unregistered professions operate outside of the National Scheme.

Amendment of the National Law is proposed to allow unregistered health and social care professions to apply to access the skills and expertise of the Accreditation Board and operate their accreditation activities under the umbrella of the Accreditation Board, subject to specified conditions and in a manner that would have no implications for the registration of those profession. All applications for registration would continue to be dealt with through established Ministerial Council processes and in accordance with the COAG agreed criteria.

Specific draft recommendation is 26 in the Draft Report.

Response – You are invited to respond to the general directions proposed in Chapter 7 of the Draft Report and any or all of the specific recommendations.

Unregistered professions

- **Universities Australia is strongly of the view that the report recommendation for currently unregistered professions to access knowledge and expertise available within the NRAS scheme on a voluntary basis should be strengthened and that it should be mandatory for all unregistered professions to participate in the accreditation provisions of the National Law. This includes access to and implementation of consistent, informed and transparent fee setting for accreditation activities undertaken by the unregistered professions and a focus on evidence based outputs and outcomes rather than inputs, particularly where there is limited or no evidence to support the use of current input measures.**
- **Such an approach is also required to better support the cross-profession working and relevant policy development required for effective future workforce development, including the proposed stronger connection between health and social care.**

Assessment of overseas trained practitioners

For overseas trained health practitioners seeking to practice in Australia, accreditation, registration, and skills assessments are part of a broader process that requires engagement with numerous organisations responsible for immigration, state and territory governments, recruitment agencies National Boards, the Australian Health Practitioner Regulation Agency (AHPRA) and potential employers. The Review has focused on decisions, processes and governance relating to functional assignment, monitoring and reporting across the variety of arrangements for the assessment of overseas practitioners. Proposals are:

- AHPRA should lead the development of a whole of National Scheme approach to the assessment of overseas trained practitioners for skilled migration and professional registration and a more consistent approach towards the assessment of overseas trained practitioners and competent authorities.
- The Accreditation Board should lead the development of a more consistent approach to the assessment of overseas trained practitioners and competent authorities and pursue opportunities to pool administrative resources.
- The Accreditation Board, in collaboration with National Boards, Accreditation Committees and specialist colleges, should develop a consistent and transparent approach for setting assessments of qualification comparability and additional supervised practice requirements for overseas trained practitioners, with the latter being aligned with Australian trained practitioner requirements.
- Specialist colleges, in relation to the assessment of overseas trained practitioners, should have their decisions subject to the same requirements as all other decisions made by the entities specified under the Health Practitioner Regulation National Law Regulation 2010.
- The Australian Medical Council should undertake all monitoring and reporting on specialist medical colleges in relation to the assessment of overseas trained practitioners.
- Specialist medical colleges should ensure that the two pathways to specialist registration (passing the requirements for the approved qualification or being awarded a fellowship) are documented, available and published on college websites and the information is made available to all prospective candidates

Specific draft recommendations are 27 to 32 in the Draft Report.

Response – You are invited to respond to the general directions proposed in Chapter 8 of the Draft Report and any or all of the specific recommendations.

N/A - assessment of Overseas Trained Practitioners is outside of Universities Australia’s remit.

Other governance matters, including grievances and appeals

The Review is proposing the appointment of the National Health Practitioner Ombudsman and Privacy Commissioner to review any decisions made by the following entities specified under the *Health Practitioner Regulation National Law Regulation 2010*:

- Accreditation Committees in relation to programs of study and education providers of those programs.
- Postgraduate medical councils and specialist colleges (medical, dental and podiatric) in relation to the accreditation of training posts/sites.
- Any designated entity exercising an accreditation function regarding an assessment of the qualifications of an overseas practitioner.

Given the number and variety of entities, it is proposed that the National Health Practitioner Ombudsman and Privacy Commissioner should progressively review those entities’ grievances and appeals processes, with the view to making recommendations for improvement by each entity where it is considered those processes are deficient.

Specific draft recommendations are 33 to 35 in the Draft Report.

Response – You are invited to respond to the general directions proposed in Chapter 8 of the Draft Report and any or all of the specific recommendations.

Grievances and appeals

- **Universities Australia broadly supports the National Health Practitioner Ombudsman and Privacy Commissioner (NHPOPC) undertaking an independent assessment role regarding appeals and grievances.**

Setting national reform priorities

A key issue identified by the Review is the paucity of guidance to the governance bodies in the National Scheme on health workforce and system priorities. Consistent and regular policy guidance should be provided by governments and then acted upon by the National Scheme as a whole. This needs to be integrated into overall national reform processes and directions, given that workforce responsiveness is a critical enabler. The Review is proposing the COAG Health Council oversight a policy review process to identify health workforce directions and reforms that:

- Aim to align workforce requirements with broader health and social care policies.
- Engage health professions, consumers, private and not-for-profit health service providers, educators and regulators.
- Is approached in a formal manner in a regular cycle to ensure currency and continuous improvement.

The Review is also proposing that the COAG Health Council (as the Australian Health Workforce Ministerial Council) should then periodically deliver a Statement of Expectations to AHPRA, the AManC, National Registration Boards and the Accreditation Board that encompasses:

- National health workforce reform directions, including policies and objectives relevant to entities.
- Expectations about the role and responsibilities of National Scheme entities, the priorities expected to be observed in conducting operations and their relationships with governments.
- Expectations of regulator performance, improvement, transparency and accountability.

Finally, the Review is proposing the Australian Health Ministers' Advisory Council should work with AHPRA and other entities within the National Scheme to develop a set of clear, consistent and holistic performance indicators that respond to the Statement of Expectations.

Specific draft recommendations are 36 to 38 in the Draft Report.

Response – You are invited to respond to the general directions proposed in Chapter 8 of the Draft Report and any or all of the specific recommendations.

National reform priorities and workforce policy development

- **Universities Australia broadly supports the principles underpinning the national reform priorities proposed in the Review draft report however seeks further information about how they might work in practice. A major overall concern is that the process could become overly bureaucratic (which could in turn decrease efficiency) and removed from relevant stakeholders. Universities Australia suggests that it would be of value for all stakeholders if this concern was addressed in the final report.**
- **Universities Australia sees a collaborative approach between health, education and other key players, such as education providers, the professions, accreditors and professional bodies as essential. We believe that the engagement of such relevant key stakeholders in the Higher Education Accreditation Board is critical in the effective functioning of the proposed governance reform and recommends that this point be strengthened. The Snowball Review recommendation 18 provides useful suggestions for a core stakeholder base. Universities Australia strongly recommends that representatives from the higher education sector are integrally involved in ongoing consultations and in future governance committees given the critical way in which higher education informs and influences future workforce development – and vice versa.**
- **Universities Australia supports, in principle, the provision of Statements of Expectations from the Ministerial Council but recommends that they be more frequent than “periodical”.**
- **Universities Australia broadly supports performance measures but seeks further detail about how these would operate in practice.**
- **In general Universities Australia broadly supports the overall direction of the proposed recommendations and reforms. Universities Australia believes that, in principle, it will assist in bringing greater efficiency, transparency and equity to the accreditation process whilst also enabling the necessary linkages between higher education and the health and social care professions to better develop our future workforce, according to community need. However, understanding the full details of how a number of these elements would work in practice is still required. Universities Australia recommends that close and continued consultation with key stakeholders, including the higher education sector is critical to further enabling such translation.**