

Consultation on *Australia's Health Workforce: strengthening the education foundation*

February 2019

Australia's Health Workforce: strengthening the education foundation is the Final report of the Independent Review of Accreditation Systems (ASR) within the National Registration and Accreditation Scheme for health professions – released by the COAG Health Council on 12 October 2018



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Purpose

This consultation paper has been developed for the purpose of further consultation and feedback to inform Health Ministers' response to the final report of the Independent Review of Accreditation Systems (ASR) within the National Registration and Accreditation Scheme (NRAS) for health professions.

Health Ministers released the report *Australia's Health Workforce: strengthening the education foundation* on 12 October 2018. At that time, Health Ministers agreed to the Australian Health Ministers' Advisory Council (AHMAC) undertaking further analysis of the recommendations proposed by the final report and the development of a project plan for implementation. CHC also agreed that further stakeholder consultation will occur on the costs, benefits and risks of implementing the recommendations and the proposed governance models.¹

This consultation paper is to be read in conjunction with the final report. The report's recommendations are at Appendix 1.

Responses have been invited from selected organisations representing: professional associations, NRAS accreditation authorities, NRAS boards, medical colleges, education providers and other relevant bodies.

This consultation does not seek to re-prosecute all the issues dealt with in the final report. The ASR has already done this comprehensively. Rather, stakeholders are invited to consider the issues requested by Health Ministers, that is, the costs, benefits and risks of implementing the recommendations.

Since completion of the ASR, NRAS entities including AHPRA, national boards and accreditation authorities have progressed changes in the area of accreditation. The response to the final report will capture these changes where they are relevant to the recommendations. Further information on progress already made against the recommendations is included later in this paper (see pp.10-11).

Responses to this consultation paper are due by 28 March 2019. A template with key questions has been provided for consolidated responses. Please send these to MOH-ASR@health.nsw.gov.au

The Accreditation Systems Review project

The ASR was commissioned by the COAG Health Council (CHC) as part of its response to the independent review of the NRAS in 2015. The ASR was established to address concerns about cost, transparency, duplication and prescriptive approaches to accreditation functions.

The ASR was led by independent reviewer Professor Michael Woods. The review was conducted between 2016 and 2017 and the final report was considered by the Australian Health Ministers' Advisory Council (AHMAC) in 2018.

The project included national consultation meetings in each state and territory and a draft report was published in February 2017. Over 100 submissions were provided to the review following release of the project discussion paper, with further responses provided on the draft report.

¹ <http://www.coaghealthcouncil.gov.au/Portals/0/CHC%20Communique%20121018.pdf>

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All project materials including the project scope, draft report, final report, stakeholder submissions and communication materials are available on the COAG Health Council website at:

www.coaghealthcouncil.gov.au/Projects/Accreditation-Systems-Review

Final report themes and recommendations

The final report makes 32 recommendations for accreditation systems reform in the following areas:

- Funding and Cost Effectiveness
- Improving Efficiency
- Relevance and Responsiveness of Education
- Governance – Foundation Principles
- A Governance Model for more Efficient and Effective Accreditation
- Other Governance Matters

A full list of the recommendations is included at Appendix 1.

Effectiveness and Efficiency

Chapter 3: Funding and Cost Effectiveness (recommendations 1-3)

Chapter 3 highlights inconsistent approaches in the collection of financial information and recommends establishment of funding principles founded on transparency, accountability, efficiency and effectiveness. The principles propose establishing the full cost of accreditation, a cost-recovery policy, a cost allocation methodology and consistent accounting methodology.

The report recommends that the principles would be subject to wide stakeholder consultation and be submitted to the COAG Health Council for approval. This chapter also recommends development of a set of clear, consistent and holistic performance and financial indicators for the NRAS as a whole.

The review reported stakeholder feedback during consultation was largely supportive of the development of funding principles to increase the transparency and accountability of accreditation costs. The review considered the differential impact of proposed funding principles on smaller as well as larger accreditation authorities.

Questions – recommendations 1-3

1. What are the costs, benefits and risks in relation to the implementation of funding principles and performance indicators as recommended in the final report? Are there other ways to achieve the outcomes the ASR was seeking with less cost and risk?

Chapter 4: Improving Efficiency (recommendations 4-6)

This chapter considers accreditation standards and their assessment and proposes options to minimise duplication and streamline processes through clarification of roles and responsibilities.

It recommends cross-profession policies and guidelines for developing accreditation standards and the conduct of assessments. The recommendations propose standard terminology and definitions for use in the development of accreditation standards as well as the inclusion of cross-profession and profession-specific domains and elements.

Accreditation assessment would be subject to a common reporting framework that sets out uniform requirements for education providers and includes consistent risk indicators, standardised data collection and collaborative use of information technology approaches.

The chapter proposes clarification of health and education sector regulators' roles with the intention of reducing duplication between accreditation authorities and the higher education regulators. The chapter also proposes improvements to quality and performance of accreditation to address inconsistency across accreditation assessment teams.

The chapter also discusses the balance between common and profession-specific requirements in accreditation standards, as well as requirements for implementing risk-based assessment and monitoring, such as access to necessary data and reporting systems.

Questions – recommendations 4-6

2. What implications may the implementation of these recommendations have for bodies outside AHPRA and the National Boards (e.g. education providers, education regulators, health professional accreditation bodies)? In what timeframes would these bodies be able to achieve the outcomes of the recommendations?
3. What are the costs, benefits and risks related to the implementation of recommendations 4-6?

Education

Chapter 5: Relevance and Responsiveness of Education (recommendations 7-14)

This chapter considers limitations and opportunities for delivery of relevant and responsive health education programs that align with NRAS objectives and workforce priorities.

Recommendations address a range of areas including:

- a proposal that accreditation standards include a consistent role for consumers (including service users, students and employers) in the design of education programs and demonstration that programs promote patient-centred health care;
- a focus on outcomes-based accreditation standards as best-suited to flexible and responsive health education, with use of input-based accreditation standards only where it can be justified;
- development of competency standards with standard definitions and terminology and agreement on common areas, profession-specific areas and areas covering cultural safety and quality and safety;
- embedding inter-professional learning and practice in both accreditation standards and competency standards;

- linking clinical placements with government workforce priorities and health service reform; and
- a requirement to justify educational activity delivered outside of accreditation oversight, for example, internships and examinations overseen by health profession regulation boards.

The review found broad stakeholder support for including consumers in accreditation functions, and differing views on the type and level of their involvement, especially inclusion on assessment panels. The final report focused its recommendation on promoting consumer involvement in program design and curriculum development.

Stakeholder feedback to the review generally supported a focus on outcomes-based accreditation standards and the final report recommendations discussed the balance between input and output approaches.

A range of views were expressed regarding competency standards, including the balance between profession-specific and common standards. While stakeholders broadly supported efforts to standardise approaches to interprofessional learning and practice, submissions to the review flagged the importance of meaningful definitions and a rigorous approach in implementation. The report recommended that national board-administered exams and internships should sit with accreditation authorities as educational functions, however several submissions supported retention of these in the professions that use them.

Questions – recommendations 7-14

4. What implications may the implementation of these recommendations have for bodies outside of AHPRA and National Boards (e.g. consumer groups, education providers, accreditation bodies)? In what timeframes would these bodies be able to achieve the outcomes in the recommendations?
5. What are the costs, benefits and risks related to the implementation of recommendations 7-14?

Governance

The final report proposes governance as the most important issue for improving accreditation functions and processes. The report states that persistence of inefficient and ineffective accreditation processes and constraints on greater relevance and responsiveness of health professional education are fundamentally failures of governance.

The report proposes a preferred governance option: formation of a new independent accreditation decision-making body. The independent decision-making body is proposed as either a new statutory entity; or, as a secondary choice, a committee of the AHPRA Agency Management Committee.

The report proposes the new independent body and associated governance principles as a precondition for successful implementation of accreditation reforms and improvement in the key areas addressed, namely:

- Funding and Cost Effectiveness
- Efficiency

- Relevance and Responsiveness of Education.

Chapter 6: Accreditation Governance – Foundation Principles (recommendations 15-18)

The key governance recommendation in this chapter is to formally separate accreditation and registration decision-making functions and entities within the National Scheme. The intention of these governance changes is to focus accreditation expertise within accreditation entities, rather than registration entities. Further details regarding how such a model could operate are outlined in Chapter 7, but the chapter specifies that accreditation authorities would develop (but not approve) accreditation standards and approve programs of study. The review also proposes that accreditation authorities would be responsible for undertaking the assessment of overseas-trained practitioners and authorities.

Further, the chapter recommends that accreditation authorities operate under certain principles, including the primacy of the public interest and makes provision for their decisions to be appealable². Arrangements should support the potential for amalgamation of accreditation authorities in the future.

Questions – recommendations 15-18

6. Do these recommendations reflect the most efficient and appropriate manner of delivering a governance foundation that will allow reform of accreditation functions?
7. What are the costs, benefits and risks related to the implementation of recommendations 15-18?

Chapter 7: A governance model for more efficient and effective accreditation (recommendations 19-24)

This chapter makes a case for a new body as the main enabler of accreditation reform. It proposes a governance model centred on a new independent statutory health education accreditation body established to lead NRAS accreditation. The body would undertake key leadership roles including assignment of accreditation functions to accreditation authorities, approval of accreditation standards, collaboration across NRAS entities, policy development, and management of relationships with education regulators.

However, to limit potential complexity associated with creation of a separate body, the report proposes expanding the AHPRA Agency Management Committee to take on the new independent governance function as a secondary, but not preferred option. If implemented, the final report recommends close review of the membership and skill mix of the Agency Management Committee to ensure it is equipped to carry out this function.

Notwithstanding the final report's proposal that the new statutory body is the preferred option, this consultation is considering whether equally effective approaches can be drawn from the options considered by the ASR for accreditation governance including:

² A formal appeals process is also outlined in chapter 8 per recommendations 29 and 30.

- a new independent statutory entity proposed by recommendation 19 (a health education accreditation body)
- the AHPRA Agency Management Committee proposed by recommendation 20 (or an expert subcommittee/group reporting to the Committee)
- existing arrangements reflecting current structures and relationships between scheme entities to give effect to key recommendations in the final report
- variation of existing arrangements and those proposed in the final report.

Questions – recommendations 19-24

8. What are the costs, benefits and risks associated with the implementation of recommendations 19-24 and of any proposed governance model?

Chapter 8: Other Governance Matters (recommendations 25-32)

This chapter identifies a further set of specific governance matters for the NRAS. Recommendations in this section include discussion with Commonwealth Government departments on establishment of a one-step approach to assessments for skilled migration and qualifications for registration. It proposes development of more consistent guidelines and policies for international course accreditation and assessments of overseas-trained practitioners seeking registration in Australia.

The chapter also proposes extension of regulatory oversight to specialist medical colleges with delegated responsibility for NRAS accreditation functions. An extended role for the National Health Practitioner Ombudsman and Privacy Commissioner is recommended to cover accreditation matters and entities. Finally, this section proposes that the COAG Health Council develop national health workforce priorities and reform directions as well as a periodic statement of expectations encompassing all entities within the NRAS.

Questions – recommendations 25-32

9. What implications may the implementation of these recommendations have for bodies outside AHPRA and the National Boards (e.g. Commonwealth Government departments, specialist medical colleges and the National Health Practitioner Ombudsman and Privacy Commissioner)?
10. What are the costs, benefits and risks related to the implementation of recommendations 25-32?

Cost issues

According to the ASR final report, AHPRA has allocated approximately 4-7% of total National Scheme income to accreditation activities. In 2015-16 total Scheme income was \$170,929,000 and \$9,754,000 (5.7%) was allocated to accreditation functions (ASR Final Report, p31).

The final report's governance options for an independent accreditation body are costed at \$300,000 to \$400,000 annually (or approximately 3-4% of National Scheme accreditation income). The final report also identifies that initial and ongoing implementation of accreditation reforms could be managed within the existing AHPRA resources (ASR Final Report, pp.136-138).

The final report proposes, that once implemented, accreditation reforms outlined in the recommendations will reduce costs through more efficient and effective accreditation functions. It also indicates accreditation reform benefits, including a reduction in costs, are reliant on implementation of a preferred governance model (ASR Final report, p6).

Question

11. Separate consultation will be undertaken with AHPRA and the National Boards on costs of implementing recommendations. Are there any other significant costs to other bodies not already canvassed in the preceding questions?

Progress already made on areas addressed by recommendations

AHPRA and National Boards have made progress in some areas addressed by a number of recommendations including consumer involvement in accreditation decisions, cross-professional practice and expert accreditation governance. Key activity includes the following areas:

Community Reference Group

AHPRA is implementing an expansion of its Community Reference Group to explicitly provide for accreditation issues within the Group's terms of reference. Recommendation 8 of the final report proposes inclusion of accreditation issues within the Group's terms of reference and enables accreditation authorities to refer matters to it for advice.

Multiprofession review of accreditation arrangements and associated work

AHPRA and National Boards completed a [multiprofession review of accreditation arrangements](#)³ based on a multi-profession analysis of accreditation performance over five years from 2013 - 2017. The analysis was primarily based on the reports against the Quality Framework that accreditation authorities submit twice yearly, but also included a review of authorities' published annual reports and financial statements. The review included public consultation on the analysis and stakeholders' experience of accreditation performance. The published report on the review indicates that in the short term, National Boards and AHPRA have identified three key areas of work to progress the critical outcomes of improved transparency, accountability and performance:

1. New accreditation agreements/terms of reference

³ <https://www.ahpra.gov.au/News/Consultations/Past-Consultations.aspx>

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2. Principles for accreditation funding and fees
3. Reporting parameters and qualitative and quantitative key performance indicators (KPIs)

As the consultation report foreshadows, AHPRA is establishing new accreditation agreements/terms of reference for the next assignment period. These include accreditation funding and fee principles and new key performance indicators and reporting parameters to achieve progress on priority issues in accreditation over the next five years.

These priority issues include reducing duplication and regulatory burden, enhancing safety and quality, embedding interprofessional learning and practice, improving Aboriginal and Torres Strait Islander health, addressing cultural safety, achieving greater consistency, sharing good practice and strengthening governance, transparency and accountability. The new agreements/terms of reference will allow for variations and additional requirements that accreditation authorities may be requested to address over the next five years including any new issues arising or matters considered appropriate in light of the recommendations of the ASR.

Common practices and education initiatives across the existing accreditation committees

Since 2012, the National Boards for three professions have used committees as their accreditation authorities - Medical Radiation Practice, Chinese Medicine and Aboriginal and Torres Strait Islander Health Practice. This will increase to five professions in 2019 as the National Boards for paramedicine and podiatry have also decided to use committees. The committees are supported by the AHPRA Accreditation Unit. The committees and AHPRA have progressed a number of cross-professional activities including:

- joint approaches to review and implementation of outcomes-based accreditation standards and processes covering cultural safety, quality and safety and inter-professional learning and practice
- support from the Accreditation Unit to achieve consistency in accreditation assessments including cross-profession training of assessors
- consistency in collection of routine data on an annual basis as part of a cross-profession approach to risk-based monitoring
- participation in a collaborative project led by an accreditation council to develop common risk-based accreditation procedures.

Formation of an accreditation expert group

The AHPRA Agency Management Committee has established an Accreditation Advisory Committee to provide a whole-of-scheme perspective on accreditation issues. The Committee includes accreditation expertise and has invited representation from education regulators (TEQSA and ASQA) and the Australian Commission on Safety and Quality in Health Care. There are also plans to invite Universities Australia.

AHPRA would have a key role in implementation of any model of accreditation governance and in other areas of accreditation reform as part of its existing functions.

Question

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12. To what extent do the actions undertaken since the completion of the ASR project address the recommendations of the final report?

Questions and how to provide a response

Respondents are invited to address the questions listed above and also make comment on those listed below.

Questions

13. Are there any other costs, risks or benefits related to the final report recommendations, not addressed in other questions?

A template with a consolidated list of questions is provided for responses.

Responding to this paper

Responses to this paper may be made in writing by **28 March 2019** by emailing: MOH-ASR@health.nsw.gov.au

Appendix 1 - Final Report recommendations

Funding and cost effectiveness

1. Funding principles should be developed to guide accreditation authorities in setting their fees and charges. The funding principles should:
 - a. be founded on transparency, accountability, efficiency and effectiveness
 - b. establish the full cost of accreditation functions performed by National Scheme entities (including the development of standards, policy advice, joint cross-professional accreditation activities, accreditation and assessment functions)
 - c. include a cost recovery policy and cost allocation methodology to guide the allocation of costs between registrants (through National Boards) and education providers
 - d. establish a consistent (accrual) accounting methodology and business principles to enable comparison across professions
 - e. require the development of a proportionately scaled Cost Recovery Implementation Statement (CRIS) when setting or reviewing fees and charges for accreditation activities.
2. The funding principles should be subject to wide stakeholder consultation, be submitted to the Ministerial Council for approval and form the basis of funding agreements.
3. A set of clear, consistent and holistic performance and financial indicators for the National Scheme should be developed for approval by the Ministerial Council. They should be both quantitative and qualitative and reported on a regular and formal basis to promote continuous improvement.

Improving Efficiency

4. Cross-profession policies and guidelines for the development of accreditation standards and the conduct of assessment processes should be established to require:
 - a. Standardised terminology and definitions across the accreditation process
 - b. Agreed cross-professional domains and elements, in addition to existing profession-specific requirements, for inclusion within standards
 - c. A common reporting framework that sets out uniform requirements for education providers and includes consistent risk indicators, standardised data collection and collaborative use of information technology approaches.
5. Clarification of academic and professional accreditation should be agreed between education sector regulators, institutional academic governance bodies and health profession accreditation authorities. Implementation should be achieved through mutual recognition of the respective roles and responsibilities of regulators, adoption of accreditation findings and outcomes from recognised regulatory processes, appropriate sequencing of accreditation processes and improved data sharing.

6. Cross-profession policies and guidelines should be established to improve the quality and performance of accreditation assessment teams through:
 - a. a standardised approach to their training and preparation
 - b. a self-assessment or peer review process for monitoring their performance
 - c. common approach to their remuneration.

Relevance and Responsiveness of Education

7. Accreditation standards should include a consistent requirement that education providers demonstrate the involvement of consumers in the design of education and training programs, as well as demonstrate that the curricula promote patient-centred health care.
8. AHPRA should expand the Terms of Reference for the AHPRA Community Reference Group to include accreditation functions and enable accreditation authorities to refer issues to the Group for advice. (Already completed administratively by AHPRA.)
9. Accreditation authorities should focus on outcome-based approaches when developing new, or revising existing, accreditation standards. Where input or process based indicators are deemed necessary, they should be justifiable, non-restrictive and consistent with achieving the National Law objectives.
10. National Boards should develop, and recommend to the Ministerial Council, profession-specific competency standards formally under the National Law in accordance with the legislative provisions established for the development of registration standards. Competency standards should be developed cooperatively through wide-ranging consultation to achieve:
 - a. standardised definitions and terminology
 - b. agreement on those competencies that are common to all health professions and profession-specific performance criteria and indicators
 - c. inclusion of specific and consistent references to:
 - i. NSQHS Standards for quality and safety, including collaborative practice and team-based care, developed in partnership with the Australian Commission on Safety and Quality in Health Care
 - ii. cultural safety and Aboriginal and Torres Strait Islander health developed in partnership with the National Scheme's Aboriginal and Torres Strait Islander Health Strategy Group
 - d. alignment with service models and responsiveness to national health workforce priorities that best serve evolving community health care needs.
11. Accreditation authorities in their development of accreditation standards, and National Boards in their development of competency standards, should use agreed definitions for inter-professional learning and practice. This should be supported by guidance material, developed through broad consultation, which clarifies expectations of education providers and outlines a

competency-based assessment approach that focuses on facilitating team-based practice and collaborative care.

12. Accreditation authorities should, within an outcome-based approach to accreditation standards and assessment processes, encourage:
 - a. clinically-relevant placements to occur in a variety of settings, geographical locations and communities, with a focus on emerging workforce priorities and service reform
 - b. evidence-based technological advances in the curricula and pedagogical innovations in the delivery of programs of study.
13. National Boards that wish to set requirements for general registration additional to domestic qualification attainment should:
 - a. demonstrate the requirements of postgraduate competencies required at profession-entry level that can be differentiated from normal and expected progressive work experience
 - b. provide evidence that the approved accreditation standard is unable to ensure delivery of the knowledge, skills and professional attributes necessary to practise the profession, even after amendment
 - c. establish and document whether there is a requirement for supervised practice or vocational training and specify the expected learning outcomes and how they will be assessed
 - d. specify if the supervised practice or vocational training warrants a category other than general registration and the limitations of that registration.
14. If National Boards set requirements for general registration additional to domestic qualification attainment that require further vocational or academic education, these requirements should be defined as programs of study and accredited by accreditation authorities.

Governance – Foundation Principles

15. Governments should separate responsibility for the regulation of the accreditation functions under the National Law from that of the regulation of individual practitioners. The governing entities of the two functions should operate collaboratively to achieve all objectives of the National Scheme.
16. A health profession accreditation body for each regulated profession (being the current accreditation authority for at least the first five years) is to be assigned to undertake the accreditation functions described in s42 of the National Law as amended as follows:
 - a. Development of accreditation standards for approval (see Recommendation 19)
 - b. Approval of programs of study and education providers which meet approved accreditation standards and provide a qualification for the purposes of registration
 - c. Approval of any action required as identified in the monitoring of programs of study and providers which meet approved accreditation standards

- d. Approval of authorities in other countries which conduct examinations for registration in a health profession, or accredit programs of study and approval of those which would provide a practitioner with the knowledge, clinical skills and professional attributes necessary to practise the profession in Australia
 - e. Approval of the knowledge, clinical skills and professional attributes of overseas health practitioners whose qualifications are not approved qualifications for the health profession, and advice of the assessment outcome to the relevant National Board.
17. The governance of a health profession accreditation body should be structured to ensure the body achieves the following in the accreditation of health profession education:
- a. It must place the public interest foremost and apply professional and other expert input to decision-making that is in accordance with National Scheme objectives.
 - b. It exercises its decision-making independently of regulated parties and other interested stakeholders.
 - c. Its decisions should be transparent and subject to the same grievance and appeals requirements as decisions made by other National Scheme entities (as described in Recommendation 31).
 - d. The governance structure of an accreditation body must enable it to operate effectively in either an external private entity or under the auspices of AHPRA, the statutory agency, but not have its decisions subject to approval or undue influence by their governing bodies.
18. Governance arrangements must be designed to be able to support potential future amalgamation of health profession accreditation bodies for efficiency and effectiveness purposes should such amalgamation be agreed.

A Governance Model for more Efficient and Effective Accreditation

19. Governments should establish in the National Law a national health education accreditation body with the following responsibilities:
- a. Assignment of accreditation functions to health profession accreditation bodies either individually or, where agreed, to amalgamated bodies, in accordance with Recommendations 16, 17 & 18
 - b. Collaboration with other National Scheme entities to design and implement the operational interface between accreditation and registration
 - c. Determination of policies, principles, guidelines and reporting requirements, as appropriate, in relation to Recommendations 1, 3, 4, 5, 6 & 7
 - d. Approval of fees and charges proposed by health profession accreditation bodies in accordance with Recommendation 1
 - e. Development and management of the overall relationships with TEQSA (and the academic boards of self-accrediting higher education institutions) and ASQA, in accordance with

Recommendation 5, including agreements with those regulators that encompass the following parameters:

- I. Institutional academic accreditation to be undertaken by TEQSA-approved structures for higher education providers or ASQA-approved structures for Registered Training Organisations.
 - II. Professional accreditation to be undertaken by accreditation authorities
- f. Approval of accreditation standards developed in accordance with its policies and guidelines
 - g. In partnership with the ACSQHC, determination of the elements of the NSQHS Standards that should be incorporated into the accreditation standards and the elements that should be recommended to National Boards for inclusion in professional competency standards
 - h. In partnership with ACSQHC, exploration of the potential to include a module within ACSQHC accreditation regimes that encompasses the health service elements of the clinical education/experience domain in professional accreditation.
20. If Governments determine that the functions of the national health education accreditation body should be conducted by the Agency Management Committee, they should ensure that:
- a. Any decision should not be made in isolation of consideration of other broader governance matters and should ensure there is clarity in roles assigned across all National Scheme entities.
 - b. Enhanced and comprehensive reporting systems and measures are put in place to provide a transparent platform for performance monitoring and continuous improvement.
 - c. The configuration and skill mix of the Agency Management Committee is reviewed to reflect the enhanced role and, if the model to be adopted is one where the Agency Management Committee delegates this role to a standing committee:
 - i. the process for selecting members for that committee should be transparent and the committee must provide decision making based on the expertise of individuals rather than representing the interests of any particular stakeholders
 - ii. the committee must place the public interest foremost and provide complete transparency in decision making.
21. A National Board may request a health profession accreditation body to review a decision to accredit a program of study as follows:
- a. The request for review must be based on the National Board's opinion that the program of study would not deliver practitioners with the necessary knowledge, skills and professional attributes in accordance with formally approved profession-specific competency standards. In seeking that review, the National Board must specify where in the program of study it considers there are deficiencies.
 - b. The health profession accreditation body must review that program of study against the deficiencies identified by the National Board and either confirm, change its decision or require changes to the program of study to rectify any deficiencies. The health profession

accreditation body must provide a report back to the National Board on its assessment and how any deficiencies identified by the National Board have been dealt with.

22. The national health education accreditation body should invite current accreditation authorities to establish health profession accreditation bodies for the initial five-year period.
23. Following the initial five-year period, the national health education accreditation body should seek expressions of interest and assign profession specific accreditation functions for periods of five years.
24. Governments should ensure the National Law does not prohibit the future limited participation of unregistered health and social care professions through access to the skills and expertise of the accreditation regime and operation of their accreditation activities with its support, subject to the following conditions:
 - a. Participation should be subject to COAG Health Council approval and consultation with stakeholders
 - b. Unregistered professions participating in the accreditation provisions of the National Law would be identified as being in a separate category to the registered professions.
 - c. Accreditation activities undertaken by unregistered professions would have no implications for the registration of that profession. All applications for registration would continue to be dealt with through established COAG Health Council processes and in accordance with the COAG agreed criteria.

Other Governance Matters

25. AHPRA, in partnership with the national health education accreditation body, health profession accreditation bodies and National Boards, should lead discussions with the Department of Education and Training and the Department of Immigration and Border Protection to develop a one-step approach to the assessment of overseas trained practitioners for the purposes of skilled migration and registration and pursue other opportunities to improve system efficiencies.
26. The national health education accreditation body, in collaboration with National Boards, health profession accreditation bodies and specialist colleges, and other stakeholders should establish policies and guidelines for:
 - a. international course accreditation
 - b. qualification assessments and supervised practice requirements for overseas trained practitioners, aligned with Australian trained practitioner knowledge, skills and professional attributes requirements.
27. The Australian Medical Council (AMC) should undertake all monitoring and reporting on specialist medical colleges in relation to the assessment of overseas trained practitioners. This includes working in partnership with the Medical Board of Australia (MBA) on the development of agreed performance indicators and reporting metrics that are appropriate, comparable and aligned with other relevant National Scheme reporting regimes, in terms of time periods, cost effectiveness and the ability to trace assessment pathways from application to registration.
28. Specialist colleges should ensure that the two pathways to specialist registration, namely:

- being assessed by a specialist college and passing the requirements for the approved qualification, or
- being awarded a fellowship of a specialist college

are documented, available and published on specialist college websites and the necessary information is made available to all prospective candidates.

29. Accreditation entities and their functions should be subject to the same requirements as all other decision-making entities specified under the Health Practitioner Regulation National Law Regulation 2010. These encompass privacy, FOI and the role of the National Health Practitioner Ombudsman and Privacy Commissioner (NHPOPC) in reviewing administrative actions relating to:
 - a. health profession accreditation bodies in relation to programs of study and education providers of those programs
 - b. postgraduate medical councils and specialist colleges in relation to the accreditation of training posts/sites
 - c. any designated entity undertaking an assessment of the qualifications of an overseas trained practitioner (including specialist colleges).
30. The National Health Practitioner Ombudsman and Privacy Commissioner should review the grievances and appeals processes of entities as defined in Recommendation 29, with the view to making recommendations for improvement by each entity where it considers the processes to be deficient.
31. The COAG Health Council should oversight a policy review process to identify national health workforce directions and reform that:
 - a. aims to align workforce requirements with broader health and social care policies that respond to evolving community needs
 - b. engages regulators, professions, consumers, service providers and educators.
 - c. is approached in a robust, formalised and evidence-based manner in a regular cycle to ensure currency and continuous improvement.
32. The Ministerial Council should periodically deliver a Statement of Expectations encompassing all entities within the National Scheme that covers:
 - a. key health workforce reform directions, including policies and objectives relevant to entities in the National Scheme
 - b. expectations about the role and responsibilities of National Scheme entities, the priorities expected to be observed in conducting operations and their relationships with governments
 - c. expectations of regulator performance, improvement, transparency and accountability.