

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

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Responding to future need

- The health system needs to better respond to people and households with multiple and complex needs:
 - Chronic conditions, frailty, social/health interface etc.
- Future workforce being educated now:
 - need to be able to lead and shape patient-centred care, interprofessional practice (team-based care), new models of care, scopes of practice.
- Six objectives of National Law, including safety and quality, and:
‘to enable 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’.



Background and scope of the Review

- 2014 NRAS Review - Health Ministers considered that a more substantive reform of accreditation functions was required.
- Accreditation Systems Review – three themes:
 - Efficiency improvements within the existing framework, including opportunities for consistency and collaboration across professions.
 - Relevance and responsiveness of health education - support positive innovation, IPE, simulation, clinical placements.
 - Governance and reporting arrangements for the accreditation function to help create the workforce that Australia needs, both now and in the future.



Why is accreditation of education important?

- Accreditation: a fundamental antecedent to registration.
 - Need to ensure National Boards have trust in accreditation system.
- Accreditation can be a force for change but can also hamper response to changing needs and create barriers to entry.
- Accreditation system influences education and training models:
 - What is included in programs of study and how it is delivered is a foundation for reform of emerging workforce.
- Broader context within which health professional accreditation takes place, including:
 - Other regulation and accreditation entities and their standards it interacts with (TEQSA, ASQA, ACSQHC).
 - Overriding objectives of government intervention in education, training, regulation and funding of the health workforce.

Interprofessional education and practice - a key reform lever

...good inter-professional practice is not commonly seen in the workplace so translating education to practice is difficult and the priority of IPE in curricula and for students is diminished. (University of Newcastle)

The National Scheme can make an important contribution to embedding interprofessional education and practice in the health system but cannot achieve this alone. Including IPL in entry to practice education is only one part of what is needed to effectively promote and build interdisciplinary practice. (Australian Health Practitioner Regulation Agency)

There are some common curricular domains (e.g. professionalism, leadership, communication, research skills) across many health professional degree courses and a common approach in these areas may be achievable. However interprofessional learning opportunities need to be real and not contrived and can be extremely resource intensive to deliver. (Medical Deans Australia and New Zealand)

If the vision remains narrow or there is an unwillingness to engage in these discussions regarding the future health needs and health workforce needs, interprofessional education or other initiatives will fail before they begin simply because they have no purpose. (Australian Dental Council)

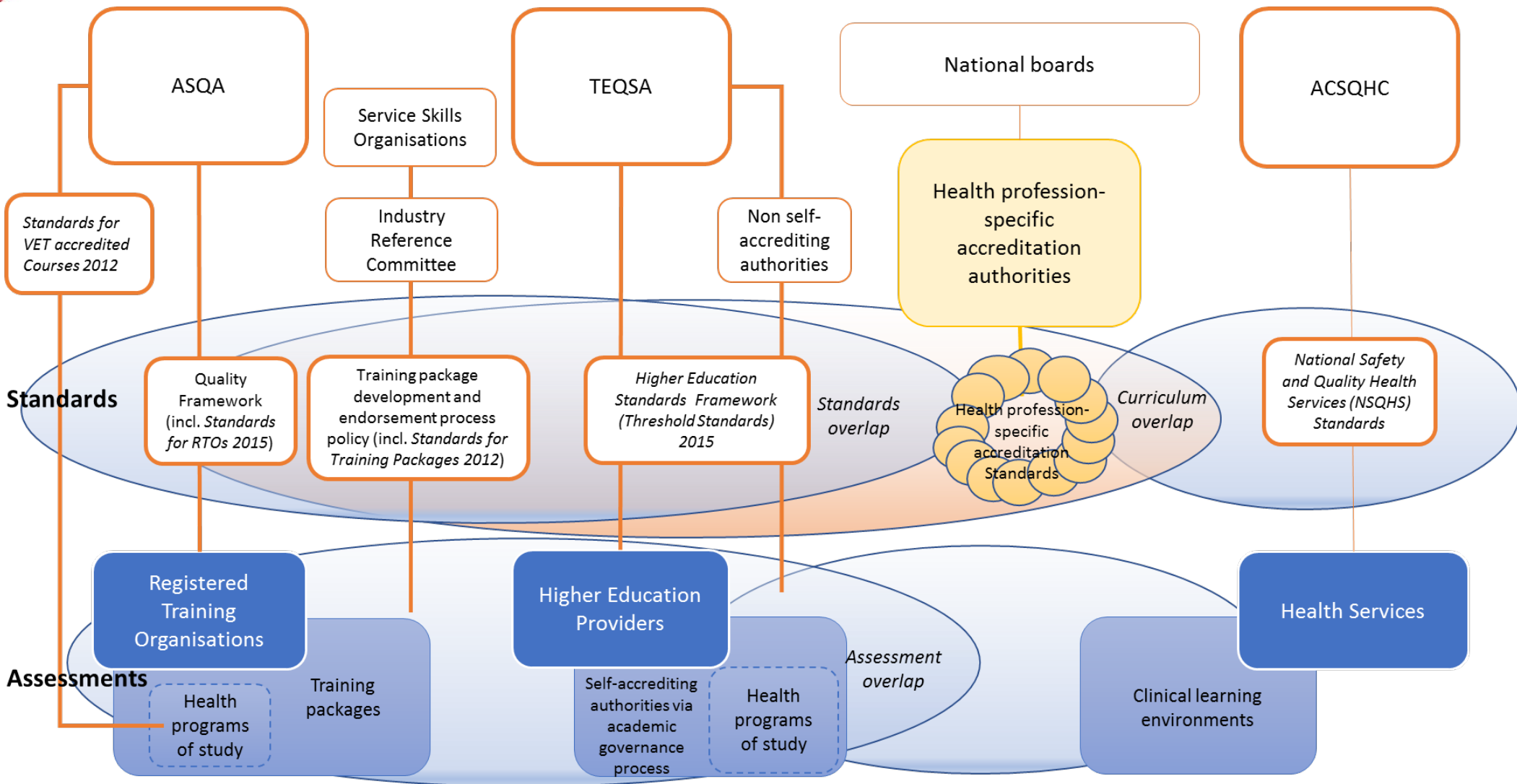


Interprofessional education - a key reform lever

- Both the problems and educational reforms needed are well known but traction remains an issue:
 - What incentives, or reductions in constraints, are required to promote contemporary education practices?
 - Could there be a common approach to professional competency frameworks, who should be accountable for them, and should they be better embedded in the accreditation function?
 - Common recognition of IPE in competency frameworks – noting that the NSQHS Standards include a requirement for comprehensive care.
 - How to ensure consistency of IPE inclusion, terminology and implementation across health professional accreditation standards?
 - Need for overarching guidelines for integrated accreditation assessments of education providers.

Why look at system governance?

The current system – a portrait of complexity: silos, overlap, duplication





Why look at system governance?

- The Review examines issues of consistency and collaboration across professions, but also assesses overall governance.
- Current accreditation governance arrangements:
 - Fragmented, profession specific and controlled by National Boards.
 - Reflected in competency standards, curriculum development and delivery, and dealings with education providers.
 - Needs reform.
- Three perspectives:
 - How independent should the accreditation function be from the registration function (while retaining trust) and other vested interests?
 - What is the most effective and efficient governance model to drive an integrated accreditation system: enhanced Forum, committee of relevant parties, enhanced AManC, overarching body?
 - How can accreditation functions be best informed of, and adapt to, workforce developments that respond to evolving health care needs?



Project timeframes

Project deliverables 2017

- Discussion paper released February
- Consultation forums March
- Public submissions received May
- Draft report released early September
- Final report to AHMAC & COAG Health Council end October

<http://www.coaghealthcouncil.gov.au/Projects/Accreditation-Systems-Review>



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