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

Submission to the Draft Report

Cover Sheet

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Pharmacy Board of Australia

Pharmacy Board of Australia Response to the Draft Report of the Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions

Introduction

The Pharmacy Board of Australia (the Board) is pleased to provide an independent submission in response to the Draft Report of the Accreditation Systems within the National Registration and Accreditation Scheme (National Scheme) for health professions (Draft Report).

The Board has confidence in the National Scheme and the balance of dynamic tension that exists in the current governance structure. The Board recognises that the Independent Reviewer's primary consideration is to propose accreditation reforms which will best contribute to achieving the objectives of the National Scheme.

The Draft Report acknowledges that the creation of the National Scheme is unique and the consolidation of 75 acts of Parliament and 97 separate health profession boards is a substantial achievement. It should not be forgotten that prior to the National Scheme there were, for many of the health professions, accreditation requirements for programs of study overseen by each state / territory board. The current National Scheme serves the profession of pharmacy well and there is no evidence provided that problems exist with respect to governance, risk-based processes, training and policies, overseas assessments or examination processes.

The Board is confident that the collaborative work undertaken between the National Boards and Health Professionals Accreditation Collaborative Forum (HPACF), with appropriate support from Australian Health Practitioner Regulation Agency (AHPRA), can be achieved by using and strengthening existing NRAS structures and expertise. The Board proposes a strengthened option 1 in which a governance committee is formally constituted, comprising members from accreditation councils (which have the necessary accreditation expertise) national boards; education providers; health service providers; consumers; and AHPRA. This could be achieved through legislative or policy change or by direction of the Ministerial Council. This option would deliver the outcomes that the Independent Reviewer is seeking for the accreditation system with minimal disruption and no additional bureaucracy. It would also maintain and maximise existing structures, expertise and working relationships. We expand upon this in our submission.

Now in its seventh year, the National Scheme continues to be fully funded by registrants' fees. Using existing mechanisms and current funding arrangements, the National Scheme is now consolidating and implementing many of the procedures and processes that the National Boards, the Accreditation Councils and AHPRA have designed to improve the accreditation processes. Significant momentum has been gained over the past 12 months particularly through the HPACF to allow cross-professional collaboration. This is evidenced by the Australian Pharmacy Council, the Australian Nursing and Midwifery Council and the Australian Medical Council now being co-located and working on at least four joint projects to standardise accreditation matters across the professions.

The Board supports many of the recommendations of the Independent Reviewer as detailed in our submission. For example; funding principles should be developed to guide the setting of fees and charges; cross profession policies and guidelines to improve the efficiency of the accreditation process; outcomes based approaches to accreditation standards; and the use of common domains and consistent assessment approaches.

The Board does not support Option 3 as it disrupts the critical link between registration and accreditation. Our proposed governance option, a strengthened option 1, as detailed in our submission, has been tested against and meets the principles espoused by the Independent Reviewer. Specifically the Board does not support recommendation 14 and the associated recommendations. Implementation of these recommendations would separate the responsibility for accreditation functions from that of regulation of individual practitioners. The separation of setting accreditation standards from the Board's regulatory functions removes its oversight of pharmacy education and outcomes. The Draft Report does not provide a compelling case for the reforms proposed in Option 3 with respect to improvements in public safety or meeting the six objectives of the National Scheme.

The Board notes that there are a number of comments and clarifications related to the Draft Report which have been addressed in the Joint Response from AHPRA and National Boards and the Board supports these. The pharmacy specific comments and clarifications about inaccuracies in the Draft Report are addressed in an attachment to the Board's submission. The Board notes that the Australian Pharmacy Council will also provide a number of comments and clarifications on the Draft Report about the accreditation of pharmacy education in its submission which the Board also supports.

In its proposal for a strengthened option 1, the Board has highlighted that the desired outcomes may be achieved utilising existing mechanisms of the National Scheme. This option would provide an efficient, effective, economic, and pragmatic approach to address accreditation without altering existing governance arrangements. The Board is committed to maintaining a close working relationship with AHPRA, other National Boards and their respective Accreditation Councils/Committees to ensure the ongoing success of the National Scheme.

If you wish to discuss this further, please do not hesitate to contact me on 0417 484 350 or email on bill.kelly@ahpra.gov.au

Yours sincerely

William Kelly

Chair, Pharmacy Board of Australia

16 October 2017

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.
The Pharmacy Board of Australia supports recommendations 1 and 3. Funding principles should be developed to guide the setting of fees and charges and to inform consistent and comparable accreditation activity information and financial data for inclusion in National Scheme reporting. The Pharmacy Board of Australia broadly supports recommendation 2 that cost recovery is a goal, however it notes that under the Independent Reviewer's preferred Option 3 cost recovery may result in significant cost increases. This will need to be carefully managed. The current National Scheme, including the financial contributions made by National Boards to Accreditation Councils to deliver their accreditation functions is fully funded by practitioners' registration fees. As the corporate entity accountable for the use of these fees, the Pharmacy Board of Australia does not have the additional financial capacity to provide further funding for accreditation. It is also unclear how the individual Boards' funding contributions to the Health Education Accreditation Board under Option 3 would be determined. The draft Report does not provide financial evidence that option 3, preferred by the Independent Reviewer would be more cost effective than the current system, and the Pharmacy Board of Australia does not believe that it would be. The health professions work in an evidence-based environment and there is a lack of evidence to support the contention that the preferred option is more cost effective than the current model. The Review team have not completed any costing to demonstrate the cost of Option 3 and there is no evidence that fees will reduce. This is particularly true for the Pharmacy Profession, in which the Pharmacy Education Accreditation Standards (PEA Standards) already achieve a large number of the outcomes highlighted as desirable in the draft Report's recommendations. Therefore any costs associated with proposed changes to accreditation may not actually achieve better outcomes but could potentially still increase fees The PEA Standards are outcomes based; occur on a 5-year cyclical basis utilising a risk based approach should issues be identified; require inter-professional education; require clinical placements to occur in a variety of settings; and demonstration of the involvement of consumers (students and employers) in the design and quality improvement activities of the program. In addition, the Pharmacy Board of Australia has conducted (and continues to conduct) significant quality assurance evaluations to ensure the delivery of robust assessment processes. The draft Report has presented no evidence that

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.

they are deficient and that change is required. The Pharmacy Board of Australia is confident in the existing approach and questions the need for change to an unsubstantiated new model when the costs of change may be substantial.

The draft Report has suggested that professions with internships would be required to justify their reasons with Regulatory Impact Statements and Business Cases. Whilst the Pharmacy Board of Australia supports the need for transparency, it believes both patient safety and cost considerations already provide evidence to support retaining this opportunity to learn in a supervised environment before graduates are able to practise on their own.

Removing pharmacy internships and incorporating the equivalent supervised practice experience into undergraduate pharmacy programs would require governments to fund, and students to pay for, an additional year of study.

Under the current intern arrangements, the supervised practice of the separate intern year is funded by employers. With no income available to students for an additional year of study, universities would likely have to pay for clinical placements for students to provide the additional undergraduate clinical training.

The current challenge of accommodating undergraduate clinical placements would also render an additional year of study, rather than an internship, unsustainable for the pharmacy profession and might also increase the cost of those placements available resulting directly from supply and demand. Consistent with this, international trends indicate more countries are moving towards internships which reduce the cost of the degree programs and students. The question of pharmacy education models is one that the Board will be leading with the APC in the near future.

The Pharmacy Board of Australia does not support the use of Cost Recovery Implementation Statements (CRIS). This approach is designed for use by Commonwealth government departments and organisations with significant procedural complexity and quantum of funding. Application of the CRIS to the accreditation of the health professions would be an unnecessarily bureaucratic and costly approach.

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.

The Pharmacy Board of Australia gives qualified support of:

- cross profession policies and guidelines across all professions to improve the efficiency of the accreditation process, and
- cross profession policies and guidelines to improve the quality and performance of assessment panels.

The use of cross-professional assessment panels is supported by the Pharmacy Board of Australia, provided that there is sufficient profession specific input to ensure that the safety of the public can be maintained through high quality education and training. This support is given in context that the existing accreditation processes and decisions for the pharmacy profession are operating successfully, as evidenced by the lack of appeals and thorough quality assurance processes.

The Pharmacy Board of Australia notes that its accreditation body, the Australian Pharmacy Council has, as a significant participant in the Health Professions Accreditation Collaborative Forum (HPAC) been actively involved in developing cross-professional policies, guidelines and standards. This has included, among other projects, work on Inter-professional Accreditation Standards.

The Australian Pharmacy Council, the pharmacy accrediting body, has an agreement with TEQSA but they have two distinct functions and the regulatory overlap between TEQSA, ASQA and the Australian Pharmacy Council is in fact smaller than suggested by the Draft Report. TEQSA and ASQA provide more generalised education standards whereas APC provided profession-specific accreditation standards, approved by the Pharmacy Board of Australia. This is well supported by the fact that 33 of the 36 APC accreditation standards are program specific and are not tested by TEQSA.

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.
- 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.

The Pharmacy Board of Australia supports recommendations 6-8, noting that simulation is a well tried technique for developing basic skills but it is not a panacea for the development of professional skills. Simulation-based education is already widely and successfully used in the pharmacy profession but is only effective when used together with other educational tools.

Regarding recommendation 9, the Pharmacy Board of Australia has established requirements for general registration in addition to the degree qualification, based on post-graduate competencies that are addressed and assessed during the internship year. Those competency standards have been developed and agreed on by the profession.

The competencies that map to the programs of study accredited using the Australian Pharmacy Council accreditation standards are quite distinct from the competencies which map to the internship. These additional competencies can only be gained through supervised practice and completion of the internship training program. They are an essential requirement for general registration as they mitigate the risk to the public. The importance of supervised practice for the pharmacy and medical professions has been demonstrated by a number of published studies. The distinction between the competencies required for degree programs versus general registration and the benefits of supervised practice are further illustrated in the joint response shown below.

With regards to Recommendation 11, there is no evidence to support this change, noting that the Pharmacy Board of Australia has conducted and continues to conduct significant quality assurance work to support the delivery of a robust assessment process. There is no evidence that the existing assessment processes are deficient. We are confident in this approach and the costs of change may be substantial.

In addition, the Pharmacy Board of Australia generally supports the Joint Response from AHPRA and National Boards to recommendations 6 to 11, namely:

> "Registration requirements
>
> Recommendations 9 – 11 address registration requirements such as intern programs, supervised practice and examinations. We have concerns about the focus on registration, rather than accreditation, and that these recommendations take insufficient account of the deliberate design of the National Law, international practice and statutory safeguards against unwarranted restrictions on practice. Some National Boards have

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.

established registration requirements to respond to specific risks to the public. The requirements generally reflect international practice by comparable regulators. They were established in accordance with the National Law and the procedures for the development of registration standards, following wide ranging consultation, impact assessment and final approval by Ministerial Council, safeguarding against unwarranted restrictions on practice.

The regulatory framework of the National Law deliberately provides for flexible pathways to registration. Provisional registration **enables** individuals who are **qualified** for general registration to **register and enter the paid workforce** before they have the depth of experience required to practice fully without supervision of some areas.

We support strengthening transparency and accountability and in this context, the procedures for development of registration standards could be updated to require National Boards to clearly articulate the need for supervised practice requirements and national examinations. The current requirements for intern programs and examinations are regularly reviewed, and these review processes could also provide an opportunity to better articulate the reasons for relevant requirements.

Interns are not students – they are employees who need some structured supervision to protect the public. The use of internships in the medical and pharmacy professions is international practice and interns make a valuable contribution to the health workforce. However, there may be potential to explore outcome-based approaches that consider skills acquisition and how capability for practice can be demonstrated rather than time-based models. Covering the current content of intern programs in pre-registration programs of study would be a substantial change involving significant time and resources with a corresponding impact on health education, health workforce supply and health service delivery. It would also be a substantial departure from international practice.

Recommendation 10 would broaden the definition of *program of study* in the National Law. The proposed change would substantially increase cost, may have significant unintended consequences and not achieve the desired outcomes. For example, it may result in individuals in the current provisional registration pathway to general registration may be eligible only for "Limited registration". Wording that better aligns with the National Law would be *If National Boards set requirements for general registration additional to domestic qualification attainment that requires further education that is a "program of study" as defined in the National Law, these should be accredited by accreditation authorities.*

Current evidence on good practice approaches to workplace based assessment of clinical competence for regulatory purposes shows both formative and summative approaches can be valid. Accordingly, recommendation 11 seems somewhat too prescriptive and unaligned with good regulatory practice. Sections 54 and 59 of the National Law already require these examinations to be conducted by the relevant accreditation authority unless the National Board decides otherwise. The proposed change would substantially increase cost."

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.

Recommendations 12 and 13 are generally supported by the Pharmacy Board of Australia noting that four of twelve board members are community members and that the APC also included community representation in its processes and committees.

In addition, the Pharmacy Board of Australia generally supports the Joint Response from AHPRA and National Boards to recommendations 12 and 13, namely:

> "We support the general direction of recommendations 12 and 13 as broadly consistent with views we expressed in the previous joint submission. We also support the general direction of greater consumer involvement, including groups with particular health and cultural needs such as Aboriginal and Torres Strait Islander peoples.
>
> The National Scheme has had an increasing focus on consumer involvement and engagement since it commenced. Exploring opportunities for more consumer involvement in the accreditation functions is consistent with that philosophy and direction.
>
> We support exploring the merits and implications of any proposed changes to consumer involvement through research and evaluation before implementation."

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).

Specifically the Pharmacy Board of Australia does not support recommendation 14 (and hence 15-18) which seeks to separate the responsibility of accreditation functions from that of regulation of individual practitioners. The setting of education standards for programs of study which lead to registration of health practitioners is intrinsically linked to ensuring they are suitably trained and qualified to practice in a competent and ethical manner. This link between registration and accreditation is in line with other similar jurisdictions to Australia (i.e. UK, Ireland, and New Zealand).

Separating the Pharmacy Board of Australia's responsibility for setting accreditation standards from its other regulatory functions will impact significantly on the Pharmacy Board of Australia's ability to fulfil its regulatory roles and will remove its oversight of standards and the outcomes of pharmacists' education.

The current Pharmacy Board of Australia members possess a breadth of experience and skills that allow it to effectively discharge its responsibility for accreditation functions. For example there are three professional members who are academics who are currently teaching or leading pharmacy and/or other health programs of study, a community member who is an expert in teaching and learning and a community member who has five years' experience as a director of a health profession accreditation council.

Proposed Strengthened Option 1

The Pharmacy Board of Australia proposes a strengthened option 1 in which a governance committee is formally constituted, comprising members from accreditation councils (which have the necessary accreditation expertise) national boards; education providers; health service providers; consumers; and AHPRA. This could be achieved through legislative or policy change or by direction of the Ministerial Council. This option would deliver the outcomes that the independent reviewer is seeking for the accreditation system with minimal disruption and no additional bureaucracy. It would also maintain and maximise existing structures, expertise and working relationships.

This proposed governance option meets the following eight principles espoused by the Independent Reviewer; Simplicity, Integration, Accountability, Cost, Necessity, Impact, Scope, and Flexibility.

This formally constituted committee will be able to develop common guiding principles that can be applied to all professions to replace the current system of individual profession guidelines. Under this governance option, the Committee will also be required to produce data on a regular basis (e.g. quarterly) that is provided to the Ministerial Council, the Boards, and the AManC to ensure that there are clear links between the Regulatory Operations and

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Accreditation functions, and adequate strategic oversight.

This proposed governance option will ensure that the cross-professional accreditation can be dealt with in an efficient manner, while the profession-specific issues remain the domain of each particular Board and there is dialogue between each entity in a transparent and collaborative manner.

Option 2

The Pharmacy Board of Australia does also not support option 2 and notes that there were few submissions that directly addressed this option and support was limited. The current functions of the AManC are clearly set out in Section 30 of the National Law. This articulates that, subject to the directions of the Ministerial Council, the functions of AManC include deciding the operational policies of AHPRA and ensuring that it performs its functions effectively and efficiently. This is consistent with the operational nature of its functions. In other words, AManC has accountability for the operational arm of the National Scheme (which is AHPRA) and not the regulatory policy and decision making functions of the National Scheme (which is a National Board responsibility).

The Pharmacy Board of Australia agrees with the review team that *expanding the functions of the AManC to include greater decision making in relation to the Accreditation functions of the National Scheme would mean a substantive shift in focus and to do this in isolation of consideration of other broader governance options would be premature* (page 124). In the National Law, the roles of the National Boards, the AManC and AHPRA are intentionally separated and delineated to provide internal balance of powers, thereby maximising the checks and balances to ensure all parties contribute to the safety of the public. Providing one party with additional decision making powers alters this internal balance.

Option 3

The Pharmacy Board of Australia does not support option 3 and believes the draft Report does not provide a compelling case for this reform in terms of improvements in public safety or the delivery of the six objectives of the National Law.

It is unnecessary to create an additional entity in the Scheme to allow the identified improvements to be made in the accreditation functions. The draft Report clearly articulates the already complex nature of the Scheme and a new entity would only serve to increase the bureaucratic structure and create further silos.

The Pharmacy Board of Australia does not support a model which provides for greater cross-professional standardisation of education program accreditation at the expense of a critical holistic approach to the regulation of a profession. If the policy outcome required is public safety, then the public interest, and indeed effectiveness, is not necessarily served by a standardised one size fits all approach, and this is recognised in the National Law. The Pharmacy Board of Australia believes this is being achieved effectively for the pharmacy profession through the provisional registration, internship and examinations regimen, which ensures competency in practice, in an area of health practice where the public could be exposed to extreme risk. This is in line with comparator countries internationally.

If a “Health Education Accreditation Board” were established, its name is entirely inappropriate. Health Education is a significant body of knowledge in the area of health promotion, public health and illness prevention. There are numerous organisations and programs in this field e.g. the Health Education Council; The Australian Council for Health, Physical Education and Recreation; and the World Health Organization. To propose the use of this title is to ignore and potentially create significant confusion across the health education field. Should this proposal proceed it should be named Health Practitioner Education Accreditation Board.

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 professions. 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.
The Pharmacy Board of Australia supports the Joint Response from AHPRA and National Boards to this recommendation 26, namely: "We recognise the benefits to the health and education sectors of consistent approaches to accreditation across the health professions and could undertake this new stream of work on a cost-recovery basis if Ministers wish. Additional detail that would need to be developed including the source of start-up funds and definition of "unregistered health and social care professions". Care would be required to ensure that additional regulatory burden is not placed on the health system or consumers as an unintended consequence and additionally that consumers are not at risk of unregistered professions misrepresenting themselves as registered through association with the new accreditation scheme. These issues would benefit from further research and the timing of this reform may need to follow other reforms which would support its implementation."

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.

The Pharmacy Board of Australia believes that the current system of assessment of overseas trained practitioners for skilled migration and professional registration as pharmacists is an efficient and robust model that works effectively to protect the public. Overseas trained practitioners seeking registration as pharmacists in Australia are evaluated against profession-specific requirements to ensure they are competent to practise safely.

The Pharmacy Board of Australia supports the Joint Response from AHPRA and National Boards regarding recommendations 27 -29:

> "We support a number of the general directions in Chapter 8 in relation to greater consistency and streamlining but question the basis for others.
>
> Our joint submission recognised the potential for further consistency in relation to the assessment of overseas qualified practitioners, and broadly aligns with recommendations **27** and part of **28**. We would be happy to work with relevant bodies about where administration requirements could be streamlined.
>
> Our reading of recommendation **27** is that it is suggesting a one-step approach, not that all skilled migration assessments are undertaken by accreditation authorities. Under current arrangements, where skilled migration assessments are undertaken by accreditation authorities, international students who complete accredited domestic programs must apply to accreditation councils for a skills assessment even when they hold general registration. This can lead to delays in employment because they need to wait for the skills assessment to get a suitable visa. For some professions with high numbers of international students, this can be a significant proportion of applicants for assessment for skilled migration purposes. We do not support reforms that increase the burden on individuals who require a skills assessment for migration purposes.
>
> As identified in our joint submission, we recognise the scope to reduce duplication in this area, including for domestic graduates, and support proposals to align the assessment of qualifications for individuals seeking

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both skilled migration visas and registration in Australia. We support reforms that offer the option to recognise the individual's registration status for visa purposes – particularly for domestic graduates. We do not support reform that requires a registered practitioner to apply separately for skilled migration assessment, particularly for the medical and Chinese medicine professions where this is not currently required.

On recommendation **28,** we recognise the potential for further consistency in relation to assessments that have the same regulatory purpose and support related reform. However, we note the term "competent authority" is not used in the National Law. The current "competent authority" pathways have different purposes under the National Law and may be impacted by the proposed recommendation in its current form. It may be helpful to clarify the intended meaning of "assessment of competent authorities" to avoid unintended consequences.

On recommendation **29**, we suggest additional supervised practice requirements for overseas trained practitioners are aligned with the Board-approved professional competency framework, not with requirements for Australian trained practitioners. We note whilst we support the general direction of this recommendation, it may be challenging to implement due to global variation within and between professions. We do not support reforms that would constrain the flexible pathways provided by the National Law as these were deliberately designed to contribute to workforce flexibility, innovative approaches and access to services."

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.
The Pharmacy Board of Australia has no comments about Recommendation 33-35 and considers these to be out of scope.

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.

The Pharmacy Board of Australia supports the principles outlined in recommendations in 36 to 38.

List of detailed comments and clarifications about pharmacy on the Draft Report as outlined in the Joint Response from AHPRA and National Boards (listed by page)

p. 87 – clarification – the rationale for supervised practice in pharmacy is not addressing “quality” of clinical placements but the work-readiness of graduates. Graduates are qualified for general registration and need supervision during their initial period of registration – there is a public risk of them going straight into independent practice as they do not have the depth of experience required to practice fully without supervision of some areas.

P. 91 – clarification/correction – the reference to “surplus” from examination for PharmBA is incorrect and the calculation of the amount is misleading because the full cost of the exams are not shown in the audited financial statements – only the external contract services element under the heading administration expenses so you can’t use the financial statements to assert the surplus made on exams. The financial statements for 2015-16 show exam income of $928k but the note should mention it is income for the PsyBA exam **and** the PharmBA exam. The note has been corrected for 2016-17. We can provide details of activity statements for the PharmBA exam if that is helpful – there is not a surplus.

(Note:

The Board also supports the comments and clarifications on the Draft Report included in:

- *the Joint Response from AHPRA and National Boards, and*
- *the Australian Pharmacy Council submission).*