Response to Request for Comment

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

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Response to "Accreditation Systems Review Discussion Paper"

The COAG request for comment on "*The Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions"* discussion (the Discussion) is well timed. As the discussion paper notes, the heavy time and resource demands of universities and other education providers, given current accreditation frameworks, limits efficiency and may stifle innovation. Emerging digital health workforce accreditation limitations are especially challenging and are at the heart of our response. The Australian College of Health Informatics response focuses on health informatics, digital health, eHealth, bio-informatics accreditation concerns.

As the only credentialed and professional organization for health informatics, digital health, eHealth and bio-informatics in the Asia-Pacific Region, ACHI retains the ultimate discretion on what it accredits and certifies. Our research into the accreditation domain supports key points made in Appendices 1 (from the 2014 NRAS Review) and 4 (Accreditation recommendations). We have commenced developing degree accreditation processes that will ultimately seek authorization by the National Registration and Accreditation Scheme (NRAS).

The ACHI accreditation program (the Program) is based on that adopted by the International Medical Informatics Association (IMIA).[1] Their international recommendations mirror points made in the Discussion. We envisage that the Program will leverage educators' current degree licensing and accreditation requirements, which will be governed by an independent Expert Accreditation Board (the EAB) using an expert consensus model.

The EAB will comprise industry representatives and experts from the Health Informatics Society of Australia, the Health Information Management Association of Australia, the Australian Computer Society and other education providers. The Program plans to :

1. Minimize cost while maximizing benefit,
2. Incorporate TEQSA/ASQA assessments and accreditations of education providers as part of ACHI reviews,
3. Use digital processes to enable site visits,
4. Increase efficiency, consistency and interprofessional collaboration,
5. Promote interprofessional collaboration on an ACHI expert accreditation panel,
6. Devise a common approach to the development of professional health and biomedical competency frameworks and to the inclusion of students and possibly others in that development,

7. Implement a robust accreditation process that negates the need for further national assessment to gain general registration,
8. Ensure appropriate knowledge, skills and incentives to determine accreditation standards and programs of study which best address the workforce needs of a rapidly evolving health system,
9. Ensure greater independence of ACHI accreditation authorities, in the development and approval of accreditation standards and/or approval of programs of study, and
10. Apply to the NRAS so that health and biomedical informatics accreditation is delegated to ACHI.

With specific regard to other issues specified in the Discussion, we make the following comments:

Section 3: Sources of accreditation authority income.

1. What should be the key principles for setting fees and levies for funding accreditation functions, including how the respective share of income provided from registrants and education providers should be determined?
* The key concern of ACHI is to establish an accreditation process that is sustainable in a profession where Australia is lagging behind the health systems of other developed nations. This suggests that government investment in education development should factor in the costs of establishing professional accreditation where none has previously existed. We do not consider it realistic for individual early-career registrants to bear these costs. So we may ask industry to contribute to the costs as part of a virtuous alliance of profession, academia, industry and government * Any fees or levies for accreditation functions should be on a cost-recovery basis only. This may include amortisation of one-off costs for the creation and establishment of accreditation criteria, documents, processes and procedures. Accrediting organisations should be transparent about the setting and use of any accreditation fees or levies. This should include regular publication of the income from accreditation fees or levies and the application of this income.

Section 4: Relevance and responsiveness Input and outcome based accreditation standards

8. What changes in the accreditation system could improve the timeliness and responsiveness of processes to ensure education programs are delivering graduates who have the knowledge, clinical skills and professional attributes required of the current and future workforce?
* As informaticians, we suggest that there is scope for more systematic data collection on aspects of program operation, and for more open and transparent provision of summary information - to education providers across the health professions (for use in continuous improvement) as well as to health service providers and consumers (in the public interest). * Where there is an overlap of organisations with accreditation responsibilities (e.g. HPACF member & TEQSA) certain accreditation source data collected can be shared. This would reduce duplication of effort and improve timeliness and responsiveness of course accreditation processes.

Section 10: Governance of accreditation authorities

18. What changes are required to current governance arrangements to allow accreditation authorities to source professional expertise without creating real or perceived conflicts of interest?

* No current experience is available from ACHI because only legal governance arrangements apply to the College. However we plan to adapt and embed the IMIA Code of Ethics organisationally and as a foundation of the Program governance.[2]

Section 11: Role of accreditation authorities

21. What is the optimal governance model for carrying out the accreditation functions provided in the National Law while progressing cross-profession development, education and accreditation consistency and efficiency?

Possible options include:

- *Expanding the remit of the AHPRA Agency Management Committee to encompass policy direction on, and approval of, accreditation standards;*
- *Establishing a single accreditation authority to provide policy direction on, and approval of, accreditation standards*.

* While legislation regarding accreditation minimal requirements and frameworks is in the purview of government, the governance of accreditation operations need to take into account the specific requirements of the individual professions (e.g. "wet labs", student placements and so forth) Best-practice guidelines adopted by the profession organisations will ensure accreditation consistency and efficiency.
* The solution is not expanding the scope of AHPRA but ensuring the specific needs of the HI profession is accredited, facilitated to achieve and meaningfully monitored in the context of the national health workforce policy. The general and specific can co-exist of course, but the accreditation policy and instruments must nurture the meaningful development of the profession.

Section 12: Accountability and performance monitoring

23. What should be the standard quantitative and qualitative performance measures for the delivery of the accreditation functions across NRAS and who should be responsible for, firstly, reporting against these measures and, secondly, monitoring performance?

* Defining standard quantitative and qualitative performance measures for the delivery of accreditation is essential across the NRAS.
* The project on Best Practice Guidelines for University Course Accreditation currently undertaken jointly by the Australian Council of Professions (Professions Australia) and Universities Australia (UA) includes this topic.[3]
* Research in this domain underlines a broad range of 'highly specified, quantitative measures, principles and guidelines' in connection with the 'performance measurement and improvement' of accreditation programs in health sector.[4-6] Refreshing the measures provide a useful basis for determining qualitative and quantitative measures for accreditation in 2017.

Section 13: Setting health workforce reform priorities

26. How best can a national focus on advice and reform be provided, at least for the delivery of accreditation functions, that:

- As part of a broader workforce reform agenda, regularly addresses education, innovative workforce models, work redesign and training requirements? • Has regular arrangements for engagement with key stakeholders such as the regulators, educational institutions, professional bodies, consumers and relevant experts?

* ACHI's experience has been with trying to engage the COAG Health Ministers Health Workforce Principals Committee, Health Workforce Australia, AHPRA, the Australian Digital Health Agency and ANZSCO in the development of health informatics workforce. As the health professional workforce undergoes technology-influenced changes, and education providers seek to respond within accreditation guidelines, it will be important to streamline access to these sorts of stakeholder organisations. ACHI and other health professions would benefit from improved supports / facilities to rapidly identify an appropriate cross-section of senior stakeholders and to bring them together to discuss the workforce reform agenda in relation to educational reform.

SPECIFIC GOVERNANCE MATTERS

Section 16: Grievances and appeals

32. Does the AHPRA/HPACF guidance document on the management of accreditation-related complaints resolve the perceived need for an external grievance/appeal mechanism?

* Anecdotal ACHI feedback indicates the AHPRA/HPACF guidance document does not resolve the need for an external/appeal mechanism.
* Current work on Best Practice Guidelines for University Course Accreditation undertaken jointly by the Australian Council of Professions (Professions Australia) and Universities Australia (UA) includes the management and resolution of accreditation-related complaints and hopes to provide agreed guidance to both professions and universities in the healthcare domain and beyond.

33. If an external grievance appeal process is to be considered:

- Is the National Health Practitioner Ombudsman the appropriate entity or are there alternatives? • Should the scope of complaints encompass all accreditation functions as defined under the National Law, as well as fees and charges?

* The appeal process and governance should be independent and transparent. If the model is through the NHPO, then the office should be adequately resourced and regulations sufficiently protective of the office to ensure its independence.
* The current Draft Best Practice Guideline for management and resolution of accreditation-related complaints is currently being developed.[3]
* However anecdotally most appeals and complaints processes require a lot of work for the complainant often with little guidance from the people managing the process. The National Health Practitioner Ombudsman asks that complainants raise their "concerns with the body that is the subject of your complaint in order to provide them with an opportunity to resolve" these in the first instance.[4]
* This is already an unwieldy complaints process so that adding additional functions to the Ombudsman entity will exacerbate efficiency issues. Nonetheless, such reviews must remain under the purview of independent national government authorities.
* Also, ACHI believes the scope of complaints should encompass all accreditation functions as defined in law, as well as fees and charges.

Conclusion

ACHI conceives of accreditation as a steering mechanism in healthcare with its respective impact at the societal level.[4] We congratulate COAG on this timely discussion and welcome the opportunity to provide further comment to the Discussion that elucidates our feedback.

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