



---

---

**SUBMISSION BY THE  
AUSTRALIAN INSTITUTE OF RADIOGRAPHY**

**ON**

**NATIONAL REGISTRATION AND ACCREDITATION SCHEME  
FOR THE HEALTH PROFESSIONS**

**CONSULTATION PAPER  
Proposed arrangements for accreditation**

**15 December, 2008**

---

---

Mr. David Collier  
Executive Officer  
Australian Institute of Radiography  
PO Box 1169  
Collingwood Vic 3066

Tel: 03) 9419 3336  
Fax: 03) 9416 0783  
Email: [air@air.asn.au](mailto:air@air.asn.au)  
Web: [www: air@asn.au](http://www.air@asn.au)

**SUBMISSION BY THE AUSTRALIAN INSTITUTE OF RADIOGRAPHY**  
**ON**  
**NATIONAL REGISTRATION AND ACCREDITATION SCHEME**  
**FOR THE HEALTH PROFESSIONS**  
**CONSULTATION PAPER**  
**Proposed arrangements for accreditation**

The power to accredit education and training courses and the assessment of the equivalence of qualifications and the competence to practise of overseas trained practitioners are essential elements of a contemporary health practitioner regulatory system. These functions in the profession of radiography and radiation therapy are currently fulfilled by the Australian Institute of Radiography (AIR). The function of the accreditation of education and training courses was established in 1952 as part of the Conjoint Board established for this purpose jointly by the Royal Australasian College of Radiologists (now the Royal Australian and New Zealand College of Radiologists) and the Australian Institute of Radiography. This body provided recommendations and approvals to the Commonwealth Tertiary Education Commission, and the documents show a consistent approach towards “upgrading the qualifications in the community interest; and taking account of the resource implications of lengthening and /or upgrading of the courses”<sup>i</sup>. The panels assembled to assess proposals to introduce, upgrade or lengthen courses, routinely comprised the Chair of the Advanced Education Council, a consultant physician and an eminent academic teaching in the profession.

The Conjoint Board issued Conjoint Board Diplomas and a Certificate of Recommendation. The Conjoint Board ceased to operate on 30 December 1987, after which time the functions to accredit education and training courses for radiography and radiation therapy were assumed by the Professional Accreditation and Education Board (PAEB) of the AIR.

The assessment of the equivalence of qualifications and the competence to practise of overseas trained practitioners is conducted by the Overseas Qualifications Assessment Panel (OQAP) of the AIR, under formal agreement with the National Office of Overseas Skills Recognition which is an agency of the Department of Education, Employment and Workplace Relations.

It is proposed in these consultation documents that the provisions for accreditation functions:

- (a) provide for the protection of the public by ensuring that only practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered and that practitioners have the skills and competencies to meet the health needs of the Australian community
- (b) ensure that the process of assessment of courses and qualifications is undertaken independently from government, health professional educators and the profession

- (c) have regard to the need to enable the continuous development of a flexible, responsive and sustainable Australian health workforce and enable innovation in education and service delivery
- (d) ensure the provision of an accreditation system for the health professions that is transparent, accountable, rigorous, effective, efficient, and fair
- (e) provide rigorous and responsive assessment of overseas trained practitioners that protects the public by ensuring practitioners meet appropriate standards
- (f) accord with Australia's international obligations and relevant internationally accepted standards, and
- (g) reflect the wording and intent of the IGA and additional provisions in Bill A which were developed following consultation.

The AIR would have no disagreement with the intent of these provisions, so long as the implications of the risks associated with the use and delivery of ionising radiation are fully understood. Regrettably most people have a superficial understanding of what it is to have an x-ray, and this understanding contains many dangerous assumptions. Few in the community understand the significance of overuse of imaging or the cumulative impact arising from repeated imaging or radiation treatment. For these reasons the AIR argues that the process of assessment MUST be undertaken independent from government and health professional educators BUT WITH the involvement of the profession. We will argue later in this submission that the process of setting standards of practice occurs during the presentations of ideas and the discussions and debates accompanying such presentations. The most common fora for these activities are the research symposia, conferences, branch meetings and other educational meetings provided by the professional associations. Nothing presented in the consultative documents thus far has dealt with this essential element in the setting of standards.

## **2 Current accreditation arrangements**

### **2.1 Background for Radiography and Radiation Therapy Course Accreditation**

The consultation documents state that 'Accreditation is currently the role of the health practitioner registration boards (boards) under their respective statutes.'

With respect the accreditation of education and training courses in radiography and radiation therapy, this statement is incorrect.

Radiography and radiation therapy is not universally regulated by the registration of practitioners (Practitioner Boards) across Australia. Neither South Australia nor New South Wales have Practitioner Registration Boards, though both states have tertiary institutions offering graduate and post graduate courses in the profession.

This profession has established, and funds, the accreditation process through the established and regularly reviewed functions of the PAEB. The Universities are charged a fee, heavily subsidised by the AIR, for the accreditation process.

The issue of the fees charged for the accreditation process is often a contentious one with most accrediting agencies significantly underestimating the true costs involved in the process. These underestimations arise because the accreditation process is heavily reliant upon the pro bono work of the accreditors, and the associated operational costs are borne in large by the professional association.

The accreditation of universities in this profession involves significant costs. The universities are charged a fee to the order of \$8,400 for the subject specific review, whereas the actual cost to the AIR is between \$24,000 to \$29,000. The University pays considerably less than 40% of the actual costs. Taken in comparison to other professions with which we have familiarity, our costs are low.

Where there is national registration for the profession it is true that a number of Registration Boards have joined with the professional association, and contributed to the funding of their relevant national accreditation body. In most instances the professional association established the accreditation process a number of years prior to the involvement of the Registration Board joining in; and the Practitioner Boards, as they were created by statute, negotiated to join with the professional association so as to better undertake their statutory functions.

The functions vary but broadly include evaluation of education and training courses and academic institutions against a set of agreed standards, assessing qualifications of overseas trained practitioners and making recommendations to the respective board. As indicated above, the actual setting of standards has most usually been a development of the experiences of the profession as emerged from activities of that profession. The AIR has, over time and with extensive review and continued re-assessments, established competency based standards (CBS) which are the national benchmarks for competent practice.

The AIR accepts that legal accountability and a varying number of responsibilities around accreditation have, particularly in the previous ten years, come to rest with the boards. The level of development of processes and systems for accreditation varies between the professions, as does the period of time for which any national accreditation body has been established.

The AIR considers that a number of the statements made in the following two sections (2.2 Statutory arrangements, & 2.3 Funding arrangements) are inaccurate and at times misleading with respect of the radiography and radiation therapy profession. In part this arises from the fact mentioned above that this profession does not have a national experience of practitioner registration. Consequently, the statements made are true in some states but not others. The only body providing a national approach to the accreditation of radiographers or radiation therapists is currently the AIR.

It was argued that Registration Boards rely on their general powers to delegate the assessment of qualifications for the purposes of registration to their respective national accreditation bodies. The registration decision remains with the board only in those states where there is a Registration Board to exercise that decision. The AIR is concerned that the national Statement of Accreditation as provided by the AIR in recognition of meeting the competency based standards of the profession, is, when it suits the particular Registration Board, overlooked as a measure of competence. This must have the effect of undermining a drive towards national standards.

The statement that the main funding sources for current national accreditation bodies are State and Territory board contributions is comprehensively incorrect in our situation. As shown above the fees charged to education providers for the accreditation of courses and training settings make up less than 40% of the actual costs. The Registration Boards that do exist, contribute nothing.

#### **2.4 Linkages**

A number of the current accreditation bodies also conduct skills assessment of overseas trained health practitioners intending to apply for migration to Australia under the Australian Government's General Skilled Migration program. These bodies are gazetted by the Minister for Immigration and Citizenship and are overseen by the Department of Education, Employment and Workplace Relations (DEEWR) working with the Department of Immigration and Citizenship (DIAC) to support this process. The AIR is one such body.

#### **2.5 Scope of accreditation arrangements**

The AIR agrees with the definition of the Productivity Commission Report that accreditation is 'the process whereby education and training courses are assessed and evaluated in order to guarantee standards and consistency of health professional education and training'. The AIR, through the Educational Policies and the Competency Based Standards (CBS) sets the basis for the program areas to be used in the design and delivery of programs at accredited institutions, thus ensuring consistency in the preparation of practitioners across the country. The AIR expects institutions to meet external professional standards, as well as state and institutional standards.

The AIR currently carries out the functions of accreditation for;

- a) undergraduate and graduate courses leading to initial registration and
- b) post-registration courses.

This latter category includes entry to practice courses or intern training in the form of the Professional Development Year (PDY). Whilst the PDY itself is not currently an accredited course, it is conducted in centres accredited by the AIR and the conduct of the PDY is governed by the AIR. Specialist training programs for specialty registration/endorsement are also governed by the AIR. Examples of this include mammography and MRI.

Whilst it may well be that functions such as specialist training in this document refer to the medical profession, specialty registration/endorsement for those in the medical radiation science professions should be included for consideration. Formal arrangements for re-entry to practice programs are also the remit of the AIR in the Resumption of Professional Practice.

The accreditation process of the AIR seeks to;

- maintain standards of the medical radiation science professions across Australia
- protect consumers of medical radiation science services
- stimulate maintenance of high standards and continuing improvement in the quality of professional education in the medical radiation sciences
- provide a benchmark for education at the highest international standards
- provide support to the university programs to encourage excellence in professional preparation
- support varied and flexible programs that are aligned with the workplace
- confirm that the graduates from such courses have acquired sufficient knowledge, understanding and skills to enable them to seek recognition as a Member of the Australian Institute of Radiography.

The AIR, through its Professional Accreditation and Education Board (PAEB) is committed to achieving these aims through implementing an outcomes-focused accreditation. The outcomes-focused accreditation involves a PAEB accrediting panel obtaining a thorough and detailed understanding of the degree program to be accredited. The standards used to define the level of competency to be assessed are set down in the Competency Based Standards (2005). The CBS is accepted by the profession as the expression of the knowledge, skills and attitudes required of someone entering the profession of medical imaging or radiation therapy in Australia as an accredited practitioner.

When the Professional Accreditation and Education Board (PAEB) of the Australian Institute of Radiography accredits a university medical radiation science course it does so to ensure that graduates are so prepared that at Accreditation by their professional body (be it at graduation or at the completion of the Professional Development Year) they are competent to assume the responsibilities of an Accredited Practitioner as detailed in the Competency Based Standards (2005).

By assessing the university program, the PAEB is able to assure the AIR, as the professional accrediting body, that a programs' educational course satisfies agreed guidelines for medical radiation science education. The AIR, through the Educational Policies and the Competency Based Standards sets the basis for the program areas to be used in the design and delivery of programs at accredited institutions, thus ensuring consistency in the preparation of practitioners across the country. The AIR expects institutions to meet external professional standards as well as state and institutional standards. Accrediting teams seek evidence that these standards are met.

The assessment is conducted through literature and peer review. There is a comparability of standards throughout Australia because the course must meet the guidelines set out in the Educational Policies. Consultations with stakeholders in the medical radiation sciences program are conducted and include clinical centre staff, university staff, current and past students. For those programmes seeking to graduate an Accredited Practitioner, the graduate must meet the Competency Based Standards (2005). The PAEB undertakes a rigorous and detailed process assessment of the medical radiation science schools in order to ensure that the guidelines and standards are met.

Reports include commendations for areas of merit and may include recommendations seeking improvements before the next visit, which can be sooner than normal in certain cases. Reports may also seek to advise universities on curriculum and teaching, including appropriate resourcing of staff and equipment.

For those undergraduate courses where a PDY is required the process is a closed loop approach to quality assurance, which looks not only at the processes but defines the expected outcome.

### **3 Proposed new accreditation arrangements**

#### **3.1 Key features of proposed system**

The AIR supports the proposed model for the national scheme reflected in the IGA, recognizing that it is consistent with, and strengthens current arrangements by formalising the functions of accreditation and clarifying its relationship to registration.

The AIR agrees that the purpose of accreditation is to ensure that only practitioners who are suitably trained and qualified to practise in a competent and ethical manner are in practice. The Registration Board with the statutory enforcement powers provided in the legislation is an important part of the process in ensuring the standards within the profession provide quality and protection to the public.

Under the proposed new accreditation arrangements, the accreditation function consists of at least four inter-related but separate activities:

- (a) the development of accreditation standards
- (b) the assessment of individual education and training courses and institutions against those standards
- (c) the assessment of overseas accrediting authorities to determine whether the courses they accredit provide the required knowledge and skills to practise in Australia, and
- (d) the assessment of individual overseas trained practitioners qualified in courses which are not recognised in Australia.

The accreditation function is naturally an underlying part of the registration function. It is from a clear understanding of the accreditation standards that the Registration Boards are able to determine the registration standards.

The purpose of accreditation of education and training courses is to ensure that graduates have the required skills, knowledge and competence to practise safely and meet registration requirements. Under the IGA, accreditation will be conducted independently from registration in that accreditation functions will be assigned by Ministers to existing external agencies or will be undertaken by accreditation committees of Boards, which will be required to have relevant educational expertise and professional representation. The AIR supports the intent of the IGA that it (AIR) initially be expected to continue as the accrediting agency so long as it meets the standards and criteria set by the agency.

As we understand the process following development of the accreditation standards for a profession, the accreditation body or committee will submit the standards to the relevant national board for consideration. If the Board is satisfied that a course meeting the standards will prepare a student for registration or a practitioner for endorsement, the Board will submit the standards to the Ministerial Council with a recommendation for approval.

The role of the accreditation body or committee is to carry out independently the assessments of courses against the standards and then make recommendations to the relevant national board on approval of courses for registration purposes. In order to achieve that independence, it is important that the accrediting body utilise panel members who are distant from the organisation being accredited but cognisant of the profession. Ideally they would be familiar with the profession, highly respected practitioners, possessed of sound and extensive educational knowledge and experienced in accreditation. This reflects our current situation.

It is envisaged that the national boards will be able to use their general powers of delegation to delegate the Board's course approval powers to accreditation bodies or committees if they wish. The AIR would favour this; however the Board ratification of the delegated approval is an essential part of the process. When the Board is tasked with investigating or hearing disciplinary matters it is important that the Board has confidence in the baseline standards of accreditation.

As provided by the IGA, the Ministerial Council will have no power to intervene in registration or examination decisions relating to individuals or decisions relating to the accreditation of individual courses.

We understand and support the view that external accreditation bodies will be independently constituted organisations from the Registration Boards and, as such, will not be unreasonably constrained in the other activities which they can undertake, other than to ensure these activities do not present a conflict of interest. For example accreditation bodies could continue to accredit New Zealand university schools and training programs.

Under the new national law it is envisaged that the method of negotiating and formalising arrangements between national boards, accreditation bodies or committees and the national agency will be twofold. Firstly the National Law Bill (Bill A) requires each national board to negotiate a 'health profession agreement' that will make provision for an annual budget including funding to assigned accreditation bodies and the services to be provided with this budget. In the radiography and radiation therapy professions the actual costs of accreditation would vary dependent on the number of site visits due each year.

If we average these at three per year, then the costs for our profession would be between \$90,000 and \$100,000 per year. (for the record, the accreditation programme for 2009 in this profession will have six site visits – a cost of close to \$200,000)

The AIR works towards continuously improving our processes and information gathering and disseminating for all our activities. Accreditation is one of the major educational functions of the Institute and the PAEB and these bodies are ensuring that the AIR processes reflect best practice and meet the obligations of the structures within the IGA. To this end the AIR now involves a community member as part of the panel and when an accreditation visit takes place in a state with a Practitioner Registration Board, a Board member will be invited to join the panel.

In addition the AIR has the ability to benchmark our processes internationally through membership of the International Society of Radiographers and Radiological Technologists (ISRRT) and also the Professions Association Research Network (PARN) of which we are inaugural members in Australia.

The AIR would be keen to be the external body assigned the accreditation functions of the national board, with a contract negotiated between the agency/board and the AIR. We support the concept that the contract provisions would form part of the health profession agreement. We understand that it is the intention of the accreditation proposal that the costs of accreditation would be subsidised by registration fees under the contractual agreement, with other expenses of the accreditation body met through cost recovery from services provided, for example charges to individuals for examinations.

### **3.2 Roles in relation to accreditation**

#### **Ministerial Council**

The role of the Ministerial Council is to:

- (a) set the policy direction
- (b) appoint any person or body with existing functions with respect to accreditation in a health profession to undertake accreditation functions under the scheme
- (c) approve standards for accreditation which are recommended by the national board established for that health profession
- (d) request a national board to review any approved standard or proposed standard submitted to it by a national board, and
- (e) approve any amendment of a standard or revoke its approval of a standard on the recommendation of the national board.

The Ministerial Council has no role in the accreditation of specific courses or individuals and can only approve standards when recommended by the relevant national board.

The AIR is supportive of the role of the Ministerial Council.

### **Australian Health Workforce Advisory Council (Advisory Council)**

The role of the Advisory Council is to provide independent advice to the Ministerial Council about any matter relating to the scheme. This includes, but is not limited to, matters relating to accreditation.

The AIR is supportive of the role of the Advisory Council.

### **Australian Health Practitioner Regulation Agency (national agency)**

The role of the national agency is to:

- (a) in accordance with the legislation and any policy directions of Health Ministers, set the framework outlining general requirements for the development of standards for the purpose of ensuring that the scheme operates in accordance with good regulatory practice, including standards and criteria for the establishment, governance and operation of the accreditation bodies and committees of the national board set up for that purpose
- (b) consult with the boards on the development of (a)
- (c) in agreement with boards, through the mechanism of the health profession agreements with boards, manage the financing and contractual aspects of accreditation, and
- (d) provide administrative assistance, including employing staff, for the national boards and their committees, such as providing support for committees of the national boards established to undertake accreditation in cases where the accreditation function is not assigned to an existing body.

The AIR is supportive of the role of the National Agency.

### **National boards**

The boards are responsible for:

- (a) through the health profession agreement with the agency, agreeing the funding, contractual and service arrangements associated with the accreditation function
- (b) contributing to the development of the process framework and requirements which will govern the development of standards, the processes and the funding of the accreditation bodies or committees
- (c) overseeing the development of accreditation standards for the health profession for which it is established, considering them and submitting them for approval to the Ministerial Council
- (d) approving a list of accredited courses of study that meet the qualifications for registration as a health practitioner
- (e) overseeing the assessment of overseas trained health practitioners and making individual registration decisions, and

- (f) where the accreditation function is not assigned to an existing accreditation body, being responsible for establishing accreditation committees to manage accreditation functions relating to their respective professions.

Two items in this section require comment. (c, & e) overseeing the development of accreditation standards for the health profession for which it is established, considering them and submitting them for approval to the Ministerial Council. The AIR would like a clear definition of the meaning of 'overseeing'. At one end of the spectrum this may be a loose oversight such as a watchful care, a superintendence or general supervision. At the other end, and we have already encountered this view, it may be a direct management by overseeing the performance or operation.

The AIR would be concerned if the intent was towards the more interventional interpretation since this would inevitably lead to boundary violations and operational interferences. The concern is heightened when the composition of the National Board is considered. There will be potential conflicts which in our view are best managed from the outset through careful and deliberate definition of wording and terms of engagement.

The second item is that covered under (f), the assigning of the accreditation function

#### **Accreditation body**

Under the IGA, the accreditation body, which is assigned responsibility for accreditation by the Ministerial Council, or a national board committee will be responsible for:

- (a) meeting the standards and criteria laid down by the national agency for the establishment, governance and operation of external accreditation bodies under agreed contractual arrangements
- (b) assessing courses of study, determining whether they meet the approved accreditation standards under the scheme and advising the relevant national board
- (c) assessing accrediting authorities in other countries to determine whether courses of study that those authorities accredit provide practitioners with the required knowledge and clinical skills to practise in Australia and advising the relevant national board
- (d) providing an internal merits and process review of decisions made in relation to accreditation of education courses and institutions
- (e) overseeing the assessment of the knowledge and clinical skills of overseas trained practitioners whose basic qualifications are not recognised in the list of approved courses of study and making recommendations to the national board regarding the suitability of an applicant's knowledge and clinical skills for registration in Australia and advising the relevant national board in respect to an individual's application for registration, and
- (f) carrying out any other functions that are delegated to it by a board.

Bill A provides that the functions of an accreditation body may include developing the standards for accreditation, including consulting widely on the content of those standards.

## Scope of accreditation

The AIR is the existing accreditation body, with an already established accreditation committee to manage accreditation functions relating to the medical radiation science professions.

## Recognition of specialties and accreditation of specialist training

**Proposal 3.4.1:** *It is proposed that in preparation for commencement of the national scheme, national boards will consider whether there is a need for specialist endorsements in their profession.*

The AIR would endorse this proposal as recognition of the diversity within the medical radiation sciences profession and the additional qualifications to support this diversity. An indication of the commitment of the AIR to this is the establishment and continuing work of the AIR's Advanced Practice Working Group.

**Proposal 3.4.2:** *In the case of the medical profession, it is proposed that the national board take advice from the Australian Medical Council on the list of specialties and associated specialist qualifications, against which the board could endorse individual registrants as specialists.*

This is not applicable to our submission.

**Proposal 3.4.3:** *It is proposed that in line with the IGA the national scheme legislation will provide that while boards may approve the initial list of specialties, any new specialties or specialty areas of practice will require Ministerial Council approval.*

The AIR has reservations with this proposal. Our concern is that this would take away from the professions the critical role of validation of practice. With all due respect to the abilities of Ministerial advisers, we would like to see that this proposal include the requirement to seek recommendations from the profession with regards new specialties or specialty areas. Where there are Regulatory Boards currently with a number of academic members, there is an obvious conflict of interest in promoting, and then approving new specialty areas. The professions are not uncommonly accused of 'dragging their heels' over support for new specialty areas but they do offer the public the security of much more broad based consultation before delivering an opinion. We would like to see this proposal recognise the public protection value provided by professional organisations' input. Without this breadth, we believe this proposal would be inappropriate and ill advised.

### **Core accreditation functions**

The types of functions that may be performed by external accreditation bodies and committees can be divided into:

- (a) core accreditation functions
- (b) additional functions relating to the new scheme which a board wishes to assign to an accrediting body, and
- (c) additional functions outside the scheme which an external accreditation body may wish to undertake on its own account, as long as there is no conflict of interest with the scheme.

**Proposal 3.4.4:** *It is proposed that the Ministerial Council specify that the core accreditation functions initially assigned to the external accreditation bodies are the core functions listed above where those functions are currently undertaken by the body.*

The AIR currently provides the core accreditation functions as outlined above and we believe that we are well placed to maintain governance of accreditation.

**(a)** *development of accreditation standards through a consultative process for consideration by the board and then the Ministerial Council.*

Accreditation standards of the AIR are developed against the Competency Based Standards document already discussed above. The medical imaging and radiation therapy community, the regulatory boards and the academic bodies at the time have all participated in the establishment and subsequent review of these Competency Based Standards.

**(b)** *assessment of courses of study and determine whether they meet the approved accreditation standards and advise the relevant board.*

Assessment of all MRS courses is currently provided by the AIR, and approved by the DEEWR. This is carried out with reference to the AIR's Competency Based Standards.

**(c)** *assessment of accrediting authorities in other countries to determine whether courses of study that those authorities accredit provide practitioners with the required knowledge and clinical skills to practise in Australia and advise the relevant board.*

The AIR does not currently assess accrediting authorities in other countries to determine whether courses of study that those authorities accredit are appropriate. Instead, the AIR conducts accreditation of the academic program provided by overseas universities which apply to the AIR. This, in concert with the governance provided by the Overseas Qualifications Assessment Panel, acts to ensure that practitioners who receive accreditation meet the Competency Based Standards.

**(d)** *provision of an internal merits and process review of decisions made in relation to the accreditation of education courses and institutions.*

The AIR has set this out in the AIR Education Policy, item (i.): Monitoring and audit of decisions made by accreditation teams

**(e) oversight of the assessment of the knowledge and clinical skills of overseas trained practitioners whose basic qualifications are not recognised in the list of approved courses of study and make recommendations to the board's registration committee regarding the suitability of an applicant's knowledge and clinical skills for registration in Australia and advise the relevant board in respect to an individual's application for registration.**

The AIR performs this through the activities of the OQAP (Overseas Qualifications Assessment Panel), an AIR panel. This panel carries out this function for NOOSR for permanent migrants and migrants on 457 and other temporary visas.

**Proposal 3.4.5:** *It is proposed that the Ministerial Council specify that it would be open to boards to delegate to external accreditation bodies or committees other functions related to accreditation or other matters for which the boards have responsibility, but the boards would not be required to do so.*

The AIR has argued strongly above that it ought to be the agency to maintain governance of accreditation certainly for the immediate period following the introduction of Radiography and Radiation Therapy into the National Registration Scheme, and then possibly for the following years until a comprehensive accreditation scheme is developed.

**Proposal 3.4.6:** *It is proposed that the national scheme legislation allows for changes and expansion of the range of courses accredited with any such expansion requiring the approval of the relevant standards by the Ministerial Council.*

Scope of practice may dictate that courses will change and expand and thus require accreditation. This may include CT, NM, RT specialty accreditations or endorsements. The AIR may also develop other models for specialty, we note that in some circumstances, technological advances drive the need for change as evidenced in the development of the PET/CT scanner. Again, the PAEB have recommended that it is imperative for the AIR to maintain governance of accreditation so as to ensure that such developments are rigorously scrutinised and assessed.

#### **Additional functions relating to the national scheme**

From time to time, there may be functions which a board would like the accrediting body or committee to undertake. These may include, for example, providing services relating to continuing professional development, or approval of courses.

**Proposal 3.4.7:** *It is proposed that the legislation provide general powers of delegation to boards allowing them to delegate other functions to external accreditation bodies where they consider this is the best way to achieve the objectives of the national scheme and where this is consistent with their powers under the legislation.*

The AIR has a structured CPD program in place, linked to the Validated Statement of Accreditation. We would argue strongly that this should continue to be recognised at the national level as the baseline program for CPD.

### **Additional functions outside the scheme which an external accreditation body may wish to undertake on its own account**

External accreditation bodies may undertake any further functions outside the scope of the scheme and this ability will not be affected by their assignment under the national scheme as long as there is no conflict of interest between the assigned functions and any other function. The capacity to undertake these functions may add significantly to the national scheme overall and/or the viability of the external body concerned. Such activities might include contracts with Commonwealth or State and Territory governments to provide particular services, or accreditation of New Zealand courses.

#### **3.5 Governance arrangements for external accreditation bodies**

Existing national accreditation bodies, to a greater or lesser extent, may need to reconstitute their governance arrangements in order to meet the national scheme requirements as many of them contain members of current boards or persons nominated by those boards which will cease to exist after 1 July 2010.

Under the IGA, accreditation bodies will be required to meet standards and criteria for establishment, governance and operation set by the national agency. The governance arrangements of external accreditation bodies will need to provide for community input and promote input from education providers and the professions but provide independence in decision-making.

Given the lead times required for changing corporate governance arrangements, it is proposed that the Ministerial Council will provide guidance on how accreditation bodies should re-constitute their governance provisions. Such guidance would not be contained in the legislation but be a decision of the Ministerial Council.

Guidance to be provided on the governance arrangements of accreditation bodies would be best in a form which will require certain categories of membership to be represented but does not constrain the inclusion of other categories of membership.

The AIR has little difficulty with the governance arrangements. We would like acknowledged the financial stake we have as a professional body, recognition of the value of the intellectual property contained in our Competency Based Standards and all other material surrounding the development of standards of competent practice. We are concerned when situations arise where newly appointed statutory bodies utilise material which has been developed, tested, and revised by committees, panels and members of the AIR, without either acknowledgement or recognition of copyright.

If the AIR is to continue to provide the greatest proportion of expense in providing the accreditation role, then we not unnaturally would see it as reasonable to expect that we would have a proportionate role in the management of the process. We have no difficulties with other party involvement, be it from the community, which we have already taken on board, or from the Registration Board. We would welcome participation from the education providers and have already taken steps to extend that participation further.

## **Legal arrangements between accreditation bodies, boards and the national agency**

It is proposed that the national agency will have a contractual relationship with accreditation bodies.

**Proposal 3.5.1:** *It is proposed that the agency's requirements in relation to the national scheme should be specified in the contract with the specific accreditation body.*

The AIR would expect and welcome a clear and transparent contract with the national agency if its current accreditation work was to become part of the national scheme.

**Proposal 3.5.2:** *It is proposed that the terms of contracts between the agency and the external accrediting body include but are not limited to, the following matters:*

- (a) The objectives of the national scheme*
- (b) The accreditation framework standards developed by the agency*
- (c) The budget for the accreditation functions it is performing for the national board*
- (d) The contribution to the cost of those functions to be drawn from registration fees*
- (e) Monitoring and reporting arrangements*
- (f) Requirements relating to contributions to the national board's annual report, and*
- (g) Provisions relating to termination of the contract.*

*It is proposed that the health profession agreement include the arrangements with external accrediting bodies and accreditation committees. It is further proposed that the key elements of the contract between the external accrediting body and the agency should be a part of that agreement, giving the board a central role in the definition of what the body should do and the services it should provide, as well as its budget.*

The AIR would expect that the Board played a central role but we would like to see that tightly defined and clear in expectation. We have referred above in a number of instances already to our concerns that this scheme contains the risk of conflicts of interest. The public must be assured that the Board is not both setting and assessing the standards of practice, otherwise the whole exercise of national registration risks being brought into disrepute.

**Proposal 3.5.3:** *It is proposed that the arrangements between the agency and any external accreditation body form part of the health profession agreement between the agency and each national board, providing both the national board and the agency with input to the arrangements.*

*As already discussed, the agency is required to develop requirements for the operation of the accreditation function. Concern has been expressed that these requirements should not be developed in isolation from the national boards. While the function is clearly assigned to the agency in Bill A, the agency could be required to consult with the national boards in the development of these requirements as well as the others to govern the operation of the boards. This would be a normal part of good practice.*

The AIR would support and expect that consultation be a normal part of good practice and quality control. We would not support this being enshrined in legislation.

**Proposal 3.5.4:** *It is proposed that the national scheme legislation provide that the agency must consult with the boards on the development of the standards to govern registration and accreditation processes within the scheme.*

*Once these standards are developed by the agency it is proposed that they be included in the contract with the accrediting body.*

*In some cases accreditation bodies use other bodies to perform some of their functions. Where this is already the case it is proposed this may continue. However, if an accreditation body wishes to use another organisation in an arrangement not in place at the time of the assignment of the accreditation function, this matter must be one for the national board to consider.*

With the proviso that if existing standards are adopted then the copyright of such material be respected, the AIR would in general support the concept of consultation.

**Proposal 3.5.5:** *It is proposed that the external body assigned to undertake accreditation in the first three years will have the ability to delegate parts of the accreditation function to other agencies, while it remains responsible for the overall function, where there is no conflict of interest and where this was the arrangement at the time the accreditation function was assigned.*

The AIR would support this proposal.

### **Ensuring transparency**

It is important that the national scheme contains provisions to ensure accountability to the public. These provisions include consultation requirements and reporting requirements.

The national agency, under Bill A, will be required to provide an annual report to the Ministerial Council within three months of the end of the financial year. These reports will include information from each national board on performance of its functions and a statement of income and expenditure. It is appropriate that information on accreditation is included in these reporting requirements.

**Proposal 3.5.6:** *As per Bill A, it is proposed that the national scheme legislation provide that the accreditation bodies and committees of the national board be required to consult widely when developing standards for accreditation.*

The AIR would support this proposal.

**Proposal 3.5.7:** *It is proposed that the national scheme legislation provide that the agency be required to publish on its website, the standards for accreditation following approval by the Ministerial Council as well as all fees and charges related to accreditation.*

The AIR would support this proposal.

**Proposal 3.5.8:** *It is proposed that the contract with the external accreditation body require that body to provide information to the national board on financial reports pertaining to accreditation functions, activities undertaken during the year, including standards developed, courses accredited or monitored, the number of qualifications assessments of overseas trained practitioners undertaken and the decisions made as a result of these assessments, and anything else requested by the national board, for inclusion in the agency's annual report.*

The AIR would support this proposal.

### **3.6 Accreditation committees**

*Where accreditation is not assigned to an existing national accreditation body, it is expected that the national board will establish a committee to undertake this function. Given that the Ministerial Council is likely to take decisions at the end of 2008 on initial assignment of external accreditation roles, the relevant boards should establish accreditation committees soon after their establishment in 2009. This will enable the committees to develop accreditation standards and set up processes prior to July 2010, being the commencement date for the national scheme.*

The AIR notes, and wishes the National Health Workforce committee to acknowledge that the AIR is the existing accreditation body for the profession.

#### **Composition of accreditation committees**

Further, the IGA sets specific provisions for the establishment of accreditation committees in Clause 1.38 which require the national board to undertake consultation with the profession, education and training providers, consumers and governments, before determining the composition of an appropriate accreditation committee. Clause 1.39 requires the committee to comprise registered practitioners, persons with education and training expertise, persons who are not members of the relevant profession, and at least two persons who are also members of the respective board.

The appointment of members to the accreditation committee is the responsibility of the national board. The appointment process is to proceed in accordance with a process agreed by the Ministerial Council.

The number of members on accreditation committees should be set at a level to ensure there is appropriate expertise but the committee remains an efficient size. A committee of eight would allow for two members from each fore-mentioned category.

**Proposal 3.6.1:** *It is proposed that the Ministerial Council require that accreditation committees comprise two registered practitioners from the relevant profession, two members with education and training expertise, two community members and two representatives from the relevant national board.*

The AIR would support this proposal. We would like to suggest that of the two members with education and training expertise, one ought to have a relevance in clinical education to the profession.

**Proposal 3.6.2:** *It is further proposed that the Ministerial Council require that the relevant national board appoint an accreditation committee chair from among these members.*

The AIR would support this proposal. We would recommend that the Chair ordinarily be drawn not from the representatives of the National Board so as to ensure that there is no hint of conflict of interest.

**Proposal 3.6.3:** *It is also proposed that the Ministerial Council require that the process by which the national board selects members for an accreditation committee be open and transparent. Positions should be advertised and allow for expressions of interest from individuals and nominations from groups.*

The AIR would support this proposal.

### **Administration**

The accreditation functions of the boards will be supported administratively by the agency where an accreditation committee rather than an external body is undertaking the functions. It is expected that, under delegation from the boards, appropriate staff will be provided by the agency to undertake the operational work of the accreditation in terms of administration of accreditation panels, report writing and assessment of qualifications. In professions such as nursing and midwifery with many courses and overseas qualifications to be assessed, it may be convenient and efficient to conduct accreditation operational functions within State and Territory offices of the agency. The administrative support to be provided and the costs of that support will be covered by the health profession agreement, agreed between the agency and the board.

**Proposal 3.6.4:** *It is proposed that the legislation will give general delegation powers to boards allowing them to delegate other functions to agency staff and committees, as well as external accreditation bodies, where they consider this is the best way to achieve the objects of the national scheme and it is consistent with their powers under the legislation.*

*Such delegations could, for example, enable the committee to make decisions regarding accreditation. This provision is in line and consistent with similar provisions proposed for external accreditation bodies.*

The AIR would support this proposal.

### **3.7 Linkages**

#### **Registration and accreditation**

*The accreditation processes in the national scheme will be carried out under separate governance arrangements to registration processes. However, both functions are ultimately the responsibility of the national board.*

*The assignment of accreditation functions to an external body or a committee does not affect the responsibility of the board in terms of registration decisions. For example, the accreditation body may assess the overseas qualifications and skills of individual overseas trained practitioners and provide advice to the national board. This advice, however, will only form part of information needing to be considered by the board when making registration decisions.*

*One of the reasons that accreditation and registration functions must ultimately be governed by a single body is that this removes the potential for conflicting outcomes from two separate but related processes. It is not in the public interest or in the interests of persons enrolling in programs, for graduates of accredited programs to be denied registration on the grounds that their program was not adequate. Boards must have the power to be able to resolve these issues in an appropriate manner.*

This is an area where the AIR has concerns. There is a perception risk from the public and the professional community that the Board, in having the power to resolve 'issues' may well be responding to Ministerial directive to meet workforce shortage or some other such matter of political significance. The linkages questions presuppose that standards are an infinitely variable commodity, an obvious impossibility. Either you have standards developed through practice and professional experience, and therefore worthy of respect and maintenance, or you do not; instead choosing to vary entrance requirements on an annual basis so as to allow the supply of practitioners to better meet workforce shortages without having to address the basic issue of longer term planning and funding for supply. We have written this as baldly as possible to highlight our opposition to the reported view in the submission paper that this section wishes to remove the potential for conflicting outcomes from two separate but related processes. This supposed conflict is one of the real strengths of the separation of authorities between accreditation and registration. The public and the professional community can be confidently assured that there is separation, that there will be no 'cosy arrangement' reached in order to provide practitioners for the public.

As a consequence the AIR believes that this proposal requires major modification and must address the risks that it currently appears to enshrine a conflict of interest rather than resolving it.

## **Review and appeal provisions**

The IGA (clause 1.35) states external accreditation bodies and accreditation committees must provide an internal merit based review process for decisions made in relation to accreditation of education courses and institutions. This would form part of the contract between the agency and the external accreditation body. Under these arrangements educational institutions will have the ability to request reviews of decisions made by the accreditation body or committee.

Where an institution is dissatisfied with the decision, following a review by the accreditation body or committee, it is proposed that the legislation will make a provision for an external appeal on the reviewed decision to occur.

**Proposal 3.7.1:** *It is proposed that any organisation disadvantaged by an accreditation decision of the board should have the right to seek a merit or process review and, if required, go beyond that to an external process of review.*

The implications of this proposal are ones of cost and standards. In many of our reviews the Board of the AIR will request/require the education provider to make modifications or changes before final accreditation is provided. The education provider is constrained by their own funding imperatives, which can impact provision of courses to the standards the PAEB would expect.

Let us suppose that the education provider wishes to commence a new aspect of a course, they apply for accreditation and are asked to make changes. However they have already promoted the course, they have students waiting to commence and therefore they perceive themselves to be 'disadvantaged'. On the face of it, this is a reasonable course of action, but they are representing their view of the pathway into professional practice and our experience is that academics not uncommonly bring about revisions of their teaching and view of practice. The accrediting authority has to look at this against a much larger canvas, and always do so. We seek as wide range of views about innovative proposals that we can, and if possible try to measure such proposals against both national and international experience.

The AIR argues here that the language and the intent of this proposal requires significant reworking so as to allow for reasonable appeal as opposed to those driven by self interest and parochial experience.

### **3.8 Indemnity**

Concerns have been raised in recent submissions received about legal protection for accreditation bodies and their agents in relation to the performance of accreditation functions under the national scheme, including issues relating to who would be liable for review or appeal decisions. The following proposal confirms the policy intent to provide appropriate indemnity to those within the boards and agency, but also those providing accreditation services under the scheme.

**Proposal 3.8.1:** *It is proposed that the national scheme legislation will provide that all bodies and their agents under the scheme will be indemnified for work performed in relation to the scheme. These indemnity arrangements will extend to external accreditation bodies and committees and persons acting for those bodies and committees.*

The AIR would support this proposal. We note that there are existing indemnity insurances in place and ask how the scheme will recognise these?

### **3.9 Funding arrangements**

*Accreditation is currently funded through a range of sources (as outlined in section 2.2). The IGA, in clause 12, anticipates that in the future the national scheme will be self funding ie the scheme will be funded from fees received from registration functions and accreditation functions. Governments have also agreed that resources for the national scheme will comprise fees received for registration and accreditation functions, appropriate resources of the current registration boards, current Commonwealth, State and Territory contributions to registration, accreditation and related workforce functions and a contribution of \$19.8 million to the establishment of the new scheme (clause 12.1 of the IGA).*

*Furthermore, submissions received from the professions indicate a preference for ensuring that registration and accreditation activities are not cross-subsidised between professions and that the fees for each profession are set at a level that supports the regulatory activities for that profession only. Under this scenario, common overhead costs would be allocated across professions.*

The AIR would support these proposed arrangements. We would caution that the issue of the operational costs of both registration and accreditation are notoriously understated. It is our view that the introduction of national registration will see a significant rise generally in registration fees so as to cover the costs. We accept that some states – notably Victoria, Queensland and Western Australia, will see hopefully only minor increases in the costs of registration for our profession.

We also draw attention to the collateral impact of funding. In a world of financial change, costs for professional activities are an important factor in the household budget. Our best estimate is that at a minimum the registration fee will need to contain some \$50.00 per member of our profession to fund accreditation. The second item of collateral impact will be the withdrawal of ‘pro bono’ activity. As mentioned earlier, practitioners have been extraordinarily generous with their time and energy, offering both for little or no recompense, because they are doing it for their profession. If they are doing it for the government, that will not be the attitude. Finally, in the competition for the practitioner’s dollar, mandatory payments (read registration fees) will trump voluntary membership fees. As outlined earlier it is the professional associations through their provision of conferences, seminars and so on, who provide opportunity for practitioners to actually identify the standards, the developments which are going to make a difference – the very benefits which this the national registration scheme will rely upon so heavily.

### 3.10 Accreditation processes

It is important that accreditation processes at a minimum meet, or preferably surpass, international best practice standards. The accreditation process needs to be rigorous, transparent and fair. Assessment should be against tools developed for the purpose and made available to the education and training provider. The accreditation standards framework developed by the agency following consultation with the boards will set down requirements for the accreditation process which will ensure that good regulatory practice is followed and Ministerial policy directions are met.

The process of assessing education and training courses is usually done by panels, constituted for that purpose. Panels assess the application and all information forwarded by the education and training provider against specific and relevant assessment tools and draft a report for consideration of the decision-making body or committee. The constitution of assessment panels is an important way of ensuring that the process is objective and fair. It would be expected that there is an open and transparent appointment process for panels and that each panel includes professional representation, education and training expertise and people who are not members of the profession.

Membership of accreditation panels should neither over-represent, nor under-represent, the interests of the profession. This is important in order to maintain independence of accreditation functions and to ensure that such bodies maintain their accountability to the public. At the same time, professional involvement in the accreditation function is important to ensure that processes and decisions are well informed. It is through the panel that principles of independence may be maintained.

**Proposal 3.10.1:** *It is proposed that the Ministerial Council request that the agency consider the following matters in developing standards for accreditation processes:*

- (a) the document Standards for Professional Accreditation Processes developed by 'Professions Australia' in consultation with the Forum of Health Professions Councils*
- (b) the need to meet any relevant international guidelines relating to the specific professions*
- (c) the need to align standards with relevant international standards and clearly indicate the international standards on which these standards are based when presenting them to boards for consideration, and*
- (d) the need to ensure that accreditation assessment panels provide sufficient public accountability and independence.*

The AIR supports these points but notes and draws to the attention of the National Health Workforce Committee the ironic contradiction inherent in item 3.10.1(d) where the request for submission wishes to assure the public of independence and accountability yet earlier outlines how accreditation and registration functions must ultimately be governed by a single body. This does not seem to match up.

## Relationship between registration and accreditation functions

The purpose of accreditation of programs is to ensure that graduates of programs meet the requirements of registration when they have completed their programs. It is important that students from accredited programs are able to register or that, if their program has not maintained the required standard since accreditation, public safety is maintained while students are not unduly disadvantaged. There are ways of minimising such disadvantage which include

- ensuring that the accreditation body or committee has an ongoing monitoring role of accredited programs to enable early intervention in the event of a deterioration of standards
- enabling accreditation decisions to be rescinded if the standards are no longer met
- putting appropriate conditions on the accreditation if necessary, for example, if a program has ceased meeting accreditation standards a condition could be put on its accreditation that the program does not take in new students until the standards are met, and
- monitoring closely to ensure that current students meet course requirements through extra assistance, for example, assistance from other programs if necessary or extra relevant clinical placements and assessments.

**Proposal 3.10.2:** *It is proposed that the legislation provides for ongoing monitoring of education courses and institutions, including requiring accredited education providers to report to the accreditation body or committee any significant curricular changes or resourcing issues that would adversely impact on students and compromise their ability to register, and requirements for the accreditation body or committee to report any such adverse events to the relevant national board as soon as it becomes aware of them.*

The AIR would support this proposal particularly since it the proposal represents our current state of monitoring and reporting.

## 4 Linkages with Commonwealth, State and Territory government bodies

There will be several linkages with Commonwealth, State and Territory health departments. Under the IGA, the Ministerial Council will be responsible for approving accreditation standards, if they are submitted by a national board with a recommendation that they be approved.

It is also important to ensure clear communication and cooperation with government education agencies, such as State and Territory and Commonwealth education departments. It is expected that there will be operational linkages between tertiary education accreditation bodies, both in the university and the vocational education and training sectors, as appropriate.

**Proposal 4.1:** *It is proposed that accreditation reports will be made publicly available in the agency's annual report and on its website. These reports will include recommendations and outcomes of accreditation processes and information on education and training courses.*

The AIR would support this proposal.

## **Assessment of overseas qualifications**

Assessment of qualifications and skills of overseas trained practitioners wanting to migrate and practise in Australia is required for immigration purposes under assignment by the Minister of Immigration and Citizenship (supported by the Department of Education, Employment and Workplace Relations) as discussed earlier in this document (Section 2.3), and for registration purposes. The national scheme provides opportunities to link these functions more efficiently and combine the functions of assessing overseas qualifications and skills for registration purposes and assessing them for migration purposes. Linking these activities would be more efficient for both the individual applicant and the organisation. It would also ensure that migrants did not come in to the country only to find that they are unable to be registered in their profession.

## **5 International linkages**

Submissions have emphasised the importance of ensuring that education and training of health professionals is consistent with that of other similar nations. As outlined previously, standards for accreditation should meet relevant international guidelines for the preparation of the professional group. Australian standards are currently higher than international standards in our profession so we would be very concerned if there was any lowering of standards in Australia in order to meet international standards.

Graduates from Australian programs need to be able to register in other countries, as international practice experience enhances the knowledge and skills of health professionals which benefits the Australian community on their return.

It is important that the assessment of overseas qualifications is based on a clear understanding of the standards, content and accreditation processes of the particular country where the health practitioner has qualified. Accreditation bodies and committees will need to maintain and develop relationships to ensure that accreditation is informed by international standards and processes.

Governments have a particular relationship with New Zealand under the *Trans-Tasman Mutual Recognition Act 1997*. This means that health professionals from New Zealand are registered in Australia for the equivalent activities for which they are registered in New Zealand and vice versa. Under these arrangements, qualifications cannot be assessed but are assumed to be equivalent. It is important, therefore, that standards for education and accreditation processes are aligned. Many of the current national accreditation bodies (eg CCEA and OCANZ), demonstrate these links by having New Zealand representation on their membership and/or through the provision of accreditation functions for New Zealand programs. The AMC also accredits New Zealand medical schools. It is important that the introduction of the scheme recognises and facilitates such linkages.

**Proposal 5.1:** *It is proposed that the national scheme legislation provide that standards for accreditation are developed in consultation with New Zealand and any other country with which Australia has (or develops) a mutual recognition agreement.*

The AIR would support this proposal.

## **6 Transitional arrangements**

It is not intended that the introduction of the new scheme will force changes to current education standards which are working well. It is intended that current education standards remain in force until any replacement standards have been approved.

The transitional arrangements should ensure that the introduction of the national scheme occurs as seamlessly as possible and that students and practitioners are not disadvantaged by the introduction of the new scheme. For example, any change to standards for courses should allow a pathway for students enrolled in programs prior to July 2010 to complete their courses of study and register. It is also important that education providers have time to develop new curricula required by any significant change to education and training standards and phase them in so that the impact is reduced to a minimum. The lead time for the introduction of any new standards should be long enough to enable education and training providers to develop new curricula and for current students to complete their programs.

**Proposal 6.1:** *It is proposed that transitional arrangements to be included in the national scheme legislation will include requirements for:*

- (a) current boards to provide the new national boards with their lists of accredited courses prior to the commencement of the national scheme*
- (b) standards for courses or education providers which exist on 30 June 2010, to continue until they are replaced with standards developed under the national scheme and approved by the Ministerial Council*
- (c) education and training courses and education providers which are accredited by the current boards on 30 June 2010 to be deemed to be accredited under the national scheme until they have been re-accredited under the new provisions, and*
- (d) lead times of at least one full year for the introduction of any new accreditation standards following approval by the Ministerial Council to allow course providers to make any required changes to their courses.*

The AIR would support this proposal.

---

<sup>i</sup> Circular 2/86. Submission to CTEC on upgrading radiography qualifications in UG2. 29/1/1986 AIR Archives – [Conjoint Board Circulars](#).