

Australian Council of Deans of Health Sciences submission to the APC Accreditation Standards Review: Preliminary Consultations

Introduction

The Australian Council of Deans of Health Sciences (ACDHS) welcomes the opportunity to contribute to the APC Accreditation Standards Review: Preliminary Consultations. ACDHS is the peak representative body of the Australian universities that provide pre-professional education in the allied health sciences. The Council adopts a whole of health system perspective and considers the development of an innovative and sustainable health workforce will best position Australia to address present and emerging health care demands – both domestically and internationally.

ACDHS member universities include:

Central Queensland University	Monash University
Charles Sturt University	Queensland University of Technology
Curtin University	University of Canberra
Deakin University	University of Newcastle
Flinders University	University of Queensland
Griffith University	University of South Australia
James Cook University	University of Sydney
La Trobe University	Western Sydney University

In addition to providing comment within this submission, Council members may provide comment from their respective universities. Individual member responses may provide more specific examples about the pharmacy program accreditation standards and any impact of accreditation processes.

While it is noted that many of our members teach a broader range of health programs, the following professions fall within the remit of our Council:

Clinical exercise physiology/sport and exercise science	Pharmacy
Medical laboratory science	Physiotherapy
Nutrition and dietetics	Podiatry
Occupational therapy	Prosthetics and orthotics
Optometry	Medical radiation science
Orthoptics	Speech pathology

Health program accreditation is an issue of prime importance to ACDHS members. Members offer multiple health programs at both entry level and post entry level. Key messages in submissions to recent reviews of accreditation systems¹ include support for initiatives that decrease duplication between accreditation processes and reduce the administrative burden on universities.

¹ 2016 Department of Education and Training (DET) commissioned *Mapping of professional accreditation in the context higher education regulatory and standards frameworks* and 2017 *Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions*

ACDHS recognizes the regulatory and financial burden of professional accreditation places on higher education providers. Any actions to improve efficiency through reducing duplication between the accreditation processes undertaken by the Tertiary Education Quality and Standards Agency (TEQSA) and by the professions are welcome. ACDHS members also recommend program accreditation processes contain formal appeal process where all matters are dealt with in a transparent manner by an independent arbiter.

Council members acknowledge and welcome rigorous programs of accreditation that ensure enacted accreditation standards:

- i. provide protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered;
- ii. facilitate the provision of high quality education and training of health practitioners; and
- iii. enable the continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivery by, health practitioners

1. APC (pharmacy) program accreditation (as it relates to the);

To some extent, the specific questions regarding current content and processes and what to be added or omitted from the existing standards are considered to be dependent on whether the decision is made to adopt the common Framework for the accreditation of pharmacy programs (Question 3).

While many of the existing criterion / items in the current accreditation standards would map relatively easily across to the common Framework, this mapping process would identify gaps and overlaps to be further considered.

The recent COAG Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions (Draft Report, 2017²) highlighted the value of better synergies between the professions with respect to accreditation (p 47):

“Better alignment across the health professions has the potential to streamline operations, generate efficiencies and create opportunities for greater collaboration and system responsiveness. Whilst recognising the importance of retaining profession-specific attributes, there are opportunities for reducing unnecessary duplication across the accreditation process, through standards development, assessment procedures, panel preparedness, education provider reporting and ongoing monitoring”.

This report also highlights the current level of duplication in the multiple reporting formats required of accredited programs to multiple governance agencies, and the need to move towards common formats for similar information, to reduce excessive duplication. While this is outside of the scope of determining what information needs to be reported in accreditation reports, it relates to the nature of the information being sought, and aims of standardising / reducing duplication in similar information being sought by multiple governance agencies. This is an important goal, and one that is envisaged will be progressed as elements of the Review recommendations are implemented.

a. paperwork/documentation requirements

There is significant duplication with other accrediting bodies and university regulatory agencies. This includes areas such as governance structures, quality and risk management, resource allocation and facilities, admissions policies and student support services. It has been suggested that much of this documentation could be removed or significantly scaled back for established pharmacy programs.

Greater clarity around the expectations of evidence necessary for every standard would enhance the transparency, efficiency, effectiveness and fairness of current accreditation procedures.

² COAG Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions (Draft Report, 2017) http://www.coaghealthcouncil.gov.au/Portals/0/Accreditation%20Review%20Draft%20Report_U.pdf

For example, provision of a global glossary of terms and exemplars of high quality evidence for each of the standards would greatly assist universities in their discernment of appropriate evidence requirements for accreditation documentation.

Increased clarity and consistency around the scope of required evidence would also assist universities in preparation of accreditation documentation.

For example, current instructions for brevity in each of the responses conflicts with suggested sources of evidence often relating to lengthy documents. In these instances clear advice as to the use of appendices would be helpful.

b. process used – is it considered to be intrusive, non-intrusive, fair, reasonable etc

Members acknowledge that rigorous assurance of the quality of the education and training provided to pharmacy students and the consequent assurance of public safety necessarily requires rigorous, time intensive and outcome driven engagement with accreditation processes. We support a collaborative and quality improvement approach to accreditation.

One specific area of concern raised was the timing of site visits. The timing of site visits is considered critical. Members have reported site visits have been scheduled in difficult times within a semester with little or no flexibility provided about dates. When scheduling site visits, it is recommended that the APC should liaise with the university and be cognisant of issues such as the availability of students and staff and the scheduling of other program accreditation processes.

As noted in the introduction, Council members offer multiple professional programs that require accreditation. The variation in organisational structures between universities is also important to note in terms of developing comprehensive and timely responses. Whilst specific curricula and professional responses fall to pharmacy academic staff, responses to other standards such as governance, quality and risk management, resource allocation and facilities, admissions policies, and student support service often require the input of a range of university staff, both the professional and administrative.

c. compliance requirements of APC - as compared with other health disciplines

When compared to some other health disciplines,

- APC required more evidence that overlapped with TEQSA and AQF accreditation requirements.
- Annual reporting requirements are quite similar
- Outcome based standards are useful for courses to demonstrate how they achieve standards
 - This contrasts to the indicative approach used in other disciplines which can be very restrictive (e.g. staff / student ratios in clinical classes or hours of placement).

d. potential for unnecessary duplication

The main unnecessary duplication relates to processes that overlap with those necessary to fulfil TEQSA accreditation requirements. If a university is an accredited higher education provider and all that entails, then teasing out the key points for a particular profession requires great clarity.

e. existence of any unnecessary enquiry or ‘overreach’

Areas of APC overreach occur when the university perceives that questions and/or monitoring requirements move beyond those considered integral to the assurance of “public safety” which is the delegated authority from Pharmacy Board of Australia (PBA) and/or overlap with TEQSA requirements.

The ability of the accreditation standard to accommodate the various university structures was also raised. It is perceived that the current standard is designed for a “school”, whereas many are disciplines within a wider school, faculty or similar structure.

f. Cost

The cost to remain an accredited program is currently \$30,000 per year, which when compared across disciplines is less than some and more than others. However, one member noted that in view of the body of work required to prepare the accreditation documentation, the cost of Pharmacy accreditation was more than that of other health accredited programs.

Cumulatively, the cost to a school or faculty with multiple accredited courses quickly adds up year on year to hundreds of thousands of dollars.

g. concerns or other issues of Council Members

The time that staff and universities commit to the accreditation and the duplication of processes does not necessarily provide a “quality” course.

It was also noted that in each profession, including pharmacy, there are programs of study with questions around their delivery, student experience and other program areas, yet there appears to be little preparedness by accrediting groups to act/address these questions/programs.

2. What current APC standards need to be retained, removed, revised or introduced?

The accreditation standards should primarily focus on curriculum and student outcomes, ensuring that there is sufficient expertise to provide students with the necessary skills, knowledge and attributes.

In terms of what should be retained, removed, revised or introduced will depend on the view of APC to the response to Question 3, the 5 domain framework and its potential implementation.

a. Retained

No specific comments received

b. Removed

Elements of duplication with TEQSA, Strategic and governance areas of the standards.

The accreditation of pharmacy programs is intended to safeguard the public by ensuring the programs graduate students who are able to progress through an accredited intern training program. In turn, the internship program aims to evidence that students have acquired the required competence to practise as pharmacists and contribute to the achievement of enhanced health outcomes for consumers. APC standards should therefore focus primarily on matters relating to the curriculum and the preparedness of students to enter the accredited internship program.

By contrast, TEQSA and the associated HESF standards should be accepted for their role in ensuring that universities have structures, processes and practices that foster a safe, accessible, equitable and accountable environment for learning. Standards that overlap with those of TEQSA should be removed from APC accreditation requirements/standards.

APC should therefore focus on its role delegated from the PBA –protection of the public and graduates fit for supervised practice, the Intern year including ITP and written and oral assessment. It has a critical role in engaging with the scholarship of Learning and Teaching in the Pharmacy discipline.

c. Revised

Suggestions received include review of

- Areas related to cultural safety; broadening to reflect the wider context
- Areas related to “contemporary teaching practices” to accommodate e.g. PBL, CBL more effectively
- Experiential learning sections, particularly as they relate to outcomes and assessment
- Learning domains in Pharmacy
 - may need to be revisited particularly now the professional competencies have been reconstructed and scope of practice is changing

d. Introduced

No specific comments received

3. Five-domain (program accreditation) framework;

- a. are members aware of the Five-Domain Framework (now in use by the Dental, Physiotherapy, Chiropractic and Optometry health professions)
- b. has there been any discussions (that the Council can share with us) of the likely impact of this program accreditation Framework on reporting requirements, evidence gathering or compliance
- c. Would the ACDHS support the use of this Framework for the accreditation of pharmacy programs?

Members are aware of the Five Domain Framework and would be supportive of this type of constructed approach to framing the standards. There is value in moving towards a common framework for accreditation standards. The move towards this by the Dental, Physiotherapy, Chiropractic and Optometry professions is seen as positive, and further professions moving to the same framework for accreditation standards would be seen to be desirable.

The Five domain framework has a focus that is more clearly aligned with protection of the public, professional competency, standards and ethics of the health profession. Although the domains overlap with some of TEQSA's standards relating to institutional structures, their focus is on application in the context of teaching in the discipline

4. How could program accreditation better support [three specified areas –see a, b, c below]

The following broader suggestions were provided for consideration.

- APC needs to better define the nature and purpose of the three proposed areas. Program accreditation relates to preparing students for their internship. If thought desirable by APC, these (or other) concepts should be integrated into the national Competency Standards, the Professional Practice Standards and the Code of Ethics as these represent collaboration and consultation with academia, peak bodies and the profession. As a consequence, accredited programs will include them in their Degree philosophy and conceptual frameworks, as required under HESF standards.
- It is important for the accreditation standards to incorporate key elements that need to be addressed in relevant curriculum, including the areas noted in Question 4, but not in a prescriptive manner that limits how these criteria may be addressed.
- Both improving the health outcomes of Aboriginal and Torres Strait Islanders and Māori people and inter-professional learning/collaboration are in the common Framework accreditation standards
For example, in the Physiotherapy standards,
 - Criterion 3.6 is “Principles of inter-professional learning and practice are embedded in the curriculum”;
 - Criterion 3.11 states “Cultural competence is integrated within the program and clearly articulated as required disciplinary learning outcomes, this includes Aboriginal and Torres Strait Islander peoples”; and
 - Criterion 4.8 states “There is specific consideration given to the recruitment, admission, participation and the completion of program of study by Aboriginal and Torres Strait Islander peoples”.

Responses to the specific questions were also received.

- a. strategies for improving the health outcomes of Aboriginal and Torres Strait Islanders and Māori people

The current approach has been perceived by some to be quite prescriptive with recommendations that the

concepts of cultural safety generally need better focus in the curriculum frameworks. Flexibility in addressing and demonstrating outcomes should be applied.

Consideration should also be given to including a focus on cultural responsiveness.

b. inter-professional learning/collaboration

IPE/IPP – is difficult. The idea of providing a framework and stepped experience of IPE/ IPP in the curriculum is good and demonstrating experience that students gain. The issue comes with IPP and again, flexibility to provide a variety of experience across core and capstone areas.

c. The development of the role of the pharmacist to meet future health care service needs of patients, their families, communities and the government's health care system?

In terms of developing future skills, the following comments were provided

- University programs can at times be looking ahead of the accreditation standards in regard to what is taught.
- It is important that Universities are able to advance their curriculum and teaching practices within accreditation frameworks without constantly seeking permission
 - This is qualified by the needs for appropriate checks and balances to ensure that core competencies are still being taught.
- The common Framework for accreditation standards includes criterion to address this future health care needs. For example, in the Physiotherapy standards
Criterion 2.4 Mechanisms exist for responding within the curriculum to contemporary developments in health professional education, provides opportunity for the accreditation review to consider current curriculum in the context of changing health system needs.
- Some consider the current programs to be still bedded in tradition (core sciences and retail) and evolution of professions into health related clinical roles is not encouraged by the current training model in Australia.
- Experiential learning is primarily retail based, with limited exposure to acute care or other settings and the value and exposure to “health” is restricted within the threshold qualification.
- A suggestion for a full review of the expected “entry to practice” qualification for pharmacy (e.g. AQF 9 / 10 – doctoral level) was received
- Innovation and responsiveness to future need can be hampered by current processes

Thank you for the opportunity to provide comment to the preliminary consultation to inform the APC review of Accreditation Standards.



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