

# Australia's Health Workforce: strengthening the education foundation

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Consultation – Draft Report recommendations  
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# Future health care system challenges

- Australia's health system: good average outcomes, reasonable cost
  - High life expectancy, falling burden of disease, universal healthcare, 10% GDP
- Future health care: need for integrated care over extended periods
  - Rising chronic conditions – issues of prevention and long term primary care
  - Ageing – increasing numbers with long term frailty, dementia
  - Rural, remote – lower life expectancies, higher rates of disease and injury
  - Indigenous people – greater health disadvantage, roles of indigenous health workforce
  - Social/health interface – disability, aged care, homelessness, family violence, disadvantage ... integrated care and support across sectors



# Accreditation: why is it important?

- Accreditation: fundamental antecedent to registration
  - National Registration Boards need to trust the accreditation system
- Accreditation regulation can be a force for, or inhibitor, of change
- Accreditation system influences education models
  - Professional-entry education is a foundation for workforce reform
  - Outcomes-based education promotes flexibility
  - IPE promotes team-based understanding and delivery
  - Clinical placements provide exposure to models of care, access to care
- Broader context
  - Accreditation authorities (and Boards by default) interface with other regulation and accreditation entities and standards
  - Need overarching direction of government policy in education, training, regulation and funding of the health workforce



# Centrality of consumers

- ‘Consumers’ and ‘beneficiaries’ of accreditation system
  - Service users: patients, families/carers
  - Students: recipients of education and training
  - Employers: recruit graduates to provide health and social care services
- Service user consumers are central
  - Patient-centred care is the *raison d’être* of the health system
  - Consumers can inform continuous improvement of the health and social care systems
- The National Law provides for community involvement in the operations of the National Boards
  - But no specific requirements for involvement in accreditation
  - Has created inconsistency and varied approaches across professions



# Accreditation System Review: themes

- 2014 NRAS Review
  - Health Ministers considered that a more substantive reform of accreditation functions was required
- Current Accreditation Systems Review – three broad themes
  - Achieve efficiency improvements within the existing framework, including consistency and collaboration across professions
  - Improve effectiveness of health education, including its relevance and responsiveness to emerging consumer needs
  - Reform governance and reporting arrangements for the accreditation function to help create the workforce that Australia needs now and in the future




# Draft Report findings

- The accreditation system within the National Scheme is fragmented
  - System is administratively cumbersome (14 x 2 separate silos)
  - Limited transparency, accountability and performance monitoring
  - Limited development of interprofessional education and practice
  - Inconsistent assessment processes and reporting
  - Restrictions on innovation in health education
  - Inconsistent approaches to work-readiness of graduates
  - Duplication with other regulators
- Reform is required to achieve objectives of the National Law
  - Provide protection of the public
  - Provide high quality education and training of health practitioners
  - Facilitate the rigorous assessment of overseas-trained health practitioners
  - Facilitate access to services, in the public interest
  - Continuously develop a flexible, responsive and sustainable health workforce



# Proposed model of governance: desired outcomes

- Separate the functions of the regulation of individual practitioners from the accreditation of programs of study
- Achieve greater efficiency in processes
  - Consistent processes and funding principles to improve transparency and accountability
  - Greater commonality in accreditation standards, terminology, assessment processes and reporting requirements
  - Integrated processes with other regulators (TEQSA, ASQA, ACSQHC)
- Facilitate more effective collaboration between health and education to deliver a health workforce that is responsive to community need
  - Focus on outcomes, not inputs
  - Strengthen cross-professional approach to interprofessional education
  - Promote clinical placements which focus on emerging workforce priorities
  - Common approach to competency standards – domains and learning outcomes

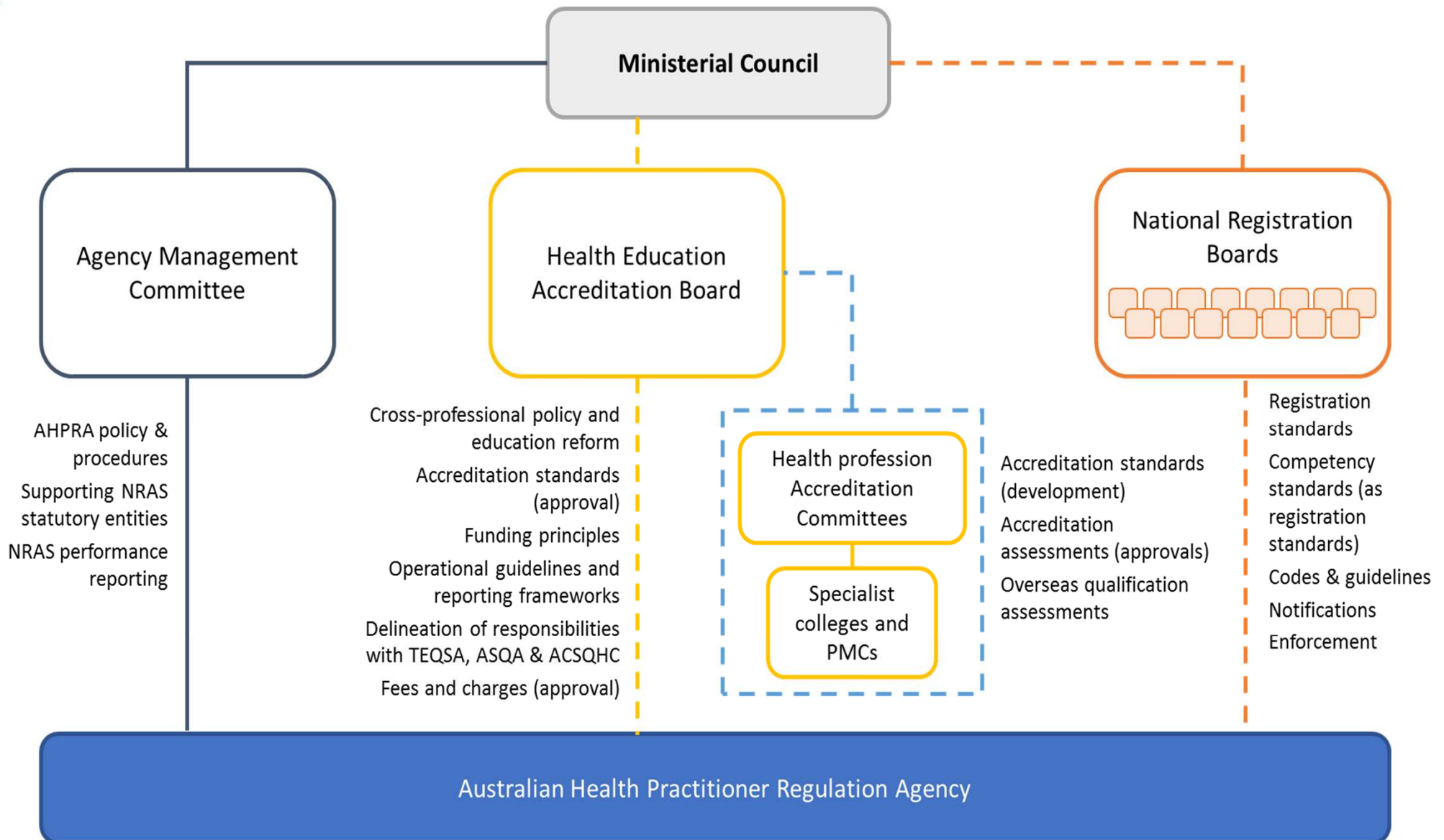


# Proposed model of governance: desired outcomes

- Establish an integrated health and social care system
  - Reduce silos between registered and non-registered professions
  - Promote consistency of quality and safety for all health professions
- Develop consistent policies and guidelines for assessment of
  - Overseas trained practitioners
  - Offshore programs of study and competent authorities
- Improve consistency in avenue for appeal and review of processes
- Embed development of reforms for future workforce within the overall national priorities



# Proposed model of governance





# Draft Report recommendations: specific consumer focus

- Determine where consumer input provides the most value
  - In the development of professional competency standards?
  - In the design of education and training programs, including curricula?
  - In the assessment of programs of study and education providers as appropriate?

## *Recommendation 12*

*All accreditation standards should require education providers to demonstrate the involvement of consumers (health service users, students and employers) in the design of education and training programs, including the development of education curricula, as well as demonstrate that the curricula promotes patient-centred health care.*

- **Discussion:** Does this recommendation appropriately capture the role of, and input from, consumers?



# Draft Report recommendations: specific consumer focus

- Increased commonality in accreditation processes will reduce repetitive consultation documentation from professions
- AHPRA can support community members and limit ‘capture’ by interests of professions

## *Recommendation 13*

*AHPRA should expand the Terms of Reference for the AHPRA Community Reference Group to include accreditation functions and enable accreditation authorities to refer issues to the Group for advice.*

- **Discussion:** Are there other considerations for inclusion in the TOR?
- **Discussion:** The recommendations are silent on the type and amount of support and training to ensure equal participation in governance processes – thoughts?



# Timelines

Release of Discussion Paper	27 February 2017
Consultation Forums across Australia (including consumer workshop 17 March 2017)	March 2017
Submissions to Discussion Paper close	1 May 2017
Analysis of submissions, follow up consultation as required and report preparation	May to August 2017
Draft report released for final comment	4 September 2017
Submissions to Draft Report close	29 September 2017
Final report submitted to AHMAC/Health Ministers	31 October 2017



# Thank you

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