

Response Template - Consultation on *Australia's Health Workforce: strengthening the education foundation*

This template is for responses to *Australia's Health Workforce: strengthening the education foundation*, the final report of the Accreditation Systems Review project.

Please return your response to MOH-ASR@health.nsw.gov.au. Responses are due by **28 March 2019**

Stakeholder details	
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INTRODUCTION
<p>The Dental Council (New Zealand) is the regulatory authority tasked under the Health Practitioners Competence Assurance Act 2003 to regulate oral health practitioners in New Zealand.</p> <p>The Dental Council regulates ~4800 oral health practitioners. This includes dentists, dental specialists, oral health therapists, dental hygienists, dental therapists, clinical dental technicians, dental technicians and orthodontic auxiliaries.</p> <p>The Dental Council's functions include:</p> <ul style="list-style-type: none">• setting of ethical, cultural and clinical competence minimum standards• setting of scopes of practice defining the activities that oral health practitioners can perform, underpinned by professional competencies and gazetted prescribed qualifications• accreditation and ongoing monitoring of NZ prescribed programmes, and validation of a few overseas accrediting bodies considered comparable to Australasia• registration and ongoing recertification of practitioners• managing practitioners who do not meet these minimum standards, with the aim to get them up to the required standards, where possible. <p>The Council has a joint accreditation committee with the Australian Dental Council (ADC), to facilitate joint dental educational standards across Australasia. We share joint accreditation standards, policies and processes.</p> <p><i>Submission</i></p> <p>The Council will not comment on the operationalisation, including costs or timeframes, of any proposals.</p> <p>We support the majority of the principles and proposals articulated in the final report. We appreciate the recognition in the final report of the obligations under the Trans-Tasman Mutual Recognition Act, and the existing relationships and processes in place to foster common Australasian health regulatory standards.</p> <p>However, in considering the changes that will occur over time as a result of these proposals being adopted and implemented by the respective accreditation authorities and regulatory national boards, we will need to ensure that we continue to fulfil our regulatory obligations in the setting of appropriate minimum standards to ensure patient safety in New Zealand.</p>

FUNDING AND COST EFFECTIVENESS (RECOMMENDATIONS 1-3)	
1. What are the costs, benefits and risks in relation to the implementation of funding principles and performance indicators as recommended in the final report? Are there other ways to achieve the outcomes the ASR was seeking with less cost and risk?	In New Zealand dental accreditation is not cross-subsidised by registered oral health practitioners. With the increased internationalisation of students undertaking accredited programmes and the ongoing global movement of the health workforce, there is no guarantee that these students will remain and practise in New Zealand. For these reasons the Council considered it inappropriate for existing registrants to cross-subsidise the accreditation of dental programmes.
IMPROVING EFFICIENCY (RECOMMENDATIONS 4-6)	
2. What implications may the implementation of these recommendations have for bodies outside AHPRA and the National Boards (e.g. education providers, education regulators, health professional accreditation bodies)? In what timeframes would these bodies be able to achieve the outcomes of the recommendations?	From a New Zealand perspective, we need to ensure that any of these revised standards and processes fit within the different NZ legislative and educational environments.
3. What are the costs, benefits and risks related to the implementation of recommendations 4-6?	<p>The Council supports:</p> <ul style="list-style-type: none"> • The strengthening of cross-profession policies and guidelines for developing accreditation standards and programme assessments. <p>The report acknowledges some commonalities in these areas, which can be further refined and implemented more widely and consistently.</p> <ul style="list-style-type: none"> • Consistency in common-used terminology and definitions in both accreditation standards and professional competencies. <p>The Council acknowledges there are inter-professional commonality in some of the accreditation standards and professional competency domains, such as cultural safety, communication, professionalism etc. Shared development work in setting these benchmarks, and common approaches to the assessment of meeting these standards could have the following benefits:</p> <ul style="list-style-type: none"> - greater clarity of expectations and consistency in measurement of these areas - decrease initial development costs for the accrediting authorities and regulatory boards - collectively contribute towards health service reform aligned with the government strategies and directives to improve health service delivery and access. <ul style="list-style-type: none"> • A more consistent approach to risk-based monitoring and ongoing data collection.

	<p>Common risk framework principles across professions could be beneficial, while each accrediting authority would need to retain the ability to refine these according to profession-specific risk factors.</p> <p>Common areas of data being collected for ongoing monitoring could be identified and consistency in reporting templates, definitions, electronic tools etc. could be beneficial to both the provider and the accreditation authorities.</p> <ul style="list-style-type: none"> • Explore areas where overlap between academic and professional accreditation could be streamlined. • The Council and ADC have on their 2019 workplan engagement with the tertiary education regulators (TEQSA and NZQA) to explore areas of potential overlap between the various accreditation processes; and how these can be streamlined, or duplication removed.
RELEVANCE AND RESPONSIVENESS OF EDUCATION (RECOMMENDATIONS 7-14)	
<p>4. What implications may the implementation of these recommendations have for bodies outside of AHPRA and National Boards (e.g. consumer groups, education providers, accreditation bodies)? In what timeframes would these bodies be able to achieve the outcomes in the recommendations?</p>	<p>The Council supports:</p> <ul style="list-style-type: none"> • The principle of having community representation in the development of accreditation standards and professional competencies, in programme accreditation assessments and the subsequent deliberations and decisions on the accreditation of these programmes. The Council already involves community members in most of these processes. <p>A common pool of community members with accreditation training and experience, shared across all professions, would be beneficial to broaden the available resources. For this to be effective, common selection processes and criteria, including defined skillsets relevant to this role, should be developed and applied.</p> <ul style="list-style-type: none"> • Development of standard definitions and terminology in common areas of professional competency standards, including cultural safety and quality and safety. • Inter-professional learning and practice are already incorporated in our accreditation and professional competency standards. However, the assessment of how these are embedded into the relevant programmes could be strengthened. • The principle that any additional training or assessment process after completing an accredited programme, should be considered on a case-by-case basis, clearly articulating the need for such additional requirements.
<p>5. What are the costs, benefits and risks related to the implementation of recommendations 7-14?</p>	<ul style="list-style-type: none"> • Potential risk of diluted professional differences clearly identifiable or articulated in common standards or processes. These can be mitigated by profession-specific guidance to support these standards, where required. • Potential delay in reaching agreement on common areas, due to the large number of stakeholders involved. This could possibly negate efficiencies gained in other areas. • Community involvement could increase the accreditation costs, but in the Council's view this is being outweighed by the value they add to the process.

ACCREDITATION GOVERNANCE – FOUNDATION PRINCIPLES (RECOMMENDATIONS 15-18)	
6. Do these recommendations reflect the most efficient and appropriate manner of delivering a governance foundation that will allow reform of accreditation functions?	The Council will not comment about which governance model are most appropriate. From our perspective it is important to ensure that the governance model ensure robust, transparent and independent governance. Furthermore, that the accreditation function is delivered by individuals with the appropriate skillset.
7. What are the costs, benefits and risks related to the implementation of recommendations 15-18?	—
A GOVERNANCE MODEL FOR MORE EFFICIENT AND EFFECTIVE ACCREDITATION (RECOMMENDATIONS 19-24)	
8. What are the costs, benefits and risks associated with the implementation of recommendations 19-24 and of any proposed governance model?	It is important to ensure a strong alignment between the professional standards set by the regulatory national boards and the accreditation standards set by the accreditation authority—as these are intrinsically linked.
OTHER GOVERNANCE MATTERS (RECOMMENDATIONS 25-32)	
9. What implications may the implementation of these recommendations have for bodies outside AHPRA and the National Boards (e.g. Commonwealth Government departments, specialist medical colleges and the National Health Practitioner Ombudsman and Privacy Commissioner)?	Registration pathways between the two jurisdictions differ. The HPCA Act 2003 defined registration pathways in NZ. Alignment of registration assessment processes may not be possible, particularly for specialist registration (Australia pathways defined are assessment by the College or being awarded a fellowship of the College).
10. What are the costs, benefits and risks related to the implementation of recommendations 25-32?	—
COST ISSUES	
11. Separate consultation will be undertaken with AHPRA and the National Boards on costs of implementing recommendations. Are there any other significant costs to other bodies not already canvassed in the preceding questions?	Not applicable

PROGRESS ALREADY MADE ON AREAS ADDRESSED BY RECOMMENDATIONS	
<p>12. To what extent do the actions undertaken since the completion of the ASR project address the recommendations of the final report?</p>	<ul style="list-style-type: none"> • The review and report have resulted in greater awareness of potential areas for improvements and potential for inter-professional collaboration. <p>From an external perspective the Council has observed increased initiatives between cross-profession accreditation authorities, and improved communication with national boards to address some of the common areas of concern. These should be commended.</p> <ul style="list-style-type: none"> • The ADC/DC(NZ) accreditation committee has initiated the cyclical review of its accreditation standards. Comments made in the report will inform areas identified for improvement or further development. • Supporting processes and documents are continually being reviewed. Particularly annual monitoring reports to ensure streamlining of data collection and reporting, and to balance the input-based reporting with the outcome-based standards. • As mentioned earlier, the Council and ADC will be engaging with the tertiary education regulators in both jurisdictions to explore areas of potential overlap between the various accreditation processes.
ADDITIONAL QUESTIONS	
<p>13. Are there any other costs, risks or benefits related to the final report recommendations, not addressed in other questions?</p>	<p>—</p>