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**16 October 2017**

**COAG Health Council**
**Email: admin@asreview.org.au.**

**RE: Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme (NRAS) for health professions**

On behalf of the Australasian College of Dermatologists (ACD), thank you for the opportunity to provide a submission to the Independent Review's draft report entitled *Australia's Health Workforce: strengthening the education foundation*.

The ACD is the sole medical college accredited by the Australian Medical Council for the training and continuing professional development of medical practitioners in the specialty of dermatology. The College is the leading authority for dermatology, providing information, advocacy and advice to individuals, communities, government and other stakeholders on dermatological practice.

In response to Health Ministers' concerns of inefficiencies and duplication under the National Registration and Accreditation Scheme (NRAS), this comprehensive Independent Review of health education and training program accreditation functions was commissioned. The Independent Review draft report puts forward a series of recommendations which in effect aim to integrate under an overarching governance structure the functions of health education program accreditation and practitioner registration, informed by other health system priorities such as workforce reform.

While the Terms of Reference for the Review focus on the accreditation system within the NRAS, the report instead draws heavily upon wider health system considerations which, in the view of the College, are out of scope. This whole-of-system approach has led to recommendations which, while likely to appeal to government, fail to take into account the specificity and acuity required for accreditation of individual programs of study and do not appreciate the complexity and inherent differences in training and education across health disciplines. An ideologically-framed drive towards shared competency frameworks would result in a disconnect between regulated standards and the actual and complex individual clinical needs of community members.

The College is opposed to the report's preferred Option 3 regarding Accreditation Governance Reform. The addition of a further layer of bureaucracy into the accreditation system will not reduce duplication and is unlikely to result in a more cost-effective system. Its arguments ignore the incremental change being implemented by the current regulatory entities including the AMC.

The College disagrees with any attempt to extend accreditation processes into workforce policy. The College has workforce matters as a key priority and is actively involved in workforce policy reviews internally, with the Department through NMTAN and locally through State Government Departments of Health. The matters at hand are complex and regionally diverse. The College cannot agree with the expansion of the Agency Management Committee or inserting AHPRA into

this area of responsibility. They have neither the skill set not the experience to contribute meaningfully into what is a long range project without risking unforeseen adverse consequences.

The College is particularly concerned the intrusion of the report into curriculum development and teaching methods is internally inconsistent with its professed focus on outcome standards. It reflects an unfortunate ideological bias, is inappropriate and stands outside its Terms of Reference.

Detailed feedback relating to the draft recommendations are attached in the submission template. Please contact Dr Haley Bennett at haley@dermcoll.edu.au if you have any queries relating to this submission.

Kind regards,

**Dr Andrew Miller**
**President**
**The Australasian College of Dermatologists**

COAG HEALTH COUNCIL

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

## Submission to the Draft Report

***Cover Sheet***

***Please complete all fields***

**First Name: Haley**

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**Individual or organisational submission: Please select**

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***Please select one of the following:***

☒ **This is a public submission. It does not contain 'in confidence' material in the main submission or its attachments and can be placed on the COAG Health Council website.**

☐ **This submission contains some 'in confidence' material which has been attached as a separate file to the main submission, and is not to be placed on the COAG Health Council website.**

# Review of Accreditation Systems within the National Registration and Accreditation Scheme

## Draft Report - Submission Template

## Funding the accreditation system

The Review has examined opportunities to improve transparency and accountability, minimise duplication and reduce costs through greater efficiency and effectiveness. In doing so, it has undertaken a financial assessment of the accreditation system, including the fees charges by accreditation authorities as well as the expenditure they incur in the exercise of their functions. It has also undertaken a consideration of the fees and costs of other like systems.

There are many complexities involved in comparing the cost of accreditation across jurisdictions (both in Australia and overseas) due to the differing nature of health practitioner registration schemes and accreditation arrangements, intersections with other parts of public systems and different funding methodologies. Despite these differences, the Review has concluded that:

- There are elements within comparator international regulatory systems which can inform improvements in Australia and they need to be addressed in a continuous cycle of improvement and review.
- Assessment of the cost effectiveness of the National Scheme can only be achieved once there is a consistent and transparent funding and accounting framework.

The Review is recommending the adoption of consistent accrual accounting and business standards and the development of a single set of funding principles to guide the setting of fees and charges for accreditation and the application of a transparent cost recovery policy and methodology. The Commonwealth's model of public Cost Recovery Implementation Statements should also be employed when levies and charges for accreditation activities are to be set.

*Specific draft recommendations are 1, 2 and 3 in the Draft Report.*

***Response*** – You are invited to respond to the general directions proposed in Chapter 3 of the Draft Report and any or all of the specific recommendations.

The proposals outlined in *Section 7. Accreditation Governance* involve the insertion of an additional layer of bureaucratic oversight in an already complex system characterised in this review as burdened with entities with overlapping responsibilities. Any attempt to increase efficiency and reduce compliance costs that involves such a strategy must be regarded with cynicism.

## Improving efficiency

The accreditation system requires sound and fit-for-purpose processes which are designed to reduce complexity and unnecessary duplication, increase clarity and transparency and reduce cost within the system. Each step of an accreditation process has direct resource implications for both education providers and accreditation authorities (and indirect cost implications for students, practitioners and consumers). Greater commonality in accreditation standards, terminology, assessment processes and reporting requirements across the professions, as recommended by this Review, should create opportunities for greater efficiency and effectiveness in the accreditation of education programs and providers.

There are also opportunities to streamline processes that currently overlap with regulators who operate outside the National Scheme. While the education sector regulatory authorities, the Tertiary Quality Standards Agency (TEQSA) and the Australian Skills Quality Authority (ASQA), have different overarching purposes and foci for accreditation, their underlying domains and processes are largely the same and intersect with National Scheme regulators at the point of health education. Clarification and separation of roles and responsibilities should further reduce duplication, costs and administrative burdens.

*Specific draft recommendations are 4 and 5 in the Draft Report.*

***Response*** – You are invited to respond to the general directions proposed in Chapter 4 of the Draft Report and any or all of the specific recommendations.

*Recommendation 4: Efficiency*

There is no evidence to support the assertion that the replacement of bespoke terminology and definitions, and standards would result in a more efficient system that at the same time preserves safety and quality of care.

Implementation of change within the accreditation process should be a process directed from within the provider sector. The report has identified the HPACF and then dismissed it as lacking the "resources, authority… significant influence with individual accreditation authorities or National Boards". On the contrary, observation of the activities of these entities shows that there is at least a tacit agreement that efficiencies may be gained. We suggest that an adequately resourced HPACF would be ideally placed to facilitate sensitive and appropriate mutual change.

*Recommendation 5: Efficiency*

The College agrees with the recommendation that training is required for assessment panel members, and note the variation between the policies of the cited authorities.

We also agree that periodic performance monitoring is essential.

We agree that remuneration should be consistent and policies developed through a transparent process. There should be no expectation that the outcomes of this process would result in a common remuneration system since risk levels, skill profiles and engagement conditions will most likely vary between authorities.

## Relevance and responsiveness

The health education system is critical in delivering a health workforce that is responsive to emerging health and social care issues and priorities. Education providers are guided by accreditation standards and competency standards in designing contemporary programs of study. The Review has explored the constraints created by the existing accreditation regulatory system, together with opportunities to deliver relevant and responsive health education programs which align with the National Law objectives. The Review has identified a number of key enablers:

- **Adoption of outcome-based approaches for accreditation standards.**
- **Encouragement of innovative use of technological and pedagogical advances such as simulation-based education and training in the delivery of programs of study and a common, cross-professional approach to the inclusion of interprofessional education as a mandatory requirement in all accreditation standards.**
- **A requirement that clinical placements to occur in a variety of settings, geographical locations and communities, with a focus on emerging workforce priorities and service reform.**
- **Adoption of a common approach to the development of domains and learning outcomes for competency standards for professions that ensures relevance to contemporary health care needs.**

The Review has also explored the issue of what 'work ready' means. Clarification is required on the differences between the normal induction, support, orientation and mentoring provided by employers to assist new graduates and requirements set by National Boards that restrict the attainment of general registration on first entry into the workforce. Accordingly, the Review is proposing the need for clearer demonstration of the need for supervised practice requirements and national examinations.

*Specific draft recommendations are 6 to 11 in the Draft Report.*

***Response*** – You are invited to respond to the general directions proposed in Chapter 5 of the Draft Report and any or all of the specific recommendations.

*Recommendation 6: Outcome based standards*

This motherhood statement is difficult to refute.

*Recommendation 7: Advances in training*

We consider this recommendation a wanton intrusion beyond the scope of this review and internally contradictory to the bulk of the report. Recommendation #6 makes an adequate statement of the obvious, and echoes an aspirational goal held by providers as evidenced within the report.

It is not within the scope of accreditation authorities to begin to direct learning pathways and this recommendation is in direct conflict with the general embrace of an outcomes based approach advocated by the report.

*Recommendation 8: Accreditation standards*

It is entirely inappropriate to consider that health care professionals share so much in common in their training, skills, scopes of practice and models of practice that an applied commonality of accreditation standards would adequately facilitate assessment across this broad and varied sector. If as suggested such domains were applied they would of necessity be so broad and generalist that the subsidiary competencies would need to be extraordinarily explicitly defined, confounding efficiency gains.

Experience from the Medicare Local experiment where inter-professional training was introduced to facilitate continuing professional development showed that no individual group came away from these activities content that their training needs had been met, and providers found it next to impossible to construct valuable activities without consciously compromising on content. We asset that making this a mandatory requirement would

***Response*** – You are invited to respond to the general directions proposed in Chapter 5 of the Draft Report and any or all of the specific recommendations.

actively inhibit learning and training activities and may ultimately adversely impact safety and quality.

We agree that training should occur in a diversity of settings but further argue that these training sites must be adequately resourced. At present many operate on few or no resources, drawing instead on good will and a sense of obligation. We argue that such a policy is not sustainable.

*Recommendations 9 – 11: National Boards*

For the purpose of our submission we will confine our comments to the Medical Profession:-

9. We disagree vehemently with this recommendation where it applies to the medical profession. The recommendation reflects a lack of understanding of the role and value of the internship year.

10. We agree that the internship year should be defined as a programme of study. It is already subject to accreditation.

11. No comment

## Reforming governance - the importance of consumers

**The Review considers that there should be greater consumer involvement in accreditation functions to ensure a continued focus on patient centred care and to provide an important addition to professional input. However, effective participation requires clear identification of where such involvement would provide most value and consumers will require additional support and training if they are to be expected to participate as equal members. Consumer involvement (whether it be service users, students and/or employers) in governance committees and assessment processes should be considered where it is relevant, rather than as a matter of course across all functions. Nonetheless, it should be considered in the following areas:**

- **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.**

The Review is also supportive of the AHPRA Community Reference Group and considers that its Terms of Reference should be expanded to include a consumer perspective on accreditation.

*Specific draft recommendations are 12 and 13 in the Draft Report.*

***Response*** – You are invited to respond to the general directions proposed in Chapter 6 of the Draft Report and any or all of the specific recommendations.

*Recommendation 12: Community involvement*

We agree that community input adds value to health care education, and that standards should encourage formalised involvement.

We disagree with the recommendation that a generic standard requiring community involvement in curriculum development would enhance quality and safety. We argue that the skills required to develop a fit for task curriculum are specialised and likely beyond any but the most select and skilled of community members.

We do not see patient centred care as an end in itself, but rather as a dimension of health care planning and activities. We agree that these skills are learned and therefore should be taught.

*Recommendation 13. Community involvement*

We disagree with the addition of another layer of accreditation by employing the AHPRA Community Reference Group in accreditation; and consider the current arrangement adequate to needs.

## Reforming governance - the overarching model

The Review considers that the greatest constraint to reform of the accreditation system is its model of governance. The current arrangements are unable to provide an actively regulated and managed accreditation system that delivers on all of the objectives set out in the National Law. The Review has developed three options, all drawn from submissions and its own analysis and are evaluated in detail in the Draft Report.

**Option 1 - Enhance an existing forum or liaison committee**

The first option explores streamlining the time-consuming and resource-intensive nature of the current governance arrangements through enhancing the role of an existing forum or liaison committee. A cross-professional advisory body could provide advice on common approaches to accreditation standards and processes, and develop reference and guidance documents to promote principles of consistency, efficiency and transparency. Submissions to the Discussion Paper suggested that the Health Professions Accreditation Collaborative Forum (HPACF) or the AHPRA Accreditation Liaison Group (ALG) could assume this more formalised role with membership expanded with additional representatives from consumers, education providers and jurisdictions.

**Option 2 - Enhance the Agency Management Committee**

An option advanced in the Discussion Paper that could provide the desired integrative and determinative approach to accreditation was to expand the remit of the AHPRA Agency Management Committee (AManC). Very few submissions directly addressed this option, rather they either indicated support for another option or proposed a new one. Of those that did address the expanded AManC option, support was limited.

However, the AManC, in its supplementary submission, proposed a different role to that set out in the Discussion Paper and this has formed the basis for the configuration of the second option. The AManC proposed it could become responsible for *"…..developing strong and clear cross-professional requirements for good regulatory practice through new procedures for the development of capability and competency standards and enhancing the existing procedures for development of accreditation standards whilst respecting the profession specific standard setting function of National Boards." (p2).* Responsibilities and operations, as proposed by the AManC in its submission, could include:

- AManC, in consultation with each National Board, deciding which body will be assigned responsibility for the accreditation functions for each profession.
- AManC would create a standing committee to advise on approaches to approving programs of study, procedures for the review of accreditation arrangements, procedures for accreditation standards development and review, and procedures to support multi-profession approaches, including the development and use of professional capabilities. The committee would comprise representatives from accreditation authorities, National Boards, AHPRA and potentially other key stakeholders such as government and education providers.
- A program of study accredited by an accreditation authority being automatically deemed to be approved without the need for a decision by a National Board. A Board would retain the power to restrict a program's approval for registration, including imposing conditions on a program of study or on graduates' registration.

**Option 3 – Establish integrated accreditation governance**

The third option is a governance model that separates the regulation of accreditation from that of registration and establishes a single national cross profession accreditation framework for health workforce education and training within the National Scheme. The option establishes a **Health Education Accreditation Board** with a secretariat drawn from AHPRA, to sit alongside the National Registration Boards with the following responsibilities.

- Assignment of Accreditation Committees.
- Determination of common cross-profession policies, guidelines and reporting requirements, including

the fees and charges regime.

- Approval of accreditation standards across the professions that meet its policies and guidelines.
- Development and management of the relationships with TEQSA, ASQA and the Australian Commission on Safety and Quality in Health Care (ACSQHC), including agreements for the delineation of responsibilities between the respective accreditation systems and how they interact.

**Accreditation Committees** would be established and be responsible for the development of accreditation standards for approval by the Accreditation Board. Accreditation Committees would have independent responsibility for the assessment and approval of on-shore programs of study and education providers, authorities in other countries who conduct examinations for registration, programs of study in other countries and the qualifications of overseas health practitioners.

Accreditation Committees would be able to be appointed within external entities, provided that decisions made by a Committee under the National Law are autonomous from the hosting entity. The external entities (such as the current accreditation councils) must establish their Accreditation Committee operations in a manner that would enable the functions to be covered in the same manner as other National Scheme entities defined in the *Health Practitioner Regulation National Law Regulation 2010.* This should not relate to the general governance and operations of the external entity beyond normal contractual requirements. External entities should be permitted to have other commercial arrangements. A Committee could be responsible for accreditation functions of more than one registered health profession where the relevant Committees agree to merge.

Profession specific competency standards should be developed by **National (Registration) Boards** and recognised under the National Law in accordance with the legislative provisions established for development of registration standards and their approval by Ministerial Council. These standards are currently developed outside of the regulatory purview of the National Scheme and yet, via the accreditation standards, they have very significant influence on the education foundation of the workforce and ultimately on health service models. This reform should strengthen the National Registration Boards' trust in the accreditation standards and in the integrity of the accreditation system more generally.

*Specific draft recommendations are 14 to 25 in the Draft Report.*

** Note: As observed in the Draft Report, the NRAS Governance Review may be considering proposals for other changes that impact of the role of the AManC. It is possible that such changes could encompass it taking responsibility for some of the Ministerial Council's roles. Given this, if you wish, your response could also encompass the potential for the AManC undertaking the functions proposed for the Accreditation Board.*

***Response*** – You are invited to respond to the general directions proposed in Chapter 7 of the Draft Report and any or all of the specific recommendations (*refer also to the Note in the above summary).

*Recommendation 14 – 15: Accreditation governance*

We disagree with the introduction of yet another bureaucratic layer in accreditation functions in the form of a Health Education Accreditation Board; and can see no efficiencies or advantages that could be derived from this. On the contrary we see every likelihood that registration fees would rise, together with education and training costs (as a consequence of increased compliance costs). It is inevitable that the outcome would be an increase in out of pocket expenses to health consumers.

The current system engages bodies to act effectively as Accreditation Committees. The relationship between lead organisations such as Health Boards and AHPRA, and accreditation providers such as the Medical Colleges is currently undergoing review and formalisation. We see no need to change this process other than to ensure that it is adequately resourced and progresses in an orderly and cooperative manner.

*Recommendation 16 – 18: Accreditation governance*

***Response*** – You are invited to respond to the general directions proposed in Chapter 7 of the Draft Report and any or all of the specific recommendations (*refer also to the Note in the above summary).

See above; we do not agree with the underlying premise.

*Recommendation 19 – 20: Accreditation governance*

We do not agree that it is possible to assess in a general sense accreditation standards, curricula and operational standards for overseas authorities and education providers with sufficient precision as to allow an automatic accreditation of overseas trained practitioners for registration in Australia. We consider this recommendation extraordinary, and consider that it reflects a lack of understanding of the differing operational environments that apply in Australia compared to overseas; including scopes and models of practice; administrative, funding and infrastructural environments; and cultural and community values.

We agree that assessment of the suitability of overseas trained health professionals should be conducted in a structured, transparent and equitable manner against Australia's domestic registration and accreditation standards.

*Recommendation 21 – 24: Accreditation governance*

We argue that the medical profession currently operates a template consistent with this recommendation. This process is self-renewing and operates in a consultative manner. We believe that current structures do not need substantial reform.

*Recommendation 25: Accreditation governance*

We argue that should National Registration Boards act to develop competency standards the consequence would be a duplication of accreditation activities; or alternatively an evolving dissonance between Board standards and education accreditation authorities. We agree that these competencies are profession specific and suggest that for purposes of clarity and efficiency, accreditation authorities should inform Board decisions rather than the reverse.

We are concerned about credentialing standards underlying scope of practice variations. There have been clear examples of attempted expansions of scopes of practice between professions that have been stimulated by perceived business opportunities and had little or no foundation in clear clinical, economic or scientific demonstration of benefit including maintenance of outcome standards. We consider that where such reviews are undertaken, the review should be governed by these principles.

## Reforming governance - the inclusion of non-registered professions

The opportunity to consider unregistered professions in the overall reform of accreditation of health education under the National Scheme was raised in a number of submissions. Unregistered professions operate outside of the National Scheme.

Amendment of the National Law is proposed to allow unregistered health and social care professions to apply to access the skills and expertise of the Accreditation Board and operate their accreditation activities under the umbrella of the Accreditation Board, subject to specified conditions and in a manner that would have no implications for the registration of those profession. All applications for registration would continue to be dealt with through established Ministerial Council processes and in accordance with the COAG agreed criteria.

*Specific draft recommendation is 26 in the Draft Report.*

***Response*** – You are invited to respond to the general directions proposed in Chapter 7 of the Draft Report and any or all of the specific recommendations.

*Recommendation 26: Unregistered Health Professionals*

Any extension of activities or resources of AHPRA to unregistered professions should not be at the expense of core activities of AHPRA and should be funded on a user pays principle by those professions.

We do not agree that any health care profession should be accorded the gravitas of association with AHPRA unless its activities are founded on sound scientific evidence.

## Assessment of overseas trained practitioners

For overseas trained health practitioners seeking to practice in Australia, accreditation, registration, and skills assessments are part of a broader process that requires engagement with numerous organisations responsible for immigration, state and territory governments, recruitment agencies National Boards, the Australian Health Practitioner Regulation Agency (AHPRA) and potential employers. The Review has focused on decisions, processes and governance relating to functional assignment, monitoring and reporting across the variety of arrangements for the assessment of overseas practitioners. Proposals are:

- AHPRA should lead the development of a whole of National Scheme approach to the assessment of overseas trained practitioners for skilled migration and professional registration and a more consistent approach towards the assessment of overseas trained practitioners and competent authorities.
- The Accreditation Board should lead the development of a more consistent approach to the assessment of overseas trained practitioners and competent authorities and pursue opportunities to pool administrative resources.
- The Accreditation Board, in collaboration with National Boards, Accreditation Committees and specialist colleges, should develop a consistent and transparent approach for setting assessments of qualification comparability and additional supervised practice requirements for overseas trained practitioners, with the latter being aligned with Australian trained practitioner requirements.
- Specialist colleges, in relation to the assessment of overseas trained practitioners, should have their decisions subject to the same requirements as all other decisions made by the entities specified under the *Health Practitioner Regulation National Law Regulation 2010.*
- The Australian Medical Council should undertake all monitoring and reporting on specialist medical colleges in relation to the assessment of overseas trained practitioners.
- Specialist medical colleges should ensure that the two pathways to specialist registration (passing the requirements for the approved qualification or being awarded a fellowship) are documented, available and published on college websites and the information is made available to all prospective candidates

*Specific draft recommendations are 27 to 32 in the Draft Report.*

***Response*** – You are invited to respond to the general directions proposed in Chapter 8 of the Draft Report and any or all of the specific recommendations.

*Recommendation 27 – 28: Overseas trained professionals*

We do not agree that application of generic standards is compatible with safe and high-quality standards of care.

We disagree that a one-step assessment process makes economic or administrative sense given the extraordinarily diverse nature of overseas qualifications, training experiences and accreditation standards and processes.

*Recommendation 29 – 32: Overseas trained professionals*

These processes are already under way.

## Other governance matters, including grievances and appeals

The Review is proposing the appointment of the National Health Practitioner Ombudsman and Privacy Commissioner to review any decisions made by the following entities specified under the *Health Practitioner Regulation National Law Regulation 2010*:

- Accreditation Committees in relation to programs of study and education providers of those programs.
- Postgraduate medical councils and specialist colleges (medical, dental and podiatric) in relation to the accreditation of training posts/sites.
- Any designated entity exercising an accreditation function regarding an assessment of the qualifications of an overseas practitioner.

Given the number and variety of entities, it is proposed that the National Health Practitioner Ombudsman and Privacy Commissioner should progressively review those entities' grievances and appeals processes, with the view to making recommendations for improvement by each entity where it is considered those processes are deficient.

*Specific draft recommendations are 33 to 35 in the Draft Report.*

***Response*** – You are invited to respond to the general directions proposed in Chapter 8 of the Draft Report and any or all of the specific recommendations.

*Recommendation 33: Overseas trained professionals*

These processes are already under way.

*Recommendation 34 – 35: Overseas trained professionals*

We do not agree that decisions made by competent accreditation authorities should be subject to any review by an external ombudsman or tribunal that may result in an alteration of the decision of that committee. This represents a clear danger to standards.

We argue that any review or appeal mechanism may direct that the application of the process be reviewed and if found to be incorrect, or a protocol breach detected, then the authority be directed to undertake the assessment again. Where no error is detected then the accreditation authority may reconsider its decision and the weight of evidence, but yet still return an unchanged decision.

The medical colleges review and appeals mechanism are already the subject of critical review as part of the AMC accreditation process.

## Setting national reform priorities

A key issue identified by the Review is the paucity of guidance to the governance bodies in the National Scheme on health workforce and system priorities. Consistent and regular policy guidance should be provided by governments and then acted upon by the National Scheme as a whole. This needs to be integrated into overall national reform processes and directions, given that workforce responsiveness is a critical enabler. The Review is proposing the COAG Health Council oversight a policy review process to identify health workforce directions and reforms that:

- Aim to align workforce requirements with broader health and social care policies.
- Engage health professions, consumers, private and not-for-profit health service providers, educators and regulators.
- Is approached in a formal manner in a regular cycle to ensure currency and continuous improvement.

The Review is also proposing that the COAG Health Council (as the Australian Health Workforce Ministerial Council) should then periodically deliver a Statement of Expectations to AHPRA, the AManC, National Registration Boards and the Accreditation Board that encompasses:

- National health workforce reform directions, including policies and objectives relevant to entities.
- Expectations about the role and responsibilities of National Scheme entities, the priorities expected to be observed in conducting operations and their relationships with governments.
- Expectations of regulator performance, improvement, transparency and accountability.

Finally, the Review is proposing the Australian Health Ministers' Advisory Council should work with AHPRA and other entities within the National Scheme to develop a set of clear, consistent and holistic performance indicators that respond to the Statement of Expectations.

*Specific draft recommendations are 36 to 38 in the Draft Report.*

***Response*** – You are invited to respond to the general directions proposed in Chapter 8 of the Draft Report and any or all of the specific recommendations.

*Recommendation 36 – 38: Workforce*

We do not agree that the NRAS is a suitable vehicle for direction of workforce programmes and planning. Accreditation standards are too complex and important to consider manipulation for other unsuited ends without risking safety and quality of care.

We consider medical workforce policy to be of the highest concern but see no role for AHPRA other than an efficient and effective end-point accreditation and registration function.