



Australia's Health Workforce: strengthening the education foundation

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The Dietitians Association of Australia (DAA) is the national association of the dietetic profession with over 6700 members, and branches in each state and territory. DAA is a leader in nutrition and advocates for food and nutrition for healthier people and healthier nations. The DAA and its independent regulatory Council, the Australian Dietetics Council (ADC) appreciate the opportunity to provide feedback on the Australia's Health Workforce: strengthening the education foundation by the COAG Health Council.

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Australian Dietetics Council

DAA interest in this consultation

In Australia, nutrition and dietetics is self-regulated by DAA to achieve equivalence in protecting the public and maintaining professional standards to that provided by registration with the Australian Health Practitioners Regulation Agency (AHPRA). DAA's current regulatory structure includes two separate Independent Councils, one responsible for accreditation and the other for registration (credentialing). We consider our current accreditation and registration systems to be robust in the current self-regulated environment, however we would welcome the opportunity to explore inclusion of the self-regulated professions in the NRAS and express strong interest the inclusion of dietitians as one of the registered health professionals in NRAS.

In regulating its profession, DAA sets the minimum standards¹ to which Universities must comply to achieve and maintain accreditation status, and ensures graduate dietitians have demonstrated competence as described in the DAA National Competency Standards.² This accreditation process is governed by the independent Australian Dietetics Council (ADC). There are currently 18 accredited dietetics programs available in Australia, comprising seven undergraduate (AQF level 7 and 8) and 11 postgraduate (AQF level 9) programs, and an estimated 650 dietetics graduates per year. In addition to dietetics education program accreditation, ADC is responsible for assessment of overseas qualified practitioners via the Dietetic Skills Recognition process.³

DAA also administers the credentialing program for dietitians, known as the Accredited Practising Dietitian (APD) program.⁴ The APD credential aims to replicate the processes of registration, providing a credential that the public can use to ascertain the standard of the dietetics professional. The APD program is governed by the independent Dietetic Credentialing Council (DCC) and is the only credential for dietitians recognised by the Australian Government (for Medicare and Department of Veterans' Affairs purposes), many state governments and many private health insurers. Graduates of domestic accredited dietetics programs and successful applicants of the Dietetics Skills Recognition (DSR) process for overseas-qualified dietitians are eligible to apply for the APD credential.

Discussion

DAA and ADC are generally supportive of the recommendations put forward in the final report and expresses keen interest in contributing to future consultations regarding review of the National Registration and Accreditation System (NRAS). We are concerned that some of the suggested reforms may present considerable disadvantage to the self-regulated professions and we hope this can be considered throughout the remainder of the review process. The ADC reviews its accreditation standards every 5 years, with the next version due for release in early 2021 and would welcome the opportunity to translate the findings of this education review into its new processes if timelines permit.

A response to consultation questions 1-10 is included below.

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?*

We are generally supportive of recommendations 1-3 and plan to benchmark the DAA accreditation fee structure against the revised NRAS funding structure. We ask that the self-regulated professions, who do not operate as part of a larger accreditation framework, be considered in the process of reviewing the fee structure as some of the improvements in efficiencies may not be possible for these accrediting bodies. Whilst DAA will continue to engage in a quality improvement process for its accreditation processes, including its fee structure, it is not currently possible in the self-regulating environment to share costs or administrative load across a number of accrediting bodies as is the case for the regulated professions.

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?*

DAA welcomes recommendations to improve efficiencies by minimising duplication and streamline processes. We estimate a period of two years would be required to complete sufficient stakeholder consultation and produce revised standards and policies to reflect the principles outlined in these recommendations. The DAA accreditation process includes a maximum accreditation process of five years, which means that the profession would require at least five years from the release of their revised standards and policies for all accredited programs to be assessed against the new requirements.

3. *What are the costs, benefits and risks related to the implementation of recommendations 4-6?*

DAA is supportive of reforms to the accreditation system that will result in increased efficiencies for both accreditation bodies and education providers. A system that allows a level of consistency across health professions will likely achieve this. While DAA's most recent review of accreditation standards has aimed to further-reduce duplication between its and higher education accreditation processes, standard guidelines to achieve this are welcomed. Identified issues regarding recommendations 4-6 from DAA and ADC's perspective include:

- From a cost and resource perspective, the findings of the review will need to be considered in light of our planned review of our accreditation standards. Independent Councils of the self-regulated professions may not be able to produce reviewed policies and guidelines within the same timelines which may present difficulties as professions transition from the old to the new.
- It is absolutely essential that there is sufficient scope to include profession-specific requirements in standardised accreditation policies and guidelines to

ensure that the key goal of accreditation, i.e. to produce safe and competent graduates to protect public safety, is still achieved. Extensive consultation with all accrediting bodies will be required to ensure this.

- Whilst a standardised approach to training and preparation for accreditation assessment is likely to be effective, there will need to be scope to account for profession-specific issues, including particular cultural issues relevant for different professions.

Relevance and Responsiveness of Education (recommendations 7-14)

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?*

We are generally supportive of recommendations 7-14. ADC has made significant changes over the past 5 years to its competency standards and accreditation standards to be in line with best practice and the principles outlined in recommendations 7-14.⁵ Where modifications are required, a period of two years for review and release of revised standards and policies and a further five-year period for all accredited programs to be reviewed against the new requirements will be necessary.

5. *What are the costs, benefits and risks related to the implementation of recommendations 7-14?*

While DAA is supportive of a collaborative approach to developing competency standards, it is essential that profession-specific requirements are not diluted in this process. Sufficient scope for ensuring profession-specific requirements and philosophies are maintained is essential for ensuring graduates are competent and safe to practice in their profession. Implementing recommendations 7-14 in collaboration with other professions would require engagement of the ADC which would come at an additional cost, in terms of time, to the Council's existing function. As stated above, ADC has implemented many of the principles of recommendations 7-14 in its most recent review of the competency standards and accreditation standards and processes.

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?*

DAA's current regulatory structure includes two separate Independent Councils, one responsible for accreditation and the other for registration (credentialing). As such DAA is supportive of this structure for the NRAS. The ADC has responsibility for accreditation of education programs preparing graduates in Australia and assessment of overseas-trained practitioners and the DCC is responsible for regulation of individual practitioners (DCC). The ADC fulfils the functions described under recommendation 16 and this has been an effective structure for DAA.

The principles outlined in recommendation 17 are reasonable for the registered professions, however self-regulated professions are unlikely to be able to achieve this structure in the short-term, largely due to the legal constitution requirements outlined on page 111-2 of the final report. We acknowledge that this issue has been addressed under recommendation 24 and believe this is an essential consideration in governance reforms.

7. *What are the costs, benefits and risks related to the implementation of recommendations 15- 18?*

Eventual amalgamation of accrediting bodies appears to be an appropriate plan for improving efficiencies in the NRAS. The potential cost-savings and other efficiencies achieved by this change to the NRAS will not be possible for self-regulating accreditation bodies as they sit outside the existing registration and regulation system. There is a potential risk to the self-regulated professions if they are no longer able to benchmark fees, for example, against the registered professions.

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?*

DAA and ADC agree with the points raised on page 141 of the final report and strongly encourage self-regulated professions to be carefully considered throughout the process of NRAS reform to ensure these professions are not disadvantaged. Although we consider our accreditation and registration systems to be robust in the current self-regulated environment, we are interested in further exploring the possibilities of better inclusion of the self-regulated professions in the NRAS and express strong interest in future consultations on this matter, or indeed inclusion of dietitians as one of the registered health professionals in the NRAS.

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)?*

Nil comment thank you.

10. *What are the costs, benefits and risks related to the implementation of recommendations 25-32?*

DAA's current processes for skilled migration assessments and assessment of overseas qualifications are aligned, and may be completed by applicants not residing in Australia.³ DAA agrees that a one-step approach is the most appropriate for all professions to reduce duplication for both the accreditation councils or the national boards, as well as the applicants.

We strongly support the development of a national workforce policy as a means of strengthening health service provision in Australia, and agree that the COAG Health Council is best-placed to oversight this. DAA and ADC express strong interest in contributing to the development of such a policy to assist in ensuring it supports the development of a future workforce equipped to improve the health of Australia's population.

Questions 11-13

We have no further comments to add thank you, but wish to reiterate DAA and ADC's interest in continued involvement in consultations relating to the review of the NRAS.

References

1. Dietitians Association of Australia. Accreditation Standards and Processes. Available from <https://daa.asn.au/becoming-a-dietitian-in-australia/accreditation-of-dietetics-education-programs/accreditation-standards-and-processes/>, accessed 4 March 2019.
2. Dietitians Association of Australia. National Competency Standards for Dietitians. Available from <https://daa.asn.au/maintaining-professional-standards/ncs/>, accessed 4 March 2019.
3. Dietitians Association of Australia. Dietetics Skills Recognition (DSR). Available from <https://daa.asn.au/becoming-a-dietitian-in-australia/recognition-of-dietetic-qualifications/dietetic-skills-recognition/>, accessed 4 March 2019.
4. Dietitians Association of Australia. Accredited Practising Dietitian Program. Available from <https://daa.asn.au/apd-program/>, accessed 4 March 2019.
5. Palermo C, Conway J, Beck EJ, Dart J, Capra S, Ash S. Methodology for developing competency standards for dietitians in Australia. *Nursing and Health Sciences*. 2016;18(1):130-7. DOI: doi: 10.1111/nhs.12247.