



**SUBMISSION TO THE JOINT COMMITTEE
ON HIGHER EDUCATION**

**Inquiry into the desirability of a national higher
education body**

Consultation discussion paper

February/March 2008-03-18

**C/- Mr David Phillips
PhillipsKPA Pty Ltd
phillipskpa@phillipskpa.com.au**

SUBMISSION

- “Inquiry into the desirability of a national higher education accreditation body.” Feb/March 2008

EXECUTIVE SUMMARY/BACKGROUND

We thank the Ministerial Council on Education, Employment, Training and Youth Affairs together with the Joint Committee on Higher Education for the opportunity to provide a response in reply to the above consultation discussion paper.

The Council on Chiropractic Education Australasia Ltd (CCEA) is an independent incorporated body composed of nominees from all Australian and New Zealand Chiropractic registration boards, Chiropractic professional organisations, academic members and consumer representation. CCEA is self-funded and does not rely on Government funding.

The CCEA while having a primary role in program accreditation, does have a range of other roles and responsibilities. Specifically in relation to course/program accreditation CCEA has responsibilities in Australia, New Zealand and Asia.

The CCEA maintains international recognition through its accepted membership with The Councils on Chiropractic Education International (CCEI). Membership to CCEI requires very strict and particular adherence and compliance to an international set of core model standards, processes, procedures and constitutional requirements. Accreditation granted from a CCEI member agency provides international program equivalence and thus assists in greater mobility/portability of graduates wishing to practice in overseas jurisdictions. It is important that only national initiatives do not compromise our international relationships.

CCEA accreditation mostly and specifically relates to chiropractic “entry-level” programs with some emphasis on the institution providing the program insofar as it relates to the course/program. The accreditation process does require and include quality audit components. The CCEA provides its decision, advice and recommendations to the jurisdictional registration boards, other international accreditation agency partners, chiropractic professional associations and is available to consumers on our website www.ccea.com.au.

The Accreditation Standards for Chiropractic First Professional Programs have as their basis expected competencies as per the CCEA “Competency Based Standards for Entry Level Chiropractors.

CCEA has been in discussion, dialogue, and has provided submissions to the COAG Health Working Group’s proposal for a National Accreditation Scheme for Health Education and Training. CCEA is content to pursue the COAG pathway.

In general terms, CCEA is broadly supportive of and promotes items of national consistency especially in relation to processes, procedures and quality assurance.

SUBMISSION TO THE JOINT COMMITTEE ON HIGHER EDUCATION/PHILLIPSKPA IN REFERENCE TO THE CONSULTATION DISCUSSION PAPER (JANUARY 2008) FOR INQUIRY INTO THE DESIRABILITY OF A NATIONAL HIGHER EDUCATION ACCREDITATION BODY.

Please find the CCEA response to the questions as per the Consultation Discussion Paper.

- 1. Is the analysis in this paper of the content for regulation of higher education under the national quality assurance framework sufficient? What other issues and drivers might be considered, particularly in terms of the extent of which the nature of the activity is state-specific or national in character?**

The analysis provided within the Consultation Paper provides a general background but for regulation purposes requires more information as regulation encompasses a range of other issues e.g. legislation and its requirement, how to administer the legislation to actually ensure that it merely does not become another layer of beaurocratic barriers, hurdles and added cost.

Issues and drivers that impact upon the CCEA and accreditation of chiropractic programs are our bi-national and international affiliations requiring strict adherence to policies, procedures, governance and standards (as per our discussion in our Executive Summary). Secondly, by the nature of its involvement in health and the need to ensure public safety, all health professions have the added need to ensure that the clinical component of the education is properly assessed and determined, thus the need for profession-specific involvement.

- 2. How do you assess the advantages and disadvantages, as outlined in Section 3, of the current arrangements in relation to:
 - (a) national consistency ; and**
 - (b) the efficiency of the current relationship between accreditation and quality audit functions?****

Accreditation and regulation while related are separate activities and need to occur independently of each other to ensure objectivity and remove conflict of interest. We understand as occurs in our industry that accreditation is used as a basis for registration and regulation of individual practitioners and indirectly drives and regulates to a degree the educational programs at a first professional or “Entry” level. The CCEA is in favour of a uniform approach for national consistency for the accreditation and regulation of higher education.

The consultation discussion document portrays accreditation as “externally referenced insofar as it requires a demonstration of compliance with externally defined standards”, while quality audit is referred as “more self-referencing insofar as it typically involves a self-review of the institutions own quality assurance framework, including the identification of opportunities for quality improvement.

In CCEA’s own process of accreditation, the courses/programs also provide a quality audit by the completion of an extensive Self-Evaluation Report. Consequently, further assessment and validation by an external quality audit body may indeed cause duplication of resources for the courses/programs. If separate accreditation and quality audit bodies are to exist, then there is indeed a need for these bodies to consultate with each other to ensure that efficiencies are created and maintained.

3. Are there further improvements that could be made to the current arrangements towards further harmonization (including options for the establishment of a national higher education accreditation body), to strengthen national consistency and improve the efficiency of the current relationship between accreditation and quality audit functions.

Recently, the health professions accreditation Councils/agencies have formed to become the Health Professions Councils Forum. The Forum is actively considering issues of consistency, efficiencies, standardised processes and items of quality assurance. In recent discussions there has also been comment regarding the need for a closer relationship and interactive dialogue with AUQA. Discussions have also centred on resource sharing and transition to the COAG initiative.

Separately, the CCEA would welcome greater interaction with AUQA to improve efficiencies and reduce duplication.

4. What uniform models (including options for the establishment of a national higher education accreditation body) might be considered to improve national consistency and the efficiency of the current relationship between accreditation and quality audit functions?

Currently, the Health profession Councils are in dialogue with COAG and COAG’s proposed model for a national model. While the COAG model has not as yet discussed the relationship between accreditation and quality audit functions, discussions on this matter with AUQA would be fruitful.

- 5. For each national body option under both harmonized and uniform models, how should it be configured in terms of the following factors?**
- a) Roles, functions & decision-making powers**
 - b) Governance arrangements**
 - c) Resourcing requirements**
 - d) Relationship between the body and professional accreditation schemes**
 - e) Relationship between the body and AUQA**

In general there needs to be a uniform model in terms of standardized process, procedures and quality assurance strategies. Similarly, there can be the opportunity to share resources. The CCEA being a part of the professional accreditation schemes re-accentuates the need of professional schemes to be profession specific, especially in consideration of the specialised and profession-specific content, as well as the requirements of international collaboration.

The consideration of this question together with the sub-questions requires a workshop discussion to further explore this issue.

6. What are the relative advantages and disadvantages of these models in relation to the regulation of offshore provision.

Due to language challenges, time changes, need for more resources, it becomes necessary to ensure that the infrastructure, facilities, policies & procedures, course content etc are in line with the parent institution onshore.

The advantage of the uniformity model is that consistency be maintained including offshore provision even though there is often the need to be culturally and legally sensitive to the region.

The disadvantage of the harmonization model is that consistency and adherence to standards may be compromised.

In relation to graduates of higher education programs then advantages of portability and workforce reinforcement become evident while the obvious disadvantage, if not managed, appropriately would be the varying levels of language and skills proficiency and competencies.

7. How would the likely establishment and transition costs of any new models measure up against the potential benefits in terms of improved national consistency?

It is difficult for us to make comment in relation to the general higher education industry, except to say that additional costs, “red-tape”, inefficiencies and excess time delays would be counter-productive for all concerned. Secondly, with the creation and transition of new structures/models the indirect costs and time resources are very significant.

It becomes imperative that any new model be designed to be kept simple, cost-efficient and productive. However, if systems can be implemented to reduce duplication and unnecessary effort, then the establishment and transition costs of a new entity would counter-balance the equation. What no-one needs is another layer of costly and non-productive bureaucratic endeavour.

The CCEA is a voluntary not-for-profit organization (except for staff expenses) and carries out its accreditation activities in a mostly cost-neutral environment, although at times we may subsidize some costs. The institutions to be assessed pay for the accreditation expenses incurred in relation to the inspection visit.

In an attempt to obtain greater national consistency and transparency, the health profession councils have established a forum for this and other matters. This is occurring at virtually no extra cost; in fact it will eventually be a cost benefit as we all have intentions to cross resource. This undertaking creates no added cost imposition to government or institutions.

It would be detrimental to the professions, as well as the institutions and their students, if costs were to increase for the sake of establishing an “overarching” body to oversee accreditation.

8. Are there other issues and considerations that should be taken into account in developing and analysing options?

CCEA would like to provide the following written comment and ask that the key issues and concerns listed below be considered. Safeguards would be necessary.

1. The CCEA is a bi-national agency (Australia and New Zealand) involved in the accreditation of chiropractic undergraduate/first professional programs. Secondly, the CCEA is responsible for the assessment of overseas chiropractors for the suitability to migrate and practice in Australia. The CCEA has been gazetted by the Department of Immigration and Multicultural Affairs as the relevant assessing body for the chiropractic profession in Australia.
2. The CCEA is a member of an international body of chiropractic accreditation agencies (CCEI-The Councils on Chiropractic Education International).
3. The CCEA is given the international responsibility (by its CCEI membership) to undertake program accreditations in the Australian/Asian Pacific/South East Asian regions. CCEA is currently responsible for the accreditation of one Japanese Chiropractic program with programs in other South East Asian regions also seeking accreditation.
4. International membership is based upon adherence and compliance to international accreditation and education standards, processes and procedures as well as constitutional compliance. (CCEI’s Procedures for Initiation and Conduct of Review to Ensure Compliance of Educational Standards and Constitutions of Member Agencies).
5. International membership enables international educational equivalency of chiropractic programs accredited by the member agency.
6. International equivalency enables greater mobility/portability of graduates wishing to practice in other international jurisdictions. (e.g. it allows graduates to skip various hurdles).
7. International mobility is an important component to chiropractic practice. The current chiropractic workforce in Australia contains approximately 25% of overseas graduates.
8. A considerable percentage of Australian trained chiropractors work overseas at various stages of their career.
9. International membership would be jeopardised if:
 - (a) Standards were compromised;
 - (b) CCEA’s Constitution was altered to no longer be compliant. It is imperative that the accreditation process and decision be independent, objective and by a profession-specific agency;

- (c) The international body could not deal with the currently credentialed Council (CCEA).

As mentioned above, the CCEA conducts Competency assessments to determine suitability for overseas chiropractors for migration to and practice in Australia. Due to Trans Tasman arrangements the CCEA is working closely with the New Zealand Chiropractors' Board to standardize this approach in both countries.

In relation to CCEA accreditation activities our preferred model basis is as follows:-

1. Due to our international relationships our preferred structure is as follows:

That current accreditation agencies remain as they currently exist and that these agencies represent or continue to be the profession-specific Councils.

2. That there be an over-riding policy and administrative advisory (national consistency & quality assurance) body to deal with areas of consistency and efficiencies etc. This would provide the accreditation agencies with quality control and assurance mechanisms.
3. It is absolute that the advisory body does not have decision making powers on profession-specific matters, nor have veto power over the accreditation decisions of the profession-specific agency.
4. That the national cons body has at least full and equal representation of each professional group.
5. If existing accreditation agencies remain then transition issues would be very minimal.
6. A task-force should be established with a representative from each current agency to progress the scheme.

Thank you for the opportunity to make comment.

Yours sincerely

Mrs Debby Ramsay
Executive Officer
C.C.E.A.