



## Response template for the draft guidance on professional capabilities - public consultation

August 2024

This response template is the preferred way to submit your feedback to the public consultation on the draft **guidance on developing professional capabilities**.

Please provide any feedback in this document, including your responses to the questions in the text boxes on the following pages. The boxes will expand to accommodate your response. You do not need to respond to a question if you have no comment.

### Making a submission

Please complete this response template and email to [AC\\_consultation@ahpra.gov.au](mailto:AC_consultation@ahpra.gov.au) using the subject line '*Feedback: Public consultation on guidance on developing professional capabilities*'.

**Consultation closes on 18 October 2024.**

### Publication of submissions

At the end of the consultation period, submissions (other than those made in confidence) will be published on the Accreditation Committee's website to encourage discussion and inform the community and stakeholders about consultation responses.

We can accept submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. Any request for access to a confidential submission will be determined in accordance with the *Freedom of Information Act 1982 (Cth)*, which has provisions designed to protect personal information and information given in confidence. **Please let us know if you do not want us to publish your submission or want us to treat all or part of it as confidential.**

We will not place on the website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the subject of the consultation. Before publication, we may remove identifying information from submissions, including contact details.

The views expressed in the submissions are those of the individuals or organisations who submit them, and their publication does not imply any acceptance of, or agreement with, these views by the review.

**Published submissions will include the names of the individuals and/or the organisations that made the submission, unless confidentiality is requested.** If you do not wish for your name and/or organisation's name to be published, please use the words '**Confidential submission**' in the subject title when emailing your submission.

## Initial questions

*To help us better understand your situation and the context of your feedback please provide us with some details about you. These details will not be published in any summary of the collated feedback from this consultation.*

### Question A

Are you completing this submission on behalf of an organisation or as an individual?

#### Your answer:

Organisation

Name of organisation: Universities Australia (UA)

Contact email: k.dwan@uniaux.edu.au

Myself

Name:

Contact email:

### Question B

If you are completing this submission as an individual, are you:

A registered health practitioner?

Profession: [Click or tap here to enter text.](#)

A member of the public?

Other: [Click or tap here to enter text.](#)

### Question C

Would you like your submission to be published?

Yes, publish my submission **with** my ~~name~~/organisation name

Yes, publish my submission **without** my name/ organisation name

No – **do not** publish my submission

## Your responses to the consultation questions

### Good practice in the development of professional capabilities

#### 1. Does any content need to be added to or amended in the draft guidance on developing professional capabilities?

The Introduction to the draft guidance provides:

- a definition of 'professional capabilities'
- explains the relationship between professional capabilities and accreditation standards
- describes the ways in which professional capabilities may be used.

Universities Australia (UA) supports having a clear definition of professional capabilities in the guidance.

It was useful to see the relationship between professional capabilities and accreditation standards as shown in Figure 1, page 4 of 21.

It is important that there are clear standards of professional capabilities for university health profession education providers. UA suggests identifying and highlighting those capabilities common to all professions, alongside each profession's specific capabilities.

It would be helpful for the definition of professional capabilities to be added to the Glossary of Terms previously published by the Accreditation Committee.

#### 2. Are there any implementation issues the Accreditation Committee should be aware of?

UA does not believe there are any implementation issues as most education sites that offer health professional training already work with either graduate qualities or professional capability frameworks. Many of these frameworks may not be specific to health but generic qualities any higher education graduate should have on completion of their education. If there are professional capabilities specific to health professions, then this should be made very explicit.

#### 3. Are there any potential unintended consequences of the draft guidance?

UA does not believe there are any unintended consequences.

#### 4. Do you have any general comments or feedback about the draft guidance on developing professional capabilities?

Miscellaneous comments

- Figure 2 is mislabelled as Figure 3 (p8/21)
- Appendix C is not referenced in the body of the draft document. The information is useful and should be retained and referenced.

### Good practice professional capabilities

**5. Do you agree that the threshold capabilities required for registration should be owned and governed by Ahpra and the National Boards? Why or why not?**

UA suggests that threshold capabilities are not something that are 'owned' by any organisation but rather are an aspirational 'framework' that underpins health professional education and practice.

In order for these capabilities to be owned and governed, by either Ahpra or the National Boards, there is an expectation of monitoring and an improvement process, if a capability is deemed below a nominated threshold. Without clarity of what that might be and how it would be measured, this could add a great burden to an already stretched health education and delivery system.

Regulators need clarity on what capabilities are required for safe, effective, high-quality service delivery and management in health and social care services. Education providers need clarity on the capabilities to design appropriate education processes and outcomes. Ideally, the process of a regulator developing capabilities should intrinsically involve education providers.

**6. Do you support having shared professional capabilities across health professions regulated by the National Scheme? Why or why not?**

UA supports having shared professional capabilities across health professions regulated by the National Scheme. UA believes that shared professional capabilities would support interprofessional education and practice prior to registration and more adequately prepare students for the reality of working with professionals from other disciplines.

The Commonwealth Government has commissioned an independent [Scope of Practice Review](#) and one option for reform is a national skills and capability framework and matrix, which sets out the skills and capabilities of health professionals, including members of regulated, self-regulated and unregulated professions (Issues paper 2, p 8).

UA recommends that the Accreditation Committee consider the outcome of the Scope of Practice Review. If the government pursues this option, UA recommends that the Committee work closely with the government to ensure coherence and complementarity.

**7. What professional capabilities do you think should be shared across professions?**

UA supports inclusion of the following professional capabilities:

1. culturally safe care for Aboriginal and Torres Strait Islander Peoples
2. communicating clearly, respectfully, sensitively and effectively
3. interprofessional collaborative practice
4. patient-centred care and planning and performing a comprehensive assessment
5. professionalism, ethics and working within legislative and regulatory requirements
6. quality use of medicines and safe and effective prescribing, and
7. lifelong learning.

UA notes that some of these are clearly reflected in several disciplinary competencies listed in Appendix A of the consultation document (e.g. ATSI Health, Chinese medicine, Radiation, Optometry, Paramedicine, Physiotherapy). Other disciplines may address the same competencies, but they are presented quite differently because of choices made by their National Boards (see for example, dentistry, medicine, nursing, psychology). UA further notes that aligning even a small number of competencies across all disciplines will be a large undertaking and may have considerable consequences for those in the higher education sector responsible for training health professionals. For instance, a change in the way competencies are presented may result in significant changes to academic curriculum.