Professor Pip Pattison AO
Deputy Vice-Chancellor (Education)
Office of the Deputy Vice-Chancellor (Education)

1 May 2017

Dear Professor Woods,

Thank you for the opportunity to make a submission to the Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions (the Review). This submission is made on behalf of the University of Sydney.

The University is committed to harnessing the transformative power of education to foster greater knowledge and a better understanding of the world and its people. Our primary objective is to create and sustain a university in which, for the benefit of both Australia and the wider world, the brightest researchers and the most promising students, whatever their social or cultural background, can thrive and realise their full potential. This central purpose underpins our strategic goals and challenges us to develop and support a community of scholars where interdisciplinary research can flourish and where the student experience is enriched.

The University strongly welcomes the Review as a timely and excellent opportunity to make NRAS work, and the opportunities for reform set out in the NRAS discussion paper.

We note the approach taken to the Review is threefold: to propose improvements to the system within the existing framework; to ensure the relevance and responsiveness of health education; and to ask the broader question of how can education and training, and its accreditation, help create the workforce that Australia needs, both now and in the future.

We also note the limited scope of the Review, however welcome commitments at the various forums to give consideration to non-accredited disciplines. Whilst only one quarter of allied health professions are registered with AHPRA[1], the University believes consideration of both accredited and non-accredited degrees is warranted in order to ensure the goals of the Review, especially in relation to competence to practice and quality workforce development, are met. If efficiencies are created through a more efficient accreditation framework, these costs savings could mitigate the costs of adding new professions to AHPRA.

The University is very supportive of an accreditation process that both ensures the protection of the public and creates a flexible, responsive and sustainable current and future workforce. Accreditation should be required to relate to evidence based practice and the future needs of the workforce. Consideration should be given to moving beyond accreditation for single professions.

Whilst some accreditation systems have created barriers to teaching innovation, the University believes a range of mechanisms to incentivise change can readily address these concerns. For example, more streamlined accreditation processes, in particular taking into consideration overlapping TEQSA requirements and the costs of University staff time, may resolve this.

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[1]

http://www.coaghealthcouncil.gov.au/Portals/0/Documents/NRAS%20Documents/Not%20Searchable/Allied%20Health
%20Professions%20Australia/National%20Alliance%20of%20Self-Regulating%20Health%20Professions.pdf

Incentives for improved collaboration between, and professional development for, accrediting panel members will improve the fairness and equity of the process. Areas for better collaboration may reflect important skills for work readiness (for example, soft skills) that are often more challenging to assess and therefore often overlooked.

The University has provided more detailed responses below to a selection of relevant Review questions in Attachment A. Should you have any further questions, please contact Linda Scott, Research and Policy Manager in the Office of Clinical Education Support, University of Sydney, via email on linda.scott@sydney.edu.au.

Thank you again for the opportunity to make a submission to this important Review, and your consideration of our response.

Yours sincerely,

Signature removed for electronic distribution

Professor Philippa Pattison AO
Deputy Vice-Chancellor (Education)
The University of Sydney

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

Submission to the Discussion Paper

Cover Sheet

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First Name: Philippa

Surname: Pattison

Individual or organisational submission: Organisation

Organisation (if relevant): University of Sydney

Position in organisation:

Deputy Vice-Chancellor (Education)

Email: philippa.pattison@sydney.edu.au (cc EA belinda.yeldham@sydney.edu.au)

Preferred contact number: +61 2 9351 3517

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COB Monday 1 May 2017 via email: admin@asreview.org.au

University of Sydney submission to the Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions

May 2017

Attachment A: Detailed responses below to selected questions from the Review

Question One:

1. **What would be the benefits and costs of greater consistency and commonality in the development and application of accreditation standards?**

The University strongly supports the principles of reduced duplication, and reduced regulatory and financial burden on universities and students, while allowing for appropriate nuance for the different professional areas, noting evidence from the NRAS Discussion Paper (NRAS Review, as per p 19 of Discussion Paper) which quotes the difference in accreditation cost between Australia and the UK as $20.2 million and notes the larger share of these costs is borne by the Australian higher education sector.

The University also strongly supports the inclusion of self-regulating disciplines in this Review, and would support moves towards a more unified accreditation approach, applicable to all health professions, in order to reduce the need to manage such complexity. AHPRA is primarily about safety and not quality, however the professions chosen for registration are based on historical precedents (those who were already registered in the majority of states) or concerns regarding safety (e.g. Chinese medicine) and NOT on how key they are to a quality health care system. Those professions who had a good record of self-regulation and are core to the health system were not necessarily included (e.g. speech pathology). Accreditation to ensure quality and preparedness for the workforce of the future is critical for all health professions regardless of their registration status and universities will not accrue significant benefits if accreditation changes only address a subset.

As an example of the complexity of non-regulated disciplines that universities manage, the field of Nutrition and Dietetics is accredited but not by AHPRA. The alliance of non-registered health professions (National Alliance of Self-Regulated Health Professions, or NASRHP) have formed standards but because the professions are so diverse accreditation remains an individual professional organization responsibility. This poses threats to the University. In response to complaints, UA and the Council of Deans of Nutrition and Dietetics formed a central point for discussion between the universities and the Australian Dietetics Council (ADC) of the Dietitians Association of Australia (DAA). The DAA has developed a credentialing system for awarding the title of 'Accredited Practising Dietitian' (APD) to Nutrition and Dietetics graduates of accredited programs. The title APD is protected by law and recognised by the Australian Government for the purposes of Medicare, Department of Veterans' Affairs and private health funds rebates. It is unfortunate dual systems of accreditation are now necessary.

The University would support moves towards a more unified system of accreditation, applicable to all health professions, to resolve this unnecessary duplication.

2. Should accreditation authorities be required to incorporate the decisions of TEQSA/ASQA assessments and accreditations of education providers as part of their own reviews?

Coherence of the systems of self-accreditation, TEQSA/ASQA accreditation and review processes and professional accreditation would result in these processes being less idiosyncratic by streamlining and conflating review processes, enhancing IPL developments and sharpening the specificity and value of recommendations from these reviews and hopefully reduce academic workload in all aspects of these processes. In line with this, the University is supportive of the directions proposed in the recent Ewen's Review of professional accreditation processes.

As an example, currently in physiotherapy we need to report on every individual student's clinical placements (de-identified data) and they check off each student against old criteria. There is very little scope for including new types of placements to meet changing health needs. This is incredibly time-consuming for the University, does not provide placements that best contribute to fostering graduates through high quality higher education to best meet Australia's future health needs.

3. What are the relative benefits and costs associated with adopting more open-ended and risk-managed accreditation cycles?

Views differ within the university on this issue, however on balance the University supports a more open-ended approach to accreditation based on cost and safety risk assessments. We recognise that regular cycles of accreditation do support industry engagement and reputation of professional programs and their graduates, however on balance these benefits are outweighed by the significant benefits of open-ended and risk managed accreditation cycles that assist with efficiencies for all parties.

For example, the University would support a risk-based, open-ended approach to accreditation designed to be triggered by some material change in the program. This will reduce the burden of reporting to accrediting bodies and will allow for greater innovation in programs at self-accrediting institutions.

4. What changes could be made to current accreditation processes (such as selection, training, composition and remuneration of assessment teams) to increase efficiency, consistency and cross-professional collaboration?

The University supports evidence-based reform of accreditation processes that aim to streamline and economise the resources, time and effort that is required from the University for evidence supporting accreditation. Closely related to this is support for better integration of specific standards and expectations in self-accreditation by higher education providers, accreditation by TEQSA and professional accreditation by professional bodies, wherever possible. In particular, we support the further development of shared principles and co-ordinated practices that would eventually apply across all course and professional accreditation processes, as recommended by the recent review of professional accreditation[1] and illustrated by the agreement between Universities Australia and Professions Australia.

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[1] Phillips KPA (2016). Professional Accreditation: Mapping the Territory

The University would also support development of a cross- or multi-health professional group or forum that would aim to consider evidence-based innovative educational strategies used in health professional education with a view to provide specific and up-to-date advice to accreditation bodies about these strategies and their impact on clinical practice and health profession education.

Revision of accreditation processes provided by a multi-professional group would ensure that for clinical and academic training there is equivalence (but not standardisation) across different professional programs within, and between, states (and territories) in regard to preparation of graduates for independent clinical practice. For example, a multi-professional forum advising on accreditation could support the development of a shared response to impacts of the federal universal health system on health professional education. In the case of Dentistry, for example, this multi-professional group could harness support for the progression of dental and oral care, speech pathology or more extensive physiotherapy services into Medicare and extending the existing Medical Benefits Scheme beyond the current (but limited) child dental care provisions.

Accreditation panels should:

- Include expertise regarding contemporary educational practices and the different pathways for graduates to achieve program outcomes (including multi-disciplinary supervision, simulation for placement preparation and remediation);
- Include expertise regarding contemporary health care practice and future healthcare needs;
- Include training in the accreditation process for panel members to ensure they are clear about the purpose, good practice and boundaries of the accreditation process, and to reduce subjective judgements; and
- Focus primarily on program's educational and professional outcomes, recognizing that good outcomes can be achieved in a variety of ways and enabling innovation by higher education providers.

We would also recommend:

- Aiming for greater consistency and commonality in development and application of accreditations standards supported by common professional frameworks. The UK frameworks appear to function well and could be adapted and the work of O'Keefe et al on the OLT Harmonising project which extended the work on threshold learning outcomes to accreditation processes would be relevant[2]. This approach would also support interprofessional learning (IPL) and interprofessional practice (IPP) (e.g. Australian Government Office for Learning and Teaching (OLT) Threshold Learning Outcomes include IPP as outcome 5 – see attached). There are other national frameworks for IPP competency that can be drawn upon. [3]
- Developing clear understanding of what 'work ready' means and the role of the employer to provide support and development to new graduates to induct them into specific workplaces.

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[2] http://www.olt.gov.au/project-harmonising-higher-education-and-professional-quality-assurance-processes-assessment-learnin

[3] O'Keefe M. Collaborating across boundaries: A framework for an integrated interprofessional curriculum, Australian Government Office for Learning & Teaching 2015, http://www.olt.gov.au/resource-collaborating-across-boundaries-framework-integrated-interprofessional-curriculum-2015

O'Keefe M, Henderson A, Chick R. Developing sustainable and embedded interprofessional education: threshold learning outcomes as a potential pathway. Australian Government Office for Learning and Teaching 2015 http://www.olt.gov.au/resources

McAllister, Walker and Nagarajan (forthcoming) are conducting a national research project on work readiness and can provide further in put on this. We note that the issue of supervised practice post-graduation does not apply to the all health professions at the University of Sydney.

5. Should the assessment teams include a broader range of stakeholders, such as consumers?

Deeper engagement of community understanding and expectations of our professions that would likely follow if greater diversity and equanimity in accreditation team processes included input and involvement from consumers, students or patient advocates, for example.

The University supports improved training and preparation of accreditation panels and boards and the inclusion on panels of members from different health professions and other persons more representative of the diversity of Australian community, thereby addressing both diversity and equity.

6. What should be the key principles for setting fees and levies for funding accreditation functions, including how the respective share of income provided from registrants and education providers should be determined?

The University supports cost recovery as a principal. We support ensuring costs are maintained as low as possible without compromising the quality of the process; openness and transparency concerning costs and that no direct costs be passed onto students.

7. Should fees charged for the assessment of overseas qualified practitioners and assessment of offshore competent authorities be used to cross-subsidise accreditation functions for onshore programs?

No specific comment.

8. Should accreditation standards be only expressed in outcome-based terms or are there circumstances where input or process standards are warranted?

As per the Universities Australia/Professions Australia agreement, the University is committed to principles for accreditation standards and processes that 'focus on professional competencies and learning outcomes at graduation'.

Whilst we acknowledge consideration of inputs at the stage of initial approval of a new program may have merit, on balance the University takes the view that outcomes based accreditation standards support universities to be timely and responsive in their processes to deliver graduates ready for the current workforce and innovate for the future health needs of the community. Input based accreditations severely limit flexibility.

Outcomes based accreditation require:

- Accreditation to focus on assessment of learning and practice outcomes rather than inputs
- An approach to competency based standards that is holistic and integrated rather than atomistic lists of micro skills, and attends to professional capacities such as lifelong learning, reasoning and professionalism. This has been achieved effectively by a number of allied health professions e.g. speech pathology. The seminal work by Hager, Gonzci and Anthanasou (1994) is still relevant to this.

The University would be supportive of a program of work to develop risk-based approach so that the re-accreditation of established programs is based only on outcome-based standards.

9. Are changes required to current assessment processes to meet outcome-based standards?

The above question implies that there could be a disconnect between assessment and outcome based standards. These should be carefully constructed and aligned to ensure educational soundness. It would be more appropriate to determine the forms of assessment/evidence that are appropriate for evaluating the achievement of outcome-based standards.

10. Should there be a common approach to the development of professional competency frameworks and to the inclusion of consumers and possibly others in that development?

An overarching framework could have benefits. The Threshold Learning Outcomes (TLO) below can serve as a foundation for the development of such a competency framework. TLO 5 supports discussion re the inclusion of IPL to graduate students able to practice interprofessionally.

3.2 Threshold Learning Outcomes for Health, Medicine and Veterinary Science

Upon completion of their program of study, healthcare graduates at professional entry-level* will be able to:

(*as defined by each individual discipline)

1 Demonstrate professional behaviours

2 Assess individual and/or population health status and, where necessary, formulate, implement and monitor management plans in consultation with patients/clients/carers/animal owners/communities

3 Promote and optimise the health and welfare of individuals and/or populations

4 Retrieve, critically evaluate, and apply evidence in the performance of health-related activities

5 Deliver safe and effective collaborative healthcare

6 Reflect on current skills, knowledge and attitudes, and plan ongoing personal and professional development.

From: Learning and Teaching Academic Standards Project. Health, Medicine and Veterinary Science Learning and Teaching Academic Standards Statement, June 2011.

11. What are the risks and benefits of developing accreditation standards that have common health profession elements/domains, overlayed with profession-specific requirements?

The University supports evidence-based reform of accreditation processes that aim to more closely aligns those processes to education and research strategies of relevance across the range of health professions, such as in interprofessional education and in translational science. We see two primary benefits.

The first is that graduates' mastery of common health profession elements and domains provides an enriched understanding of the broader systems within which graduates operate, as well as a strong foundation for interprofessional communication and innovation.

The second is that interprofessional health care is known to enhance patient care outcomes. Interprofessional learning as an important component of clinical training supports multi-professional input for more complex assessment and diagnostic presentations, training and clinical practice needs. If the intent of accreditation processes were more aligned to evaluate contemporary health professional education strategies, those accreditation processes could directly contribute to the achieving of strong educational objectives.

However, it should be noted that some professions coordinate their accreditation processes with other accreditation bodies. This alignment is important for international mobility and will continue to impact on Australian accreditation processes e.g. Occupational Therapy also needs to meet the World Federation of Occupational Therapy standards which mandate some educational inputs (e.g. that placements must occur across the entirety of a program) and require hours to be enumerated.

12. What changes in the accreditation system could improve the timeliness and responsiveness of processes to ensure education programs are delivering graduates who have the knowledge, clinical skills and professional attributes required of the current and future workforce?

As per our response to previous questions, the University supports a risk-based approach which would in turn require more systematic and transparent approaches to evidence gathering, noting that accreditation currently can be an enormous barrier to innovation and enabling responsiveness to changing health needs.

More specifically, the University is eager to find ways to better enable clinical placements to be undertaken overseas as part of an accredited program, but without having to pay for a site visit to that international location, in an effort to create more globally prepared graduates.

13. How best could interprofessional education and the promotion of interdisciplinary practice be expressed in accreditation standards that would reflect the priority accorded to them?

It could be expressed using the TLO number 5: Upon graduation students can deliver safe and effective collaborative healthcare.

We can draw on existing Australian and international work around IPL/ IPE competency frameworks to embed a set of IPL competencies within the overarching professional competency framework (i.e.

link in with TLO 5 above). Below is an example of an Australian set of IP competency statements and learning outcomes[4]:

Interprofessional learning

The principles of interprofessional learning encompass understanding, valuing and respecting individual discipline roles in health care. Interprofessional practice places the interests of patients and populations at the centre of healthcare delivery. A key element of interprofessional practice is the recognition and use of the skills of other health professionals in healthcare delivery. It is supported by interactions that clarify perspectives, and enable insights and learning from other health professions.

Interprofessional learning competencies

On completion of their program of study, graduates of any professional entry level healthcare degree will be able to:

• explain interprofessional practice to patients, clients, families and other professionals

• describe the areas of practice of other health professions

• express professional opinions competently, confidently, and respectfully avoiding discipline specific language

• plan patient/client care goals and priorities with involvement of other health professionals

• identify opportunities to enhance the care of patients/clients through the involvement of other health professionals

• recognise and resolve disagreements in relation to patient care that arise from different disciplinary perspectives

• critically evaluate protocols and practices in relation to interprofessional practice

• give timely, sensitive, instructive feedback to colleagues from other professions, and respond respectfully to feedback from these colleagues.

14. How could the embedding of healthcare priorities within curricula and clinical experiences be improved, while retaining outcome-based standards?

The University is eager to explore increased opportunities for educational activities that focus on more systemic issues.

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[4] O'Keefe M. Collaborating across boundaries: A framework for an integrated interprofessional curriculum, Australian Government Office for Learning & Teaching 2015, http://www.olt.gov.au/resource-collaborating-across-boundaries-framework-integrated-interprofessional-curriculum-2015

 O'Keefe M, Henderson A, Chick R. Developing sustainable and embedded interprofessional education: threshold learning outcomes as a potential pathway. Australian Government Office for Learning and Teaching 2015 http://www.olt.gov.au/resources

If flexibility and responsiveness are the desired qualities of an education program, then the focus should be on creating practitioners who are able to change with the evolving context – which includes evolving health care priorities.

15. How best could contemporary education practices (such as simulation-based education and training) be incorporated into the curricula and clinical experience?

The University supports further consideration of how simulation can be used, and a continuing generation of an evidence base for its utility. Simulation should be explored further in a range of settings, for example, for its role in remediation; as a barrier task for placement; to provide the foundational skills for placement and to perfect more advanced skills later in courses.

16. Is there a defensible rationale for a period of supervised practice as a pre-condition of general registration in some professions and not others?

From a risk perspective, the paramount criterion is public safety. In the current climate, some professions have education programs which are considered to produce registrable graduates; others do not. It would be ideal to have a system where graduation and registration were simultaneous, but this would require a number of professions to undertake massive structural changes for which the appetite in the profession as a whole may not be readily apparent (or indeed the profession may be actively resistant). For example, in the profession of Pharmacy, the University believes there should at least be a rational discussion on the most appropriate model and accrediting body (the APC, the Australian Pharmacy Council) should gather data which informs such a discussion.

17. How should work readiness be defined, and the delineation between registration requirements and employer training, development and induction responsibilities be structured?

The definition of work readiness varies with professions, depending on the requisite knowledge, skills and behaviours for that profession. The point made about the study by Merga[5] (2016) identifying gaps including caseload and time management, clinical administration, employability, conflict management, stress management and reality shock reflect quite high level capabilities for a graduate.

Many healthcare professionals take years to learn how to effectively manage these issues. To resolve current or potential future disconnects between education providers and employer expectations, the University would support a process for reviewing accreditation standards that involves regular input from accrediting bodies, education providers and employers.

We note, however, that a one-size-fits-all model is difficult to envisage in the current climate given the diversity both between and within professions.

18. Does a robust accreditation process negate the need for further national assessment to gain general registration? Alternatively, does a national assessment process allow for a more streamlined accreditation process?

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[5] Merga, M. (2016). Gaps in work readiness of graduate health professionals and impact on early practice: Possibilities for future interprofessional learning; Australian and New Zealand Association for Health Professional Educators, Vol 17 (3).

The University does not support the need for further national assessments. These are expensive and are therefore generally limited to assessment strategies that can only capture a very limited aspect of professional knowledge and performance, and are rarely responsive to changing national health and education priorities.

19. Do National Boards as currently constituted have appropriate knowledge, skills and incentives to determine accreditation standards and programs of study which best address the workforce needs of a rapidly evolving health system?

Please refer to comments at Question 17.

20. Would greater independence of accreditation authorities, in the development and approval of accreditation standards and/or approval of programs of study and providers, improve alignment of education and training with evolving needs of health consumers?

The University does not support greater independence of accreditation authorities, as we do not believe it would support the creation of a more consistent, agreed set of principles for accreditation standards and processes should yield a higher quality accreditation process. The University also has concerns about the governance of complaints when, for example, the same body accrediting also reviews appeals to accreditation.

21. Is there adequate community representation in key accreditation decisions?

Please refer to comments at Question 10.

Whilst this is a complex question, the University is generally supportive of suggestions that community members/consumers could be involved at a higher level (e.g. on an advisory board) rather than the decision making panels.

22. What changes are required to current governance arrangements to allow accreditation authorities to source professional expertise without creating real or perceived conflicts of interest?

The University would support the development of agreed definition of conflict (as has been developed for grant review processes, for example).

23. In the case of councils, what governance arrangements are necessary to allow them to separate accreditation activities from their commercial and other obligations as legally constituted companies?

The University acknowledges the complexity of council governance, and acknowledges that whilst we don't have a ready solution, wish to reinforce the importance of finding a solution. No specific comment.

24. Is the standard clause in AHPRA funding agreements with accreditation councils sufficient to ensure that the delivery of accreditation functions is aligned with, and is adequately responding to, the objectives of the NRAS?

The University does not have a specific comment on the clause, however we are supportive of the detailed examination of these mechanisms in order to create an efficient and well-honed accreditation system.

25. What is the optimal governance model for carrying out the accreditation functions provided in the National Law while progressing cross-profession development, education and accreditation consistency and efficiency?

Possible options include:
· Expanding the remit of the AHPRA Agency Management Committee to encompass policy direction on, and approval of, accreditation standards.
· Establishing a single accreditation authority to provide policy direction on, and approval of, accreditation standards.

The University does not have a specific comment on the optimal governance model, however we are supportive of the detailed examination of these mechanisms in order to create an efficient and well-honed accreditation system.

26. How best in any governance model could recognition and accreditation of cross-professional competencies and roles be dealt with?

No specific comment.

27. What should be the standard quantitative and qualitative performance measures for the delivery of the accreditation functions across NRAS and who should be responsible for, firstly, reporting against these measures and, secondly, monitoring performance?

No specific comment.

28. What role should the Ministerial Council play in the formal consideration and adoption of proposed accreditation standards?

No specific comment.

29. Is the requirement that the Ministerial Council may only issue directions under s11(3)(d) if it considers a proposed accreditation standard may have a substantive and negative impact on the recruitment or supply of health practitioners, too narrow to encompass all the National Law objectives

and guiding principles, and if so, how should it be modified?

No specific comment.

30. How best can a national focus on advice and reform be provided, at least for the delivery of accreditation functions, that:

· As part of a broader workforce reform agenda, regularly addresses education, innovative workforce models, work redesign and training requirements?
· Has regular arrangements for engagement with key stakeholders such as the regulators, educational institutions, professional bodies, consumers and relevant experts?

No specific comment.

31. Do the multi-layered assignment arrangements involving the National Boards, specialist colleges and post-graduate medical councils provide mechanisms for sufficient scrutiny of the operations and performance of these functions?

No specific comment.

32. Are there any reasons why processes for having qualifications assessed for skilled migration visas cannot be aligned with those for registration that are conducted under NRAS?

No specific comment.

33. Is there is a defensible justification for the bodies who have been assigned responsibility for accreditation of Australian programs not being assigned the function to assess overseas trained practitioners?

No specific comment.

34. Should there be consistency across the National Boards in assessment pathways, assessment approaches and subsequent granting of registration status for overseas trained practitioners?

No specific comment.

35. Should there be a greater focus on assessment processes that lead to general registration for overseas trained practitioners without additional requirements such as supervised practice and how might this be achieved?

No specific comment.

36. Does the AHPRA/HPACF guidance document on the management of accreditation-related complaints resolve the perceived need for an external grievance/appeal mechanism?

The University strongly supports the need for an independent appeals process. We will recommend Kim Snowball's original recommendation that the scope of the health ombudsman's role is expanded to encompass this.

37. If an external grievance appeal process is to be considered:

· Is the National Health Practitioner Ombudsman the appropriate entity or are there alternatives?
· Should the scope of complaints encompass all accreditation functions as defined under the National Law, as well as fees and charges?

Please see our response to Question 36.