Review of the Australian Qualifications Framework

HIMAA Submission 14 March 2019

The Australian Qualifications Framework (AQF) Review Panel wishes to draw on the considerable expertise and experience that has developed across a broad range of organisations and individuals in relation to the Review's Terms of Reference.

In its discussion paper, the Panel has opted to provide to organisations and individuals some of the Panel's initial thinking about the case for change to the AQF, but invites differing analysis, conclusions and proposals.

To make a submission to the Review, please email this form to AQFReview@education.gov.au **by 15 March 2019**.

Please note that the Australian Government Department of Education and Training will not treat a submission as confidential unless requested that the whole submission, or part of the submission, be treated as such.

Please limit your response to no more than 3000 words.

Respondent name

Richard Lawrance, Chief Executive Officer

Respondent organisation (where relevant)

Health Information Management Association of Australia Inc. (HIMAA)

1. In what ways is the AQF fit, or not fit, for purpose?

The Health Information Management Association of Australia (HIMAA) is the professional association for health information management professionals in Australia. Our members work in a variety of roles within and supporting the healthcare system, with primary occupations being qualified Health Information Managers (HIMs) and Clinical Coders. **HIMAA promotes and supports its members as the universally recognised specialists in information management at all levels of the healthcare system. We do this through positioning and advocacy, education and training, quality standards, publications and resources, and HIMAA membership networking activities at local and national levels, including an annual national conference of international standing.**

As key advocate and standards setter, we have been serving the profession in various iterations since 1949.

From HIMAA's perspective, the AQF provides a taxonomic educational framework, based on learning outcomes, to Australia's current hierarchy of tertiary qualifications, from the Vocational Education and Training (VET) certificate and diploma levels 1 – 6, and the Higher Education (HE) degree levels 7-10 from bachelor through to doctorate. This is fit for purpose for HIMAA in two ways.

Firstly, as an RTO we deliver a Certificate IV in Clinical Classification in order to produce graduates for the occupation of Clinical Coder.

Historically this qualification is based on courses developed as Units of Competency at Certificates III and IV levels. Learning outcomes detailed in the AQF have enabled us to develop coursework for the Certificate IV from the UoCs such that the qualification was recognised by ASQA as suitable for our RTO scope.

Secondly, HIMAA extends professional accreditation to bachelor degrees and graduate entry masters in health information management, designed to produce graduates suitable for the occupation of Health Information Manager (HIM). Accreditation is based on HIM comperency standards developed by HIMAA members as employers of both HIMs and Clinical Coders, as well as custodians of the profession. These standards are scaled at AQF level 7 through direct grounding in Bloom's Taxonomy of Learning's 8 levels of learning in the Cognitive Domain. The language of these learning levels at AQF level 7 strongly parallels the language of AQF descriptors of knowledge and skills and their application – review critically, analyse, critical thinking, solve problems, synthesise, create, evaluate. The similarity between Blooms taxonomy and that of the AQF has been extremely useful for HIMAA in periodically reviewing and updating our HIM competency standards to maintain their fitness for purpose.

The AQF is less useful for HIMAA in enabling a continuity of academic governance between VET and HE levels. The dogmatic obsessiveness with which the VET sector has come to depend upon with a doctrinaire brand of 'competency' does not easily enable a desired curricular continuity between our Certificate IV qualification for the Clinical Coder and our degree qualification for the HIM at the HE level of tertiary education, with its own self-confinment to education at, perhaps, the expense of competency.

As the AQF Review Panel has identified in its Discussion Paper, the qualifications subtended by the AQF are, in our words, 'chunky', requiring immersion education at the HE level and dogged competency-based quantification at the VET level in courses with high volume of learning requiring long periods of study commitment – from 6 months minimum at lower AQF levels to 2-4 years on top of an AQF 7 degree, and more, to achieve a PhD.

Had HIMAA been able to micro-credential its original Units of Competency in clinical coding (AQF3-4) in a way that achieved recognition at AQF 7, curricular career progression between the profession's two foundation occupations would have been possible many years ago. Conversely, in the 8 years it took HIMAA to scale up from the UoCs to a full qualification (the Certificate IV), HIMAA was only able to supply half of the known workforce requirement for Clinical Coders. And we were, and remain, the largest supplier of education and training for that occupation in the country.

2. Where the AQF is not fit for purpose, what reforms should be made to it and what are the most urgent priorities? Please be specific, having regard to the possible approaches suggested in the discussion paper and other approaches.

Of the five areas for consideration explored by the AQF Review Panel in their Discussion Paper, only three will be commented upon here, Shorter Form Credentials, AQF Taxonomy and Levels, and Volume of Learning & Credit Points

1. Shorter Form Credentials

The current trend in micro-credentialing is anarchic; it is doing for tertiary education what the development of the internet did for the distribution of information. And, like the internet, it will have to pursue its own chaos for while until that it starts to resolve just what it is, finds some structure to the order it finds within its newfound capability, and eventually institutionalise. The issue with allowing this process to follow itself is what is potentially lost to the chaos along the way – like, for instance, the structuring value of the current AQF for tertiary qualifications as they are currently understood in Australia by both employers and employees as well as by providers of tertiary education.

It is that structuring value the AQF could offer micro-credentialing at this time. This does not entail the AQF mandating compliance for all micro-credentials. That would be counterproductive to the innovation value in the current era of anarchy. But it should be an option, and it will need to adapt itself in order to become relevant to micro-credentialing if it is to assist micro-credentialing to become relevant within the purview of the AQF.

For instance: one of the revolutionary outcomes of the micro-credentialing movement for tertiary education is the potential investment in the individual of the capability of assembling a range of micro-credentials that, stacked together, satisfy the competency requirements for a qualification at a given level of the AQF eg. AQF 7, even if the credentials are gathered at other levels of the the AQF eg. AQFs 3-6, and from a range of education and training (E&T) providers. Adding the structuring utility of the AQF to this application of micro-credentialing will add a useful standards base that offers a quality assurance to credentialing for employers and learners that the current anarchic practice of digital credentialing and digital badging does not.

Examples:

A. HIMAA's Certificate IV in Clinical Classification, referred to in the previous section, has a core skill known as abstraction which requires of the learner the ability to think like a clinician at the point and level of clinical decision-making. This is clearly a competency at AQF level 7 and *above* (8 if medical college Fellowship attainment is recognised at Graduate Diploma or Certificate level, up to 10 if the resulting occupation of Doctor is recognised the doctorate level). But as a pathway to a career, the Certificate IV currently pegs the Clinical Coder to that AQF level. If we could micro-credential that element of our Certiicate IV qualification we believe to be at AQF level 7 to HIM competency standards at AQF 7, the career pathway power

it would bring to our Coder graduates would transform the qualification's value in terms of curricular continuity: an AQF level 4 qualification tagged at AQF 7.

This would entail the AQF Review Panel, however, structuring into the current Framework an inter-level mobility it currently does not possess. There has been much talk in Professions Australia circles surrounding the AQF Review about a greater inter-relationship across the ASQA~TEQSA divide, with degree and masters holders undertaking VET courses in order to acquire appropriate skills on more achievable learning bites, and vice versa – a builder with a Certificate IV level jumping up into HE at Graduate Certificate (AQF 8) level.

There was discussion at the AQF Review Panel's meeting with Professions Australia members on Friday 8/2/2019 in Melbourne about the need for less of an upwards mobility in the hierarchic structure of the AQF taxonomy, and more of a capability for inter-recognition between levels. While HIMAA supports this, it should be with, rather than at the expense of, the structuring capability afforded the current AQF by its educational grounding in taxonomies of learning such as Bloom's.

HIMAA also believes the AQF could better reference its taxonomic heritage, as there is clearly more than Bloom's taxonomy in play.

B. As also noted in the previous section, prior to the development of HIMAA's Certificate IV in Clinical Classification course our qualifications for the Clinical Coder at Introductory, Intermediate and Advanced levels operated effectively as micro-credentials. Recognised only as Units of Competency in other qualifications, our student research indicates that UoC status was irrelevant in their decision to enrol; it was more the power of the qualifications in securing employment that motivated enrolment.

   Meanwhile the doctrinaire competency dogma of the VET Skills Councils excluded our foundation course in Comperehsnvie Medical Terminology on the gounds that it was purely 'educational' and 'knoweldge-based', forcing HIMAA to insist on its value as a microcredential, mandating it a pre-requisite to enroment in the UoC's accorded, under ASQA, the status of Nationally Recognised Training. If we'd had the ability to accredit all 4 of these mircocredentials in their own right within the AQF, that would have added a career pathway capability to them without them needing to have been so inadequately straightjacketed by the VET system of qualifications recognition.

   HIMAA was micro-credentialing before the concept was even thought of. Now that it is taking off, however, we strongly advocate it being offered the opportunity of a rigorous taxonomic structuring within a learning framework such as the AQF. Without the structuring power of such a taxonomic link between learning and the attainment of qualifications, the professions risk falling to the collapse of standards into the commerce-driven mob rule of credentialing anarchy: not an outcome employers imagine, we suspect, but nor one they would welcome if they understood the value of job expertise, rather than mere job capability or, worse, simple job-readiness.

C. HIMAA's experience as a professional association is one of a conglomerate of competencies to be found in practioners of the profession's two foundation

occupations, Clinical Coder and HIM, which could be identified in HIMAA's comperehensive industry- as well as academically based competency standards for those two occupations, but for which many exponents of practice have no HIMAA recognised qualifications or, indeed, formal qualfications at all.

Many of these qualification-free HIMs and Clinical Coders, as well as those with relevant qualifications yet to achieve professional accreditation with HIMAA, still practice to the full capability value of the health information management professional, some of them in amongst the most senior roles within the health system. As busy professionals, with well-understood learner authenticity, they have neither the inclination nor the time to undertake lengthy study commitment and expensive qualifications of the sort recognised by the AQF.

HIMAA would wish to recognise such pracitioners as members of the profession, and provide achievable pathways to them to achieve a status equal to those members of the profession who sit snuggly within the AQF. A micro-credentialing pathway for them might seem much more achievable, and could involve recognition of skills and knowledge gained through experience.

To incorporate such skills and knowledge, gained through experience, is a challenge the current AQF Review may not be able to achieve in its Terms of Reference-limited timeframe or remit. But it is one to which it could commit COAG as a longer term AQF project, through the strongest of recommendations. HIMAA advocates such a recommendation from the AQF Review.

3. AQF Taxonomy and Levels

As detailed in (1) above, HIMAA believes that micro-credentialing offers to the AQF a structuring capability in rendering the AQF useful to micro-credentialing.

5. Volume of Learning & Credit Points

HIMAA agrees with other members of Professions Australia that continuity of credit value between VET and HE is useful and long overdue.

We also suggest the AQF Review Panel consider 'user pragmatism' as a guide as to restructuring the role of Volume of Learning (VoL) within the AQF:

- VoL useful to us as an E&T provider in course development because it is a standard by which we can establish the AQF level at which we will be able to secure the course on scope with ASQA; and
- VoL is also useful to the potential student as a measure by which they can estimate whether or not the course is actually achievable for them (our students are majority adult learners, 35% with degrees).

We suggest these pragmatic criteria reflect the value of VoL to the user as a standard, where a standard is seen as a relection of best practice assembled by consensus and, therefore, open to review and change with change in the circumstances and nature of inputs, rather than a rule for compliance.

3. In relation to approaches suggested by the Panel or proposed in submissions or through consultations, what are the major implementation issues the Review should consider? Please consider regulatory and other impacts.

The suggestions made by HIMAA above require higher order conceptual analysis by the AQF Review Panel. It is the role of those commissioned to undertake the implementation of the Review's outcomes to consider implementation issues, particularly in the light of regulatory impacts.

HIMAA acknowledges the bureaucratic wisdom of engaging, through this question, those who may hope they have a role in implementing the outcomes of this Review, but from HIMAA's perspective, (3) is an essentially bureaucratic question. It is unlikely that HIMAA, for instance, as a professional organisation for a niche health profession, will be asked by COAG to implement the outcomes of the AQF review. The Commonwealth Department of Education and Training finds it difficult enough to acknowledge that the health information management profession even exists, let alone that it should be responsible for those entering Australia in the skilled migration occupations of Clinical Coder and HIM. It defers for that expertise to a generalist and conglomerate RTO, VETASSESS, which neither recognises HIMAA competency standards not employs qualified HIMs and Clinical Coders recognised by the profession's Association in assessing skilled migrants for entry to Australia recommendation. In the context of such profession agnosticism, we would not expect much quarter from DET, who are therefore unlikely to recommend it to the relevant Ministers, who are therefore unlikely to recommend it to COAG.

So far down the advocacy food chain, yet so important to the realisation of the national economic and quality of care improvements to be had by the digitisation of health information, and the coordination of the seamless interdependency of this between the jurisdictions and the commonwealth.

For HIMAA's policy statement on skilled migration in the occupational categories of Clinical Coder and Health Information Manager, see http://himaa2.org.au/index.php?q=node/2736.

Thank you, however, for the opportunity to provide input into this important review.

Other