



ANZAHPE
Australian & New Zealand
Association for Health
Professional Educators

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Higher Education Standards Panel Executive
MELBOURNE VIC 3001

Re: Draft standards for course design and learning outcomes

Dear colleagues,

I write on behalf of the Committee of Management of the Australian and New Zealand Association of Health Professional Educators (ANZAHPE) to provide comment on these draft standards in accordance with the invitation on the Panel's website.

ANZAHPE is the professional association and peak body representing educators in the health professions in Australia and New Zealand.

In relation to the *format* of the standards, ANZAHPE finds the draft format to be appropriate to their purpose.

In relation to the *content* of the draft standards, ANZAHPE makes the following comments:

- Standard 6 of the Course Design (Coursework) draft standard is problematic, and is likely to prove impossible to achieve, for many health professional programs. In order to ensure the development of clinical skills and practice competencies, many health professional programs require extensive experiential learning on placement in a range of health and social service settings. This makes it impossible for such courses to be provided effectively by distance or online education, or in geographical locations without appropriately trained on-site clinical supervision. Similarly it is highly impractical for some courses to be provided in other than full-time mode. A requirement to meet this standard would seriously compromise the ability of education providers to provide the necessary range of experience for health professional students and pose a consequent risk to the safety and welfare of their future patients or clients.
- Standard 6 of the Learning Outcomes (Coursework) draft standard would also be extremely difficult to implement for many health professional courses. In some health programs, the enormous range of content to be mastered (around 1000 defined learning outcomes in most medical programs, for example) makes the *exhaustive* assessment methodology suggested by the standard completely impractical.

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Rather, health professional programs often rely on a *sampling* assessment methodology, where a sample of learning outcomes drawn from across the breadth of the course is blueprinted by educators for attention in each assessment activity, without advance notice to learners of the specific outcomes to be assessed on any occasion. This practical approach is time-honoured and has proven utility in the verification of competence in relation to health professional graduates.

If, in fact, the intention of the standard is to ensure merely that assessment covers all of the *broad* graduate attributes for a program of study, then the term 'specified learning outcomes' should be avoided.

Both of these concerns are serious and in the opinion of the Association it is critical that the standards be modified to address them before being finalised.

The Committee of Management of ANZAHPE appreciates the opportunity to provide comment on these drafts and would be very happy to discuss the Association's concerns more fully if required.

Sincerely

Gary Rogers MBBS, MGPPsych, PhD

President