The Dietitians Association of Australia (DAA) is the national association of the dietetic profession with over 5700 members, and branches in each state and territory. DAA is a leader in nutrition and advocates for better food, better health, and wellbeing for all. DAA appreciates the opportunity to comment on the National Registration and Accreditation Scheme for health professions by the Australian Health Ministers’ Advisory Council.

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DAA interest in this consultation

The interest of DAA in this consultation relates to its role as the regulator for the dietetic profession in Australia. The Association has over 5700 members constituting approximately 80 percent of the dietetic workforce in Australia. DAA accredits dietetic training courses in Australian universities and is the assessing authority for dietitians trained in other countries.

The Accredited Practising Dietitian (APD) program is the foundation of DAA as a self regulated profession with 98 percent of eligible members (4900) participating in the program. The APD credential is recognised by Medicare, the Department of Veterans Affairs, private health funds and for access to the Healthcare Identifiers Service.

DAA is a member of the National Alliance of Self Regulating Health Professions.

Recommendations

1. That a legislative framework be developed which gives due recognition to the mainstream self regulated professions alongside the professions currently registered under the Australian Health Practitioner Regulation Agency.
2. That such a legislative framework introduces title protection for self regulated professions to ensure consumers know they are consulting an appropriately trained and regulated health professional.
3. That information is disseminated widely by the Commonwealth Government to promote better understanding of the purpose of registration, and the rightful place of robustly self regulated professions in the healthcare system, in order to reduce the untoward consequences and discrimination experienced by self regulated health professions. This should include target audiences of health administrators, government agencies, health professionals, and consumers.
4. That self regulated professions are supported in their role of data collection to support national workforce monitoring and development.
5. That processes are reviewed to ensure consist national reporting of poor conduct and performance of both registered and self regulated professions for the protection of consumers.

Key message

The statutory objectives and guiding principles of the National Law for the registration and accreditation of health professionals were intended to facilitate access to services, develop a flexible, responsive and sustainable health workforce, and support innovation in education and service delivery while protecting the public. DAA recognises that the level of regulation needs to be proportionate to public risk and the cost of that regulation is proportionate to the benefits likely to accrue from regulation.

Inadequate consideration of the self regulated professions, such as dietetics, in implementing the National Registration and Accreditation Scheme (NRAS) has limited the achievement of these objectives and resulted in a plethora of untoward consequences which impede health workforce reform and widen health service access gaps.
It is imperative that a legislative framework is developed which acknowledges the important role played by the self regulated professions alongside the registered professions. Providing information and education will not be enough.

Discussion

DAA presents feedback in response to the following questions posed in the consultation paper:

- Question 7. Should the National Law be amended to recognise those professions that provide adequate public protection through other regulatory means?
- Question 9. What changes are required to improve the existing complaints and notifications system under the National Scheme?
- Question 20. To what extent are National Boards and Accrediting authorities meeting the statutory objectives and guiding principles of the National Law?

**Question 7. Should the National Law be amended to recognise those professions that provide adequate public protection through other regulatory means?**

DAA considers that the professions with robust self regulation provisions must be recognised in a legislative framework which places them alongside the professions registered under the Australian Health Practitioner Regulation Agency. This is to realise the original objectives of the National Law and to eliminate the untoward consequences which are described in detail in this section.

DAA has robust measures as the regulator for the dietetic profession:

- for the protection of the public
- to facilitate workforce mobility across Australia, and to a limited extent internationally
- to facilitate the provision of high quality education and training of dietitians
- to facilitate the rigorous and responsive assessment of overseas-trained dietitians.

DAA has been a leader in the development of competency based practice, the promotion of access to evidence based high quality services provided by dietitians, the continuous development of the dietetic workforce, and innovation in dietetic education and service delivery.

Since the introduction of NRAS however this record of quality self regulation has been undermined by the perception that the professions registered under the Australian Health Practitioner Regulation Agency (AHPRA) are somehow better, safer, more credible, and more respectable.

There has been no action taken by AHPRA, the Department of Health or any other government agency to counter the misinformation and misperception which has abounded since NRAS was launched. It is clear to DAA that the individuals or organisations who discriminate in favour of the registered professions are unaware of the intent of the National Law...
Law, which professions are regulated by AHPRA or the implications of excluding the self regulated professions.

The dietetic profession has had to expend a great deal of energy in fighting for recognition under the National Allied Health Rural Locum Scheme, inclusion for employment in the National Disability Insurance Agency, inclusion in Medicare Locals and inclusion in Primary Health Networks. The number of reports from members who have been discriminated against either in verbal or written discussions, or in exclusion from job opportunities, continues to grow, and includes the following (see Appendices for documentation for items marked*)

- Victorian Legislation related to assault on emergency workers and registered health practitioners*
- Restricted access to registered professions for scholarships e.g. Windermere Scholarships*
- Relationships designated under the Fifth Community Pharmacy Agreement were between community pharmacists and registered professions (now resolved)*
- Only registered professions were in scope for consultations for the Health Workforce Australia project on Health Practitioner Prescribing Pathway*
- Content on the Australian Doctor site is available to Australian Registered Health practitioners only*
- During the establishment of Medicare Locals discrimination was reported in favour of registered professions at consultations in the Australian Capital Territory and Tasmania
- In July 2014 there was a comment from the floor during a consultation for Primary Health Networks that only registered professions should be engaged in Primary Health Networks.

In addition to these external events, there have also been repercussions within the self regulated professions. The way in which the NRAS was introduced was not made clear to the widest possible range of stakeholders and has led to a great deal of anger and resentment with many believing that their profession was not included because the professional body ‘did not try hard enough’. The concept of ‘right touch regulation’ must be clearly articulated in the future to all stakeholders.

*Question 9. What changes are required to improve the existing complaints and notifications system under the National Scheme?*

DAA would like to see consistent processes in place to support national reporting of poor conduct or performance for both registered and self regulated professions in order to protect the public.
Question 20. To what extent are National Boards and Accrediting Authorities meeting the statutory objectives and guiding principles of the National Law

Meeting the statutory objectives of the National Law has been limited by the exclusion of a significant sector of the health workforce by application of the Law. One objective is the development of a sustainable health workforce, but DAA considers that this is only possible if the process of development includes all of the stakeholders. Currently AHPRA collects workforce data, and data on poor performance and poor conduct of registered professions. DAA currently funds at its own cost comprehensive data collection processes similar to those of AHPRA. DAA would like to see a more equitable approach to data collection and reporting with financial consideration for the burden that this places on self regulated professions.

Appendix – Evidence of untoward consequences


Accessed 9 October 2014

Attachments – Evidence of untoward consequences

Attachment 1: Victorian Legislation related to assault on emergency workers and registered health practitioners

Attachment 2a, 2b: Windermere Scholarships

Attachment 3: Fifth Community Pharmacy Agreement

Attachment 4: Australian Doctor