Submission into the Review of NRAS

Allied Health Professions Australia (AHPA) is the peak body representing and advocating for the value and role of allied health professions in Australia. Collectively, the 22 national organisations within AHPA represent approximately 82,000 health professionals. Seven of these organisations’ allied health professional members are registered practitioners. The other organisations’ members are self-regulated. Nine of these national organisations have formed the National Alliance of Self-Regulating Health Professions.

In making this AHPA submission, we wish to commend the profession specific submissions by a number of AHPA’s Member Organisations. This AHPA submission needs to be read in conjunction with the profession specific responses – it is not a compilation or summary of those responses.

This collaborative allied health submission addresses four specific issues:

- Benefits of a nationally coordinated regulatory scheme
- Shared regulation and cost efficiencies
- Amending the National Law to recognise self-regulating health professions
- Minimising the unintended consequences

BENEFITS OF A NATIONALLY COORDINATED REGULATORY SCHEME

AHPA is aware that some jurisdictions may feel that NRAS has been unresponsive to their local needs and hasn’t provided the flexibility they need to respond locally.

AHPA acknowledges that whilst the model needs improvement, a return to State based registration boards would be a retrograde step. The system could be modified to allow States the flexibility they need, but it is important to retain the National Scheme rather than a return to system of co-regulation.

SHARED REGULATION AND COST EFFICIENCIES

AHPA supports the proposal that costs be minimised through the nine National Boards (low regulatory workload professions) sharing registrations and notifications functions, provided such changes did not impact on the improved processing times and communications proposed in the consultation document.

However, AHPA acknowledges that each National Board needs to be able to undertake in-depth analysis of the profession it regulates, assess the profession’s capacity to improve consumer access


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to health services and to promote the development of a flexible, responsive and sustainable workforce.

AMENDING THE NATIONAL LAW TO RECOGNISE SELF-REGULATING HEALTH PROFESSIONS
AHPA supports the NASRHP contention that to protect the interests and safety of the public a single national authority such as the Australian Health Practitioner Regulation Agency (AHPRA) should be responsible for managing the regulation of all evidence based health practitioners.

AHPA supports a robust national health regulatory system achieved through an integrated framework which covers the registered professions, authorised self-regulating professions and negative licensing of those practitioners who do not otherwise fit within the regulation processes (refer to the NASRHP proposal Harnessing self-regulation to support safety and quality in healthcare delivery: A comprehensive model for regulating all health practitioners).

The inclusion of authorised self-regulation under the National Scheme would provide a cost effective option for increased regulation in which the public risk, whilst deemed medium to low, can be further minimised and managed through authorised self-regulation.

AHPA supports the NASRHP argument that other regulatory means for self-regulating health professions (such as through workplaces or voluntary membership to professional bodies) do not provide adequate public protection.

MINIMISING THE UNINTENDED CONSEQUENCES
AHPA notes that the National Scheme was designed to fulfill four key objectives, not to provide status and credibility to health practitioner groups. Unfortunately the National Scheme has created a two-tier regulatory system which has developed as a result of a confined application of the NRAS. It is important that all evidence-based health professions are recognised equally by government and the public, whether registered or self-regulated.

There are serious unintended consequences of the scheme and simply claiming that wasn’t the intention does not remedy the situation. Health care professionals are being excluded from employment, positions on Boards and access to grants and scholarships for further education.

AHPA understands that the establishment of the NRAS has raised the expectations of the community, health professionals and broader stakeholders that all health professions in the continuum of Australian healthcare delivery meet a governed standard, with established public protection processes and regulation in place. This has led to another unintended consequence - AHPRA is receiving complaints for professions which are not registered under the National Scheme.

We look forward to further improvements in the registration of all allied health professions as a result of this review.

Lin Oke
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