SUBMISSION ON CONSULTATION PAPER FOR REVIEW OF NATIONAL REGISTRATION AND ACCREDITATION SCHEME FOR HEALTH PROFESSIONS

ASAPO (in conjunction with AOTP in Western Australia) represents Anaesthesia Technicians/ Technologists/ APOs and Assistants to the Anaesthetists. As a currently unregulated profession, ASAPO would like to make the following submission addressing selected, specific questions pertinent to anaesthetic technicians on behalf of its members.

Question 3. Should a single Health professions Australia Board be established to manage the regulatory functions that oversee the nine low regulatory workload professions? Estimated cost savings $11m per annum.

This option (Option 1) would be ASAPO’s preferred option. A significant number of our current members are/or have been Operating Department Practitioner (ODP) registrants of the Health and Care Professions Council (HCPC) in the United Kingdom, which is essentially what is being proposed.

This model has worked well over a reasonable period of time with a minimum of over-regulation at a reasonable cost to the registrant.

Benefits include economies of scale and that of one ‘Super Board’ covering many low number professions ensuring an equitable voice ‘at the table’ when in discussions with the high registrant number Boards such as Medical and Nursing & Midwifery.

Such a Board composition allows for expansion/contraction of low regulatory workload professions without significant disruption to the function of the regulatory body.

Question 4. Alternatively, should the nine National Boards overseeing the low regulatory workload professions be required to share regulatory functions of notifications and registration through a single service? Estimated cost savings $7.4 m p.a.

This option (Option 2) would be our second choice from the three options presented. It has the benefit of streamlining key processes with low initial costs.

However the limitations of the scheme would be a lack of flexibility due to the need for separate National Boards for each profession.

Also it is hard to envisage these small Boards having a united voice in discussions leading to inefficiency from time spent dealing with minority interests.

Maintaining the status quo (Option 3) is not a viable option for the reasons elicited in the consultation paper.
Question 5. Should the savings achieved through shared regulation under options 1 or 2 be returned to registrants through lower fees?

Yes, the National Scheme envisaged that registrants would not be required to pay overly excessive or unfair registration fees.

Question 6. Should future proposals for professions to be included in the National Scheme continue to require achievement of a threshold based on risk to the public and an associated cost benefit analysis?

ASAPO believes that the threshold should remain related to risk to the public. However if Option 1 is adopted then cost benefit analysis becomes less of a key factor.

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

Whilst ASAPO acknowledges that the proposed adoption of the National Code will be a starting point towards regulation of otherwise unregulated professions as a body we have strong reservations regarding its applicability to anaesthetic technicians.

ASAPO confirms the Independent Reviewer’s observation that unregulated professions are being excluded from employment opportunities because of the employment conveniently being restricted to health professionals registered under the National Scheme.

Whilst it is acknowledged by Mr. Snowball that this is an unintended consequence of the National Scheme, there can be no doubt in our minds that this is scant recompense to our members who are increasingly struggling to secure employment due to the fact they remain unregistered.

ASAPO wishes that a solution to this issue be sought as a matter of some urgency by the Review.

Question 8. Should a reconstituted Australian Health Workforce Advisory Council be the vehicle to provide expert advice on threshold measures for entry to the National Scheme to the Health Workforce Ministerial Council?

ASAPO believes that would be a suitable option. However, most importantly the advisory council must be independent and free from professional bias. The National Scheme is too important to be manipulated by vested interests which aim to maintain exclusivity as regards which health professionals can be ‘in the club and which cannot.’

Question 17. How should the National scheme respond to differences in States and Territories in protected practices?

ASAPO generally considers an increase in regulatory measures through protective practices i.e limiting specific roles to restricted professions as potentially damaging to patient choice and possibly a restrictive work practice penalising eligible but ‘excluded’ health professionals.
Question 18. In the context of the expected introduction of a National Code of Conduct for unregistered health practitioners, are other mechanisms or provisions in the National law required to effectively protect the public from demonstrated harm?

The proposed National Code in ASAPO’s view is significant but potentially a flawed concept.

The Code itself is highly generic and seems more concerned with protecting the public from 'untrained health service providers' than from poor standards of practice in the operating room, for example.

ASAPO would encourage the re-evaluation of which groups should be covered by the National Scheme. It is acknowledged in the consultative paper that HCPC in the UK regulates 16 professions, of which only 5 are regulated in Australia. ASAPO finds it hard to comprehend how such a disparity exists between two first world health care systems.

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