Mr Kim Snowball,
Independent Reviewer
National Registration and Accreditation Scheme for health professionals Review

Dear Mr Snowball

Re: Review of the NRAS for health professionals

Below is the submission from the Australian Private Hospitals Association (APHA) to the National Registration and Accreditation Scheme for health professionals Review.

The APHA is the peak national body representing the interests of the private hospital sector, with a diverse membership that includes large and small hospitals and day surgeries, for profit and not for profit hospitals, groups as well as independent facilities, located in both metropolitan and rural areas throughout Australia. The range of facilities represented by APHA includes acute hospitals, specialist psychiatric and rehabilitation hospitals and also free-standing day hospital facilities.

Private hospitals employ a large workforce, and are reliant on a flexible and responsive registration and accreditation system for health professionals to ensure an accountable and reliable workforce.

By and large, the current system in place is sufficiently robust, however, the APHA welcomes this scheduled review to ‘fine-tune’ some of the measures in place. Issues of concern to the APHA include:

- The lack of alignment of registration requirements with the new National Standards
- The onerous requirements for professionals from overseas
- The need for a central repository of information relevant to the credentialing of individuals
- The need for notifications to be dealt with in a timely manner

The attached submission will address the above concerns. Questions that were raised in the Review paper that are not addressed have not been included in the submission.

Thank you for the opportunity to provide a submission to the review.

Yours sincerely

Michael Roff
Chief Executive Officer
Australian Private Hospitals Association
9 October 2014
Response to questions raised in the NRAS review issues paper

Contents

Contents .................................................................................................................................................. 1
Accountability and Governance .............................................................................................................. 2
Complaints and notifications .................................................................................................................. 3
Public protection ..................................................................................................................................... 5
General Questions .................................................................................................................................. 6
References .............................................................................................................................................. 6
Accountability and Governance

Should the proposed reconstituted AHWAC carry responsibility for informing regulators about health workforce reform priorities and key health services access gaps?

There are two pressing issues that need to be better linked in with the regulation and accreditation of health professionals; health workforce reform and National Standards.

- It is important to acknowledge that there should be an interface between the regulators of health professionals and the wider policy objectives for the health workforce. Currently, this is not the case, and whichever body will become the implementing reporting body for the National Scheme should also facilitate this interface.

It has been established that Australia is facing a severe health workforce shortage by 2025, particularly in nursing and less so in other health professions (1). Despite this, the current system in place of accreditation and regulation can be onerous and costly, which may deter entry/re-entry into these professions. For example, the requirements for nurses registered overseas on the basis of qualifications at or below AQF6 impose substantial additional formal training requirements irrespective of individual experience and competence. Health workforce reform is important and necessary to address these shortages, and the regulation of these professions should better link in with this reform agenda.

- Another pressing issue is that the current implementation of National Safety and Quality Health Service Standards and the requirements that some criteria within the standards place on individual health professionals is not being sufficiently recognised by the regulators of those professions. This gap creates a disconnect within the wider regulatory framework within which health professionals operate.

It is the view of the APHA that it would be in the interests of both health facilities (both public and private) and the clinical professions working with them to have relevant requirements of the National Standards reflected in the registration requirements of their respective boards. In particular, requirements for initial training and continuing professional development should include appropriate and specific reference to skills and training requirements either directly specified or implied in the National Standards, for example:

- Open disclosure processes (National Standards 1.16.2)
- Aseptic non-touch technique (National Standards 3.10.1)
- Basic life support (National Standards 9.6.1)

In making this recommendation, the APHA recognises that private hospitals can in no way abrogate their responsibilities to provide induction for the clinical professionals working with them. Likewise, private hospitals are responsible for ensuring that employed staff are provided with relevant training. Rather, reflecting National Standards requirements in registration requirements would promote greater integration and consistency between the requirements with which hospitals and clinicians must respectively comply.
Complaints and notifications

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

The current notifications system should be simplified, clarified and the processing of notifications should be sped up, to improve the existing system.

Currently, there is no consistent approach in the notifications and complaints processes across Australia—a result of the federal structure of governments and different interpretations of the National Law across the country. As a result, similar health notifications are dealt with differently in each jurisdiction, both in turnaround time from notification to result and in consequences of the notification.

Further, better distinctions between types of notifications should be encouraged. The NRAS Review paper stated that most notifications (60%) do not lead to disciplinary action, and thus there is a danger of either damaging the reputation of a practitioner that is later not deemed to have done anything wrong, or that the system becomes ignored, as people stop taking note of notifications. A system of ‘grading’ of notifications should be considered, to inform the public and employers of the progress of a notification.

Tied in with the above comment is the recommendation that shorter turnaround times for notifications is important, and should be standard across jurisdictions. The need for notifications to be dealt with in a timely manner is essential so that spurious complaints can be resolved removing the ‘cloud’ that otherwise hangs over the head of individuals as soon as a complaint is received. Currently some complaints take months to be resolved.

The role of the NRAS in ensuring the validity of professional registration and accreditation is only effective if determinations and notifications are taken note of and acted upon across the sector in a timely manner. Information that may impact on patient safety must be communicated in a timely manner so that appropriate actions can be taken across all relevant health facilities including those in which the initial cause for complaint did not arise. This is a complex issue requiring the coordination of legislative and regulatory provisions at both State and national level.

Finally it would be of considerable assistance in the credentialing process for all health care provider organisations if there was a central repository of information—i.e. an online tool, through which hospitals and jurisdictions might verify the currency of all documentation relevant to the credentialing of an individual including notifications, and items not currently required for registration. Such a tool would provide advantages to health professional, facilities and jurisdictions by providing:

- a single point of reporting for health professionals,
- a single point of retrieval for health facilities, and
- a transparent verification of documentation for accuracy and currency.
Should the co-regulatory approach in Queensland, where complaints are managed by an independent ombudsman, be adopted across all States and Territories?

The APHA recommends that any regulatory approach should be made uniform across states to allow for health professionals to have clarity as to the system in the state that they work, even when they move or work across borders, and to ensure that the rules for notification remain the same.

Other issues that would need to be addressed include:

- cost
- consistency in practice and outcomes
- communications within and between jurisdictions noting that a health professional may be working and/or under investigation in more than one jurisdiction.

Should there be a single entry point for complaints and notifications in each State and Territory?

Yes, there should be a single point of entry. This should be implemented with a focus on ensuring consistency in communications and responses.

There is also a need to clarify the difference between complaints and notifications, both to the consumer and the general public, and practitioners. Confusion on when to use what to report issues with practitioners or health care practices is detrimental to an efficient and useful system for dealing with problems in the health care system.

Should performance measures and prescribed timeframes for dealing with complaints and notifications be adopted nationally?

The APHA acknowledges that any lack of timeliness is an impost on clinicians through uncertainty as well as possible financial impact through loss of business/employment for the practitioner. As mentioned, some notifications currently require months to be resolved.

However, performance measures and prescribed timeframes may affect the quality of assessment of the complaint or the notification, which would be an unintended consequence. It is essential that any notification/complaints body received adequate resources and staff to deal with complaints and notifications in a timely fashion.

Is there sufficient transparency for the public and for notifiers about the process and outcomes of disciplinary processes? If not, how can this be improved?

The AHPRA website could be further improved to provide a guide to stakeholders on how to navigate disciplinary/complaint processes. There is also a need for clear directions as to the scope of issues that can be dealt with by the NRAS.
Finally with respect to individual complaints/notifications it would be useful if an indication as to the date of lodgement and timeframe for consideration was provided.

**Should there be more flexible powers for National Boards to adopt alternative dispute resolution, for instance to settle matters by consent between the Board, the practitioner and the notifier?**

In the first instance the focus of reform should be on improving the NRAS’s formal processes and ensuring consistency. Stakeholders seeking alternative dispute resolution processes should be directed elsewhere as appropriate.

**At what point should an adverse finding and the associated intervention recorded against a practitioner be removed?**

There might be a range of considerations that would apply depending on the nature of the finding and associated intervention. A clear framework is required to guide consistent practice. It would also be important to consider the need to ensure consistency with other legal and regulatory requirements where for example, a breach of criminal law was involved.

**Public protection**

**Are the legislative provisions on advertising working effectively or do they require change?**

According to the National Law, the provisions on advertising relate to “regulated health services”. The National Law also defines this as

> “regulated health service means a service provided by, or usually provided by, a health practitioner”

There is general confusion as to whether hospitals and companies are included in that definition or whether the provision pertains to persons only. Amongst private hospitals, both interpretations are currently being used, with some hospitals interpreting that they are included in the definition and thus not able to use personal testimonials in advertising, and others interpreting that they are not included, and that they can use testimonials.

The APHA recommends Option 2 of the Review paper (2. Amend the National Law provision preventing the use of testimonials to clarify when comment is permissible) to ensure that private hospitals as well as health practitioners will not be caught out around advertising.

**How should the National Scheme respond to differences in States and Territories in protected practices?**

A move towards consistency across jurisdictions would be desirable.
General Questions

What relationship, if any, is required between regulators and educational institutions to ensure the minimum qualification for entry to professions remains available?

Both regulators and educational institutions should work closely with stakeholder groups to ensure that minimum qualification for entry to professions is employer-driven and beneficial to the sector as a whole.

How effective are the current processes with respect to assessment and supervision of overseas trained practitioners?

With the impending nursing shortage, it is essential that Australia has a flexible and adaptable immigration system for overseas trained professionals. This is a perfect example of where the regulators need to be responsive to health workforce reform.

Australia is experiencing a health workforce shortage that will continue to become more severe as the population grows and ages. Before being dismantled in 2014, Health Workforce Australia (HWA) developed projections for Australia’s Health Workforce and established that this shortage is and will be particularly acute for the nursing profession:

“without nationally co-ordinated reform Australia is likely to experience limitations in the delivery of high quality health services as a consequence of (...) workforce shortages –highly significant in the case of nurses (109,000 or 27%) and less so for doctors (2,700 or 3% for doctors overall)” (1).

Despite this, there are severe limitations on nurses entering Australia, both in terms of visa requirements and registration requirements. Costs of applications are high (incurred for the visa and the registration for the applicant), and the latter are incurred for each time a position is applied for (as set out in the Review paper).

The APHA recommends that registration for nursing (as well as other health professions) are streamlined and centrally managed as well as valid for application for several positions.

References