Submission for Review of the National Registration and Accreditation Scheme for health professions
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To whom it may concern.

Please accept this email as a submission for the Review of the National Registration and Accreditation Scheme for health professions

Q1: Should the Australian Health Workforce Advisory Council (AHWAC) be reconstituted to provide independent reporting on the operation of the National Scheme?
Yes or an alternative independent council that ensures a national approach to reporting against agreed performance measures and as long as there is transparency in this process that avoids local jurisdictional issues taking precedence.

Q2: Should the Health Workforce Advisory Council be the vehicle through which any unresolved cross-professional issues are addressed?
As long as there were an independent body as suggested in answer to the previous question. Further I support the development of a Midwives Board that is separate to a Nursing Board to ensure that midwifery specific professional issues are appropriately addressed.

Q3: Should a single Health Professions Australia Board be established to manage the regulatory functions that oversee the nine low regulatory workload professions? Estimated cost saving $11m per annum
I believe this may be an issue as each of the professions has its own specific regulatory issues that are important to consider in context.

Q4: 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 saving $7.4m per annum.
This looks to be a better option – again I would stress the requirement for a separate Midwifery Board – and its recognition formally as a separate profession to nursing.

Q5: Should the savings achieved through shared regulation under options 1 or 2 be returned to registrants through lower fees?
I think that better services and the development of a separate Midwives Board would be better use of this saving.

Q6: 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?
Yes I agree.

Q7: Should the National Law be amended to recognise those professions that provide adequate public protection through other regulatory means?
yes.

Q8: 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?
If AHWAC was an independent Council the yes but it will be important to make sure membership of any such
Council is broad and representative of both the professions and consumers.

**Q9: What changes are required to improve the existing complaints and notifications system under the National Scheme?**
There are lengthy timeframes as well as a lack of transparency once the process has begun.

**Q10: Should the co-regulatory approach in Queensland, where complaints are managed by an independent commissioner, be adopted across all States and Territories?**
While the strong consumer focus of this system is appealing it may be too soon to decide whether this co-regulatory approach in Queensland is appropriate for all States and Territories.

**Q11: Should there be a single entry point for complaints and notifications in each State and Territory?**
A single entry point for complaints and notifications in each State and Territory for all disciplines would be beneficial in ensuring greater consistency of processes.

**Q12: Should performance measures and prescribed timeframes for dealing with complaints and notifications be adopted nationally?**
This is a sound idea. There is a definite need to review timeframes to ensure a consistent approach for all practitioners.

**Q13: 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?**
Not really no. Especially after a notification has been raised – information back to that individual is limited.

**Q14: 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?**
I support the National Boards having more flexible powers to deal with disputes. This could involve a more extensive mediation process to improve communication between the Board, practitioner and notifier.

**Q15: At what point should an adverse finding and the associated intervention recorded against a practitioner be removed?**
Case specific I think.

**Q16: Are the legislative provisions on advertising working effectively or do they require change?**
Potentially need to be addressed to more accurately reflect the realities of social media eg compliments being posted versus the professional appearing to solicit testimonials.

**Q17: How should the National Scheme respond to differences in States and Territories in protected practices?**
The situation in South Australia has highlighted issues affecting midwifery practice. While the protection of birthing practices is significantly important, this fails to recognise the equal importance of pregnancy and postpartum care being provided by a appropriately qualified practitioner.

**Q18: 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?**
There is a need to ensure that the public remain protected by extending the notation that indicates former or pending complaints for the practitioner whose registration has lapsed or they have been removed from the register.
Q19: Should the mandatory notification provisions be revised to reflect the exemptions included in the Western Australian and Queensland legislation covering health practitioners under active treatment? Needs further investigation.

Q20: To what extent are National Boards and Accrediting Authorities meeting the statutory objectives and guiding principles of the National Law, particularly with respect to facilitating access to services, the development of a flexible, responsive and sustainable health workforce, and innovation in education and service delivery? Midwifery still appears to not be fully understood as a separate profession and as such there is a lack of support/systems to provide adequate progression of a flexible workforce and educational reform. As such current midwifery struggles to meet the needs of the consumers. Further the many varied standards review processes are often lengthy, overlapping and yet still disconnected.

Q21: Should a reconstituted AHWAC carry responsibility for informing regulators about health workforce reform priorities and key health service access gaps? Yes as long as the reconstituted AHWAC (or other body) remains independent.

Q22: To what extent are Accrediting Authorities accommodating multidisciplinary education and training environments with coordinated accreditation processes or considering future health practitioner skills and competencies to address changes in technology, models of care and changing health needs? Well – eg the accreditation of courses for nursing and midwifery includes specific criteria that require evidence of multidisciplinary education being provided and assessed.

Q23: What relationship, if any, is required between regulators and educational institutions to ensure the minimum qualification for entry to professions remains available? A Midwifery Board would be best placed to liaise with educators, but failing that ANMAC and the NMBA currently work to their capacity to ensure that minimum requirements for entry to the professions are maintained.

Q24: How effective are the current processes with respect to assessment and supervision of overseas trained practitioners? Currently inconsistent and needs further review

Q25: Should the appointment of Chairperson of a National Board be on the basis of merit? Yes agree.

Q26: Is there an effective division of roles and functions between National Boards and accrediting authorities to meet the objectives of the National Law? If not, what changes are required? A Midwifery Board is required and midwifery recognised as a separate profession to nursing.

Q27: Is there sufficient oversight for decisions made by accrediting authorities? If not, what changes are required? yes.

Q28: The Review seeks comment on the proposed amendments to the National Law. Protected title changes The title Midwife Practitioner is not in common use and may be confused with the Nurse Practitioner. The more recent title of Eligible Midwife should replace this title.

Kind regards
Ruth

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Please note I work Tuesday to Friday

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