Submission to the Australian Health Workforce Ministerial Council: October 2014

REVIEW OF THE NATIONAL REGISTRATION AND ACCREDITATION SCHEME

The Australasian College for Emergency Medicine (ACEM) welcomes the opportunity to provide feedback on the Review of the National Registration and Accreditation Scheme (NRAS) for health professions, proposed by the Australian Health Workforce Ministerial Council (AHWMC).

ACEM is a not-for-profit organisation responsible for the training and ongoing education of emergency physicians, and for the advancement of professional standards in emergency medicine, in Australia and New Zealand. ACEM, as the peak professional organisation for emergency medicine in Australasia, has a vital interest in ensuring the highest standards of emergency medical care are maintained for all patients across Australasia. ACEM supports the AHWMC review of the current NRAS, to ensure the appropriate ongoing regulation and oversight of the Australia’s health professionals.

Following review of the NRAS consultation paper, ACEM provides the following comments.

Complaints and notifications
Engaging with stakeholders in the complaints and notifications process must be thorough, appropriate, unbiased, and allow for clear communication. However, the current pathways for reporting can be a point of confusion for both practitioners and consumers. In particular, the distinction made between “notifiers” and “complainants” has proven to be a major source of misunderstanding, and this distinction can prove isolating for notifiers. ACEM therefore suggests that the co-regulatory approach to managing complaints and notifications would be a straightforward process to navigate. This approach would provide notifiers with a single point of entry, thus simplifying the dispute resolution process, with subsequent allocation to the appropriate pathway or pathways determined by the receiving regulatory body with appropriate feedback. As noted in the consultation paper, this would also avoid duplication in the preliminary assessment of the complaint or notification.

ACEM would also support an increased effort in the provision of information back to notifiers, allowing them a more integral role in the dispute resolution process. Wherever possible, ACEM also considers that there should be an option for mediation and dispute resolution. This would increase consumer satisfaction, improve transparency and potentially minimise cost, both financial and psychological, for all involved.

Performance measures
With regards to timeliness in response to notifications, the current length of time taken to reach an outcome is inadequate and requires improvement. ACEM considers performance indicators for the management of notifications an important means through which efficiency can be achieved. ACEM therefore supports appropriate actions to increase the promptness of the delivery of outcomes, providing that equity of access and timeframes of response for notifiers, complainants and subjects of
complaints, was guaranteed. As such, ACEM considers it appropriate to adopt the Australian Health Practitioner Agency (AHPRA) performance measures and prescribed timeframes for dealing with complaints and notifications on a national level. However, ACEM strongly recommends that this is done with appropriate consultation with jurisdictions and National Boards prior to their introduction. ACEM also strongly contends that the introduction of any performance indicators is balanced with mechanisms to ensure that the quality of processing complaints and notifications is not compromised.

Mandatory notifications
Under the National Law, mandatory reporting responsibilities require practitioners to advise AHPRA or a National Board of notifiable conduct. Amendments to these responsibilities must take into account the significant tension between the need to protect the community and the ethical considerations of patient and practitioner confidentiality. Consequently, ACEM acknowledges that there is a commensurate increased risk to the community, in the context of mandatory reporting, whereby a practitioner may not seek help to address or treat their impairment. ACEM therefore supports a review of mandatory notification provisions. However, ACEM also suggests that, prior to any final changes to mandatory notification provisions, there should be a comprehensive evaluation of the evidence in relation to harms caused by unreported impaired practitioners as a result of a failure to notify. ACEM considers that this information could significantly impact upon the scope of the required changes to the reporting process.

ACEM suggests that an option for consideration to address this issue could be to establish an alternative pathway involving two levels of reporting. The first (entry) level could act as an advisory mechanism, while the second level would provide a pathway for formal notification. Each pathway would therefore have different implications in terms of the public record, the processes of investigation and the approach to dealing with an impaired practitioner.

Workforce reform and access
ACEM strongly supports initiatives to enable the continuous development of a flexible, responsive and sustainable Australian health workforce. With the recent cessation of Health Workforce Australia (HWA), there is now a significant gap with regards to long term development of health workforce policy and reform options. ACEM acknowledges that the NRAS is well placed to establish a body that could facilitate meaningful and innovative workforce reform, and that a reconstituted Australian Health Workforce Advisory Council (AHWAC) is one option to undertake this important work. ACEM considers it is essential that in establishing such a health workforce planning body it is enabled to broadly and thoroughly assess Australia’s current workforce state, predict future needs and, most importantly, have the capacity to ensure that the various stakeholders, including Federal and State Health Departments, universities, medical colleges and hospitals, work collaboratively towards agreed objectives.

Scope of practice
Whilst ACEM recognises that the independence of the National Boards is important, it is also imperative to ensure the optimal functioning of each health profession. Currently, each profession defines its own scope of practice. This has given rise to incidences where the scope of practice of one profession extends into an area that has conventionally been associated with the scope of
practice of another profession. ACEM therefore suggests that the Australian Health Workforce Ministerial Council consider the merits of establishing an over-arching body that could act as an independent mediator in instances where inter-professional issues of scope, roles and responsibilities are disputed. Such a body could provide a mechanism through which issues could be resolved in a non-adversarial manner, and would have the capacity to oversee the changes and expansions implemented by the various professions to their respective scope of practice.

**Governance**

ACEM recognises the importance of efficiency improvements. As constituted, the National Boards do not reflect equity of capacity, given that nine of the fourteen boards require a small percentage of their capacities to address review or complaints. However, whilst there are significantly less registrants and low levels of complaints and notifications in a number of the National Boards, this does not necessarily correlate to a need for less stringent regulation and monitoring. ACEM contends that it is not in the public’s best interest to consider the breadth of health services provided by practitioners who are regulated by these nine boards as ‘unlikely to cause harm’. The primary concern of health professional regulation is to ensure the public’s safety. ACEM is therefore concerned that if all regulatory functions of the nine National Boards are consolidated, this could ultimately result in a reduction in the monitoring of certain professions, and so does not support the proposed establishment of a single board to oversee these nine professions. ACEM considers the most appropriate option would be to retain the nine separate National Boards but consolidate their executive functions into a single administrative organisational unit.

With regards to the division of roles and functions between the National Boards and accrediting authorities, ACEM considers the current arrangements with respect to the independent standard setting and accreditation of medical education programs, which is external to the Medical Board of Australia, adequate and entirely appropriate. ACEM strongly supports the retention of the independence of the Australian Medical Council (AMC), and contends that the AMC has a demonstrated track record in the accreditation of medical education programs.

Thank you for the opportunity to provide feedback to the Australian Health Minister’s Advisory Council in its public consultation on the *Review of the National Registration and Accreditation Scheme for health professionals*. If you require any clarification or further information, please do not hesitate to contact ACEM Policy Officer, Fatima Mehmedbegovic (03) 9320 0444 or fatima.mehmedbegovic@acem.org.au.

Yours sincerely,

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PRESIDENT