Dear NRAS Review Committee.

Thank you for giving the Australian and New Zealand College of Perfusionists (ANZCP) the opportunity to comment on the Review of the National Registration and Accreditation Scheme for legislated health professionals.

We believe that the introduction of NRAS has been a positive step in the management of registered health professionals across all States and Territories. We have read your comprehensive review and we believe that some changes are necessary to make the Scheme work more effectively by:

- Becoming more cost effective,
- Streamlining the complaint process
- Improving guidelines for reporting complaints
- Having clear deadlines for dealing with complaints, and
- Increasing public protection from unsafe and inappropriate practitioners.

We agree wholeheartedly with Kim Snowball’s comment “Regulation should not interfere with the day to day duties of health practitioners, but it should make sure that the community is protected against unprofessional practice and that consumers can be confident the nation’s health professionals are properly trained and qualified to treat them.”

Our main criticism of NRAS is that the Scheme doesn’t extend to all health care workers/professionals who are involved in treating the public. This has resulted in some unintended consequences for those who are not included in NRAS and created the perception of a two-tier health system for these health care workers not included in the scheme. Clinical Perfusionists have been excluded from applying for positions within the new Gold Coast Hospital and medical personnel have been employed instead.

The proposed National Code of Conduct still to be activated, is reactive rather than proactive and will not give consumers confidence that all the nation’s health professionals are properly trained and qualified as it does not address health professionals training and qualifications.

The ANZCP is a member of Allied Health Professions Australia (AHPA) and the National Alliance of Self-Regulating Health Professionals (NASRHP). Our College aims to provide educated and trained health professionals who are qualified to treat the public safely. We practice self-regulation but are frustrated with the lack of
support for Governments to endorse this approach for public safety. Hence we are
prepared to form an alliance with other self-regulating health professionals to promote
safety in training and qualifications of our commitment to public safety. Clinical
Perfusionists are the only professionals in the cardiac surgical team, who are not
registered, and routinely manage high-risk procedures utilising very technical
equipment. If a clinical perfusionist is not properly trained to operate the Heart lung
machine and related ancillary devices associated with perfusion, there is a real risk
and potential to cause serious injury to a patient.
How can the other service providers, registered medical practitioners in this
“perfusion” domain, be supported and others excluded?

In response to a few of your questions, the ANZCP will address those pertinent to the
non-registered professionals.

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 saving $11m per annum.

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 saving $7.4m pa.

5. Should the savings achieved through shared regulation under options 1
or 2 be returned to registrants through lower fees?

ANZCP would support a either “Option 1” or “Option 2”, but only if there was either;

1. An additional category allowing all self-regulating health professionals to be
endorsed with a regulatory framework meeting select criteria, or,
2. Self-regulating health professionals who could demonstrate a risk to the public
could be administered in the low regulatory workload group.

An additional category and framework could be achieved using the NASRHP model
with some modifications proposed in the document “Harnessing self-regulation to
support safety and quality in healthcare delivery. A comprehensive model for
regulating all health professionals”.

We would like to see any Scheme savings passed onto the registrants by lowering the
fees.

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?

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

8. Should 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?

Any future proposals for professionals to be included in the National Scheme should be able to demonstrate a risk to the public, but proving a cost effectiveness as well should not be the aim of the Scheme. NRAS is meant to be about public safety.

The National Law should be amended to recognize and support self-regulating health professions who demonstrate that they have a robust education, training and regulation policy. At the moment these self-regulating board’s directors are shouldering a huge liability when they potentially remove someone’s livelihood. These professions could be managed through NRAS.

Yours sincerely

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