Dear Mr. Snowball

Independent Reviewer
Australian Health Ministers’ Advisory Council

Mr. Snowball

4th November 2014

Review of the National Registration and Accreditation Scheme for the health professions

I am writing to thank you for considering this late submission from the Australian Community Counselling Association (ACCA) and extend our apologies for any inconvenience this may cause. In light of our late submission, we will only provide comment against those questions that have most pertinence and importance to our members.

The ACCA is a relatively young association (ie. 2008), focused on a more inclusive membership model that aims to provide a more balanced focus on professional standards, managing public risk, supporting member competitiveness (ie. private practice and employment) and assisting our members develop and deliver collaborative and innovative health solutions in their local communities.

Whilst strongly advocating for and supporting the National Scheme, the ACCA believes too great an emphasis has been placed on the counselling industry’s efforts to join the National Scheme, at the expense of transparency, practitioner competitiveness, member recognition and support, client choice and innovative and flexible service delivery. Whilst the ACCA would support moves to including counsellors in the National Scheme, we would also like to see a regulatory framework that recognises and supports the diversity of the counselling industry and its broader membership, regardless of their associations.

The ACCA is also mindful of the tight fiscal challenges faced by all levels of Government at this time and would like to discuss other cost-effective models of regulation, that would both recognise and raise the profile of this highly qualified, experienced and innovative practitioner group, as well as provide assurances to the public, government, business and not-for-profit sectors.
1. Should the Australian Health Workforce Advisory Council (AHWAC) be reconstituted to provide independent reporting on the operation of the National Scheme?

2. Should the Health Workforce Advisory Council be the vehicle through which any unresolved cross-professional issues are addressed?

The ACCA is of the view that under an extended regulatory framework (ie. beyond the existing National Scheme), an independent body should be established to provide both oversight of and reporting on the extended framework. This would include the role of an independent assessor for good regulation that would include working through cross-professional issues such as minimum professional and performance standards across industry.

National and State-based Member Associations could be part of an industry-based consultative body that could assist with the research into and development of such standards. Accordingly, they would ensure they enact changes in minimum standards through their respective governance and membership arrangements. Such collaborations would ensure an appropriate balance is struck between regulation (ie. public safety) and accessible, innovative and flexible service delivery. The ACCA has no view on whether the AHWAC should take on the independent assessor role.

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?

The ACCA welcomes the acknowledgement that an unintended consequence of the National Scheme has been the exclusion of members from tenders (ie. private practitioners) and being competitive in the employment market. Whilst we acknowledge the rights of employers to set the standards for their prospective employees, we also believe that our members are significantly disadvantaged by minimum AHPRA registration requirements on job descriptions. An extended regulatory framework supported by all States and Territories could have a positive influence on the capacity of our members to both contract their services and compete for local work.

The ACCA supports the view that any extended regulatory framework should require thresholds based on risk to the public and associated cost benefit analysis. However, this should be tempered by the fact that our members are already accountable to existing Federal, State and member association imposed standards (ie. self-regulation). Examples include adherence to the Australian Qualifications Framework, the Australian Privacy Principles, mandatory reporting requirements (nb. we opt in on ethical grounds), working with children checks (nb. mandatory for all membership applications) and will include supporting the impending National Code of Conduct for the health professions.
The ACCA supports a model whereby industry member associations – and thereby their members - are required to sign up to the agreed minimum performance and professional standards, through their governance and membership requirements. Industry member associations could be placed on a list of approved member organisations whereby they would need to be transparent and accountable in terms of their governance, membership and practice standards. This would be an extension to the National Scheme that seeks to both assure the protection of the public and provide health services with more innovative and flexible service delivery options in their regional and local communities (eg. after hours, video services, etc).

Individual members of approved member organisations could then be invited to participate in the Federal Government’s e-health programs as accredited practitioners, extending the Government’s capacity to deliver subsidised services on an as-needs basis. The ACCA already has individual members registered on the Federal Government’s e-health system. Such a model could extend health practitioner participation.

10. Should the co-regulatory approach in Queensland, where complaints are managed by an independent commissioner, be adopted across all States and Territories?

The ACCA has members who have reported their own and colleagues’ poor treatment by their member associations, when complaints have been made. This includes processes with a lack of transparency, lack of due process, no dispute resolution options and unjustifiable findings that would not stand up to external, independent scrutiny. The ACCA welcomes and encourages external, independent scrutiny for itself and the industry as a whole.

For these reasons, the ACCA supports Option 2 as outlined in the discussion paper, with the key benefits being:

- It involves consistent, external and independent scrutiny, which could also serve to highlight member association deficiencies in their governance and other practice standards;
- The complainants’ matters are dealt with primarily in their own jurisdiction;
- Serious matters could be referred to AHPRA under the proposed extended regulatory arrangements;
- Member associations could have lesser matters referred to them for disciplinary action;
- Member associations would be required to implement the findings of more serious disciplinary matters; and
- AHPRA would hold a central listing of findings and disciplinary action against individual members.

In relation to Question 11, the ACCA supports a single entry point for complaints and notifications in each State and Territory.
The ACCA also supports an independent mechanism for practitioners to lodge complaints against their member associations. No such mechanism currently exists. We believe this to be a critical extra step in ensuring member associations operate appropriately and transparently in relation to their members. For example, some member associations place restrictions on their members speaking out against their association in the form of disciplinary action that threatens their membership. In an era of accountability, transparency and due process, such a protection should be seriously considered as a condition of any member associations’ involvement in and with an extended scheme (ie. have a seat at the table).

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 ACCA welcomes the introduction of a ‘National Code of Conduct for unregistered health practitioners’, which will help to complement our code of conduct and that of our practitioner members. Critically, in the context of an extended National Scheme to unregistered health practitioners, it provides a minimum performance standard to which member associations would be required to sign up to and adhere to, as part of their ongoing obligations and contributions to the National Scheme (ie. a seat at the table).

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

The ACCA believes this to be an area that requires strengthening for non-registered health practitioners, particularly in relation to the Australian Qualifications Framework, maintaining appropriate vocational and tertiary educational pathways and setting minimum education standards and content for registered training authorities (RTOs) to deliver.

Currently, different industry member associations have different standards in relation to the educational requirements for their members and accreditation of courses, which generally ignore the entire skill sets of the individual. Courses approved by one of Australia’s largest counselling associations, are not accepted by other member associations or, indeed, by tertiary institutions for the purposes of advanced standing. Educational standards across the sector vary significantly, resulting in confusion amongst practitioners and a lack of consistency around minimum qualifications and professional standards.

The ACCA supports a strengthened relationship between regulators, industry skills councils, member associations and educational institutions, which places a renewed focus on utilising and strengthening the Australian Qualifications Framework. One that seeks to ensure the content of training packages related to our sector – from Diploma to Masters – meet the needs of our practitioner members and the sector (ie. practitioners, educators, academics, policy makers).
In doing so, we remove the need for individual member organisations to ‘accredit’ courses for unregistered health practitioners, as the quality of courses delivered will be regulated and quality assured through existing registration, scope applications and ongoing audit processes for RTOs.

Thank you for this opportunity to contribute to this review process. The ACCA Board has asked me to be the contact person for future consultation on these matters. It would be appreciated if you could keep me apprised of developments in relation to both this national review and any other relevant business of the Council that relates to our profession.

Please do not hesitate to contact me to discuss any aspect of this submission.

Regards

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