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

Subject: Submission from the Australian Counselling Association Inc (ACA) on the Review of the National Registration and Accreditation Scheme for health professionals, August 2014.

Dear Mr Snowball,

The Australian Counselling Association Inc. is pleased to have the opportunity to present this submission to the Review of the National Registration and Accreditation Scheme (NRAS) for health professionals.

In preparing the attached submission, the ACA has focused on the reflections from the Independent Reviewer stated in the Consultation Paper. The specific area we have commented on relates to the unintended consequences of the National Regulation to registered counsellors, specifically those who are members of ACA, which is a national peak professional body that operates in a self-regulating environment that does not come under the umbrella of National Regulation. Since the implementation of the NRAS in 2010, ACA members have faced significant obstacles and barriers in obtaining positions on Boards, committees, employment in organisations and attracting clients due to misconceptions that professionals that do not operate within a government regulatory system do not measure up in comparison. This misconception has built an uneven playing field both within the commercial and non-commercial fields of mental health and is as an unintended consequence of NRAS.

Please contact me if you have any questions or require clarification of any aspect of this submission.

Thank you,

Philip Armstrong FACA
Consultation paper
August 2014:

Review of the National Registration and Accreditation Scheme for health professionals

A submission by Australian Counselling Association Inc.

A Peak National Body Representing Australian Registered Counsellors

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Table of Contents

1. Executive Summary .......................................................... 4
2. Aim of Submission .......................................................... 5
3. Scope NRAS and relevance to ACA .................................... 5
4. Issue of the NRAS and unintended consequences .................. 5
5. Discussion and comments .................................................. 7
6. Recommendations ............................................................ 7
7. Conclusion ........................................................................ 7
8. References ....................................................................... 8
1. Executive Summary

The ACA welcomes this opportunity to present this submission to the independent review of the National Registration and Accreditation Scheme (NRAS) for health professions which is underway. The NRAS was implemented in July 2010 under the Health Practitioner Regulation National Law Act 2009 (the National Law) in each state and Territory.

The aim of this National Law was to ensure maximum protection to the public health and safety of those who use health services by ensuring that health practitioners are competent and ethical in the delivery of their profession.

The scope of the review encompasses the 14 registered professions, of which counselling is not one. However, the following discussion points are of importance as they affect ACA members and counsellors as a whole who operate in a self—regulated environment and are not covered under the National Regulation scheme.

ACA is a National Peak Association of approximately 3500 professional mental health practitioners who are highly trained to deliver psychological therapies through counselling and psychotherapy. Since the implementation of the NRAS under National Law in 2010, several unintended consequences have occurred that have led to unjustified discrimination against counsellors because they are not being regulated by the Australian Health Practitioner Regulation Agency (AHPRA).

The Consultation Paper prepared by the independent reviewer has astutely identified this issue in the current system. The general public and employers seem to hold the perception that regulation under AHPRA equates to high standards, accountability and creditability whilst those professions that do not come under AHPRA should be viewed as being second rate and not necessarily credible or comparable in training and expertise when likened to their regulated colleagues. This is a totally misguided and non supportable perception that some professions under AHPRA have nurtured to give their members an unfair competitive edge in a competitive market.

In conclusion, we wish to state that the NRAS Consultation Paper by Mr Snowball has been very useful in providing background information on the development of the National Regulation and has provided meaningful data and statistics on the fourteen currently regulated health professions. While the national scheme was a positive step in the right direction, and resulted in the consolidation of 75 Acts of Parliament and 97 separate health profession boards across eight states and territories in a single national scheme. It has resulted in several negative unintended consequences for those registered professions such as professional counsellors who do not come under National Regulation. It seems like professions such counselling are being penalised for doing such a good job at self-regulation and saving the government and public money by not having the need to create further expensive bureaucratic layers of regulation for our industry.

2. Aim of this submission:

This submission aims to provide feedback to the independent review team by responding to one specific issue identified in the consultation report. We also aim to clarify any ignorance, misconceptions or misrepresentations about the nature and quality of registered professional
counsellors that tends to exist among some members of the Australian public service and among some categories of health and mental health practitioners.

3. Scope of the National Registration and Accreditation Scheme (NRAS) Review and its relevance to the ACA.

The scope of the NRAS Review covers matters relevant to:

- identifying the achievements of the National Scheme against its objectives and guiding principles;
- the future sustainability of the National Scheme, any recommended changes and the specific matters articulated below; such as the:
  - Administration of the National Scheme
  - Interface between the National Scheme and jurisdictional practices; and
  - An assessment of the extent to which the National Scheme meets its aims and objectives.

In March 2008, the Council of Australian Governments (COAG) agreed to establish a single national scheme with a single national agency encompassing both the registration and accreditation functions for health professionals. With the introduction of this national scheme (NRAS) in July 2010, nine professional groups were covered by the national scheme. These were physiotherapy, optometry, nursing and midwifery, chiropractic care, pharmacy, dental care, medicine, psychology and osteopathy. By 2012, five other professions were added (Podiatry, Aboriginal and Torres Strait Islander health practice, Chinese medicine, medical radiation practice and occupational therapy), currently there are fourteen professions in this scheme.

The scope of the review mostly covers currently registered professions, and therefore is not the primary focus of this submission. One of the critical elements of ensuring public protection is the presence of an active, standardized, robust, effective, transparent and timely complaints handling system and those who have complained should be able to readily access information on how their complaints have been resolved. The public should be kept informed as to what they can expect from all health practitioner services and the performance of their health providers. Registered counsellors meet this standard therefore cannot be seen as anything but meeting equal standards as those who come under AHPRA. And, this comes at no cost to the government or public whilst in comparison the costs of implementing the National Law, AHPRA is approximately $152 million to regulate health professionals in Australia. Of this S 40 million is on notifications and $35 million is on registration.

4. The issue of the NRAS Scheme and its unintended consequences on ACA registered counsellors.

The NRAS was implemented in July 2010 under the Health Practitioner Regulation National Law Act 2009 (the National Law) in each State and Territory. Prior to the introduction of the NRAS, each State and Territory had separate registration boards for health professions. These laws were repealed, amended or modified in 2010 to introduce the NRAS.

CONSEQUENCES.

‘Registration of health practitioners is a key element of protecting the public under the National Law. The registration details of registered health practitioners in Australia are easily accessible to everyone through the online national registers,’ said Mr Fletcher, CEO of
According to AHPRA, “All registered health practitioners appear on the National Registers of Practitioners, which is a searchable list that is accessible on the AHPRA website. According to Mr Martin Fletcher, "If a person does not appear on the register, they are not registered to practice in a regulated health profession in Australia”.

Public statements such as these lead the public to believe that only AHPRA registered mental health practitioners are qualified to practice and place doubt in the public and employers minds in relation to health professionals who are registered in a self-regulated profession. The Australian Register of Counsellors and Psychotherapists (ARCAP) exists for this very purpose and contains the names of all registered counsellors and psychotherapists who are registered with the peak counselling and psychotherapy bodies. Any member of the public or employer can access ARCAP on the web to verify whether a counsellor is registered to practice according industry standards. A complaints process exists within this process.

Since the introduction of NRAS many health and mental health service providers, who have for decade’s utilised counsellors, have ceased utilising counsellors as part of their work force. In spite of the introduction of ARCAP and further professionalization of the counselling industry through associations such as ACA AHPRA have been overly successful in selling the message regulation equates to creditability and standards. This has given regulated professions a strong platform from which to sell their wares echoing this message particularly in the commercial market.

A good example of this is within the Private Health Insurance market. Prior to 2010 a large proportion of Private Health Fund providers accepted counselling as part of their ancillary options. After 2010 providers such as BUPA dropped counsellors from their option after adopting a policy of only accepting counselling/psychological therapies being delivered by an AHPRA registered provider. There is no evidence or research that would support the adoption of this policy in relation to outcomes, quality or standards of services.

There are many more examples of such policies being adopted by mental health service providers based on unfounded beliefs that regulated professions offer greater quality assurance, outcomes, creditability and are better qualified than their non or self-regulated counter parts. In relation to self-regulated registered counsellors this is simply incorrect and such beliefs are not supported by research or evidence. Should the independent reviewer seek further examples ACA can provide them and cite research.

There are a few mental health providers such as WorkCover NSW who have been able to see beyond the regulation issue and have adopted a policy of accepting ACA registered counsellors (level 3 or 4) for contractual work. The South Australian State government have also formally recognised registered counsellors through the adoption of a formal descriptor for the position of Professional Counsellor as an employment position within government. Again only registered counsellors are able to apply for this position.

ACA recognises that the representatives of regulated professions are only doing their job by promoting their members. However, an unfair playing field has been unintentionally developed by NRAS through the perception that government regulation is more stringent with greater accountability than self-regulation. There is no evidence to support this perception, indeed ACA would argue that in some respects our processes are more stringent and transparent.
5. Discussion and comments on the operational performance of the National Scheme and suggested improvements

In summary, ACA is very much aware and have spoken to government about this issue in relation to certain disciplines misrepresenting regulation under AHPRA as being reflective of creditability whilst non-regulated professionals as not being credible. They have also used this to try to influence employer groups and the public that non-regulated professions should be viewed with caution. As unethical as this practice is it certainly does not seem to prevent some disciplines from attempting to get a commercial advantage through the promulgation of such perceptions. Fortunately the Review is also aware of this practice as follows "Representatives of unregulated professions have raised with the Review that because theirs is not a regulated profession members have been excluded from involvement on boards, or even tenders and employment, because these opportunities have been restricted to health professionals registered under the National Scheme. This is certainly an unintended consequence of the National Scheme.” Ours is not a new issue nor one that has not been identified previously however nothing seems to have been done to address it.


ACA makes the following recommendations:

i. NRAS needs to include a public statement that creditability of a professional is not reliant on government regulation but on professional registration that meets industry requirements as set down by peak bodies, both those under AHPRA and those outside of AHPRA.

ii. Professions that do come under AHPRA or National Regulation are not to make comments, statements and insinuations nor lead the public to believe they are any more credible as professionals and/or service providers of health and/or mental health services than those who are not. Nor do they get better outcomes.

iii. Employers should not use government registration as a yard arm to assess the employability or creditability of a mental health professional when hiring.

iv. Government agencies and Non Government Organisations should adopt an equal opportunity policy in relation to hiring registered professionals for positions as opposed to only offering positions to AHPRA and/or NRAS registered professionals.

v. The government should consider setting up a round table to consider adopting standards to allow self-regulated professions that have a National Register to be formally recognised by government as self-regulated professions.

7. Conclusion.

In conclusion, we wish to state that the NRAS Consultation Paper by Mr Snowball has been very useful in providing background information on the development of the National Regulation and has provided meaningful data and statistics on the fourteen currently regulated health professions. While the NRAS was a positive step in the right direction, and resulted in the consolidation of 75 Acts of Parliament and 97 separate health profession boards across eight states and territories in a single national scheme, the implementation of the national regulation appears to have been piece meal and uncoordinated, has gaps and needs to be reviewed regularly and significantly improved. It has also resulted in several negative unintended consequences for those registered professions such as professional counsellors who have been excluded from national regulation due to strong self-regulatory standards.
8. References

2. Intergovernmental Agreement for a National Registration and Accreditation Scheme for the health professions.
3. Health Workforce Australia 2013, Mental Health Workforce Planning Data Inventory, Health Workforce Australia: Adelaide.
4. Standing Council on Health (Meeting as the Australian Health Workforce Ministerial Council), National Registration and Accreditation Scheme for the health professions, Review Terms of Reference (undated document).
5. Snowball K. independent Review of the National Registration and Accreditation Scheme for health professions. Commissioned by the Australian Health Ministers Advisory Council, August 2014. (Also referred to as the August 2014 Consultation Paper)