The Australian Health Minister’s Advisory Council (AHMAC)

Review of the National Registration and Accreditation Scheme for health professions
Consultation paper response
8th October, 2014

INTRODUCTION

The Australian Orthotic Prosthetic Association (AOPA) is the peak professional body which represents orthotist/prosthetists in Australia. AOPA membership represents 80% of the practicing profession according the Australian Bureau of Statistics 2011 which captured 404 people who identified as working in this profession. AOPA has an important role in self-regulation, standard setting and the provision of expert advice and representation in relation to the profession.

AOPA is pleased to provide this submission to the Australian Health Minister’s Advisory Council (AHMAC).

AOPA has chosen to address only questions 3 and 7 which are most relevant to Orthotist/Prosthetists which currently sit in a self-regulatory framework in Australia.

AOPA wishes to be informed of the outcome of this consultation.

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**Question 3:**

Should a single Health Professions Australia Board be established to manage the regulatory functions that oversee the nine low regulatory workload professions?

AOPA supports Option 1 presented in the Consultation Paper, being the establishment of a single Health Professions Australia Board. The removal of duplication of regulatory functions will result in cost savings and may subsequently remove barriers to the function regulation of small profession.

It is AOPA’s understanding that Orthotist/Prosthetists have not been included in the NRAS due to perceived medium level consumer and public safety risk, but also the immense cost of regulating approximately 400 practitioners. This is evident in the Consultation Paper which highlights the low notification numbers for Aboriginal and Torres Strait Islander Health Practice, in which the economic benefit must be questioned. In the case such as orthotics and prosthetics where practitioners are prescribing and fitting devices in direct contact with limbs and enabling assisted mobility, AOPA does not believe that cost should be a defining factor regarding the need for regulation and greater consumer protection. Improving the cost-effectiveness of regulation through the establishment of a single Health Professions Australia Board may enable the required cost benefit ratio to be achieved for a number of currently self regulating professions. Precedence for this model exists in the United Kingdom with the Health Care Professions Council, in which orthotics and prosthetics is regulated.

**Question 7:**

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

AOPA is a member of the National Alliance of Self Regulating Health Professions (NASRHP), as a committee of Allied Health Professions Australia (AHPA). In the absence of regulation, there are nine professions which provide public protection through self regulation and it is AOPA and NASRHPs position that outside of NRAS a model of authorized self-regulation is required. AOPA supports a cost effective and right-touch approach to regulation of health professions and in the current NRAS model with individual profession-specific Boards, AOPA believes that
authorized self-regulation is the most appropriate option for the regulation of Orthotist/Prosthetists.

For self-regulation to have maximum impact and adequate consumer protection it must be recognised through legislation. AOPA believes that a means of formally recognising self-regulation through the National Law is required and self regulation strengthened through the establishment of an independent body to oversee self-regulating professions.

AOPA does not believe that the proposed National Code of Conduct, which attempts to provide some protection for consumers accessing the services of self regulating professions, meets the entire regulatory needs for the professions outside of NRAS. This model fails to adequately address the areas of minimum qualifications, scope of practice and competency and fitness to practice prior to practice and also does not require ongoing continuing professional development for the maintenance of competency and currency of practice. The National Code, as a negative licensing scheme, falls well short of the protection that is provided to consumers accessing the services of practitioners in the NRAS and therefore AOPA is supportive of an amendment to National Law to recognise other regulatory means, such as self-regulation.

An amendment to the National Law to recognise other regulatory means, such as self regulation, would assist with removing the unintended consequences of NRAS exclusion as highlighted in the Consultation Paper. Orthotist/Prosthetists face numerous barriers as a result of the small workforce numbers and decreased community and health understanding of the profession. This is further exacerbated through the erroneous belief that registration through NRAS defines the “legitimate” allied health professions.

A significant unintended consequence for the orthotics and prosthetics profession relates to workforce analysis and data collection. Orthotist/Prosthetists have been identified by NSW Health as “a small but critical workforce” and the profession is highly susceptible to changes in policy. AOPA believes there is a serious dispersion and retention issue for the profession, which will have consequences for the delivery of primary care to people with chronic diseases and provision of services within the expanding National Disability Insurance Scheme. Therefore it was disappointing and short sighted for the focus of Health Workforce Australia’s workforce data analysis project to be on the registered professions only.

This is just one of the unintended consequences of NRAS exclusion, and many more exist relating to credentialing, funded services, access to scholarships, inclusion in consultations, and ability to secure positions on Boards and within health committees. These consequences,
which are further outlined in a submission by NASRHP, may be relieved through the formal recognition of self regulation within National Law.