DHAA responses to the

Review of the National Registration and Accreditation Scheme for health professions

1. Should the Australian Health Workforce Advisory Council be reconstituted to provide independent reporting on the operation of the National Scheme?

Yes. The reconstitution of the Australian Health Workforce Advisory Council is important to provide independent reporting on the National scheme as well as providing a valuable resource to health professionals.

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

Yes.

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

No. An example is that while Dentistry is on the list, notifications will only reach some Dental Hygienists and the views of Dentistry may not necessarily be compatible with those of Dental Hygienists.

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.

Yes.

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

Yes.
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?

Yes.

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

No.

8. Should a 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?

Yes.

9. What changes are required to improve the existing complaints and notifications system under the National Scheme?

None required.

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

Yes. Option 2.

11. Should there be a single entry point for complaints and notifications in each State and Territory?

Yes. This will assist the public and simplify the process.

12. Should performance measures and prescribed timeframes for dealing with complaints and notifications be adopted nationally?

Yes.

13. Is there sufficient transparency for the public and for notifiers about the process and outcomes of disciplinary processes? If not, how can this be improved?

Yes. Information could be made available on a website once the action is complete.

14. Should there be more flexible powers for National Boards to adopt alternative dispute resolution, for instance to settle matters by consent between the Board, the practitioner and the notifier?

Yes.
15. At what point should an adverse finding and the associated intervention recorded against a practitioner be removed?

   This is highly dependant on the type of breach and legal implications outside of the jurisdiction of the National Boards. For major breaches, an associated intervention should not be removed at any time.

16. Are the legislative provisions on advertising working effectively or do they require change?

   Amendments to current guidelines to clarify the position on Testimonials are needed. The provisions would benefit from changes to reflect the increasing use of Social Media.

17. How should the National Scheme respond to differences in States and Territories in protected practices?

   By ensuring everyone works to the same standard.

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?

   Yes

19. Should the mandatory notification provisions be revised to reflect the exemptions included in the Western Australian and Queensland legislation covering health practitioners under active treatment?

   Yes option 2. Amend the current national law to include provisions similar to those in WA and Qld to provide exemption to treating practitioners. It would be more detrimental to deter practitioners from seeking treatment and increase the risk to the public and the practitioner.

20. To what extent are National Boards and Accrediting Authorities meeting the statutory objectives and guiding principles of the National Law, particularly with respect to facilitating access to services, the development of a flexible, responsive and sustainable health workforce, and innovation in education and service delivery?

   This is the biggest concern of DHAA. The limited representation of Dental Hygienists and Oral Health Therapists on the Board means that the decisions that affect our profession are primarily made by dentists, who interests don’t necessarily align with those of oral health professionals in terms of facilitation access to services, education, development of a sustainable workforce and innovation in service delivery. Greater collaboration should also be encouraged among stakeholders to assist in better distribution of dental practitioners in regional and remote areas.

21. Should the proposed reconstituted AHWAC carry responsibility for informing regulators about health workforce reform priorities and key health service access gaps?

   Yes
22. To what extent are Accrediting Authorities accommodating multidisciplinary education and training environments with coordinated accreditation processes or considering future health practitioner skills and competencies to address changes in technology, models of care and changing health needs?

Accrediting Authorities need to work more collaboratively with universities and public health facilities to ensure there is better access to interdisciplinary learning.

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

Ensuring that regulators consistently work with educational institutions and vice versa to ensuring the appropriate standards of care for clients is included in learning objectives and modules.

24. How effective are the current processes with respect to assessment and supervision of overseas trained practitioners?

The current processes are effective. More information is required on the numbers of practising, overseas trained, Oral Health Therapists and Dental Hygienists.

25. Should the appointment of Chairperson of a National Board be on the basis of merit?

Yes. Merit based appointments are essential to ensure greater impartiality, greater transparency and a broader candidate base. It is imperative that the National Board is made up of health practitioners for requisite knowledge and skills with the Chair appointed for a different skill set.

26. Is there an effective division of roles and functions between National Boards and accrediting authorities to meet the objectives of the National Law? If not, what changes are required?

Yes.

27. Is there sufficient oversight for decisions made by accrediting authorities? If not, what changes are required?

Yes.

28. The Review seeks comment on the proposed amendments to the National Law.

The DHAA Inc. has no further feedback to provide. We thank AHPRA for the opportunity to respond to these issues.