Review of National Registration and Accreditation Scheme (NRAS) for Health Professions
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cc
Consumers Health Forum Australia (CHF) per Carter Moore and Adam Stankevicius
Health Consumers Alliance of South Australia (HCA) per Michael Cousins and Stephanie Miller

Thank you for the opportunity to contribute to this Review.

My comments are from the perspective of an individual consumer. They have been informed by my work as a Senior Consumer Representative for CHF and my participation in that role in NRAS Consumer Workshop held in Melbourne on 3 September 2014 and subsequent attendance at the Adelaide Consultation Forum held on 16 September 2014. My comments are also informed by my work as a Consumer Advocate for HCA.

My submission is in the form of recommendations, with points numbered for ease of reference and not indicating priority. I would be pleased to provide further detail as requested.

Keep consumers at the heart of health care

1. Consumers are at the heart of health care and must share decision-making in all aspects of service design and delivery, and in individual care, if we are to maximise health and economic benefit for individuals and the community.

2. Consumers have the right to know what standards are expected on their health practitioners and when therefore something they have experienced is reasonable – or warrants complaint.

3. Consumers also have the right to inform those standards and the systems that monitor them.

4. If consumers cannot access information they are seeking about how health practitioners are regulated, and whether their practitioner is registered and accredited and/or the subject of a complaint, then we are failing to:
   - Inform the people who fund the system
   - Benefit from the input of consumers into safe, quality systems
   - Secure Australian citizens’ legislated consumer health rights.

Retain the national scheme

5. A national registration and accreditation system can provide nationally consistent requirements regarding professional training, registration and conduct. This is means health practitioners can move between jurisdictions when registered – and not move from a jurisdiction in which they have been deregistered to another Australian jurisdiction. It also means Australian citizens can expect to receive a reasonable level of consistency in the quality of care they receive – and in the resolution of concerns about unsafe/poor quality care.
6. A national system for (notifications and) complaints, investigation and action can contribute to consistent, safe and quality services; fair and reasonable complaints management; and national data to inform policy and programs.

7. The National Law should be amended to encompass other professional safety and protection measures only if these additional measures feed into and support the national process. The system needs to be publicly communicated, understandable and accountable – not a maze only understood by (some) health practitioners.

8. Appoint Board Chairs on merit.

**Improve consumer knowledge of and access to health practitioner records**

9. Improve consumer access to registration and disciplinary records of the health practitioners; consumers fund the Australian health care system and have the right to access information about the practitioners whose salaries they fund. For example, every practitioner could display at their worksite(s), with their qualifications, their record of registration and a web link to their entry on the regulator’s website.

10. Publish when a complaint has been lodged/is under consideration, but no details of the complaint until the process is complete. Once complete publish either, simple, ‘resolved with no disciplinary action or consequence’ or ‘resolve with the following consequence’.

11. Challenge websites that purport to record reliable information about the quality of individual practitioners and services; practices of this nature arise when people feel they are not being heard and/or they are unaware of the work of the registration and accreditation authority: these sites should publish a link to the official regulator site.

12. Review advertising legislation in the context of social media; any person can make a statement about another. A health practitioner should not use unqualified testimonials (ie consumer and/or medical opinion is only that: opinion).

**Change the (notification) and complaint system**

13. We should retain the option for people to complain directly to the regulator.

14. We should avoid co-regulation where it threatens national consistency in registration and accreditation.

15. We should establish and support jurisdiction-based offices and processes that encourage people to speak up when they have a question, suggestion, compliment or complaint about an individual practitioner or health service. This service, which already exists in varying forms, can ensure people are communicating with the relevant authority and that they get a response even if their issue is not deemed to reach the national risk threshold.
• Making a complaint/notification takes time and energy and presents risks for the complainant (for example accessing the provider in the future; being seen to comprise a limited service in a rural location/where there are no other options; having a derogatory note made in their medical record). It also costs, time, money and emotional energy on top of costs already incurred in these areas.

• There is discrimination inherent in the system. Making a complaint/notification currently requires people to contact an anonymous national ‘system’... it is difficult to see why anyone would readily choose to do this and certainly it seems unlikely that more vulnerable consumers and/or those with limited literacy in the English language and/or access to resources and support would ever be heard.

• As with any grievance, complaints should be a staged process with the relationship between the parties carefully managed to ensure effective communication, ideally early resolution, and recommendations that contribute to ongoing practice improvement at individual and system level.

• When something goes wrong with a practitioner, there is very likely to be a systems/environmental issue. Resolution of a complaint should address this as well, making policy and system recommendations to support future safe practice wherever applicable.

• People want to communicate – not just lodge a report; they want to talk with someone – ideally face to face, to work through their questions and concerns and, if they choose, to be part of each step that follows to ensure they have been accurately and fairly heard and that resolution is prompt and effective. Each state/territory needs a system and contact point(s) for people to be supported to talk through, with an independent person, what they want to say. If the person decides to complain to the national regulator, this office can be the point of communication and support. State-based regulation is emerging in response to people feeling unheard and unsatisfied with national processes.

16. Establish timeframes and performance measures related to consumer engagement at the individual and system level.

17. Maximise alternate dispute resolution measures where this expedites resolution and does not compromise safety and quality

**Maintain an active risk assessment process to identify professions that should be regulated (or no longer regulated)**

18. Consumers should be part of the risk assessment process.

19. Reasons for not regulating practitioners should be publically available, for example, risk associated with speech pathology, in particular compromised swallowing in people with disability and some frail people, would arguably be deemed by consumers to be very high.
20. Risk assessments should encompass health and economic risks

Avoid over-regulation

21. Not every employee providing health care needs to be regulated. For example, teachers and support staff assist children every day with medication, personal care and supervision for health-related safety. We cannot afford a health practitioner in every service and setting and to do so would run the risk of discrimination against children with health care needs, singling them out to be treated differently because of their condition when they community support they need is well within the scope of a trained employee who is not registered under health care regulations. Health practitioners who prescribe medication and/or recommend care do, however, have a professional responsibility to ensure lay persons responsible for children and others – and people who self-manage their care, have the information and support they need to keep themselves and others safe. There are proven, quality workforce models to achieve this.

22. The National Code of Conduct for unregistered health practitioners is supported and should link with Health Rights legislation for consumers.

Link strategically with national health workforce planning policy

23. It is unclear how recommendations arising from analysis of trends in complaints and regulation will inform strategic workforce planning, now that Health Workforce Australia no longer exists and its functions have apparently been taken back into the government bureaucracy. Policy needs to be informed by individual circumstance- and comprehensive needs and risk analyses.

24. The proposal to reconstitute the Australian health Workforce Advisory Council could support governance of this process but is at too high a level to guarantee comprehensive policy and programs.

25. It is difficult to comment on resolution of cross professional issues without comprehensive information; it is difficult to see how a national council could do more than highlight and possibly politicise professional/practice issues.

26. The National Boards and accrediting Authorities do not appear to be driving professional/multidisciplinary policy and education for the future. Arguably this is not their job, if we have healthy professional bodies. Government policy and programs should be informed by and respond to reports from Boards and Accrediting Authorities about trends, risks and emerging opportunities.

27. Educational institutions are responsible for keeping abreast of accreditation and registration requirements and priorities.
Avoid administrative changes that appear to save money if they compromise professional identity

28. Combining administrative functions for smaller workload professions makes initial sense, however there is potentially a risk in assuming profession-specific knowledge is not needed at a Board level, just because there are fewer registrants.

29. A business case should be developed for each Board with options and a risk assessment to inform minimising cost while maintaining safety and quality

I would be pleased to provide further comment as requested.

Sincerely

[signature]

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