Review of the National Registration and Accreditation Scheme for health professions

Response provided on behalf of the Midwifery Education Advisory Committee (MEAC), Australian College of Midwives by Janice Butt (Chair, MEAC), October 2014

Q1: Should the Australian Health Workforce Advisory Council (AHWAC) be reconstituted to provide independent reporting on the operation of the National Scheme?
The AHWAC was previously convened for this purpose therefore it makes some sense to consider reconvening this group or an alternative independent council that ensures a national approach to reporting against agreed performance measures. It is important that there is transparency in this process that avoids local jurisdictional issues taking precedence.

Q2: Should the Health Workforce Advisory Council be the vehicle through which any unresolved cross-professional issues are addressed?
This would seem reasonable if the AHWAC were reconstituted as an independent body as suggested in answer to the previous question.
Further the members of MEAC support the development of a Midwives Board that is separate to a Nursing Board to ensure that midwifery specific professional issues are appropriately addressed.

Q3: 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
This may be problematic in that each of the professions has its own specific regulatory issues that are important to consider in context. Both health professionals and the public may feel that their issues would not be adequately addressed by a single Board.
Further the scheme is reactively new making such an extreme change undesirable without more rigorous feedback on the current systems. However it is possible that further efficiencies could be explored for shared processes to optimise infrastructure costs.

Q4: 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 per annum.
The opportunity to share appropriate infrastructure costs is sensible while still maintaining the separate identity of each profession.

Q5: Should the savings achieved through shared regulation under options 1 or 2 be returned to registrants through lower fees?
While it is important to maintain fees at a reasonable level it is of greater benefit to improve services as a result of cost savings. Most health professionals earn a salary that enables them to pay the current fee without too much difficulty. There is benefit in reviewing the processes to become more streamlined especially around notifications. As previously suggested some funding could be used to create a separate Midwives Board that would result in midwives who are also nurses paying separately for each profession, which seems reasonable if systems could be improved for midwives.

Q6: 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?
The MEAC supports this approach.

Q7: Should the National Law be amended to recognise those professions that provide adequate public protection through other regulatory means?
The MEAC agrees that the National Law should be amended to recognise those professions that provide adequate public protection through other regulatory means assuming a high level of rigour being demonstrated in any such processes.

Q8: 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?
The MEAC agrees that AHWAC as an independent Council should provide expert advice on threshold measures for entry to the National Scheme to the Health Workforce Ministerial Council. Membership of any such Council must be broad and representative of the professions and consumers.

Q9: What changes are required to improve the existing complaints and notifications system under the National Scheme?
Midwives have highlighted several challenges with the existing systems. The often lengthy timeframe for investigations as well as a lack of effective communication with practitioners have been reported. Additional concerns include a lack of adequate support for practitioners during the investigation and the lack of ability for employers to be more accurately informed of notification outcomes.
It has been noted that there is often a lack of appropriate midwifery representation on Boards and notification panels. Cases appear to be managed differently between jurisdictions, which is not acceptable nor expected as part of a national scheme.

Q10: Should the co-regulatory approach in Queensland, where complaints are managed by an independent commissioner, be adopted across all States and Territories?
While the strong consumer focus of this system is appealing it may be too soon to decide whether this co-regulatory approach in Queensland is appropriate for all States and Territories.

Q11: Should there be a single entry point for complaints and notifications in each State and Territory?
A single entry point for complaints and notifications in each State and Territory for all disciplines would be beneficial in ensuring greater consistency of processes.

Q12: Should performance measures and prescribed timeframes for dealing with complaints and notifications be adopted nationally?
The MEAC agrees that performance measures and prescribed timeframes for dealing with complaints and notifications should be adopted nationally. There is a definite need to review timeframes to ensure a consistent approach for all practitioners.

Q13: 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?
There is not sufficient transparency for the public and for notifiers about the process and outcomes of disciplinary processes in regards to notifications. While it is recognised that the practitioner also needs to be protected notifiers are often critical of the fact that they receive little or no information following the notification.

Q14: 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?
The MEAC supports the National Boards having more flexible powers to deal with disputes. This could involve a more extensive mediation process to improve communication between the Board, practitioner and notifier.

Q15: At what point should an adverse finding and the associated intervention recorded against a practitioner be removed?
This is dependent upon the individual circumstances of the case. It is important that the practitioner has been rehabilitated for their own wellbeing as well as to ensure protection of the public. It is important for the practitioner to be aware of the time frames being considered by the Board.

Q16: Are the legislative provisions on advertising working effectively or do they require change?
The provisions on advertising need to be reviewed to better reflect the impact of social media and its association with the different professions. There is a need to be more specific about compliments being posted versus the professional appearing to solicit testimonials.

Q17: How should the National Scheme respond to differences in States and Territories in protected practices?
The situation in South Australia has highlighted issues affecting midwifery practice. While the protection of birthing practices is of significant importance, this fails to recognise the equal importance of pregnancy and postpartum care being provided by an appropriately qualified practitioner.

Q18: 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?
There is a need to ensure that the public remain protected by extending the notation that indicates former or pending complaints for the practitioner whose registration has lapsed or they have been removed from the register.

Q19: 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?
The provisions in WA and Queensland have merit in that they encourage practitioners to seek treatment rather than avoiding this for fear of being reported. However there is a need to review this further to ensure that practitioners are not avoiding treatment until they are reported.

Q20: 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?
The current regulation systems have not always provided adequate support for the progression of a flexible workforce and educational reform. This is especially apparent in midwifery where the role and scope of practice does not always appear to be adequately understood by other health professionals. This has the potential to impact negatively on the provision of contemporary practice that is evidence based and meets consumer demands. The timelines for review of standards and processes are lengthy with consultations sometimes overlapping resulting in confusion for health practitioners and consumers.
Q21: Should a reconstituted AHWAC carry responsibility for informing regulators about health workforce reform priorities and key health service access gaps?  
This appears quite reasonable as long as the reconstituted AHWAC remains independent.

Q22: 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 are mindful of the need to facilitate multidisciplinary education to meet contemporary practice requirements. The accreditation of courses for nursing and midwifery includes specific criteria that require evidence of multidisciplinary education being provided and assessed.

Q23: What relationship, if any, is required between regulators and educational institutions to ensure the minimum qualification for entry to professions remains available?  
The Australian Nursing and Midwifery Accreditation Council (ANMAC) works closely with the Nursing and Midwifery Board of Australia to ensure that minimum requirements for entry to the professions are maintained. There are separate accreditation committees for nursing and midwifery that work well, recognising the need for members to be cognisant of contemporary practice, education and research.

Q24: How effective are the current processes with respect to assessment and supervision of overseas trained practitioners?  
These processes appear inconsistent and prolonged resulting in considerable difficulty for overseas trained practitioners. Changes have often been poorly communicated to the practitioners and prospective employers. The relationship between the accrediting authorities and professional Boards requires further clarification to ensure transparency and avoid conflicting advice being received by practitioners.

Q25: Should the appointment of Chairperson of a National Board be on the basis of merit?  
The MEAC agrees that the appointment of a Chairperson of a National Board should be on the basis of merit.

Q26: 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?  
The MEAC believes that there is an effective division of roles and functions between accrediting authorities and National Boards and that this arrangement should continue.

Q27: Is there sufficient oversight for decisions made by accrediting authorities? If not, what changes are required?  
The MEAC agrees that there is sufficient oversight for decisions made by accrediting authorities.

Q28: The Review seeks comment on the proposed amendments to the National Law.  
Protected title changes  
The title Midwife Practitioner is not in common use and may be confused with the Nurse Practitioner. The more recent title of Eligible Midwife should replace this title.