17 October 2014

Mr Kim Snowball
Independent Reviewer
GPO Box 4541
MELBOURNE VIC 3001

Via email: nras.review@health.vic.gov.au

Dear Mr Snowball,

Re: Review of the National Registration and Accreditation Scheme for health professions

This submission has been prepared by The Royal Australian and New Zealand College of Radiologists (RANZCR) in response to the review of the National Registration and Accreditation Scheme for health professionals (the National Scheme).

Thank you for the opportunity to provide input to this review.

Should there be any enquiries relating to this submission, please contact Ms Kate Scott-Murphy, Senior Advocacy Officer (kate.scott-murphy@ranzcr.edu.au or 02 9268 9734).

Yours sincerely,

Dr Dion Forstner
Dean, Faculty of Radiation Oncology

Dr Greg Slater
Dean, Faculty of Clinical Radiology
Review of the National Registration and Accreditation Scheme for health professions

Introduction

The Royal Australian and New Zealand College of Radiologists (RANZCR) is the peak body advancing patient care and quality standards in the clinical radiology and radiation oncology sectors.

Clinical radiology relates to the diagnosis or treatment of a patient through the use of medical imaging. Diagnostic imaging (DI) uses plain X-ray radiology, computerised tomography (CT), magnetic resonance imaging (MRI), ultrasound and nuclear medicine imaging techniques to obtain images that are interpreted to aid in the diagnosis of illness and injury. Interventional radiologists treat as well as diagnose disease using imaging equipment.

Radiation oncology (RO) is a medical specialty that involves the controlled use of radiation to treat cancer either for cure, or to reduce pain and other symptoms. Over 140,000 Australians are diagnosed with cancer each year, and it is estimated that about half of them would benefit from radiation therapy as part of their overall cancer treatment. Radiation therapy remains a powerful weapon against cancer in its many manifestations, and is involved in around 40% of patients cured of cancer—thereby lessening the suffering for tens of thousands of patients and their families.

RANZCR represents around 2,300 clinical radiologists and 400 radiation oncologists. In addition, RANZCR has over 600 trainee members across Australia, New Zealand and Singapore.

RANZCR is working to drive the appropriate, proper and safe use of radiological and radiation oncological medical care. This includes supporting the training, assessment and accreditation of trainees; the maintenance of quality medical care and standards in both specialties; and workforce mapping to ensure the appropriate availability of staff to support the sectors in the future.

At all times, RANZCR seeks to promote the best standards of practice for patient treatment and care and to ensure that all Australians have access to quality radiology and radiation oncology services.
Specific Response to Inquiry Terms of Reference

ACCOUNTABILITY

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

RANZCR has reservations about the Australian Health Workforce Advisory Council (AHWAC) being reconstituted for this role, since no clarity is provided on how it would be supported. More importantly, it is unclear what information would be available to it, how it would obtain clinical advice and how it would be funded. Therefore we feel we cannot support this proposal.

If AHWAC were reconstituted for this purpose, we would wish to see stakeholders involved as the details are worked through and in the supporting mechanisms.

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

No. RANZCR does not believe there is sufficient information in the consultation papers on what would constitute ‘unresolved cross-professional issues’ or how AHWAC would carry out this function to make a judgement on this. As noted above, we also have concerns that there is no clear mechanism to engage with the parties who are impacted upon by the ‘cross-professional issues’. We do however wish to see this matter resolved and would like to see further proposals and clarification of how this role could be performed, coupled with plans for engagement with stakeholders to assist the design of a workable system.

THE FUTURE FOR REGULATION OF HEALTH PRACTITIONERS IN AUSTRALIA

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.

Not applicable to our response.

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.

Not applicable to our response.

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

Yes – although it is unlikely there would be any real savings.

For Professions seeking entry to the National Scheme

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?
The National Scheme was established to provide protection for public safety, to facilitate workforce mobility, and promote access to high quality health services – not to unnecessarily regulate a practitioner. New entries to the National Scheme should meet the same thresholds, unless there is a significant risk to the community and there are no alternatives to regulation. RANZCR believes that only healthcare practitioners with a scientific basis to their training should be included in the National Scheme.

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

No. The National Law should only govern regulated healthcare professions. RANZCR believes that there are sufficient arrangements outside the National Law that offer protection and means of redress for dissatisfied consumers e.g. state-based healthcare complaints entities, consumer protection laws and the court system.

**COMPLAINTS AND NOTIFICATIONS**

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?**

No. RANZCR believes that the Australian Health Ministers' Advisory Council (AHMAC) should perform this function since they are better placed to have a healthcare system-wide perspective.

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

RANZCR believes that the current system is difficult to navigate for all parties in particular anyone wishing to notify a concern and more must be done to promote awareness of the system.

RANZCR favours option one (i.e. retaining the existing configuration of notifications handling, but improving the process via a range of administrative and legislative changes). We believe this function should sit with the body which regulates the professions in order to ensure that means for redress and potential sanctions are applied in a timely manner.

RANZCR would like to see notifications resolved more quickly in the future without losing any of the robustness in the system. We believe that clearly set timeframes for each stage of the process in managing notifications would assist greatly and provide greater clarity for all parties. It is not in the interest of any party for a notification to drag on and the current processes need to be streamlined with greater clarity over timescales for the complainant and registrant in question. We would also like to see data published by the Australian Health Practitioners Regulation Agency (AHPRA) that demonstrates the percentage of notifications that are resolved within set timescales.

To assist with timely processing of notifications, RANZCR would like to see better use of initial screening to allow AHPRA to dismiss trivial complaints or deal effectively with minor complaints prior to commencing a full investigation (also known as triaging of complaints). We believe this could be done by trained case examiners undertaking a review of each complaint to determine whether it merits a
full scale investigation and in line with protocols and safeguards to ensure that all complaints are dealt with appropriately. This change would serve two purposes:

- to allow easier processing of trivial complaints in the interests of all parties; and
- to enable AHPRA to focus on the remainder of substantive cases where action is necessary to protect the public.

RANZCR also sees merit in educating the public about the range of means for redress if they wish to pursue a complaint or express dissatisfaction with a healthcare service. We would also like to have reassurance that AHPRA will be resourced appropriately to carry out these functions.

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

No. Complaints should be managed by an independent body and RANZCR believes this function should align with the same body that oversees registration (i.e. AHPRA). We also believe it would be fairer, more consistent, more efficient and cost effective for a single national body to perform this role. We would wish to see a review of the situation in Queensland in due course.

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

RANZCR believes there should be single points of entry in each State and Territory which allows concerned parties to notify in their home jurisdiction. These single points of entry however must flow into a uniform nationwide system to facilitate consistent operation of complaints and notifications across Australia. There should also be concerted efforts to ensure that the single points of entry to AHPRA are clearly understood and not confused with the role of health complaint entities (HCEs).

RANZCR would like to add that we would wish to see greater consideration given to these options with a detailed review of the evidence for both models and costs involved, followed by further consultation with stakeholders.

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

Yes. It is essential to ensure that complaints and notifications are dealt with in a timely manner, and in accordance with appropriate, pre-determined performance measures. This would reassure the notifier and practitioner in question. However, strict timeframes should not be used as an excuse for poor processes; the system needs to be efficient and have the capacity to deliver.

Please refer to comments on initial screening in Question 9 (above).

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?

No. RANZCR believes that further information should be provided to the public and notifiers about the notifications process and the planned timescale for their resolution. The notifier should be informed in writing of the outcome of the
investigation but this should not include information additional to that made available to the public.

It would also be helpful to provide clearer information on the respective board websites to allow membership bodies to track any changes to their members’ registration status.

As noted above (under Question 9), RANZCR would also like to see data published by AHPRA which demonstrates the percentage of notifications resolved within set timescales, detailing each step in the process, which could also form key performance indicators for AHPRA.

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?

No. RANZCR believes that disciplinary action by National Boards is not a matter for negotiation with the notifier. This reasoning is based on the position that the Board’s duty of care is to the public, and the role of the Board is to decide whether the practitioner has departed from accepted practice and that there is a risk of harming the public based on the facts of the individual case. Given that this duty of care is to the public the notifier should not be a party to any settlement or other process or be provided with more information than that made available to the public. Patients or consumers should be aware that if they are looking for specific redress (e.g. compensation), they should consider alternative routes, including but not limited to health care entities, ombudsmen, health complaints commissioners or litigation.

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

Adverse findings in relation to registered practitioners should be published and remain in the public domain, in the same way that a court’s ruling would be. Allegations and unproven claims should not be published. Any disciplinary matters should be noted against the relevant practitioner while they are current, and regularly reviewed until full registration is restored.

PUBLIC PROTECTION—PROTECTED PRACTICE, ADVERTISING, COSMETIC PROCEDURES AND A NATIONAL CODE OF CONDUCT

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

The consultation paper does not include sufficient information or analysis of these provisions to allow RANZCR to respond to this question.

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

RANZCR believes that uniformity across Australia is necessary for a National Scheme to be both national and effective.

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?

RANZCR is reassured to see that a National Code of Conduct is being proposed to protect the public.

In-depth consideration should be given to the legislation required to support robust implementation of the Code, to protect the public from risk of harm from unregistered healthcare practitioners, and/or from registered practitioners providing services that are unrelated to or outside the typical scope of practice they are registered for.

MANDATORY NOTIFICATIONS

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. RANZCR believes that practitioners under treatment must be exempted from mandatory reporting requirements, as practitioners should not be discouraged from seeking help. As a general principle, doctor-patient relationships should not be breached or compromised by the requirements of mandatory reporting. The exemptions in WA and QLD should therefore be national.

We would like to add that the removal of mandatory reporting does not prevent a treating practitioner from reporting a practitioner-patient who refuses to comply with medical advice and therefore places the public at risk.

WORKFORCE REFORM AND ACCESS

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?

The National Law should ensure that patients in receipt of healthcare can be confident that the practitioner delivering that care is suitably trained and competent to do so. Any changes to scope of practice should be based on robust evidence of clinical efficacy to ensure there are neither new risks to patient safety nor unintended consequences elsewhere in the healthcare system. Collaboration across disciplines should also be central to any changes to scope of practice. Given the potential implications on patient safety and the wider healthcare system, RANZCR favours an independent and balanced review of the evidence in favour of and against changes to scope of practice, which should publish a report with recommendations for consideration by AHMAC. We would like to have further information and reassurance about how AHWAC could perform this independent advisory function.

We would like to add that in the case of clinical radiology and radiation oncology, care is delivered as part of a cohesive team, with each member of that team playing a key role under the oversight of clinical radiologists and radiation oncologists respectively.
21. Should a reconstituted AHWAC carry responsibility for informing regulators about health workforce reform priorities and key health service access gaps?
RANZCR believes that the AHMAC is best placed to provide oversight and a systems-wide approach to workforce reform and health service access gaps. We would therefore favour oversight by the AHMAC, informed by an independent review of the evidence in favour and against. (Please also refer to our response to Question 20).

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?
The Australian Medical Council (AMC) oversees a robust process for medical education and training, including the accreditation of specialist medical colleges, which RANZCR believes is essential to uphold the quality of medical and specialist training to help ensure the safety of the general public. We would like to have reassurance that a similarly robust model be applied across the other regulated professions to ensure that patients in receipt of healthcare can be confident that the practitioners delivering their care are suitably trained and competent to do so. Please refer to our comments on independent review of changes to scope of practice in Question 20.
RANZCR has already implemented a model of networked training in radiation oncology, and we are currently implementing a similar network model for clinical radiology. This will not only allow trainees to rotate around training sites in order to gain exposure to a wide range of training experiences and to meet the minimum curriculum requirements of the training programs, but will also better equip radiation oncologists and clinical radiologists to work in a range of settings and models of care, including in rural and remote areas.

23. What relationship, if any, is required between regulators and educational institutions to ensure the minimum qualification for entry to professions remains available?
Not applicable to RANZCR's scope of activity.

ASSESSMENT OF OVERSEAS TRAINED PRACTITIONERS

24. How effective are the current processes with respect to assessment and supervision of overseas trained practitioners?
RANZCR believes that the current arrangements for assessment and supervision of overseas trained medical practitioners are suitable.

GOVERNANCE OF THE NATIONAL SCHEME

25. Should the appointment of Chairperson of a National Board be on the basis of merit?
RANZCR believes that the requirement that the Chairperson of the Board be a practitioner must be retained. We believe there should be a transparent appointment process and would have reservations about including merit criteria.
There should also be a transparent mechanism for removing an ineffective Chairperson.

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?

RANZCR believes that the current system is complex and bureaucratic and would benefit from streamlining and simplification. National standards that align with those of New Zealand, wherever possible, would also be helpful.

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

Not applicable to our response.

PROPOSED CHANGES TO THE NATIONAL LAW

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

RANZCR has no specific comments on these proposed amendments.

Conclusions

It is RANZCR’s opinion that the consultation paper fails to make a substantial case for significant changes to the National Scheme. Any specific recommendations for proposed changes should be accompanied by detailed analyses and underpinned by robust evidence.

RANZCR advocates streamlining, simplification and refinement of the current processes.