Review of the National Registration and Accreditation Scheme for health professionals

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

2. Should the Health Workforce Advisory Council be the vehicle through which any unresolved cross professional issues are addressed?
   Yes this may be a useful independent means to resolve these issues.

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.
   This appears to be a reasonable and cost efficient approach.

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.
   See above

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

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?
   They could be included in the single Health Professions Australia Board and the initial outcomes evaluated after a set period of time.

7. Should the National Law be amended to recognise those professions that provide adequate public protection through other regulatory means?
   It does not appear equitable to exempt some professions on the basis of self-regulation.

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?
   This would appear to be the appropriate body for such advice.

9. What changes are required to improve the existing complaints and notifications system under the National Scheme?
   A mechanism to ensure timely responses is required.

10. Should the co-regulatory approach in Queensland, where complaints are managed by an independent commissioner, be adopted across all States and Territories?
    This would appear to be an approach which results in improved service.

Part II: Areas highlighted for review

11. Should there be a single entry point for complaints and notifications in each State and Territory?
This would be an appropriate measure.

12. Should performance measures and prescribed timeframes for dealing with complaints and notifications be adopted nationally?
   Yes key performance indicators are part of all effective managements systems.

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?
   It is important to ensure that the public and individuals involved are informed throughout the process while maintaining confidentiality. If this does not occur it undermines public confidence in the process.

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?

   This occurs in other legal matters and may be one pathway to expedite processes.

15. At what point should an adverse finding and the associated intervention recorded against a practitioner be removed?
   While there are conditions or restraints on practice these should be publically available. The record should remain permanently but be confidential and only available should another notification occur.

16. Are the legislative provisions on advertising working effectively or do they require change?
   No comment.

17. How should the National Scheme respond to differences in States and Territories in protected practices?
   There must be consistency in national standards associated with National Registration.

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?
   No comment.

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?
   Whatever provisions are made they need to be national and consistent. It is important that the health practitioner is encouraged to seek treatment but this cannot be done at the expense of public safety.

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?
   It appears the current system does not encourage innovation in education and service or meet the principles of facilitating access. Accreditation is a time consuming and costly exercise and is focused on ensuring minimum standards are met. The current system does not have the capacity to extend beyond ensuring professional competency of graduates. These principles could be addressed by working with the education providers to develop innovative and
responsive initiatives. However, accreditation criteria would need to be considered to allow some flexibility. It may be beyond the scope of accreditation to consider such innovations and should be a wider professional consideration.

Professional roles are important in providing quality health care. Flexibility is important but the imperative is to work with the professions, rather than breaking down existing professional scopes of practice. The health care professions are constantly evolving and scopes of practice change to reflect new contexts of care. Accrediting criteria need to be able to accommodate innovation in education. However, this is sometimes related to the interpretation and the make-up of the panel rather than the criteria as such.

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

This would appear to be appropriate. However, the makeup and expertise panel while ensuring some independence appears restricted and may offer a biased view. Much more thought needs to be given to the make-up of the panel if they are to take on such an important advisory role.

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?

Multidisciplinary education and training is an imperative for all education providers. It is part of the criteria within the accreditation process but is to some extent impeded by the current separate accreditation processes and timelines. Incentives may be useful in the development of these processes rather than regulation.

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

Current relationships do not ensure that these will remain available. However, the ultimate driver is funding and if it is thought to be essential that the minimum qualification for entry to professions remains available this should be linked in some way to provision of such pathways.

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

It appears that there has been some substantial work in this area in the past few years and the process is much more rigorous. Regarding the NMBA model of assessment that requires a Bachelor Degree or equivalent qualification. Bachelor degrees in Nursing have been in place since the 1980s and have been the basic standard for Registration since the mid 1990s. The number of Nurses practicing without Bachelor level qualifications is decreasing and it should now be considered to be a minimum qualification. Different standards cannot be applied to Internationally qualified Nurses. Particularly in the light of research which links outcomes and standards of care with educational qualifications. However, there do need to be education programs available for internationally qualified nurses with Diploma level education to upgrade to Bachelor degrees.
25. Should the appointment of Chairperson of a National Board be on the basis of merit?

Yes all appointments should be on the basis of merit.

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?

It appears the current division of roles is effective.

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

All decisions are overseen by the board and it appears that it is not just a rubber stamp process so the current arrangements are functioning.

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

No further comments.