15 October 2014

Mr Kim Snowball
Independent Review
Review of the National Registration & Accreditation Scheme for Health Professions
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Dear Mr Snowball

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

Thank you for the opportunity to review the above consultation paper.

The Royal College of Pathologists of Australasia (the College) would like to make the following comments on the questions raised in the consultation paper.

1. Should the Australian Health Workforce Advisory Council be reconstituted to provide independent reporting on the operation of the National Scheme?
   The discussion paper seeks to give AHWAC a wide reaching role in health workforce reform without any indication about how it might undertake this role.
   While in principle the College would support the reconstitution of AHMAC the exact nature of its duties would need to be better articulated.
   There has been concerns expressed of the need to have an overarching body to ensure the Regulatory Boards of each discipline do not change the Scope of Practice of the disciplines without appropriate reference to the whole of the health system.
   Those cross disciplinary issues and boundaries would be an appropriate area for AHMAC to work on.
   The College would have concerns with the current membership of AHWAC and recommends that any reconstitution of AHWAC comprise membership of a Chair with health practitioner experience and at least 3 members from the medical profession, and two from nursing and one from the community.

2. Should the Health Workforce Advisory Council be the vehicle through which any unresolved cross-professional issues are addressed?
   Yes, as stated before cross professional regulatory issues do need an oversight body and if reconstituted AHMAC could be the appropriate body.

3. Should a single Health Professions Australia Board be established to manage the regulatory functions that oversee the nine low regulatory workload professions?; and

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; and

5. Should the savings achieved through shared regulation under options 1 or 2 be
returned to registrants through lower fees.
The College would have concerns about a single Health Professions Australia Board for the nine low regulatory workload professions.

There are differences in practice between all the professions and appropriate recognition needs to be given to this for any regulatory body.

If there could be some efficiencies in the administration of the separate Boards by sharing administration arrangements this would be appropriate. Any savings should be refunded to registrations in the form of lower fees.

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, any future entry for professions into the scheme should be based on scientific evidence to prove the case, particularly that the profession itself has a scientific evidence base.

While the risk to the public is an important issue there are other advantages of regulating health professions such as improving the quality and standards of training and the ability to better manage workforce requirements. The College, for example, would support the regulation of scientists but previous requests for this have been rejected as scientists were not considered to be a risk to the public because they work in an accredited laboratory environment and generally with a pathologist who are registered under the Medical Board. The scientist profession would however still benefit from registration.

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

No, all healthcare professions should be treated the same.

8. Should a reconstituted Australian Health Workforce Advisory Council be the vehicle to provide expert advice on threshold measure for entry to the National Scheme to the Health Workforce Ministerial Council?

Yes, this would be an appropriate role for AHWAC.

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

It would be useful to have a single point of contact at AHPRA for complaints as the current system is not very easy to navigate.

There should also be a change from the adversarial and legally based approach to one focussed on consultation and resolution.

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

No, the College would not support this.

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

Yes, see response to Question 9.

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

It would seem to be appropriate.
13. **Is there sufficient transparency for the public and for notifiers about the processes and outcomes of disciplinary processes? If not, how can this be improved?**
   There could be more feedback to the notifier about the outcome of the complaint.

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

15. **At what point should an adverse finding and the associated intervention recorded against a practitioner be removed (from the public register)?**
   It would depend on the circumstances but should be time limited based on when sanctions are current. Allegations of unproven complaints should not be published.

16. **Are the legislative provisions on advertising working effectively or do they require change?**
   Cannot comment on this as no analysis has been provided.

17. **How should the National Scheme respond to differences in States and Territories in protected practices?**
   Unless there are critical geographical reasons all States and Territories should operate in the same manner.

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?**
   The College supports a Code of Conduct for unregistered health practitioners but is unaware of how this is to operate so cannot comment on this question.

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.

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, responsible and sustainable health workforce and innovation in education and service delivery?**
    The College does not support regulatory authorities driving workforce reform. Indeed, pushing for workforce reforms within one health profession discipline without looking at the whole health system can in fact lead to potential risk for patient safety.

21. **Should a reconstituted AHWAC carry responsibility for informing regulators about health workforce reform priorities and key health service gaps?**
    The College does not consider this should be AHWAC’s role alone, other bodies such as the Standing Council on Health, the Australian Health Ministers’ Advisory Council and the Health Workforce Principal Committee would need to be involved and the medical and other professional Colleges.
22. To what extent are Accrediting Authorities accommodating multidisciplinary education and training environments with coordinated accredited processes or considering future health practitioner skills and competencies to address changes in technology, models of care and changing health needs?

The AMC Accreditation Standards allow Colleges to train their Fellows on the importance of multidisciplinary approaches to healthcare. In pathology, working in a team in a laboratory is standard practice and pathologists work very closely with other doctors, nurses and allied health staff in particular in cancer and infection diseases areas of care.

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

The AMC accredits medical schools and specialist medical colleges and the program is a very robust one that ensures high quality education is provided to train the medical workforce.

The existing relationships between the Medical Board, Colleges, Universities and the AMC are good and should not be changed.

The College would not support the lowering of minimum qualifications for entry whether at the medical schools or College level.

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

This process was recently reviewed (‘Lost in the Labyrinth’ Report) and the report recommendations have just been implemented. It would appear the new processes are working well but this would require further review in a further year’s time.

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

All appointments should be based on merit and RCPA considers the current Chairs of MBA and AHPRA have been appointed based on merit.

The Chair should have experience in the healthcare area.

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?

The AMC has served in the medical profession and the community very well over the years and has helped improve the standards of the education programs offered.

The College considers the current relationship with the MBA, AMC and Colleges and Universities work very well and would not support any change to this.

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

The College considers there is sufficient oversight for decisions made by the accrediting authorities for medicine and no changes are required.

Yours sincerely

A/Prof Peter Stewart

President