Consolidated list of questions from consultation paper

1. Should the Australian Health Workforce Advisory Council be reconstituted to provide independent reporting on the operation of the National Scheme?
The AHWAC would be an appropriate body to provide independent reporting on the operation of the National Scheme and independent advice on proposals for changes to standards.

2. Should the Health Workforce Advisory Council be the vehicle through which any unresolved cross professional issues are addressed?
The AHWAC should be the vehicle through which unresolved cross professional issues are addressed due to its level of independence and authority.

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
   No

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.
   Yes the nine boards overseeing the low regulatory workload professions should share regulatory functions of notifications and registration through a single service, to achieve estimated efficiency savings of $7.4m pa as long as the professional input into specific elements of courses of study and other discipline specific areas are preserved.

5. Should the savings achieved through shared regulation under options 1 or 2 be returned to registrants through lower fees?
   Yes
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 due to the cost and risks associated with including additional professionals to the scheme. The aboriginal and health practitioners are an example of a profession that perhaps may not require regulation due to low volume of workforce and risk.

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

Yes

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?

Yes

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

Option 2 may provide better management of complaints and notifications similar to the QLD model. A single entry point for notifications related to performance or conduct may be beneficial in reducing duplication.

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

The co-regulatory approach similar to that in Queensland should be considered as a viable option for all states and territories.

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

Yes a single entry point for notifications in each state and territory would assist in reducing duplication. This could also assist in dispute resolution between
parties. In some circumstances if conciliation was available, a resolution may be achieved for both parties, especially consumers.

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

   Timeframes and performance measures would be helpful for notifiers and consumers to have an estimated timeframe for completion of an investigation and an outcome in relation to their matter.

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?**

   The lack of transparency for the public and notifiers is an issue with the current system. The notifiers receive limited communication at completion of an investigation, but no information regarding progress or expected timeframe for an investigation. Issues relating to health are not disclosed, therefore the lack of information makes management of the individual in the workplace challenging.

   Often the notifier is an employer and in small rural sites staffing issues and the inability to provide adequate supervision to nurses and midwives that may be subject of an investigation can make it difficult for the nurse or midwife and the employer. In some circumstances moving them to a larger facility for more support is appropriate, however without an indication of timeframe it can be difficult to plan.

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?**

   More flexible powers for national boards to adopt alternative dispute resolution would assist in settling matters by consent, which may be beneficial to all parties. Would this reduce the timeframe for resolution of matters? Would this increase costs?
15. **At what point should an adverse finding and the associated intervention recorded against a practitioner be removed?**
   Unsure about an appropriate timeframe.

16. **Are the legislative provisions on advertising working effectively or do they require change?**
   The increased use of social media and inability of practitioners to monitor comments made by consumers not under the practitioner’s control suggest some changes to current national Law need to address this issue.

17. **How should the National Scheme respond to differences in States and Territories in protected practices?**
   Ideally there should be a Nationally consistent approach to protected practices across different jurisdictions.

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 National Code of Conduct should adequately protect the public from harm without the need for additional mechanisms or provisions in the National Law.

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 the exemptions included in WA and QLD seem reasonable for practitioners under active treatment, and therefore should be consistent across other states and territories.

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 Boards and Accrediting authorities have a limited role to play in relation to workforce sustainability, however it is not clear how their role impacts on workforce reform. This needs to be clearly defined.

The accreditation of courses that builds a future workforce capable of working across professions and with new technologies to cope with future demands will be important. However this is a shared responsibility with education providers and health care settings where education is provided to health workers.

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

Yes this reconstituted AHWAC could provide independent advice to regulators regarding workforce reform priorities and health service access gaps, and in reporting to Health Ministers on contribution to reform of the National scheme.

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 accrediting authority for nursing and midwifery do not appear to have a focus on multidisciplinary education and training environments currently. Additionally the focus of the accrediting authority appears to be on current as opposed to future health practitioners to address changes in technology, models of care and changing health care needs. This may be due in part to the current health practitioner accreditation standards which are very prescriptive and not tailored towards flexibility to accommodate changes in the practice environment and educational delivery methods.

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

Unable to comment
24. Should the appointment of Chairperson of a National Board be on the basis of merit?
Yes

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

The inconsistency in decision making in respect to registration of overseas qualified midwives, by registering them with conditions, and the lack of provision for a similar approach for diploma qualified registered nurses appears to have created a variance in how these two professional groups are being assessed, which has caused confusion for practitioners and employers.

From an employer's perspective the employment of overseas qualified practitioners working in rural and remote Australia is often challenging as the availability of supervisors to monitor and mentor and ensure they are working under supervision, within their scope of practice and within any conditions place on them can be very onerous.

25. 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?

In respect to nursing and midwifery there appears to be confusion in roles in relation to assessment of overseas qualifications. ANMAC undertakes assessment for Internationally Qualified nurses and midwives for migration, and their decision making appears to be inconsistent with the new changes implemented for the standard for registration by AHPRA. This causes confusion for overseas applicants when ANMAC have advised that they meet requirements for migration, however according to recent changes implemented by AHPRA, they will not meet educational requirements for registration if they hold a diploma.
27. Is there sufficient oversight for decisions made by accrediting authorities? 
If not, what changes are required?

It is unclear who has oversight for decisions made by Australian Nursing and Midwifery Accreditation Council. This needs to be more clearly articulated so that educational institutions and the professions in general are clear on the governance of accrediting authorities in relation to regulation.

General issues

Identify any other general issues that should be considered for inclusion in the WA Health response.

The changes to registration of overseas qualified nurses and midwives has had a significant impact on our ability to recruit a skilled workforce. Whilst a minimum education standard is important for the maintenance of standards for the professions, some assessment of skills and post registration qualifications are an important element for consideration when assessing individuals that may have significant experience and skills.

The lack of consistency between ANMAC and Nursing and Midwifery Board of Australia causes confusion for practitioners who have been assessed as suitable for migration by ANMAC, but now find they cannot be registered by NMBA due to their education not meeting an AQF standard 7.

Who directs ANMAC to assess their processes to ensure they are consistent with these recent changes?

A review of the Trans Tasman Mutual Recognition (TTMR) agreement should be undertaken in light of recent changes to registration standards for internationally qualified nurses and midwives. Those nurses and midwives that would not gain registration in Australia due to these changes, may gain entry to New Zealand, following which time they can apply to register in Australia and gain entry under TTMR.