

Legal and Social Issues Legislation Committee

Wednesday 12 December 2012

Briefing: National Registration and Accreditation Scheme for Health Practitioners

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Purpose of Inquiry - terms of reference

Briefing requested on:

- Purpose of Inquiry
- Background to the establishment of AHPRA
- Departmental assistance with possible areas of investigation

Purpose of Inquiry:

Terms of reference – To inquire into and report on:

- performance of AHPRA
- cost effectiveness
- regulatory efficacy
- ability of national scheme to protect Victorian public.

Purpose of inquiry

Hansard

- Protect public
- Cost of scheme to community
- Advantages and disadvantages, costs and benefits of national arrangements
- Consider improvements that might be made
- Role of standards and guidelines of registration authorities
- Role and difficulties of students
- Language requirements
- Role of professional recognition of more advanced skills
- Role of consumers and whether their views represented
- Competition policy aspects
- Scope and size of bureaucracy
- Doctors and nurses health programs
- Consistency of registration

Background to establishment of AHPRA - Overview

- Terminology
- Brief overview of statutory registration
- Context for reform & international trends in regulation of health professions
- Impetus for reform
- Productivity Commission report & COAG response
- Implementation process
- How NRAS works – legislative mechanism, scope, structure, governance
- The National Law compared with previous Victorian legislation
- Issues
- Resource material

Terminology

- Health Practitioner Regulation National Law Act 2009 – ‘the National Law’
- Health practitioner, health profession
- AHPRA – Australian Health Practitioner Regulation Agency
- NRAS – National Registration and Accreditation Scheme
- Agency Management Committee
- AHWMC – Australian Health Workforce Ministerial Council
- AHWAC – Australian Health Workforce Advisory Council
- IGA – Intergovernmental Agreement
- National Boards, National Registers
- Accreditation function, accreditation authority, accreditation committee, external accreditation entity
- Health complaints entity
- Responsible tribunal
- Endorsement
- Notification, mandatory notification, immediate action

Statutory registration – purpose and functions

- Governance and standard setting
- Registration of practitioners:
 - initial registration
 - renewals
 - maintain publicly accessible register
- Accreditation of training courses
 - accreditation of training courses for registration purposes
 - assessing equivalence of overseas qualifications
 - examining overseas trained practitioners
- Discipline of practitioners – conduct, performance, health
- Prosecution of unregistered persons for offences

Historical context

First occupational licensing laws – 1838 (Tas & NSW)

First specific Victorian licensing law – Medical Act 1862 (Vic)

Objective – protection of turf, secure autonomy & control over work

Secured backing of state for self-regulatory arrangements

Co-option of state power fostered rise of medical dominance

Registration hard fought & medical dominance evident in gate-keeping process
for other professions

Year professions first regulated in Victoria

| | | | |
|--------------------------|----------------|---------------------------------|------|
| Medical practitioners | 1838 (NSW leg) | Psychologists | 1965 |
| Pharmacists | 1876 | Podiatrists | 1968 |
| Dentists | 1887 | Dental auxiliaries** | 1972 |
| Midwives | 1917 | Chiropractors and osteopaths | 1978 |
| Physios (masseurs) | 1922 | Medical radiation practitioners | 1987 |
| Nurses | 1922 | Chinese medicine practitioners | 2000 |
| Optometrists (opticians) | 1935 | ATSI health practitioners | 2012 |
| Dietitians* | 1942 | Occupational therapists | 2012 |

* Dietitians deregistered 1993

** Dental technicians deregistered 1999

Context for reform

1980s & 90's

- Rise of neo-liberalism & consumer movement
 - Change in role of government
 - Drive for cost containment
 - Decline in standing of medical profession
- Disadvantages of occupational licensing well documented
- Beginning efforts to harmonize arrangements across states and territories
- Carter Review 1987-90 established Victorian regulatory model
- Mutual recognition agreement & legislative reforms
- National competition policy agreement & legislative reforms
- Rise of better regulation discourse

International trends

- Changing role of registration boards
- Changing role of the state
- Increasing cost pressures driving workforce reform
- More stringent regulatory assessment processes
- Consolidation & rationalisation of regulatory regimes
- Increased expectations for transparency, accountability & sharing of regulatory decision-making
- Link made between regulation and workforce
- Principle of peer review under challenge
 - Increasing tension between professions and government
- Exploration of alternative regulatory models

Impetus for reform – early 2000s

- Public outcry over regulatory failures
- Continuing measures to increase competition & reduce regulatory burden
- Increasing demands for nationally portable registration
- Increasing difficulties with workforce shortages
- Victorian regulatory review findings 2002-05
 - *Health Professions Registration Act 2005 (Vic)*
- Dispute with College of Surgeons
 - Productivity Commission reference

Victorian regulatory review 2002-05 – key findings

- Cumbersome and inefficient legislative framework
- Poor separation of powers in disciplinary matters
- Lack of consumer confidence in transparency and fairness
- Inefficiency and duplication in administration
- Workforce inflexibility and poor practitioner/system quality linkages
- Changing population & workforce → changes required to meet future demand
- Link made between workforce regulation and workforce reform

Productivity Commission findings

- Fragmented roles and responsibilities
- Compartmentalisation of workforce policy by profession
- Lack of an integrated 'cross profession' approach
- Inflexible and inconsistent regulation
- Lack of collaborative policy efforts
- Inhibition of changes to scopes of practice
- Limited incentives for delegation of tasks
- Perverse funding and payments incentives
- Entrenched workforce behaviours heavily influenced by 'custom and practice'.

Productivity Commission findings – registration

- Unnecessary barriers to the mobility of practitioners
- Inconsistencies in legislative requirements across states and territories
- Difficulties in ensuring effectiveness, quality assurance and consumer protection
- Perceived failures in the peer review model of regulation
- The challenge of facilitating a flexible, responsive and sustainable health workforce
- Workforce shortages projected to grow
- Over 90 separate profession specific regulatory authorities
- Less fragmented and better co-ordinated system should provide the levers required to:
 - drive reform to scopes of practice and job design while maintaining safety and quality;
 - provide nationally consolidated and coherent frameworks for course accreditation & registration;
 - deliver more coordinated and responsive education and training regime

Productivity Commission recommended:

‘An integrated set of national actions.....to develop a more sustainable and responsive health workforce while maintaining a commitment to high quality and safe health outcomes’

21 recommendations for reform

Two key reforms to regulation and accreditation systems:

- Staged introduction of a single national accreditation regime and agency to provide basis for nationally uniform registration standards for health professions
- Creation of a single national registration board with supporting professional panels, to provide for national registration standards for the health professions.

COAG response to PC report - 2006

- COAG decisions July 2006
- Intergovernmental Agreement signed – March 2008
- Set parameters for scheme
 - Implementation handed to Health Ministers
- Implementation process – Mar 2008 - July 2012
- Legislative model
- Implementation process
- Extensive consultation to develop legislation

Overview of national reform

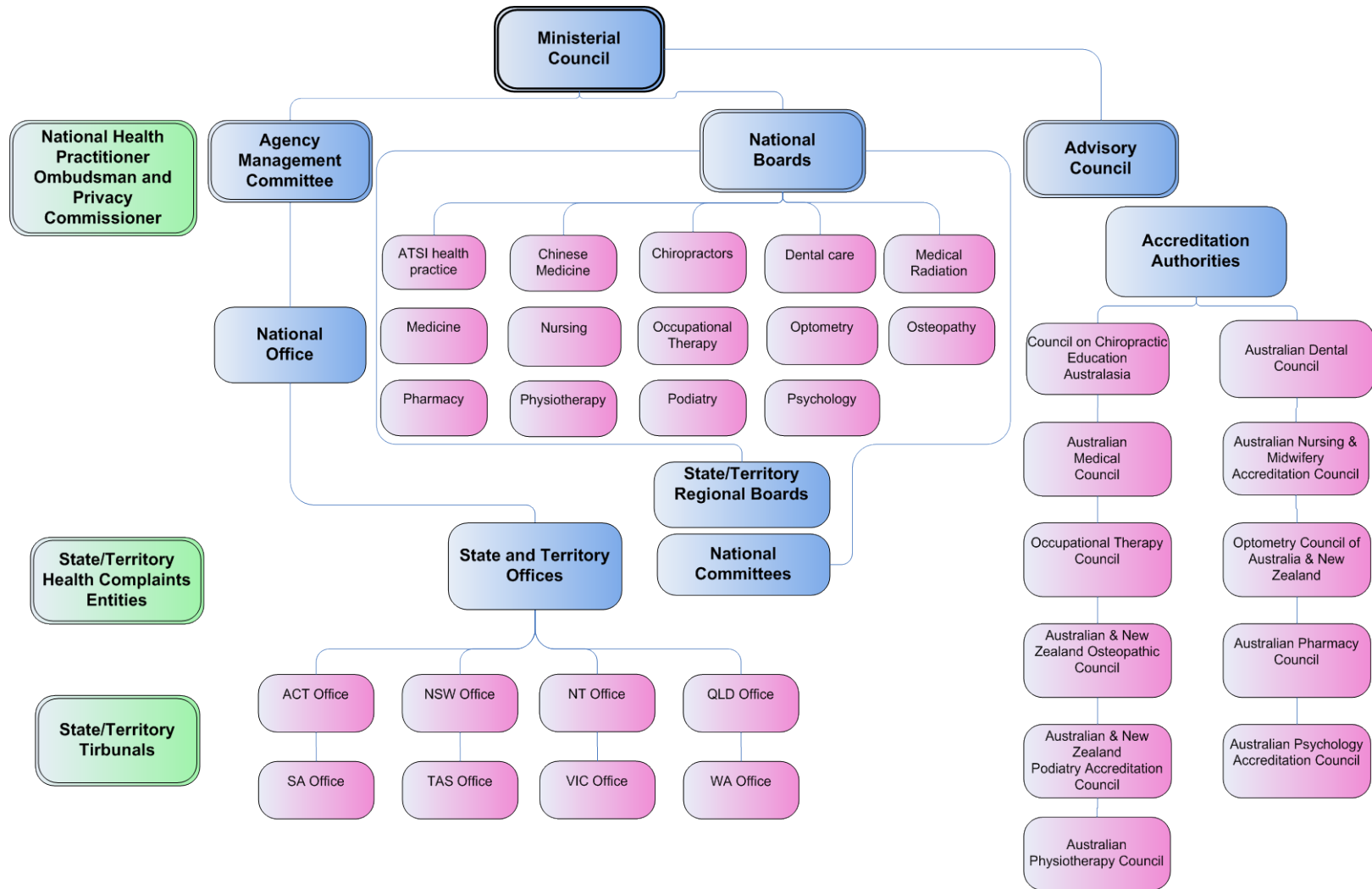
- NRAS commenced 1 July 2010 (1 October in WA) + 4 2012 professions
- Shift from multiple profession specific state and territory based regulatory regimes to single national regime
- Significant change management process over 2 years:
 - new legislation passed in every jurisdiction, repealed 66 state & territory acts & regulations
 - over 90 boards & 38 separate administrations abolished
 - 14 new national boards established
 - 8 new state and territory offices & National Office
 - transitioned over 600 existing staff
 - new IT system built, data from over 1.5 million registration records transferred over 500,000 registrants transitioned, over 12,000 new registrants grand-parented
 - new national standards established for 14 regulated professions
 - new organisation to bed down
 - new governance arrangements for jurisdictions to support Ministerial Council decision making

Transition issues

- Establishment of AHPRA – bedding down new organisation
- Retention of staff skills & knowledge
- Retention of board members' skills & knowledge
- Transition of registrants and their data
- Transition of open disciplinary cases
- Accuracy of registrant data
- Partially regulated professions assessment
- Late entry of WA
- Carve outs of NSW
- Accreditation arrangements
- NRAS 2012 professions transition & grand-parenting

Structure of NRAS





Legislative model

- Victorian law
- Adoption of laws model (except for WA)
- Three stage legislative process: Bill A, Bills B & Bills C
- NSW carve outs
- Role of Ministerial Council in legislative change process
- Interfaces:
 - Tailor made provisions in National Law for: statutory interpretation, accountability and reporting
 - Commonwealth laws apply for: privacy, FOI, Ombudsman, IR (in part)
 - State and territory laws apply for: records, drugs & poisons, tribunals, courts, administrative review, etc

NRAS governance arrangements

- Australian Health Workforce Ministerial Council
- AHPRA Agency Management Committee
- National Boards x 14
- State, Territory & Regional Boards of National Boards
- Australian Health Workforce Advisory Council
- Accreditation entities (Councils x 11, Committees x 4)
- Health complaints entities
- State and territory tribunals
- National Health Practitioner Ombudsman & Privacy Commissioner

Professions regulated under NRAS

July 2010:

Chiropractic

Dental x 4

Medicine

Nursing and midwifery

Optometry

Osteopathy

Pharmacy

Physiotherapy

Podiatry

Psychology

July 2012:

ATSI health practice

Chinese medicine

Medical radiation x 3

Occupational therapy

* Paramedics under assessment

NRAS – some metrics

Registrant numbers by registration type and state as at 30 November 2012

| | ACT | NSW | NT | QLD | SA | TAS | VIC | WA | No PPP | Total |
|---|---------------|----------------|--------------|----------------|---------------|---------------|----------------|---------------|---------------|----------------|
| Aboriginal and Torres Strait Islander Health Practitioner | 1 | 8 | 255 | 17 | 1 | 1 | 2 | 6 | | 291 |
| Chinese Medicine Practitioner | 59 | 1,593 | 14 | 765 | 154 | 31 | 1,103 | 189 | 32 | 3,940 |
| Chiropractor | 59 | 1,508 | 27 | 705 | 359 | 46 | 1,202 | 517 | 92 | 4,515 |
| Dental Practitioner | 359 | 6,024 | 137 | 3,778 | 1,615 | 336 | 4,462 | 2,303 | 348 | 19,362 |
| Medical Practitioner | 1,783 | 29,112 | 953 | 17,735 | 7,105 | 2,018 | 22,381 | 8,939 | 1,576 | 91,602 |
| Medical Radiation Practitioner | 238 | 4,178 | 108 | 2,690 | 960 | 278 | 3,473 | 1,223 | 102 | 13,250 |
| Midwife | 50 | 464 | 44 | 370 | 350 | 14 | 774 | 255 | 47 | 2,368 |
| Nurse | 4,828 | 82,936 | 3,344 | 58,194 | 28,380 | 7,487 | 81,655 | 31,401 | 6,045 | 304,270 |
| Nurse and Midwife | 637 | 10,606 | 541 | 6,580 | 2,377 | 671 | 8,479 | 3,149 | 199 | 33,239 |
| Occupational Therapist | 205 | 3,809 | 133 | 2,890 | 1,125 | 226 | 3,237 | 2,066 | 59 | 13,750 |
| Optometrist | 72 | 1,557 | 28 | 917 | 234 | 83 | 1,165 | 373 | 151 | 4,580 |
| Osteopath | 31 | 519 | 2 | 154 | 33 | 40 | 849 | 52 | 23 | 1,703 |
| Pharmacist | 440 | 8,290 | 189 | 5,279 | 1,924 | 628 | 6,637 | 2,920 | 531 | 26,838 |
| Physiotherapist | 466 | 6,958 | 151 | 4,408 | 1,941 | 400 | 5,923 | 2,955 | 671 | 23,873 |
| Podiatrist | 47 | 968 | 14 | 643 | 365 | 93 | 1,188 | 385 | 24 | 3,727 |
| Psychologist | 786 | 10,137 | 219 | 5,278 | 1,475 | 526 | 8,086 | 3,133 | 301 | 29,941 |
| Total | 10,061 | 168,667 | 6,159 | 110,403 | 48,398 | 12,878 | 150,616 | 59,866 | 10,201 | 577,249 |



Certificate of Registration

This is to certify that

Dr John Michael Citizen

Registration Number: MED0001234567

is a registered

Medical Practitioner

with General Registration

Speciality: Paediatrics and child health - Paediatric cardiology

Notations

Yes

Conditions

Nil

Undertakings

Nil

For the period 01/10/2010 to 30/09/2011

The information on this certificate was accurate at the time of printing.
For the latest information on this registration please check the online register at
www.medicalboard.gov.au

Australian Health Practitioner Regulation Agency
PO Box 9958 in your capital city.

Date printed: 05/10/2010



Annexure

additional registration details

Dr John Citizen

Registration Number: MED0001234567

Medical Practitioner

Notations

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Conditions

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Complaints handling and disciplinary regime

Key features:

- Immediate action powers
- Mandatory notifications – practitioners and employers
- Relationship with Health Complaints Entities (Vic HSC)
- Flexibility in pathways:
 - Performance matters
 - Health matters
 - Conduct matters
- Tribunal hearings – original and review jurisdictions
- Ensuring accountability, transparency and procedural fairness
- Offences

Comparison of NRAS with previous Vic arrangements

- National Law largely modelled on Vic HPR Act with same range of powers & functions
- Different drafting style
- Changes to registration categories, specialist registration, endorsement powers
- Strengthened public protection measures:
 - Criminal history checking
 - Mandatory reporting
 - Student registration
 - English language requirements
 - Checking registration status
 - Stronger enforcement powers
- Chairing of National Boards – practitioners only
- Changes to ministerial powers
- Changes to pharmacy regulation

Issues

- Accreditation arrangements
- Arrangements for ATSI health practitioners
- Continuing competence/revalidation powers
- State and territory boards of National Boards
- Role of community members
- Dealing with jurisdictional disputes between professions
- Governance arrangements to support Ministerial Council

Issues – cont'd

- Interface with drugs and poisons legislation
- Role of Australian Health Workforce Advisory Council
- Mandatory provision of data for workforce planning purposes
- Prohibition order powers of tribunals
- Interface with HCEs & ADR processes
- Right of review for notifiers
- Offences re deregistered practitioners who breach prohibition orders

Relevant resources

- AMC/CPMC (2001) *A National Approach to the Regulation of Medical Practitioners: Issues Paper*.
- Department of Human Services Victoria (2003) *Discussion paper: Regulation of the Health Professions in Australia*.
- Department of Human Services Victoria (2005) *Review of regulation of the Health Professions: Options for structural and legislative reform*.
- Productivity Commission (2005) *Research report: Australia's Health Workforce*.
- COAG (2008) *Intergovernmental Agreement for a National Registration and Accreditation Scheme for the Health Professions*.
- AHMAC (2009) Regulatory Impact Statement for the decision to implement the Health Practitioner Regulation National Law.
- National Registration and Accreditation Implementation Team (NRAIP) consultation documents (2008-09), see www.ahwo.gov.au/natreg.asp
- Commonwealth Parliament (2011) Senate Finance and Public Administration References Committee Inquiry into the administration of health practitioner registration by AHPRA.
- Productivity Commission (2012) *Research Report: Impacts of COAG Reforms: Business Regulation and VET – Productivity Commission Research Report*.
- Centre for Health Service Economics & Organisation (UK) (2012) *Cost-efficiency review of the health professional regulators. Report No. 4*
- Professional Standards Authority (UK) (2012) *Review of the cost effectiveness and efficiency of the health professional regulators*