Session 3: Contrasting regulatory models to promote best practices in regulatory governance and performance

Panelist: Chris Robertson
Reflections on the first 3 years of national regulation and future directions

Chris Robertson, Director National Boards AHPRA

18 May 2014
7.14 POPULATION DENSITY—June 2010

Source: Regional Population Growth, Australia (3218.0).
Overview

• We have now passed three full years of operation of a novel national scheme

• Four partially regulated professions joined the first 10 in 2012 so now close to 600,000 practitioners and more than 120,000 students

• Themes from the outcomes of reviews

• Proactive changes being implemented

• Independent review of the scheme underway
What’s different?

Objectives of the National Law

• Protection of the public
• Workforce mobility within Australia
• High quality education and training
• Rigorous and responsive assessment of overseas trained practitioners
• Facilitate access to services in accordance with the public interest
• Enable a flexible, responsive and sustainable health workforce and enable innovation

One law and 14 National Boards who have regulatory governance role with a separate single body to administer the scheme, AHPRA
Why is it different?

- Jan 2006 - Productivity Commission report
- March 2008 - COAG decision to establish a national scheme
- 1 July 2010 - National Registration and Accreditation Scheme starts (WA – 18 Oct 2010)
Evolution of previous state/territory based bodies to National Scheme

### Pre-2009 Regulatory Board Landscape

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<tr>
<th>Profession</th>
<th>NSW</th>
<th>VIC</th>
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### Under National Scheme

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<th>Board</th>
<th>NSW</th>
<th>VIC</th>
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<td>National Medical Board</td>
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### Four new professions joined in 2012

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<tr>
<th>Profession</th>
<th>UR1</th>
<th>UR2</th>
<th>UR3</th>
<th>UR4</th>
<th>UR5</th>
<th>UR6</th>
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(1) NSW, QLD, WA, TAS and ACT all maintained separate dental technicians and dental prosthetists boards and/or committees in addition to dental boards (2) NSW, SA and WA maintained optical dispensing boards and/or committees in addition to optometry boards (3) SA, TAS, ACT and NT maintained combined osteopathy and chiropractic boards (4) UR = jurisdictions where the profession did not have a designated Source: Productivity Commission: Australia’s Health Workforce – Productivity Commission Research Report (2005) and AHPRA Annual Report 2010-2011. Two state/territory boards that existed pre-2009 are not shown above.
National Boards

Mr Peter Pangquee, Chair, Aboriginal and Torres Strait Islander Health Practice Board of Australia

Professor Charlie Xue, Chair, Chinese Medicine Board of Australia

Dr Phillip Donato OAM, Chair, Chiropractic Board of Australia

Dr Robert Fendall, Chair, Osteopathy Board of Australia

Adjunct Associate Professor Stephen Marty, Chair, Pharmacy Board of Australia

Mr Paul Shinkfield, Chair, Physiotherapy Board of Australia

Dr John Lockwood AM, Chair, Dental Board of Australia

Dr Joanna Flynn AM, Chair, Medical Board of Australia

Mr Neil Hicks, Chair, Medical Radiation Practice Board of Australia

Ms Cathy Loughry, Chair, Podiatry Board of Australia

Professor Brin Grenyer, Chair, Psychology Board of Australia

Dr Lynette Cusack, Chair, Nursing and Midwifery Board of Australia

Dr Mary Russell, Chair, Occupational Therapy Board of Australia

Mr Colin Waldron, Chair, Optometry Board of Australia
Distribution of registrations by practitioner/state

There are nearly 600,000 registered health practitioners in Australia. The below table shows the distribution of registrants by practitioner group and jurisdiction.

<table>
<thead>
<tr>
<th>Practitioner Group</th>
<th>TOTAL</th>
<th>NSW</th>
<th>VIC</th>
<th>QLD</th>
<th>WA</th>
<th>SA</th>
<th>TAS</th>
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<tr>
<td><strong>TOTAL</strong></td>
<td>592,470*</td>
<td>172,556</td>
<td>153,774</td>
<td>113,197</td>
<td>62,057</td>
<td>49,857</td>
<td>13,176</td>
<td>10,365</td>
<td>6,354</td>
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<tr>
<td>Nurses &amp; Midwives</td>
<td>345,955</td>
<td>94,901</td>
<td>91,597</td>
<td>66,364</td>
<td>35,941</td>
<td>31,824</td>
<td>8,320</td>
<td>5,657</td>
<td>4,106</td>
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<tr>
<td>Medical Practitioners</td>
<td>95,690</td>
<td>30,333</td>
<td>23,402</td>
<td>18,413</td>
<td>9,426</td>
<td>7,403</td>
<td>2,128</td>
<td>1,894</td>
<td>992</td>
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<td>Psychologists</td>
<td>30,561</td>
<td>10,289</td>
<td>8,220</td>
<td>5,444</td>
<td>3,250</td>
<td>1,525</td>
<td>519</td>
<td>793</td>
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<tr>
<td>Pharmacist</td>
<td>27,339</td>
<td>8,460</td>
<td>6,815</td>
<td>5,361</td>
<td>2,984</td>
<td>1,987</td>
<td>656</td>
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<td>7,191</td>
<td>6,166</td>
<td>4,594</td>
<td>3,052</td>
<td>2,017</td>
<td>399</td>
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<td>19,912</td>
<td>6,204</td>
<td>4,633</td>
<td>3,890</td>
<td>2,340</td>
<td>1,681</td>
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<tr>
<td>Occupational Therapists</td>
<td>15,101</td>
<td>4,264</td>
<td>3,634</td>
<td>3,059</td>
<td>2,246</td>
<td>1,199</td>
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<td>229</td>
<td>134</td>
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<tr>
<td>Medical Radiation Practitioners</td>
<td>13,905</td>
<td>4,575</td>
<td>3,528</td>
<td>2,806</td>
<td>1,249</td>
<td>1,043</td>
<td>272</td>
<td>230</td>
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<td>Optometrists</td>
<td>4,635</td>
<td>1,589</td>
<td>1,199</td>
<td>916</td>
<td>375</td>
<td>240</td>
<td>81</td>
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<tr>
<td>Chiropractors</td>
<td>4,657</td>
<td>1,564</td>
<td>1,260</td>
<td>724</td>
<td>529</td>
<td>360</td>
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<td>61</td>
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<tr>
<td>Chinese Medicine Practitioners</td>
<td>4,070</td>
<td>1,049</td>
<td>1,151</td>
<td>785</td>
<td>192</td>
<td>157</td>
<td>33</td>
<td>62</td>
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<tr>
<td>Podiatrists</td>
<td>3,873</td>
<td>1,001</td>
<td>1,247</td>
<td>655</td>
<td>413</td>
<td>381</td>
<td>93</td>
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<td>Osteopaths</td>
<td>1,769</td>
<td>515</td>
<td>915</td>
<td>155</td>
<td>51</td>
<td>36</td>
<td>43</td>
<td>31</td>
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<td>Aboriginal and TSI Practitioners</td>
<td>300</td>
<td>21</td>
<td>7</td>
<td>31</td>
<td>7</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>228</td>
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* 11,134 health practitioners are registered with AHPRA but are practicing overseas. Sources: AHPRA Annual Report (2012-13)
1 in 20 working Australians is a registered health practitioner.

Increase in total registrants since transition: 62,000 registrants = 12%
Increase in registrants including the student register: 183,122 registrants = 35%

Registrants who have only ever registered with AHPRA: 22%
Structures and governance

Australian Health Workforce Ministerial Council  
(8 State/Territory Ministers + Commonwealth)

Queensland  New South Wales  Victoria  Western Australia  Commonwealth
Northern Territory  South Australia  Tasmania  ACT

Accreditation Authorities (x14)
- Aboriginal & TSI Practitioners
- Chinese Medical Practitioners
- Dental Practitioners
- Medical Practitioners
- Medical Radiation Practitioners
- Nurses & Midwives
- Occupational Therapists
- Optometrists
- Pharmacists
- Podiatrists
- Psychologists

National Boards (x 14)
- each National Board has at least one committee, some have as many as 10

- Australian Health Practitioner Regulation Agency

National Board Committees (x 62)
- Where established, members of State and Territory Boards are appointed by the State or Territory Minister (e.g. Medical Boards)
- While having no formal governance role, a Forum of all National Board Chairs meets regularly to discuss National Scheme issues

State/Territory and Regional Boards (x 21)
- some professions have established state/territory and/or regional boards to which they have delegated powers

State/Territory and Regional Committees (x101)

Where established, members of State and Territory Boards are appointed by the State or Territory Minister (e.g. Medical Boards)

Sources: AHPRA Annual Report (2012-13) and COAG Intergovernmental Agreement for a National Registration and Accreditation Scheme for the Health Professions (2008).
Accrediting bodies

- Australian and New Zealand Osteopathic Council
- Australian and New Zealand Podiatry Accreditation Council
- Australian Dental Council
- Australian Medical Council
- Australian Nursing and Midwifery Accreditation Council
- Australian Pharmacy Council
- Australian Physiotherapy Council
- Australian Psychology Accreditation Council
- Council on Chiropractic Education Australasia Inc.
- Occupational Therapy Council
- Optometry Council of Australia and New Zealand
- Accreditation Committees – ATSI health practitioners, medical radiation and Chinese medicine
Achievements of the Scheme

• strengthened public protection,
• mobility of registered health practitioners,
• greater consistency in registration and accreditation standards,
• greater & increasing cross-profession collaboration,
• collaboration with key stakeholders, e.g.
  – Community Reference Group
  – Accreditation Liaison Group
• national online registers to better inform consumers and employers
Harmonising Registration standards

1. Criminal history
2. English language requirements
3. Professional Indemnity Insurance arrangements
4. Continuing Professional Development
5. Recency of Practice

Codes and Guidelines
- Advertising
- Mandatory reporting
- Conduct
Reviews

Productivity Commission Report
• Commonwealth report finds existing state/territory-based regulation was inflexible, inconsistent and inefficient across states and territories – recommends establishing a single national scheme
• 90 separate regulatory agencies were operating, lacking coordination, collaboration and integrated approaches

AHPRA Begins Operations
• AHPRA begins regulatory operations in July 2010, replacing over 90 boards and 38 different administrations
• Initially covering 10 professional groups, AHPRA has now expanded its role to cover 14 health practitioner groups

Queensland Forrester Report
• Independent review commissioned by QLD Government (funded by National Medical Board) finds delays, inconsistency and poor predictability of outcomes were resulting in notification processes not adequately protecting the public
• Announces creation of Health Ombudsman (to commence July 2014) with notifications/investigation functions back to state-level

COAG National Agreement
• COAG agrees to establish a single National Registration and Accreditation Scheme to cover nine professional bodies across all states and territories
• Envisioned AHPRA would improve workforce mobility, introduce uniform standards, increase registration and notification efficiency, increase professional collaboration and improve transparency

Federal Senate Inquiry
• Less than a year into operations, the Senate held an inquiry into the capacity of AHPRA to administer national registration of health practitioners in response to frequent complaints about delays and inefficiencies. The report outlined significant flaws in the implementation process of the new National Scheme.

Victoria Parliamentary Inquiry
• A third public inquiry in as many years has been launched by the Victorian Government into AHPRA’s performance, cost effectiveness, regulatory efficacy and ability to ensure public safety in its regulation of health practitioners

Size and scale of regulatory activity across professions

**Registrations by Health Practitioner Group**
- Nurses and midwives together with medical practitioners account for 75% of all registrants.
- The smallest six professions together account for just 3.2% of registrants.

**Notifications by Health Practitioner Group (NSW included)**
- Nurses and midwives together with medical and dental practitioners account for over 85% of all notifications.
- The dental profession has the highest average number of notifications per practitioner, with medical radiation practitioners having the lowest average.
- The smallest nine professions together account for just 3.9% of notification volume.

80% of AHPRA’s notifications do not meet the risk threshold for action under the National Law, resulting in either no further action being taken or the case being referred to an external health complaints entities (e.g. a Health Services Commissioner).

Sources: AHPRA Annual Report (2012-13)
KPIs for management of Notifications

- **Triage**
  - High risk/low risk
  - KPI: risk evaluation 100% within 3 days
  - KPI: ready for assessment 100% within 30 days

- **Assessment**
  - Joint consideration process with health complaints entity
  - KPI: assessment completed 100% within 60 days

- **Immediate action**
  - **Investigation**
    - KPI: investigation completed
      - 80% within 6 months
      - 95% within 12 months
      - 100% within 18 months
  - **Panel**
    - KPI: hearing completed
      - 100% within 6 months of decision to refer

- **Board needs more information**
  - **Health/performance assessment**
    - KPI: health assessment
      - 100% completed within 6 months
  - **Tribunal**
    - KPI: tribunal hearing referral
      - 100% within 4 months of decision to refer

- **Board decision**
  - **No further action**
    - KPI: No KPI
      - Most matters decided by Boards within 90 days of receipt
  - **Board action**
    - KPI: National Board decision to take action
      - 60% finalised within 60 days
      - 100% finalised within 110 days

- **Outcome**
  - 30 days
  - 60 days
  - 60 days
  - 50 days
Evolution of the scheme

- **2010**
  - AHPRA Launched
  - Senate Inquiry
  - Rapid establishment

- **2010-13**
  - Establishment
  - Four new professions join National Scheme
  - Queensland Forrester Report

- **2014**
  - Review & Restructure
  - KPMG strategic assessment of AHPRA organisational structure
  - Victorian Parliamentary Inquiry Report
  - Organisational change: clarify organisational roles and purpose

- **Future**
  - Performing
  - Improving regulatory performance and stakeholder engagement

- **3 Year National Scheme review**

- **2014**
  - National Scheme review

- **Performing**

- **Norming**

- **Forming**
Achievements

Issues

1. Remove barriers to mobility of health professions
2. Reduce inconsistencies in registration requirements
3. Enhance workforce flexibility and sustainability
4. Restrictive scopes of practice
5. Strengthen public protection and patient safety
6. Accreditation models highly variable and without consistent/clear legislative base
7. Improve workforce data

National Scheme

1. Single registration allows practice Australia wide
2. Nationally consistent registration types and uniform standards
3. Workforce objectives in National Law
4. Title protection model with very limited practice restrictions
5. New requirements and higher bar
6. “Independent” accreditation model exercised under legislation
7. Nationally consistent data on regulated professions
Our approach to the review

- We see the National Scheme is working and is a viable model for the future.
- There are areas for improvement and those recommended will be supported by evidence.
- We aim to provide an agreed view of the issues.
- If there are areas of difference, these will be clearly identified.
- Solutions focussed - we do not propose problems without solutions.
- We want to guard against further fragmentation, particularly in relation to complaints management.
- We are identifying what can be done administratively and will only advocate for legislative amendments where they can be supported by clear evidence.
Key issues for the review

• Effectiveness – consistent public protection combined with enabling workforce flexibility
• Efficiency – reduced costs and reasonable timeframes
• Transparency – particularly for notifiers and also for registrants (fundees)
• Clear accountability and simpler governance
• Balance btw professions power and community voice
• Consistency of accreditation
• Sustainability particularly for smaller professions and those contemplated for regulation