## **World Health Professions Regulation Conference 2014**

Crowne Plaza Hotel, Geneva, Switzerland



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

Panelist: Chris Robertson













Aboriginal and Torres Strait Islander Health Practice Chinese Medicine Chiropractic Dental Medical Medical Radiation Practice

Nursing and Midwifery

Occupational Therapy
Optometry
Osteopathy
Pharmacy
Physiotherapy
Podiatry
Psychology

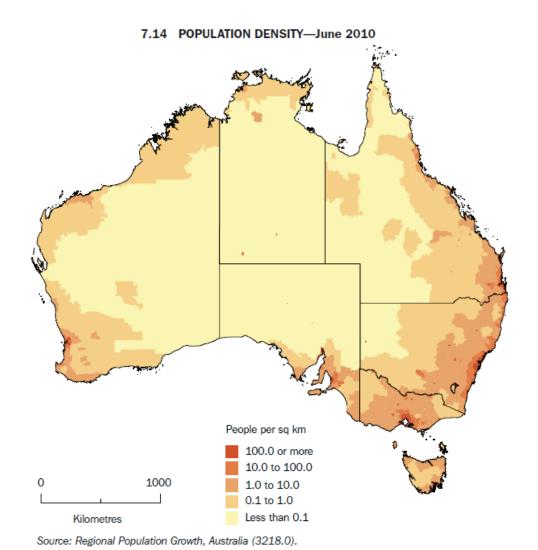
Australian Health Practitioner Regulation Agency

# Reflections on the first 3 years of national regulation and future directions

Chris Robertson, Director National Boards AHPRA

18 May 2014





## 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

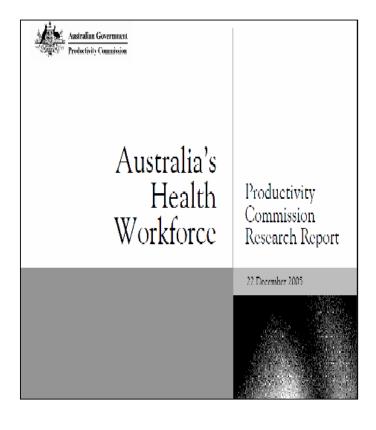
## What's different?

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								
Nurses & Midwives	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	
Medical Practitioners	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	
Psychologists	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	
Physiotherapists	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	
Pharmacist	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	
Dental Practitioners	NSW <sup>1</sup>	VIC	QLD <sup>1</sup> QLD <sup>1</sup>	WA <sup>1</sup> WA <sup>1</sup>	SA	TAS <sup>1</sup>	ACT <sup>1</sup>	NT	
Optometrists	NSW <sup>2</sup>	VIC	QLD <sup>2</sup> QLD <sup>2</sup>	WA <sup>2</sup>	SA SA	TAS <sup>2</sup>	ACT <sup>2</sup>	NT	
Chiropractors	NSW	VIC	QLD	WA	SA <sup>3</sup>	TAS 3	ACT 3	NT <sup>3</sup>	
Osteopaths	NSW	VIC	QLD	WA	SA°			INT	
Podiatrists	NSW	VIC	QLD	WA	SA	TAS	ACT	UR <sup>4</sup>	

	Four new professions joined in 2012								
Aboriginal and TSI Practitioners	UR <sup>4</sup>	UR <sup>4</sup>	UR <sup>4</sup>	UR <sup>4</sup>	UR <sup>4</sup>	UR <sup>4</sup>	UR <sup>4</sup>	NT	
Chinese Medicine Practitioners	UR <sup>4</sup>	VIC	UR <sup>4</sup>						
Medical Radiation Practitioners	UR <sup>4</sup>	VIC	QLD	UR <sup>4</sup>	UR <sup>4</sup>	TAS	UR <sup>4</sup>	UR <sup>4</sup>	
Occupational Therapists	UR <sup>4</sup>	UR <sup>4</sup>	QLD	WA	SA	UR <sup>4</sup>	UR <sup>4</sup>	NT	

Under National Scheme										
National Nursing & Midwifery Board										
NSW	VIC	QLD	NT							
		Nat	ional Me	dical Bo	ard					
NSW	VIC	QLD	WA	SA	TAS	ACT	NT			
	National Psychology Board									
NSW	QLD	VIC, TAS	S, ACT Region	nal Board	WA, SA	, NT Region	al Board			
		Nation	al Physic	otherapy	Board					
VIC		All	other sta	ate board	ls abolish	ed				
	National Pharmacy Board									
	National Dental Board									
	National Optometry Board									
	National Chiropractic Board									
	National Osteopathy Board									
	National Podiatry Board									

Under National Scheme
National Aboriginal & Torres Strait Islander Health Practice Board
National Chinese Medicine Board
National Medical Radiation Board
National Occupational Therapy Board

(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 seginterion/industrial/bodynmission: Australia's Health Workforce – Productivity Commission Research Report (2005) and AHPRA Annual Repo**Nact** (7) 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



**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.

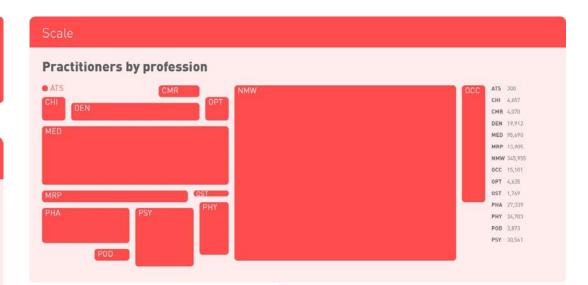
5,000 -	Total Registrants at 30 June 2013								
>25,000 <5.000 <5.000	TOTAL	NSW	VIC	QLD	WA	SA	TAS	ACT	NT
TOTAL	592,470*	172,556	153,774	113,197	62,057	49,857	13,176	10,365	6,354
Nurses & Midwives	345,955	94,901	91,597	66,364	35,941	31,824	8,320	5,657	4,106
Medical Practitioners	95,690	30,333	23,402	18,413	9,426	7,403	2,128	1,894	992
Psychologists	30,561	10,289	8,220	5,444	3,250	1,525	519	793	219
Pharmacist	27,339	8,460	6,815	5,361	2,984	1,987	656	447	194
Physiotherapists	24,703	7,191	6,166	4,594	3,052	2,017	399	467	156
Dental Practitioners	19,912	6,204	4,633	3,890	2,340	1,681	331	372	138
Occupational Therapists	15,101	4,264	3,634	3,059	2,248	1,199	253	229	134
Medical Radiation Practitioners	13,905	4,575	3,528	2,806	1,249	1,043	272	230	110
Optometrists	4,635	1,589	1,199	916	375	240	81	74	27
Chiropractors	4,657	1,564	1,260	724	529	360	47	61	23
Chinese Medicine Practitioners	4,070	1,649	1,151	785	192	157	33	62	12
Podiatrists	3,873	1,001	1,247	655	413	381	93	47	14
Osteopaths	1,769	515	915	155	51	36	43	31	1
Aboriginal and TSI Practitioners	300	21	7	31	7	4	1	1	228

<sup>\* 11,134</sup> health practitioners are registered with AHPRA but are practicing overseas. Sources: AHPRA Annual Report (2012-13)

## Scale

#### Scale

1 in 20 working Australians is a registered health practitioner

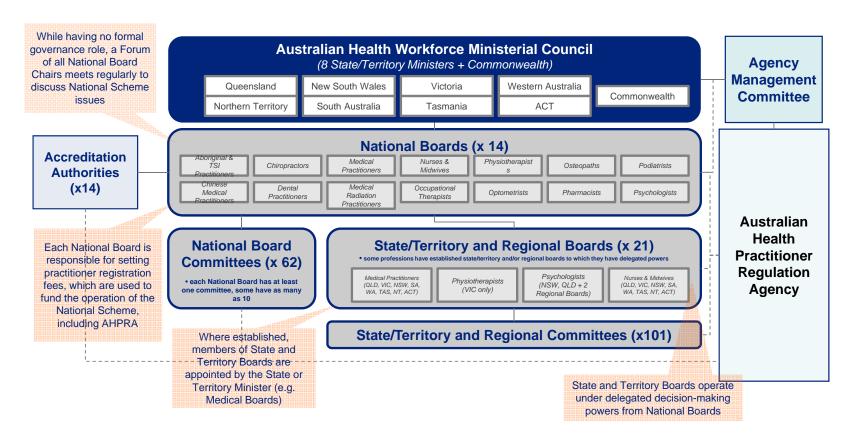


Increase in total registrants since transition
62,000 registrants = 12%
Increase in registrants including the student register
183,122 registrants = 35%

Registrants who have only ever registered with AHPRA



## Structures and governance



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

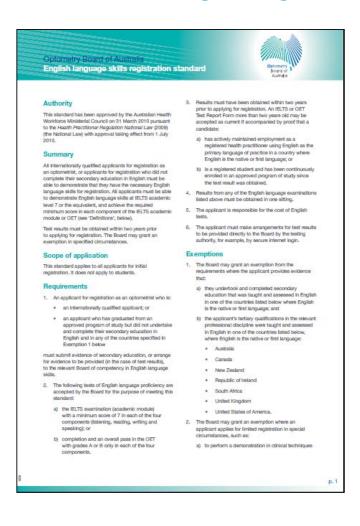
## Accrediting bodies

- 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

2005

#### **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

2010

#### **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

2013 (April)

2008

#### **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

2011

#### Federal Senate Inquiry

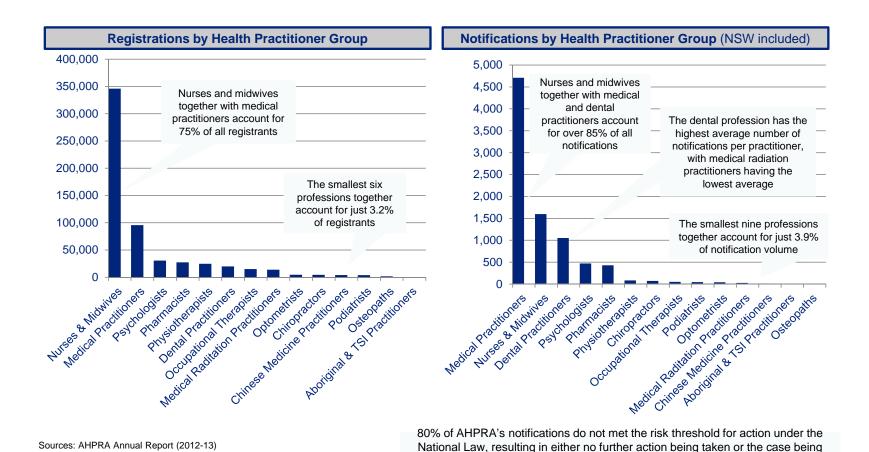
 Less than a year into operations, the Senate held an inquiry into the capacity of AHPRA to administer national registration of health practitioners in response to frequent complaints about delays and inefficiencies. The report outlined significant flaws in the implementation process of the new National Scheme. 2013-14

#### 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

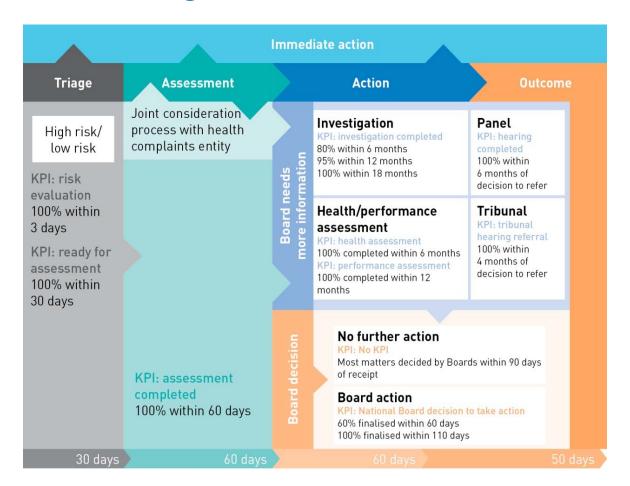
Sources: Productivity Commission: Australia's Health Workforce – Productivity Commission Research Report (2005); Senate Finance and Public Administration References Committee – The administration of health practitioner registration by AHPRA (2011); Forrester et al. Final Report: Chesterman Report Recommendation 2: Review Panel (2013).

### Size and scale of regulatory activity across professions

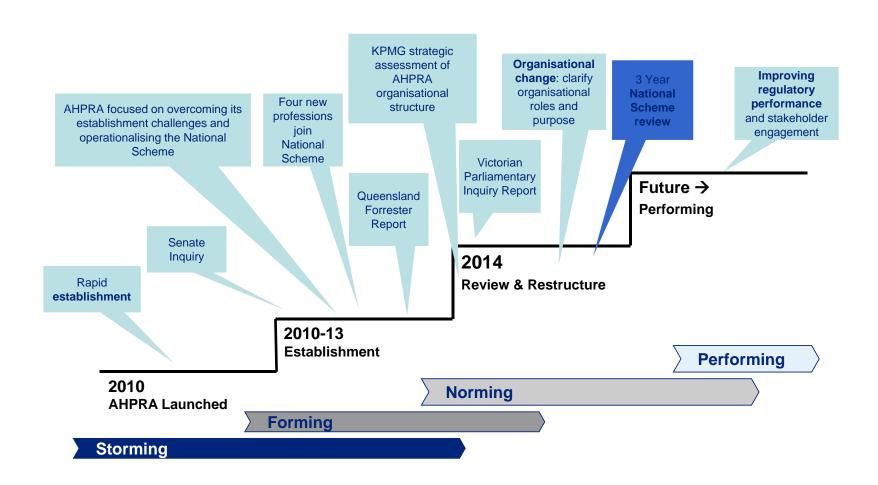


referred to an external health complaints entities (e.g. a Health Services Commissioner)

## KPIs for management of Notifications



## Evolution of the scheme



## **Achievements**

#### Issues

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

#### **National Scheme**

- 1. Single registration allows practice Australia wide
- 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
- "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
- Tranparency particularly for notifiers and also for registrants (funders)
- 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





