

World Health Professions Regulation Conference 2014

Crowne Plaza Hotel, Geneva, Switzerland

17 & 18 May 2014



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

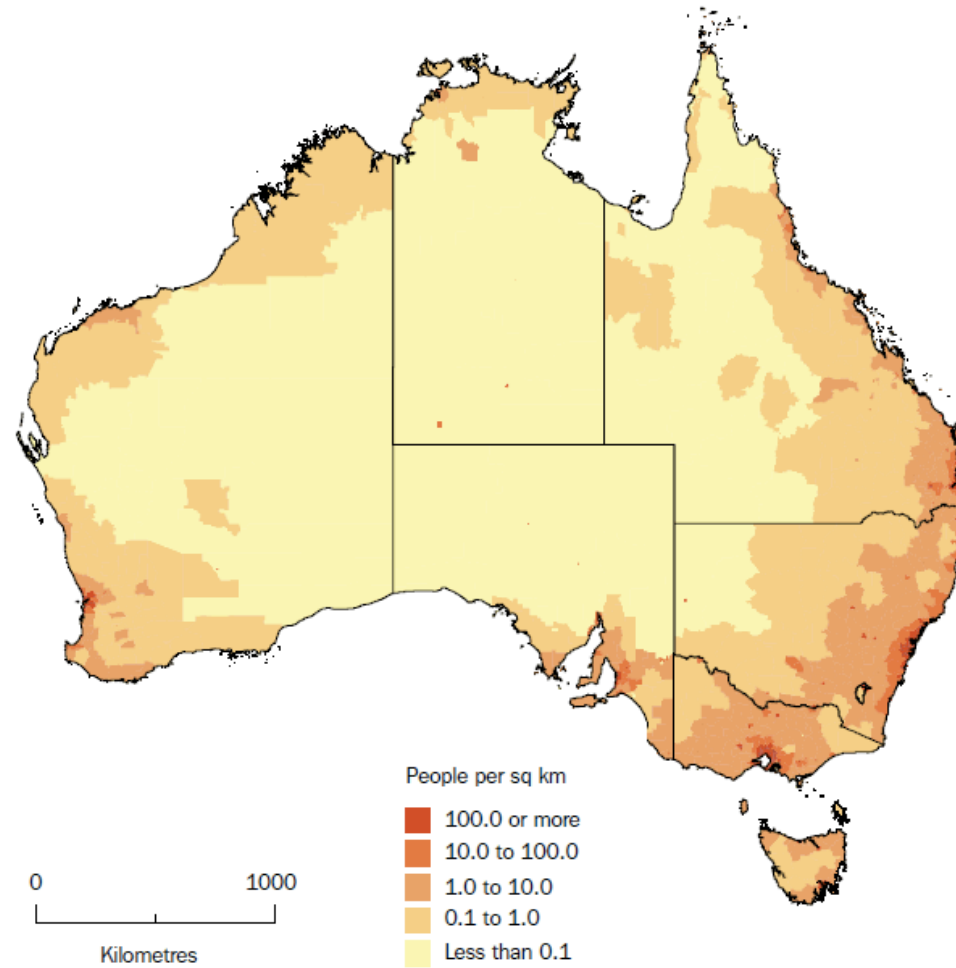
Chris Robertson, Director National Boards AHPRA

18 May 2014





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

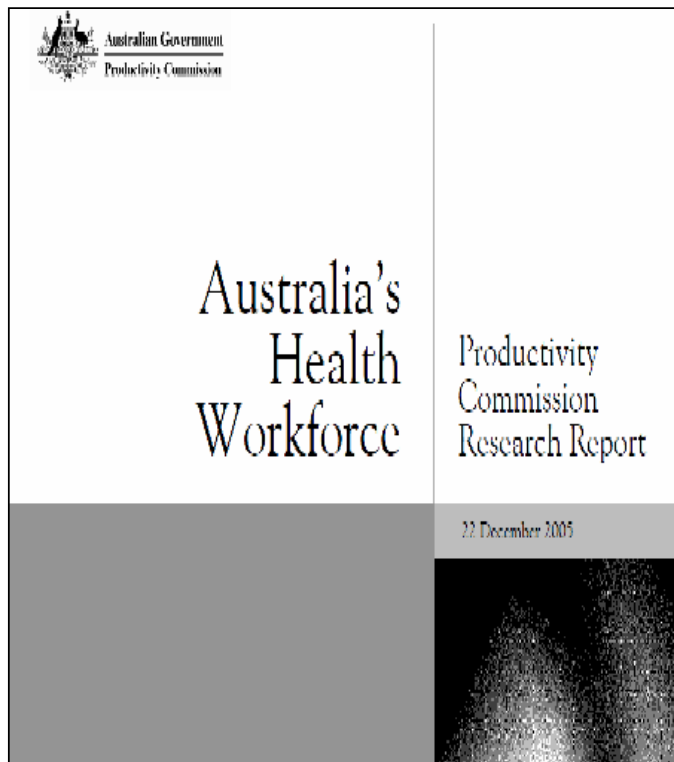
What's different?

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



(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 board or committee. Source: Productivity Commission: Australia's Health Workforce – Productivity Commission Research Report (2005) and AHPRA Annual Report 2010-11. Not all 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.

			Total Registrants at 30 June 2013								
>25,000	5,000 – 25,000	<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

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

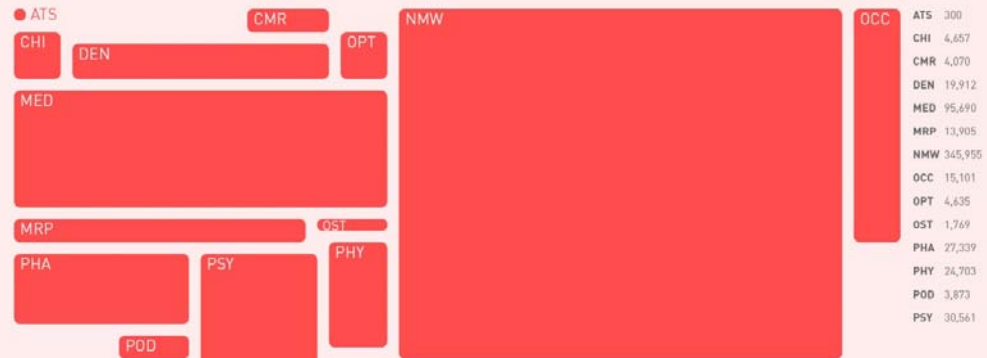
Scale

Scale

1 in 20 working
Australians is a
registered health
practitioner

Scale

Practitioners by profession



Scale

Increase in total registrants since transition

62,000 registrants = 12%

Increase in registrants including the student register

183,122 registrants = 35%

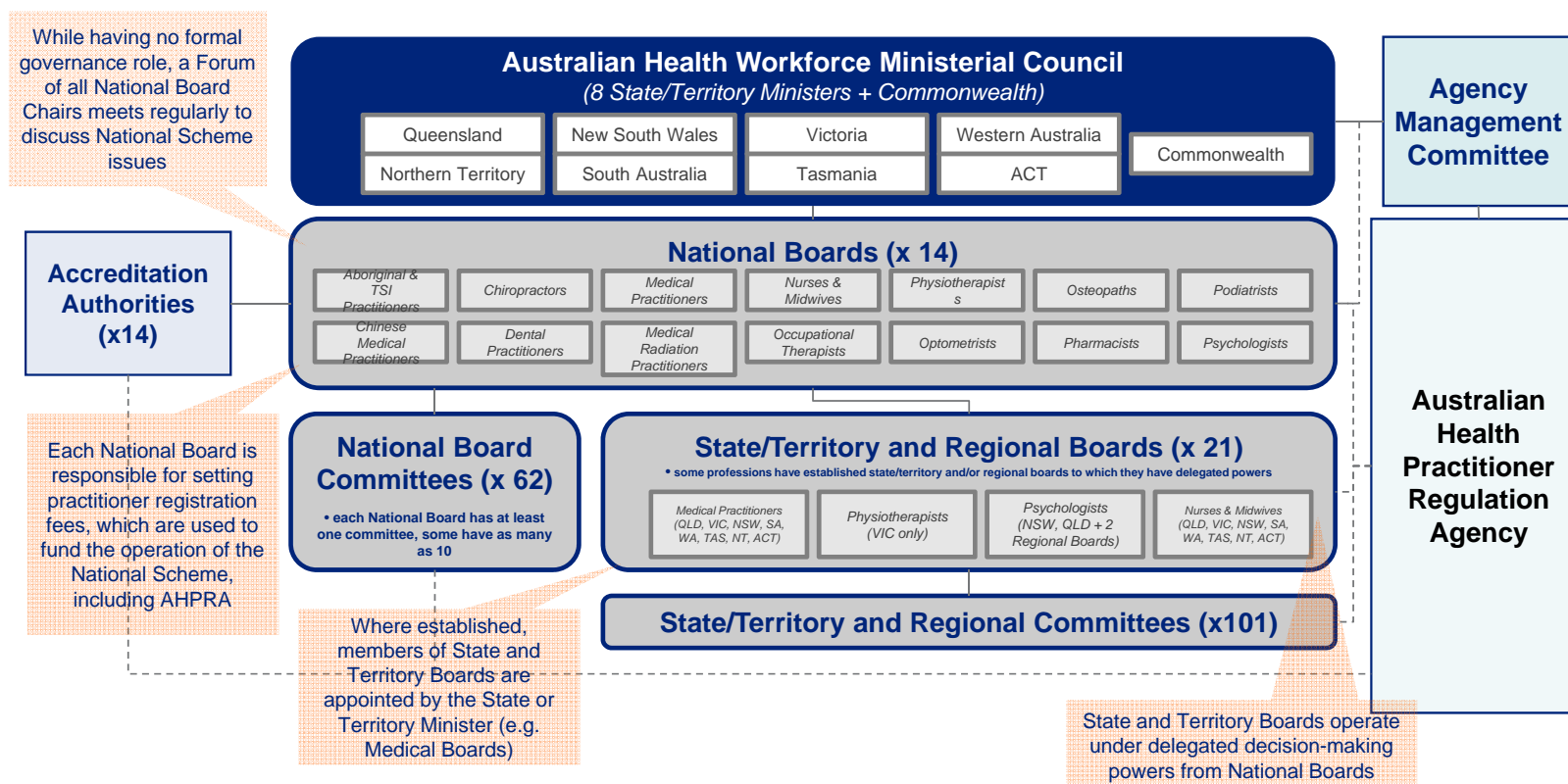
Registrants who have only
ever registered with AHPRA

22%

Number of practitioners



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).

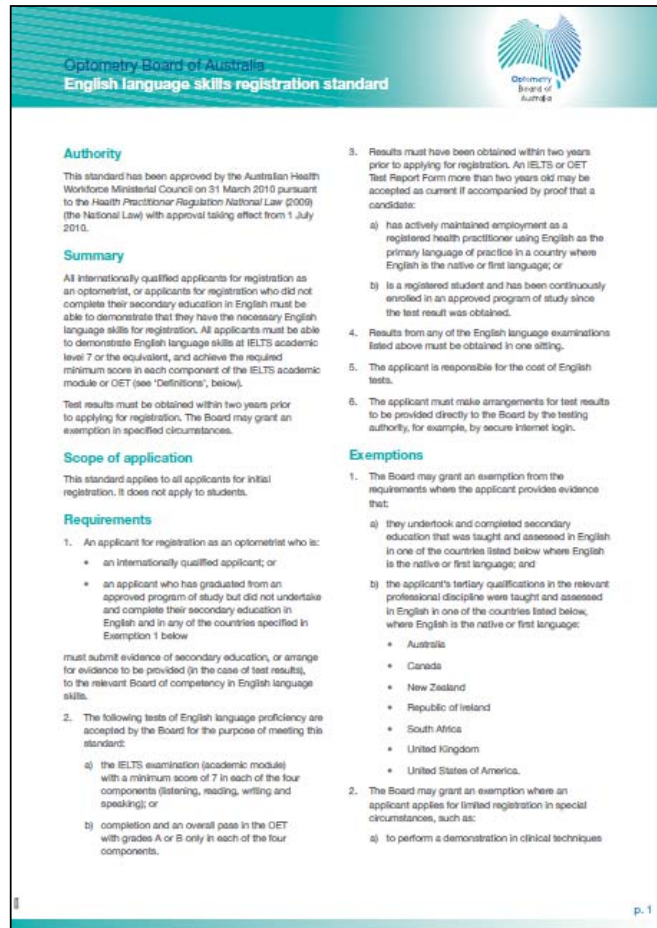
Accrediting bodies

- 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

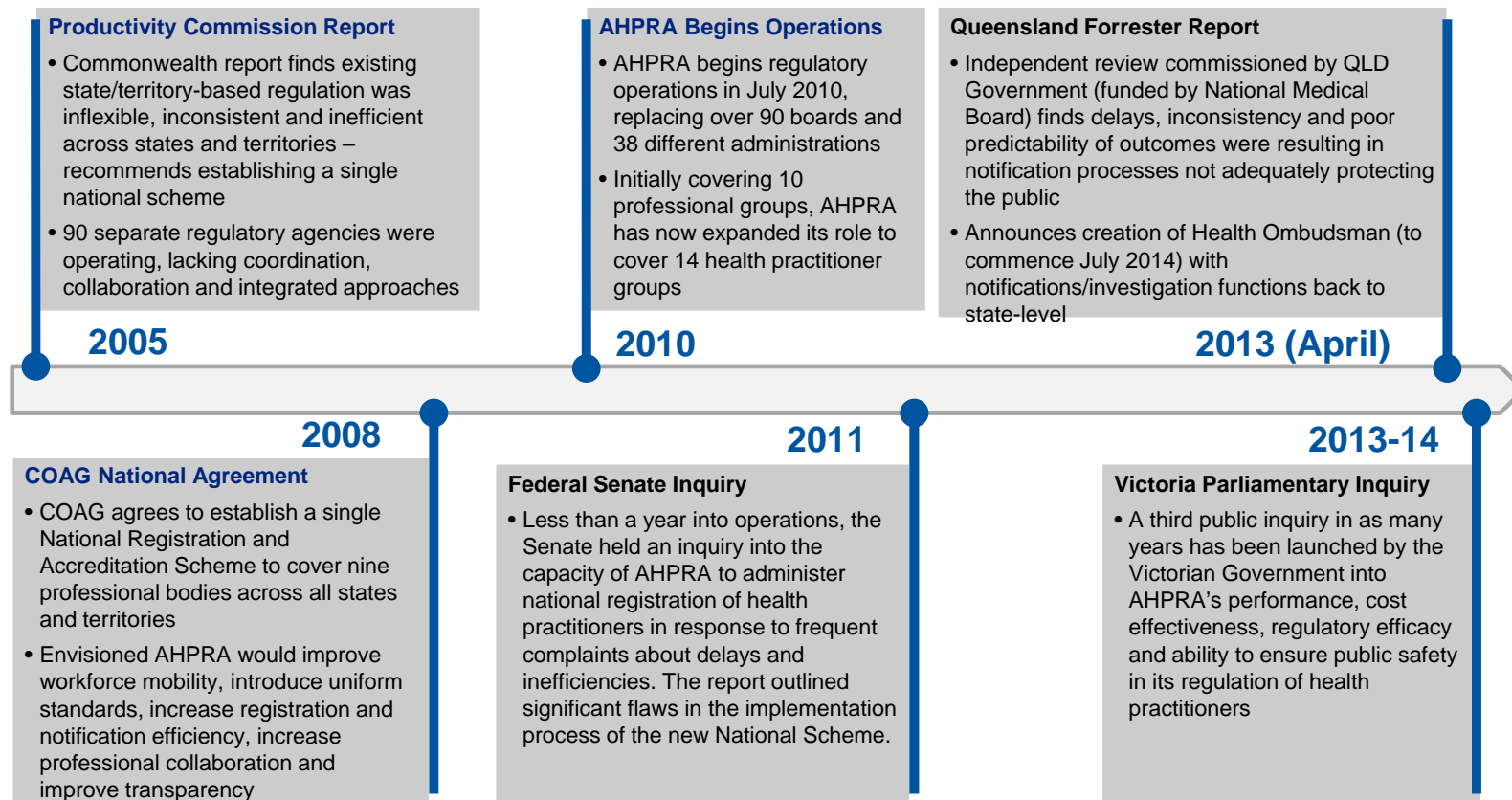


1. Criminal history
2. English language requirements
3. Professional Indemnity Insurance arrangements
4. Continuing Professional Development
5. Recency of Practice

Codes and Guidelines

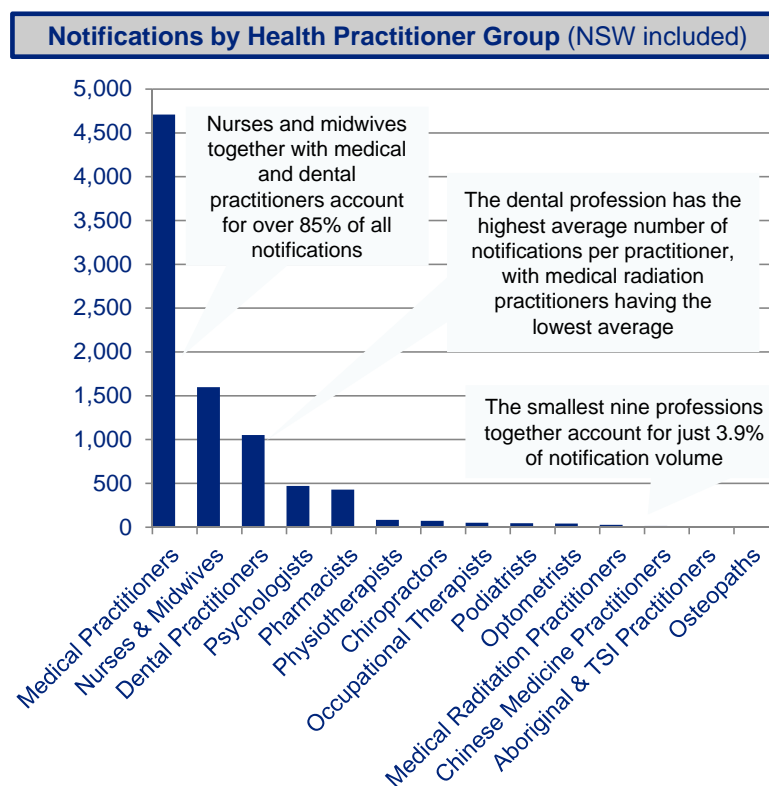
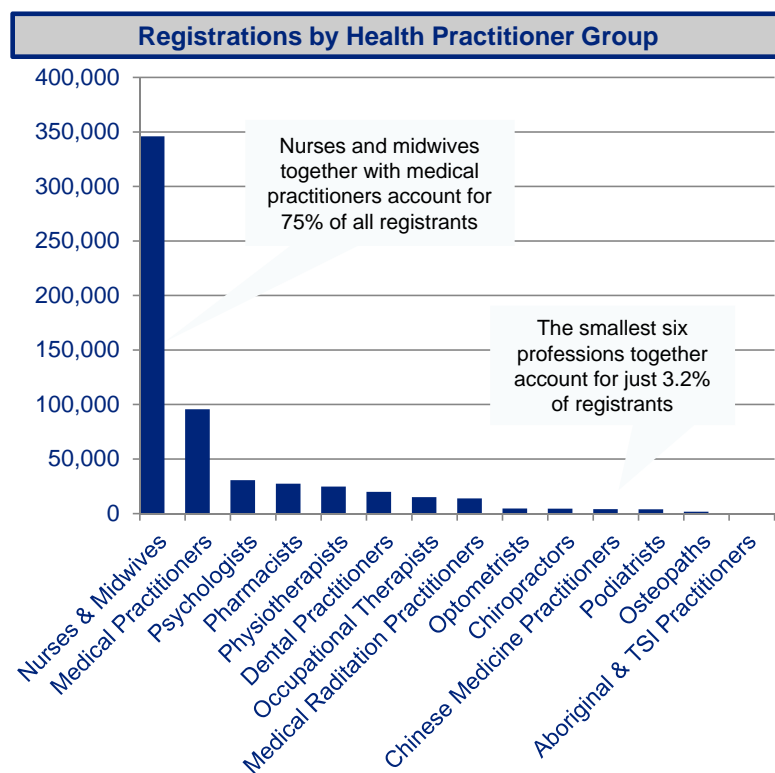
- Advertising
- Mandatory reporting
- Conduct

Reviews



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).

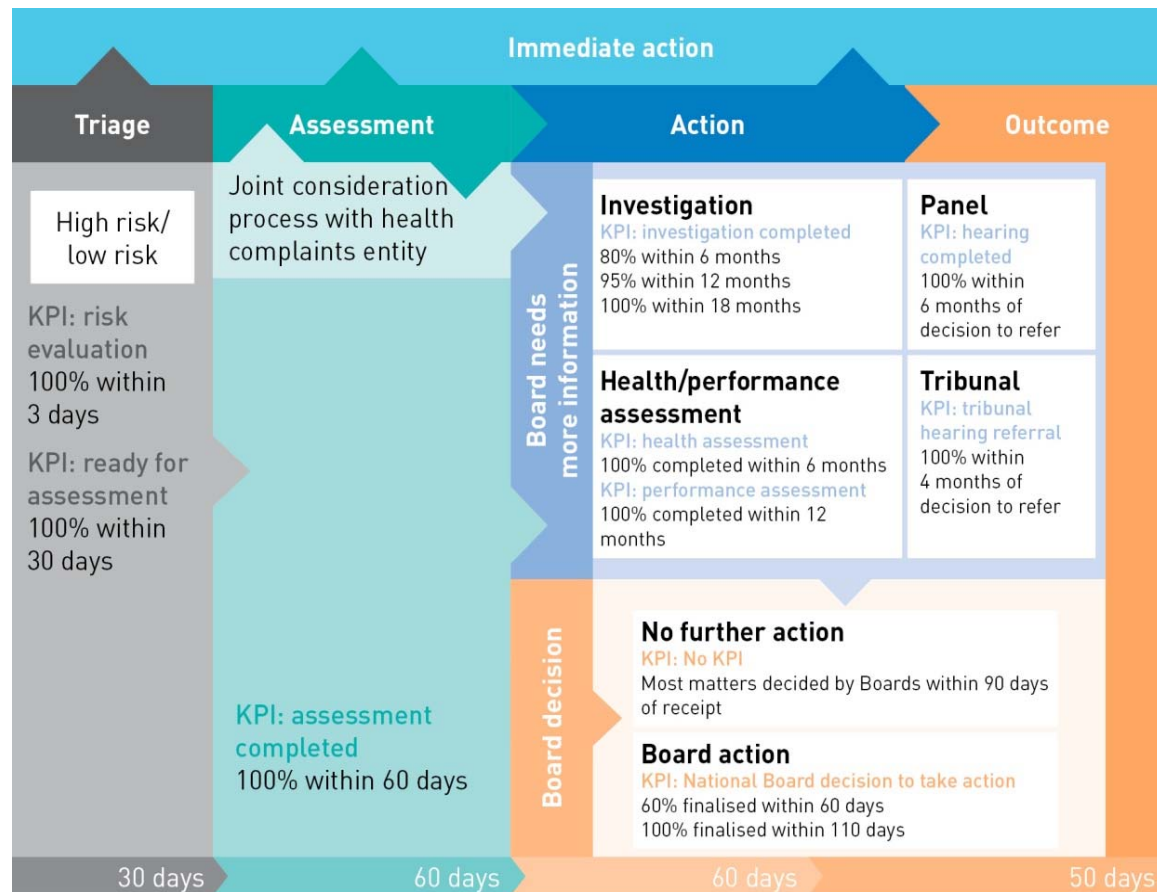
Size and scale of regulatory activity across professions



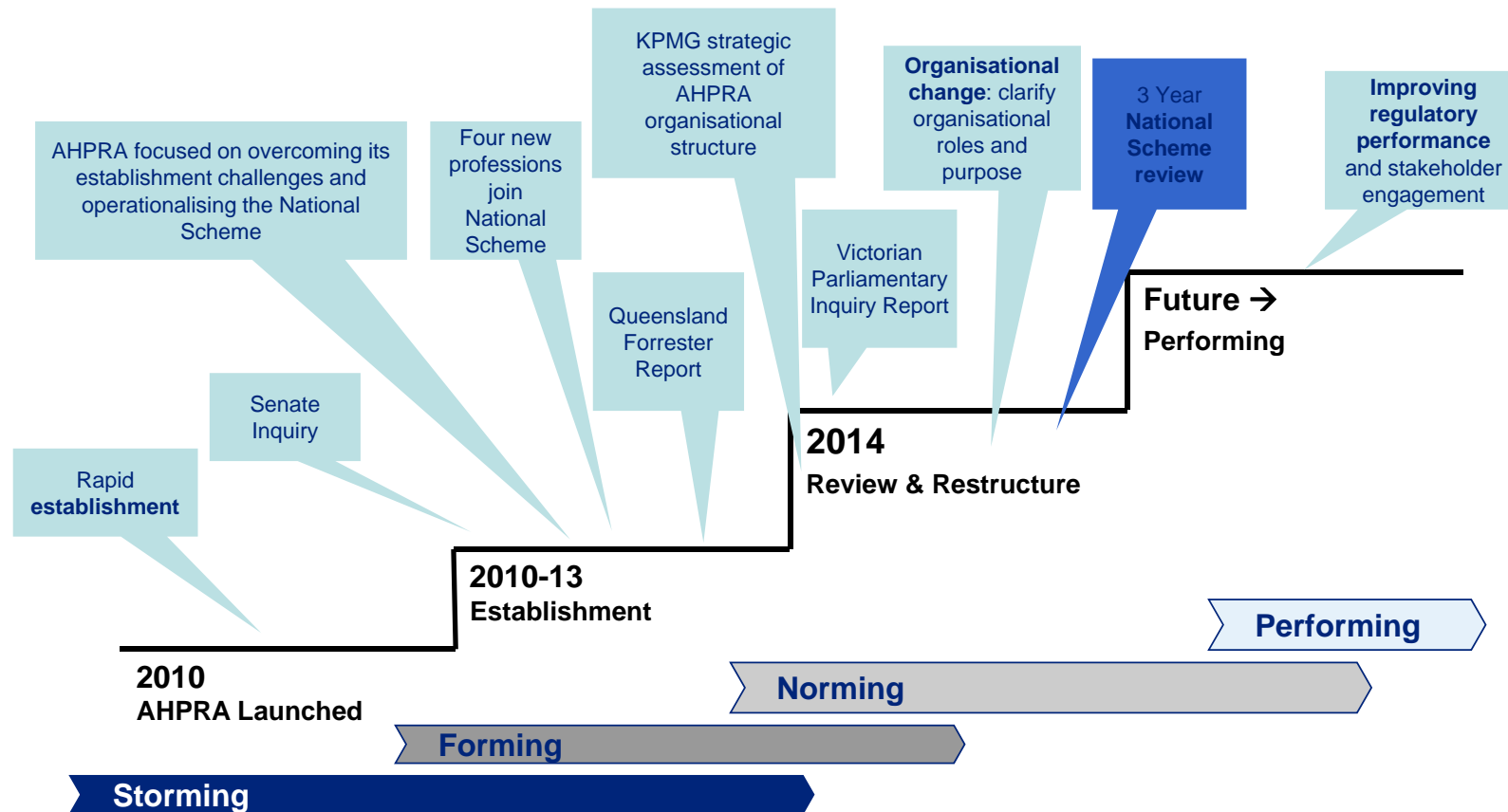
Sources: AHPRA Annual Report (2012-13)

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)

KPIs for management of Notifications



Evolution of the scheme



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 (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

