Aligning the different regulators and regulation

Martin Fletcher
Australian Health Practitioner Regulation Agency

martin.fletcher@ahpra.gov.au

facebook.com/ahpra.gov.au

twitter.com/ahpra

follow us on LinkedIn
Greetings from Australia!
Why is this an important topic?

• New challenges for regulation of health professionals:
  – Technology
  – Health care failures
  – Understanding of patient safety
Shared responsibility for patient safety

Regulator

Community

Law

Practitioner

Educators

Employer

Australian Health Practitioner Regulation Agency
Australia

- 23 million people
- Federal system of government
- 8.8% GDP on health
- Joint national and state funders
- 70% public – 30% private mix
- Good health status overall
- Major gap for indigenous health
- Mal-distribution of workforce
- International health workforce
Patient safety and workforce have driven significant national reform of regulation.
Over 630,000 Health Practitioners regulated nationally

1. chiropractors
2. dental care (including dentists, dental hygienists, dental prosthetists & dental therapists),
3. medical practitioners
4. nurses and midwives
5. optometrists
6. osteopaths
7. pharmacists
8. physiotherapists
9. podiatrists
10. psychologists

11. Aboriginal and Torres Strait Islander health practitioners
12. Chinese medicine practitioners
13. medical radiation practitioners
14. occupational therapists

2018 (subject to legislation)
1. Paramedics
Impostor nurse, lifelong con artist Jennifer Anne Reed jailed for scam which endangered nursing home residents

Former SA police chief psychologist permanently disqualified after relationship with patient

'A fake dentist' operating in Melbourne's northern suburbs

Dodgy chiropractor struck off for two years for misconduct

Nurse banned over a series of blunders in single shift

Warning new laws may ruin doctors' reputations

Pharmacist under fire for vitamin drips

AHPRA chief hits back at call to strip agency's powers

Queensland 'fake' nurse ordered to stand trial

AHPRA seeks ruling on doctors' metadata

Minister vows end to dodgy doctors

Chiropractic
Dental
Medical
Medical Radiation Practice
Nursing and Midwifery

Minister vows end to dodgy doctors

Chiropractic
Dental
Medical
Medical Radiation Practice
Nursing and Midwifery

Chiropractic
Dental
Medical
Medical Radiation Practice
Nursing and Midwifery

Australian Health Practitioner Regulation Agency
We all regulate in different ways but with a common focus
Regulation in Australia is a crowded field

**Quality improvement**
- Employer based education for practitioners
- Practitioner Continuing professional development
- Health professional colleges
- National Boards and AHPRA
- Commonwealth government regulation
- Health complaint entities

**Quality control**
- State / territory government regulation and law enforcement
- Organisational accreditation bodies
- Accreditation authorities for education
- Therapeutic Goods Administration
- Commonwealth government regulation and law enforcement
- Commonwealth government regulation

**Focus of the regulatory intervention**
- Individual
  - Commonwealth government
  - Australian Commission for Safety and Quality
- Organisation
  - State / territory governments
  - Employer based clinical governance
  - Health complaint entities
  - Accreditation authorities for education
  - Therapeutic Goods Administration
  - Commonwealth government regulation and law enforcement

**Primary characteristic of regulatory intervention**
- Employer based quality improvement
- Employer based clinical governance
- Health complaint entities
- Commonwealth government regulation
Five risks created by multiple regulators

1. Separate and overlapping responsibilities
2. Risk of things falling between the cracks
3. ‘Blindness’ to the work of other regulators
4. Burden and cost to the regulated
5. Hard for the public— who does what?

Sunrise in Perth, Western Australia
What can be done to reduce risks?

- Build shared understanding
- Share data to better understand risks
- Become more transparent
Our regulatory principles define our approach to using our powers

• Focus on public protection not punishment
• Identify and assess risks
• Take timely action
• Use minimum regulatory force to achieve outcome
• Work with others
Using data to understand risks

Notifications per year per thousand dental practitioners
Some questions of interest

- What are the characteristics of high-risk practitioners?
- Which patients are most at risk of harm?
- Which health care settings create the greatest risk?
- Which procedures create the greatest risk?
- What interventions can reduce risk?
Conditions:

View definition of ‘Condition’

- 1. The registrant must work as a nurse only in a hospital setting under indirect supervision of a registered nurse (the Supervisor), who is senior to the registrant in terms of either experience or position, subject to the following:

  1.1 The registration of the Supervisor cannot be subject to conditions or undertakings;

  1.2 AHPRA may seek information from the Supervisor about the ongoing performance of the registrant as a registered nurse.

- 2. The registrant must provide the Board with written reports from the supervisor referred to in condition 1 commenting on the registrant’s general practice as a registered nurse at the following intervals:

  2.1 Within 1 month of the date of commencement of employment;

  2.2 At monthly intervals for the first three months;

  2.3 At three monthly intervals thereafter.

- 3. Prior to gaining any employment as a nurse, the registrant must notify the Board in writing of:

  3.1 The name and address of the registrant’s place of employment as a nurse;

  3.2 The name and contact number of the Supervisor at each location at which the registrant is employed;

  3.3 Evidence in writing that the employer is aware of the conditions on the registrant’s registration.
What can regulators do?

- See yourself as part of a system
- Harness role of all players and collaborate
- Simplify points of entry for complainants
- Develop ways to share information
- Communicate what you can and can't do
What lies ahead – towards leading regulatory practice?

- Sound governance
- Public protection and workforce
- Efficient business processes
- Evidence based regulatory decision making
- Influence policy agenda
- Engage with governments and the professions
- Community involvement and awareness
- Partnership with others

Influence policy agenda

Engage with governments and the professions

Community involvement and awareness

Partnership with others

Public protection and workforce

Evidence based regulatory decision making

Efficient business processes

Sound governance
12th International Conference of Medical Regulation