



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

# Aligning the different regulators and regulation

Martin Fletcher

Australian Health Practitioner Regulation Agency

[martin.fletcher@ahpra.gov.au](mailto:martin.fletcher@ahpra.gov.au)



[facebook.com/ahpra.gov.au](https://facebook.com/ahpra.gov.au)

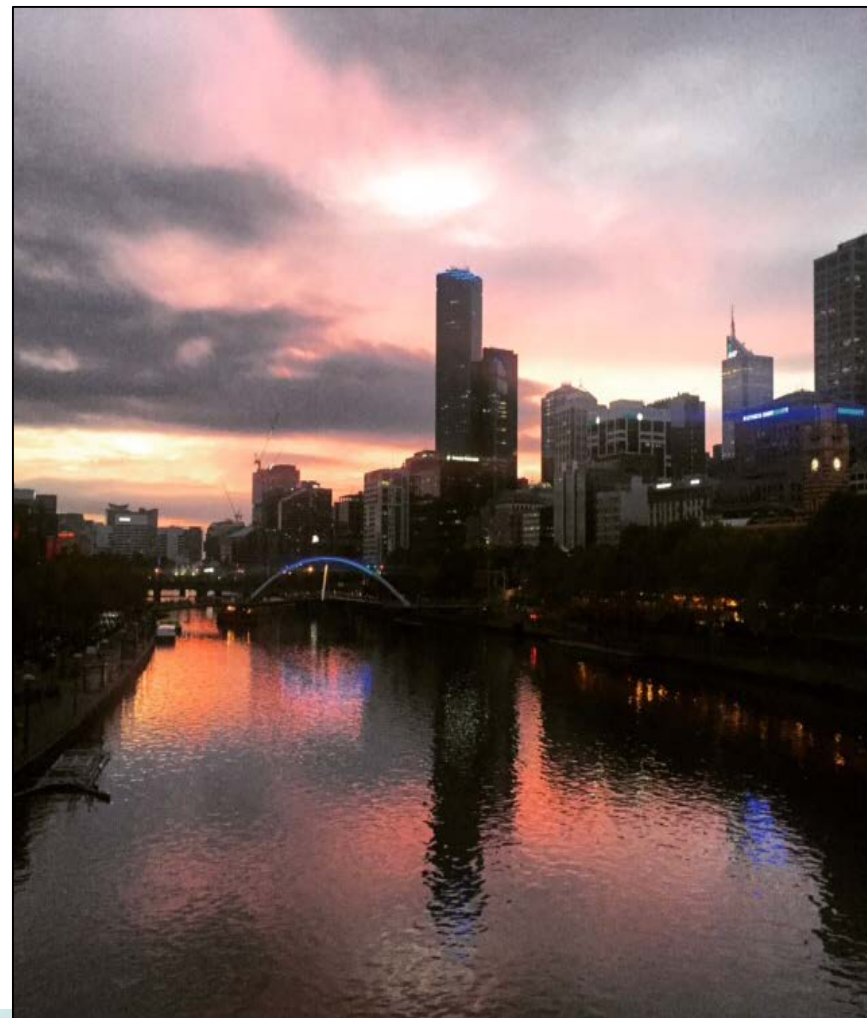


[twitter.com/ahpra](https://twitter.com/ahpra)



follow us on LinkedIn

# Greetings from Australia!



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

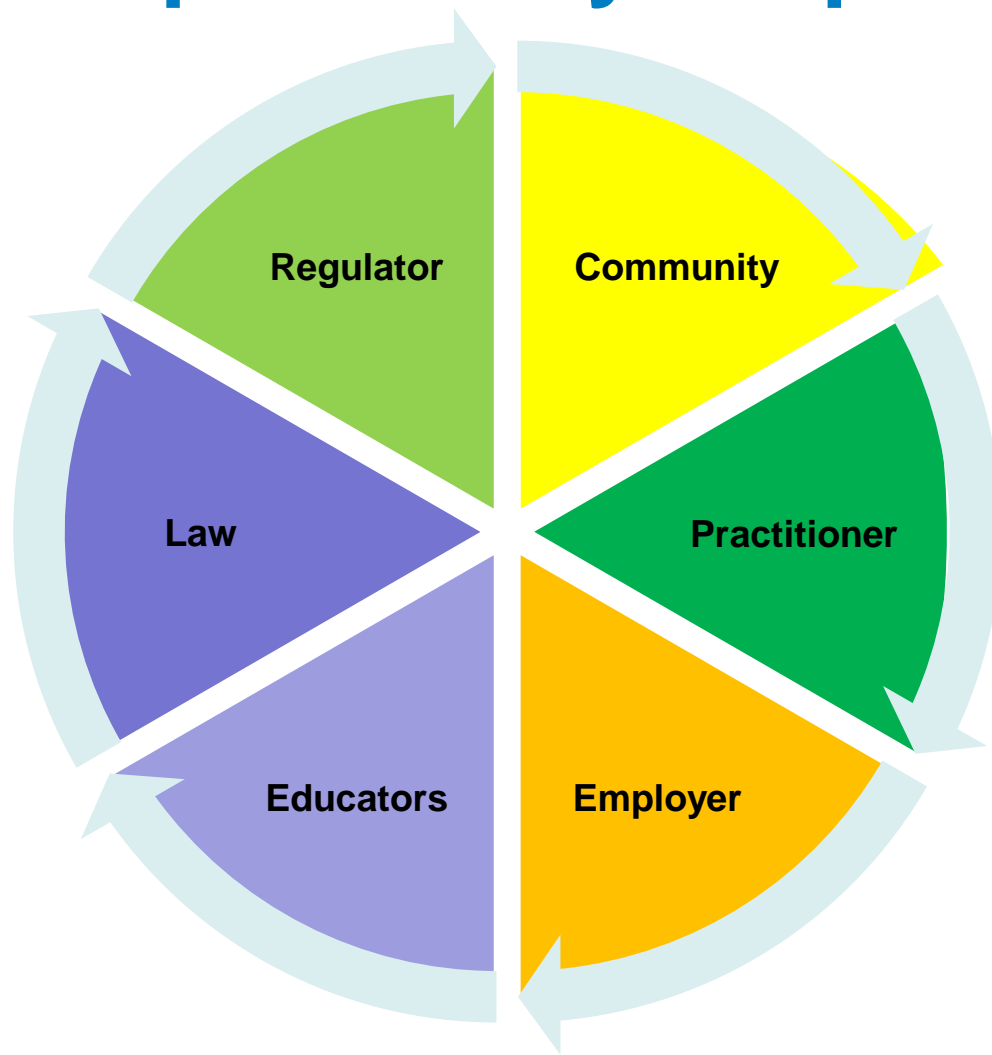


# Why is this an important topic?

- New challenges for regulation of health professionals:
  - Technology
  - Health care failures
  - Understanding of patient safety



# Shared responsibility for patient safety



Australian Health Practitioner Regulation Agency

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

# Australia

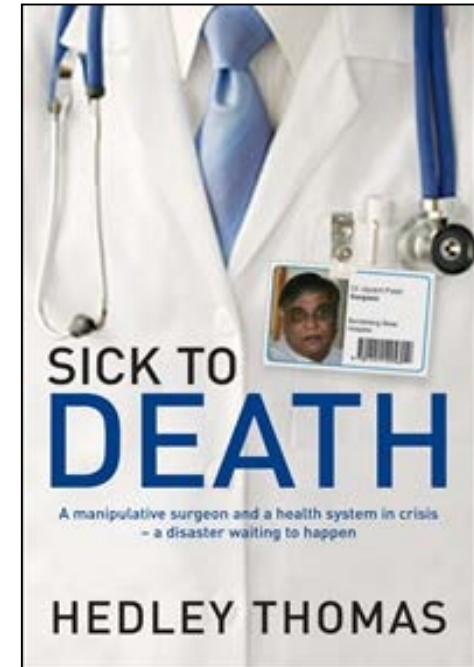
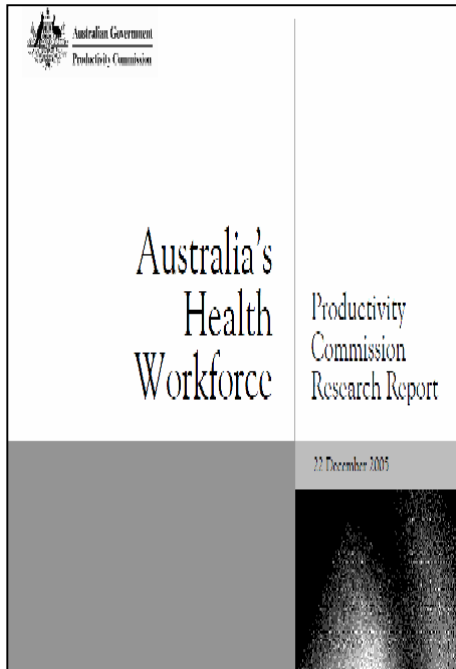


- 23 million people
- Federal system of government
- 8.8 % GDP on health
- Joint national and state funders
- 70% public – 30% private mix
- Good health status overall
- Major gap for indigenous health
- Mal-distribution of workforce
- International health workforce



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

# 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



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

# Impostor nurse, lifelong con artist Jennifer Anne Reed jailed for scam which endangered nursing home residents

# '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

# Former SA police chief psychologist permanently disqualified after relationship with patient

# AHPRA seeks ruling on doctors' metadata

# Queensland 'fake' nurse ordered to stand trial

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

# Pharmacist under fire for vitamin drips

# Minister vows end to doggy doctors

Des Houghton  
ASSISTANT EDITOR

SOME doctors facing criminal negligence allegations had most doctors and nurses. Many of these cases came up in a decade ago but were allowed to continue practising. Queensland Health sources confirmed there had been dozens of such cases in the past few years. Some doctors were allowed to keep practising with restrictions on surgeries they could perform. Others who drew complaints were allowed to keep working under supervision. Health Minister Lawrence Springborg yesterday vowed a crackdown on "doggy doctors" after the Sunday Mail revealed incidents involving six doctors are among 23 cases referred to police. Mr Springborg said Queensland would no longer tolerate "doggy doctors" and ensure such matters can be addressed openly, transparently and efficiently in a judicial, federal and state agencies. He said the cases were "disturbing" and cast a shadow

of the fine work being done by several patients allegedly suffered unnecessary operations and another was left a quadriplegic after a surgeon failed to detect a leak early. One patient is believed to have died in an operation later found to be unnecessary. Most of the accusations are against doctors at Brisbane, the Gold Coast, Townsville, Cairns and Cairns.



DISTURBED: Health Minister Lawrence Springborg

# Warning new laws may ruin doctors' reputations

**ANTONIO BRADLEY**  
QUEENSLAND'S proposed new health watchdog will be given sweeping powers to suspend and publicly name and shame doctors before they have a chance to defend themselves. Draft legislation to create a state health ombudsman went before the Queensland Parliament last week, alarming medical insurer Avant. The overhaul is being driven by Health Minister Lawrence Springborg, in the wake of investigations into the handling of medical complaints. Avant general counsel Fraser MacLennan-Pike said one of the company's chief concerns was that the bill gave the ombudsman powers to suspend doctors. "Bear in mind that the ombudsman may not be medically qualified. So you've got someone who's not medically qualified potentially taking a decision to suspend the registration of a doctor. "And importantly, it's immediate



Avant's Fraser MacLennan-Pike says doctors won't be able to respond.

to respond to any allegations against them, then has their name in the public domain. That kind of activity can destroy a doctor's reputation instantly." Furthermore, under the proposal, the health ombudsman would be free to take over complaints being handled by AHPRA. Mr Springborg said the changes were needed to restore public confidence in the state's health complaints system. It would establish the ombudsman as a "linchpin" who received and acted on complaints, dealt with systemic issues, and oversee the performance of AHPRA and its boards. "It will be the single point of entry for complaints about health services and providers in Queensland," Mr Springborg said. "It will also enable us to take immediate action, including suspending or placing conditions on a health practitioner's registration, where there is a serious risk to the public."

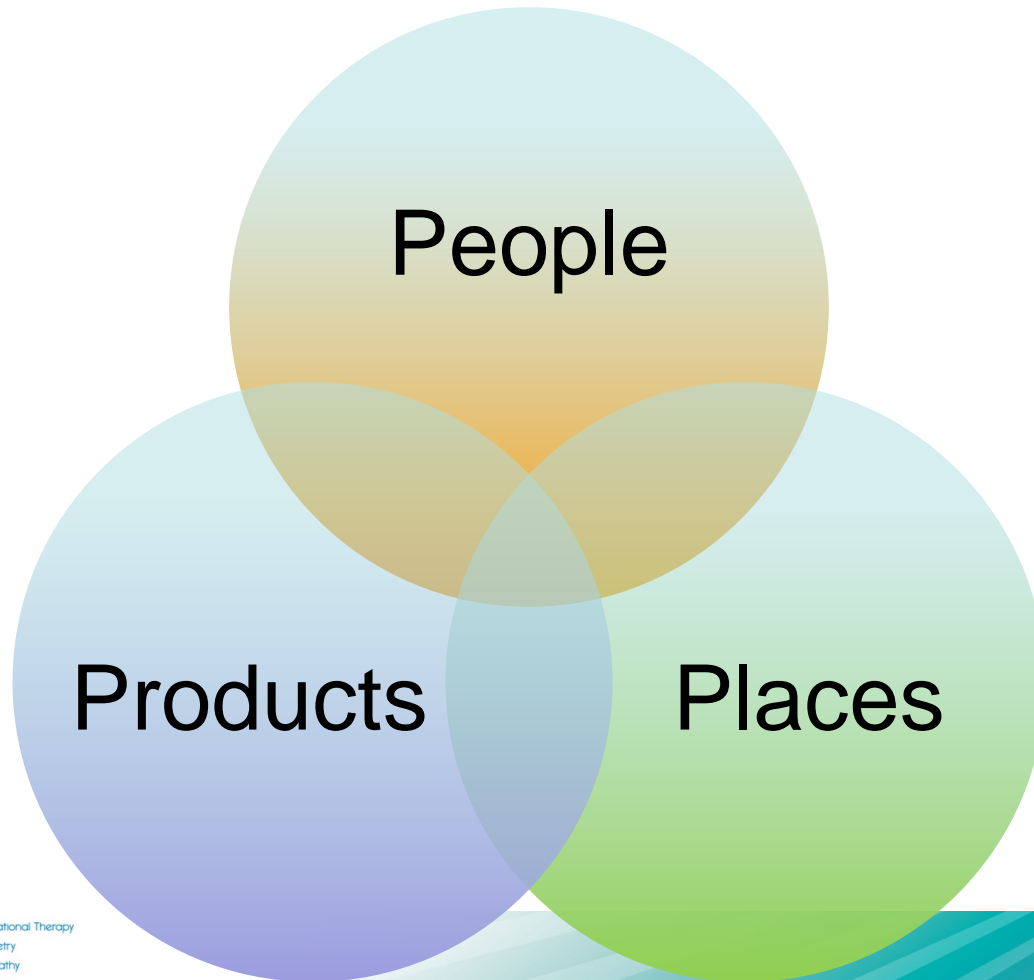
to respond to any allegations against them, then has their name in the public domain. That kind of activity can destroy a doctor's reputation instantly." Furthermore, under the proposal, the health ombudsman would be free to take over complaints being handled by AHPRA. Mr Springborg said the changes were needed to restore public confidence in the state's health complaints system. It would establish the ombudsman as a "linchpin" who received and acted on complaints, dealt with systemic issues, and oversee the performance of AHPRA and its boards. "It will be the single point of entry for complaints about health services and providers in Queensland," Mr Springborg said. "It will also enable us to take immediate action, including suspending or placing conditions on a health practitioner's registration, where there is a serious risk to the public."



- Chiropractic
- Dental
- Medical
- Medical Radiation Practice
- Nursing and Midwifery
- Osteopathy
- Pharmacy
- Physiotherapy
- Podiatry
- Psychology

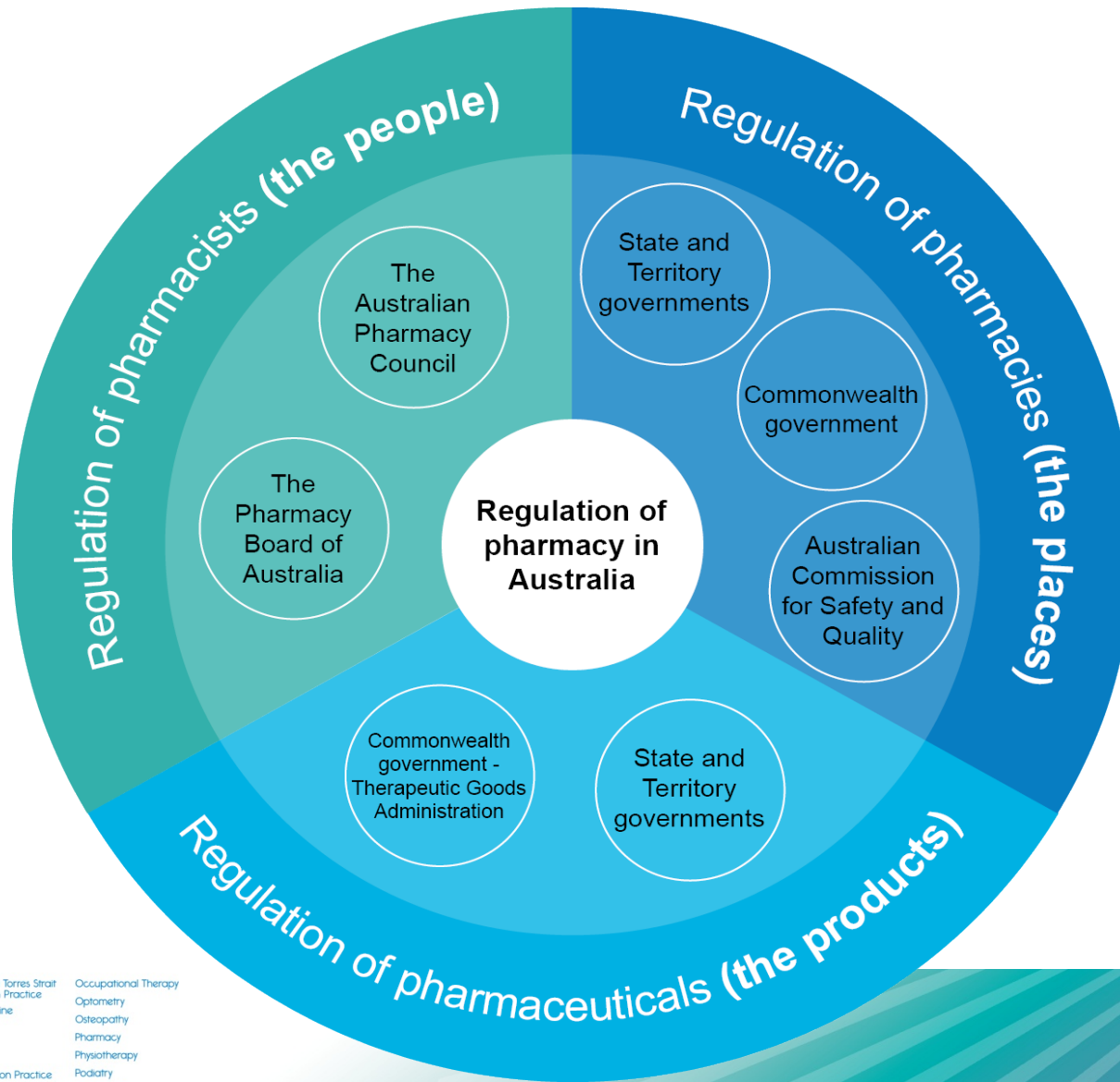


# We all regulate in different ways but with a common focus



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

# Pharmacy regulation in Australia



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



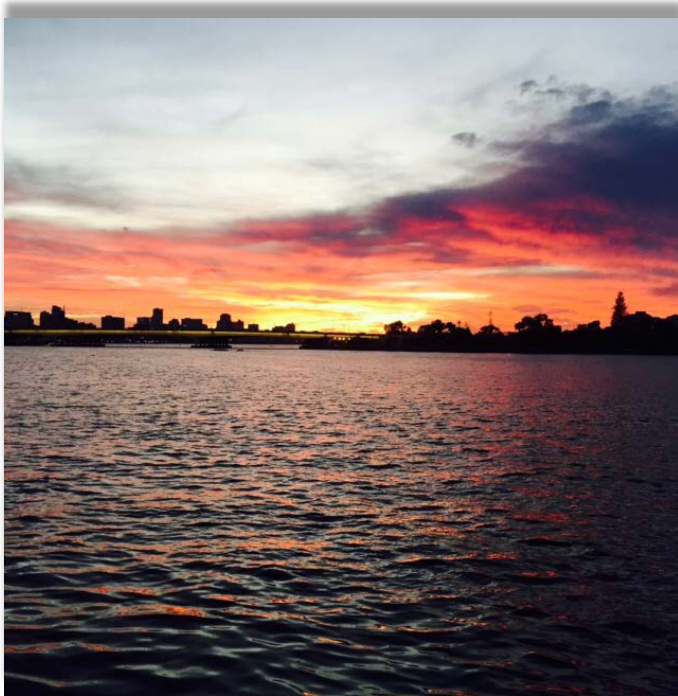
# Regulation in Australia is a crowded field

<b>Quality improvement</b>	Employer based education for practitioners	Commonwealth government	State / territory governments
	Practitioner Continuing professional development	Australian Commission for Safety and Quality	Employer based quality improvement
<b>Quality control</b>	Health professional colleges	State / territory government regulation and law enforcement	State / territory governments
	National Boards and AHPRA	Health complaint entities Commonwealth government regulation	Accreditation authorities for education Health complaint entities Employer based clinical governance
	<b>Individual</b>	<b>Organisation</b>	

*Primary characteristic of regulatory intervention*

*Focus of the regulatory intervention*

# Five risks created by multiple regulators



Sunrise in Perth, Western Australia

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?






# 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



**Regulatory principles for the National Scheme**

**AHPRA**  
Australian Health Practitioner Regulation Agency

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

These principles are designed to shape thinking about regulatory decision-making in the National Scheme. They are endorsed by all the National Boards and the Agency Management Committee.

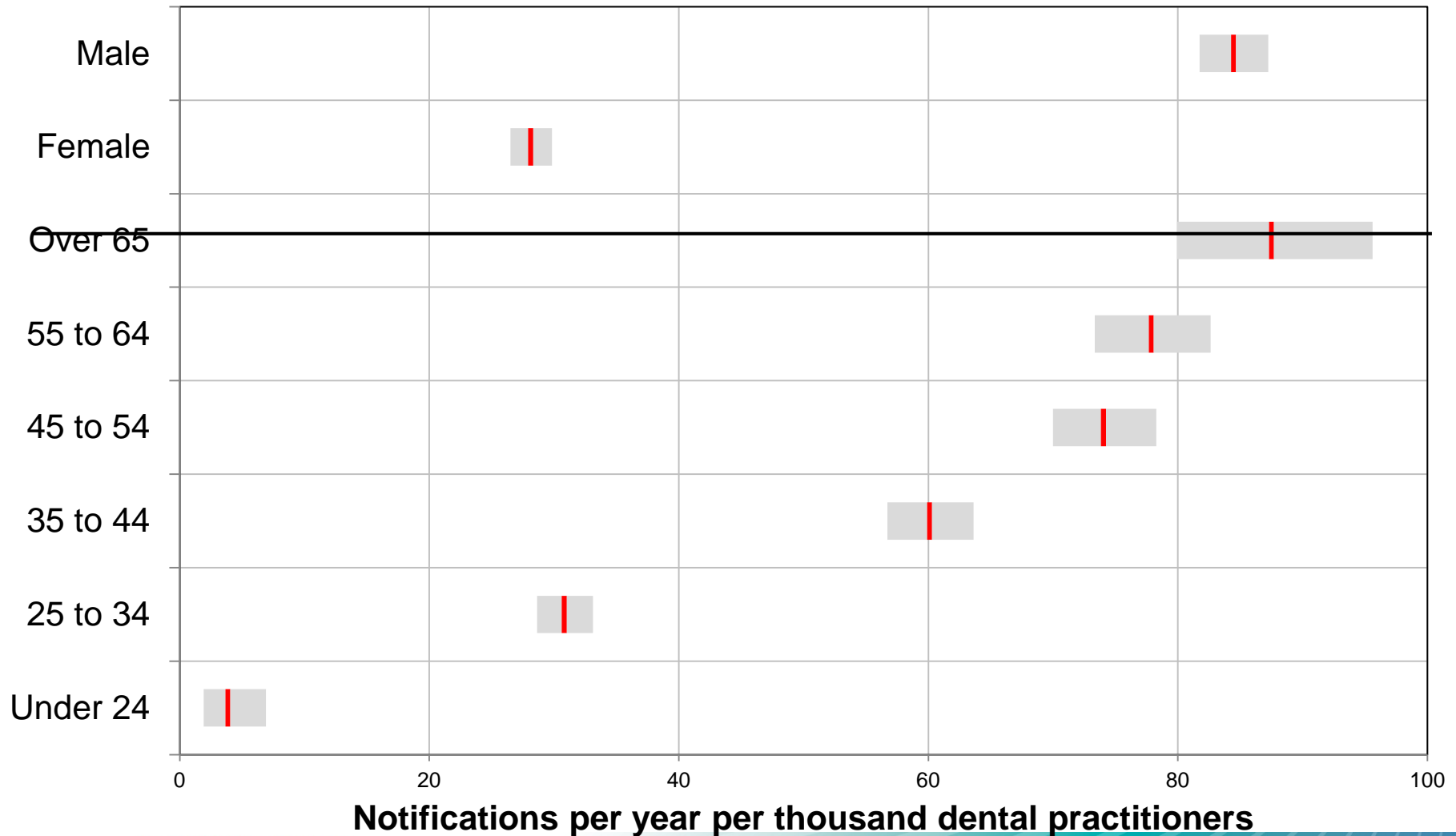
The principles will apply to different function areas in different ways. Collaborating with your colleagues, and discussing the differences with them, will add depth to your understanding of them.

- 1** The Boards and AHPRA **administer and comply with the Health Practitioner Regulation National Law**, as in force in each state and territory. The scope of our work is defined by the National Law.
- 2** We protect the **health and safety of the public** by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered.
- 3** While we balance all the objectives of the National Registration and Accreditation Scheme, our **primary consideration is to protect the public**.
- 4** When we are considering an application for registration, or when we become aware of concerns about a health practitioner, we **protect the public by taking timely and necessary action under the National Law**.
- 5** In all areas of our work we:
  - **identify the risks** that we are obliged to respond to
  - **assess the likelihood and possible consequences** of the risks, and
  - **respond in ways that are proportionate and manage risks** so we can adequately protect the public.

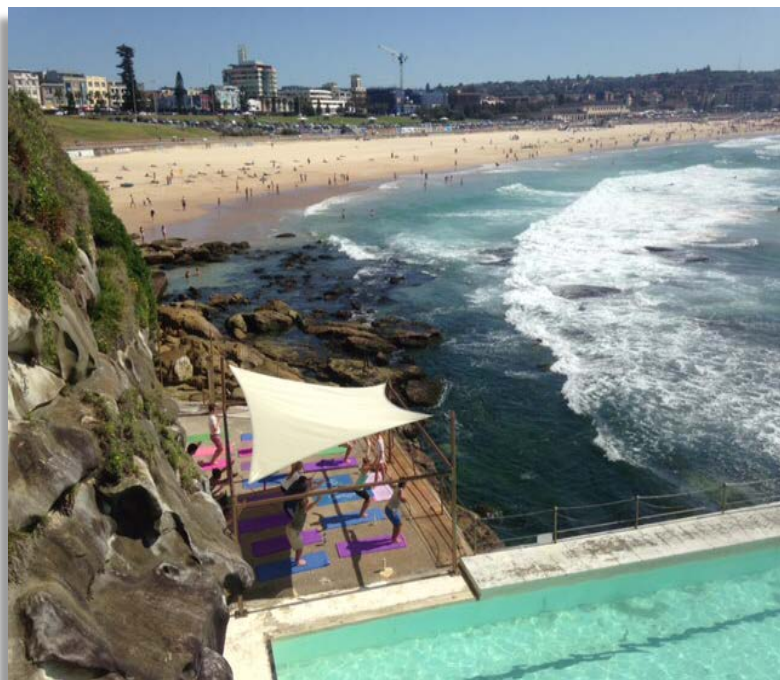
This does not only apply to the way in which we manage individual practitioners but in all of our regulatory decision-making, including in the development of standards, policies, codes and guidelines.
- 6** When we take action about practitioners, we **use the minimum regulatory force to manage the risk posed by their practice**, to protect the public. Our actions are **designed to protect the public and not to punish practitioners**.
- 7** Community confidence in health practitioner regulation is important. Our response to risk considers the **need to uphold professional standards and maintain public confidence in the regulated health professions**.
- 8** We **work with our stakeholders**, including the public and professional associations, to achieve good and protective outcomes. We **do not represent the health professions or health practitioners**. However, we will work with practitioners and their representatives to achieve outcomes that protect the public.

- 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



# Some questions of interest



Bondi Beach, Sydney

- 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.

[View Details](#)



- 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

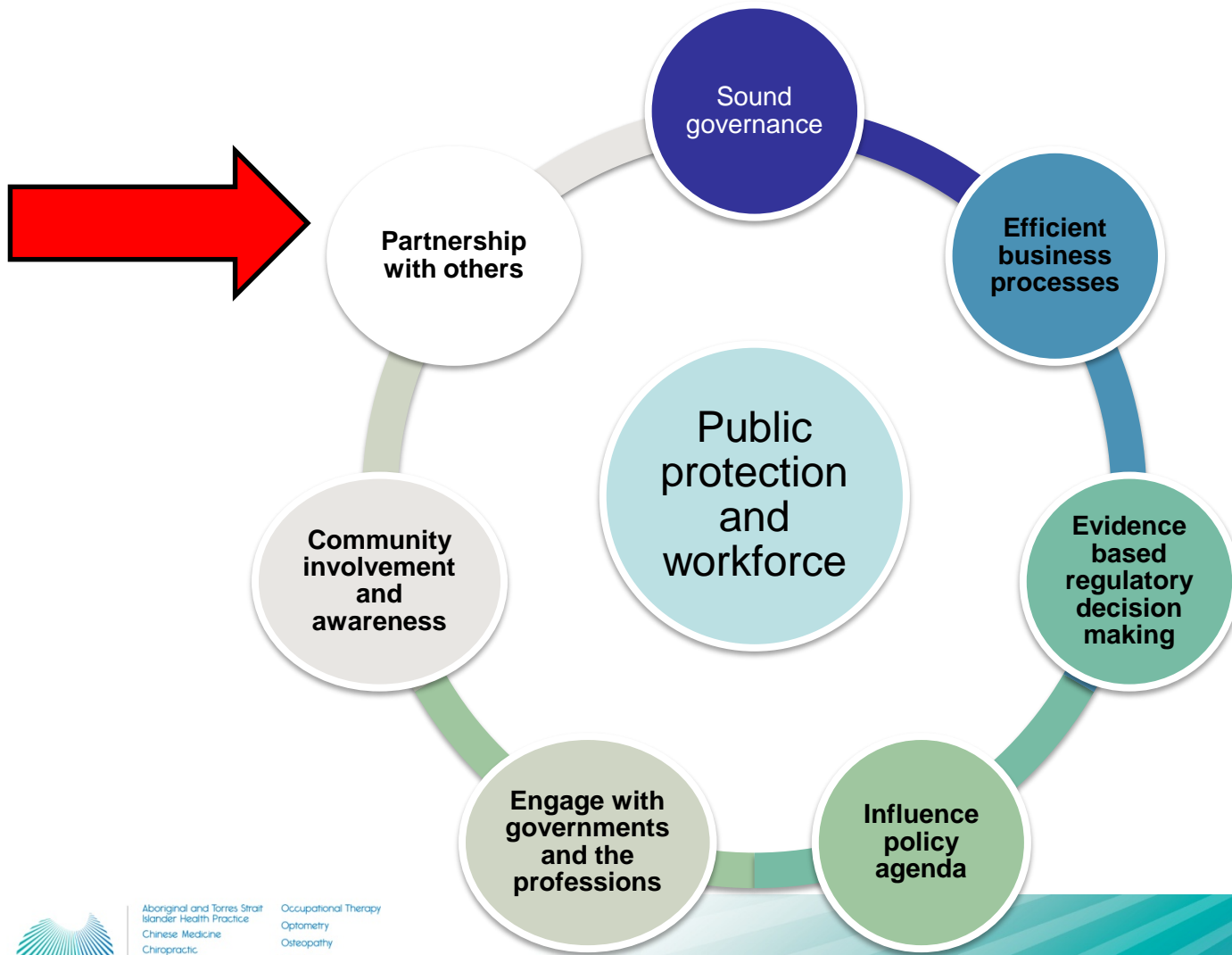
# What can regulators do?

- 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



Sydney coastline at sunset

# What lies ahead – towards leading regulatory practice?



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



**IAMRA**  
20-23 SEP 2016  
Melbourne Australia

## 12th International Conference of Medical Regulation



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