



Medical Board of Australia | AHPRA

A new era in medical regulation - for better or for worse?

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Chair, Medical Board of Australia
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Outline



- NRAS: The new era
 - Where did it come from?
 - What is it?
 - How will it work?
- Medical Regulation – past and future
- For better or worse?

History



- Council of Medical Examiners, Van Diemen's Land
Established 1837 to determine who could perform autopsies and give evidence at coronial inquests
- NSW 1838 , other states and territories, GMC UK 1858
- Powers initially limited to registration, to protect the dead and the coronial system – putting people on the register
- Later – investigation, disciplinary processes
- More recently – impairment, performance, codes - from reactive to proactive
- Changing from *Medical Acts* to cross profession legislation e.g. *Health Professions Registration Act 2005*

Where did NRAS come from?



- Concerns about health workforce shortages, rigidity - Costello commissioned in 2004
- Concerns about adequacy of regulatory processes
- Feb 06 - Productivity Commission report- *Australia's Health Workforce* – recommended single cross profession accreditation and registration boards
- July 06 - COAG announced NRAS – to start July 08 “to facilitate workforce mobility; improve safety and quality; reduce red tape; simplify and improve consistency”
- March 08 - COAG signed Intergovernmental Agreement with implementation date 1 July 2010

National Registration and Accreditation Scheme



A national registration and accreditation scheme for

- a) The regulation of health practitioners
- b) The registration of students undertaking
 - i. Programs of study that provide a qualification for registration in a health profession; or
 - ii. Clinical training in a health profession

Legislation



- Act A – *The Health Practitioner Regulation (Administrative Arrangements) National Law Act 2008 (Queensland)* – in force now
- Act B – *Health Practitioner Regulation National Law Act 2009* - Full provisions commence 1 July 2010
- Bills C – Adoption and Consequential Bills
 - Passed in Queensland, NSW, Vic, ACT, NT, Tasmania
 - In progress WA, SA
 - Note differences NSW and minor changes ACT

Key features



- National system for health practitioner regulation
- One national law for all health practitioners
- 10 national boards to exercise regulatory functions
- Australian Health Practitioner Regulation Agency (AHPRA) to support boards

3 NRAS Guiding Principles in the National Law

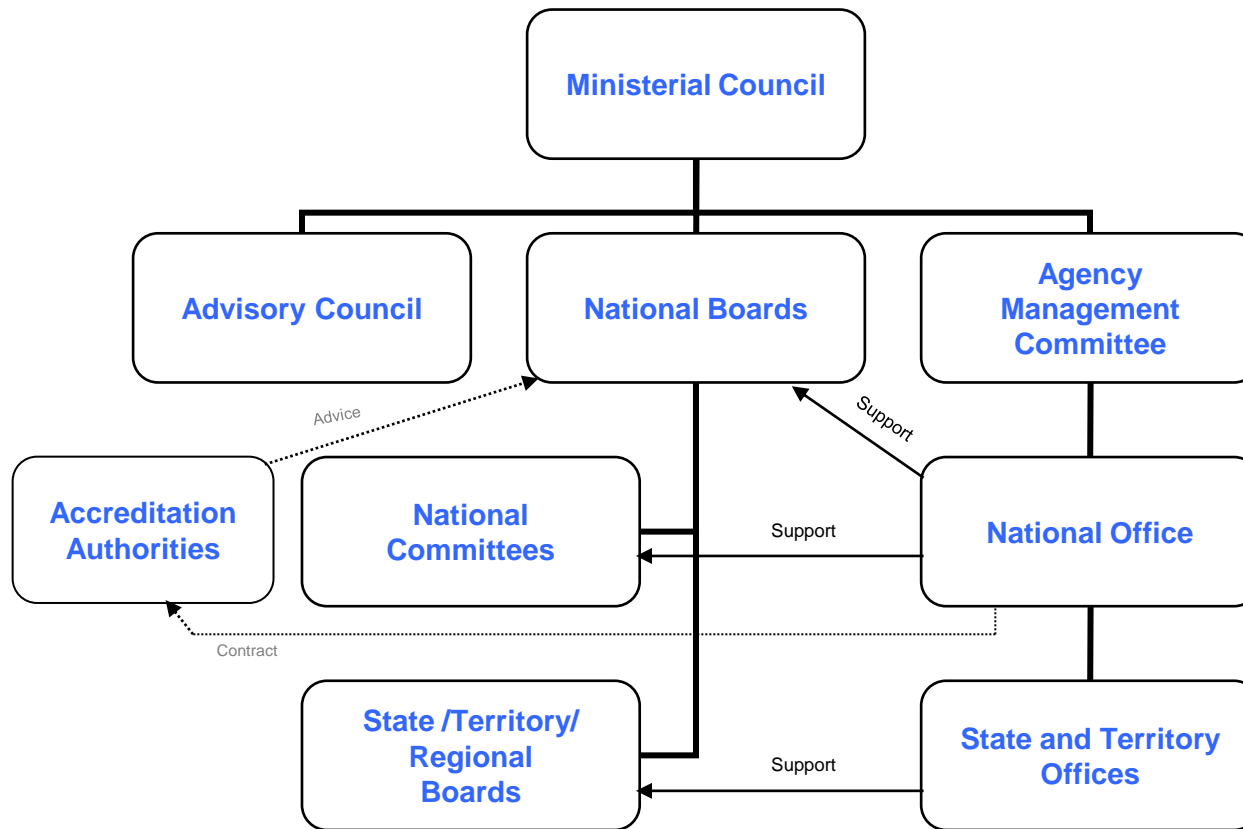
- a) scheme to operate in transparent, accountable, efficient, effective and fair way
- b) registration fees to be reasonable having regard to the efficient and effective operation of the scheme
- c) restrictions on practice to be imposed only if necessary to ensure health services provided safely and of appropriate quality

6 NRAS Objectives



- a) To protect the public by ensuring only health practitioners suitably trained and qualified to practice in a competent and ethical manner are registered
- b) To facilitate workforce mobility
- c) To facilitate provision of high quality education and training of health practitioners
- d) To facilitate rigorous and responsive assessment of overseas-trained practitioners
- e) To facilitate access to services provided by health practitioners in accordance with public interest
- f) To enable continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in education of, and service delivery by health practitioners

Scheme Structure



National Boards

- Approve national standards, codes, guidelines
- Determine requirements for registration and register practitioners who meet the requirements
- Approve accredited programs of study
- Oversee assessment of overseas trained
- Oversee receipt and follow-up of notifications on health, performance and conduct
- Maintain registers (with Agency)

AHPRA



- Function in line with the objectives and guiding principles of the scheme
- Provide support and administration services to all national boards
- Health Profession Agreement with each national board
 - Fees to be paid by health practitioners
 - Services to be provided

10 Health Professions

July 2010

- chiropractors
- dental care (dentists, dental hygienists, prosthetists ,therapists)
- medical practitioners
- nurses and midwives
- optometrists
- osteopaths
- pharmacists
- physiotherapists
- podiatrists
- psychologists

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- Aboriginal and Torres Strait Islander health practitioners
- Chinese medicine practitioners
- medical radiation practitioners
- occupational therapists





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Medical Board of Australia – Sep. 2009

Fiona Joske, Paul Laris, Mark McKenna, Stephen Bradshaw, Trevor Mudge, Charles Kilburn, Mary Cohn, Prudence Ford, Sophia Panagiotidis, Joanna Flynn, Belinda Bennett.
(Peter Procopis absent)



MEDICAL REGULATION



How might we think about it?

General Medical Council UK

4 layer model

- Personal
- Team-based
- Workplace – clinical governance and performance management systems
- Professional
 - Colleges and Professional Associations
 - National Regulation – GMC
 - “professionally led regulation”



UK White Paper 2007

“Trust, Assurance and Safety”



1. Emphasises Trust
2. Safety and quality of care that patients receive
3. Sustain the confidence of the public and professions through demonstrable impartiality
4. Sustaining, improving and assuring standards of the majority as well as about action on poor practice and behaviour
5. Not burdensome - proportionate to risks and benefits

NRAS – FOR BETTER OR FOR WORSE?



What do we gain?

- National registration - pay one fee, practise anywhere
- National consistency - standards, policy, procedures
- Critical mass and revitalisation
- National register - on line - all current conditions
- National body to relate to other national bodies
- Less risk of influence of sectional or local interests
- Constructive engagement between health professions and opportunities to learn from and with each other

Key features of national law

- Criminal history and identity checks
- Mandatory continuing professional development
- Mandatory professional indemnity insurance
- Handling of notifications and complaints
 - Health, performance and conduct matters
 - Mandatory notifications
- National registration fee for each profession
- Student registration
- Independent accreditation functions

Mandatory notifications

- Practitioners and employers (some exemptions)
- Reasonable belief through practice of profession
- Notifiable conduct - practitioner has
 - practised while intoxicated by drugs or alcohol
 - engaged in sexual misconduct
 - placed the public at risk of substantial harm through a physical or mental impairment affecting practice
 - placed the public at risk of harm through a substantial departure from accepted professional standards

Noticeable Differences

- Registration fees
- Requirements for CPD, Recency, PII
- Specialist registration
- Identity – AHPRA, MBA
- Communication and relationships
- Policies and procedures?
- Responsiveness?
- Processes?
- Outcomes?

Risks

- Legislation not finalised in WA, SA
- IT system incomplete or inadequate
- Scheme under-resourced
- Bogged down in bureaucracy
- Decisions about delegations
- Major legal challenges
- Big costs blow out
- Failure to operate as a national system

How will we know?

- What to measure, monitor, compare?
- Difficult to measure effects of scheme as society changes
- How much variability is desirable, tolerable?
 - Differences in standards, procedures, outcomes?
- Comparison with NSW – what will we learn?

The future



- A fair, independent and effective regulator
- A respected source of advice and guidance
- A responsive, adaptive and accountable organisation
- Financially sound with reasonable registration fees
- *A framework to maintain trust*