

The Australian Psychological Society Ltd

APS RESPONSE TO THE CONSULTATION PAPER ON

THE NATIONAL REGISTRATION AND ACCREDITATION SCHEME FOR THE HEALTH PROFESSIONS:

**Issues Supplementary to the Intergovernmental
Agreement on a National Registration and
Accreditation Scheme for the health professions
to be included in the first Bill**

September 2008

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Section 1: Issues Raised by the “Major Objects and Purposes”

1 The self-funding proposal

The self-funding proposal has been a contentious issue for the professional associations and one to which the Government has given insufficient attention. The declaration that the first principle of the national scheme is “the protection of the public” is valid in terms of the registration of practitioners. However, responsibility for the protection of the public rests ultimately with Government and therefore government should shoulder at least a considerable percentage of the costs. The professions have never objected to making a substantial contribution to the cost of registration and associated processes, but to suggest that the professions pay for the total costs seems unjust and not good governance.

There are a number of reasons why self-funding seems unjustified and unwise as a proposition. The following are some of those:

1 The major costs to any current Psychology Registration Board is not managing registrations but litigation arising from complaints. This suggests that the major expenses are associated with supporting the rights and freedoms of community members to complain and the processes necessary to hold registrants accountable. This surely, then, is a governmental responsibility not one for the professions.

This point is supported by the costs to registrants where litigation costs are borne by registrants. The current system of funding varies considerably across States. Where attempts at “self-funding” have been made (e.g. Victoria), costs for psychologists to register are around \$365 per year and rising. In contrast, where State Governments provide centralised complaint and legal processes and also bear the costs (e.g. NSW, NT) the annual registration fee is \$80 (NSW) and \$25 (NT). The other States vary from \$150 to \$312.

2 It is of some concern that where the registration body is managing budget and recouping costs, the incentive to pursue cases that are doubtfully justifiable may be reduced thereby removing some of the rigor that can be retained where adequate funding is less of a pressure. Certainly those States where this has been borne by government have reported this to be a concern.

3 While the funds gained from registration fees may be retained in the regulatory system, they nevertheless spare the Government the expenses of running that system. When the Government has no financial involvement in the regulatory system, and simply allows its costs to be passed on to registrants and/or the “users”, it has no real interest in the level of registration fees charged or the leanness and operational costs of the system – this is a very undesirable loss of financial and governance discipline and accountability.

The State Governments have chosen (properly in our view) to take over the litigation aspects of the regulation of our profession from the profession itself, therefore, it is duty bound to do so to the best of its ability, both legislatively and administratively. To achieve this it is necessary to fund the regulatory process properly.

Recommendation 1: That the Australian Government commit to a CPI-indexed recurrent funding to national registration/accreditation that approximates a substantial percentage of the costs of conducting the scheme.

2 Funds Management

The responsibilities that the National Boards will have to carry with regard to both registration and accreditation are considerable. There will be a range of complexities raised by setting standards and coordinating both registration and accreditation processes. This will most certainly involve the need for ready access to resources and the management of such resources. Inevitably this raises the need for the Boards to have control of budget. Control of the budget will necessitate the Board setting fees to ensure they meet the obligations of their budget and quite separately from the National Agency.

It will inevitably be that Boards will differ significantly in their financial needs. Although a standard fee across all health professionals would be attractive, this is unlikely to be realistic. Regardless of this fact, Boards will be in the best position to not only set fees but to collect them and manage their own revenue.

One of the complexities which will face these Boards will be understanding, disentangling and retaining the multiple relationships that have developed particularly in the area of accreditation. Without careful negotiation and communication much of the *pro bono* work performed by professional, university staff and other agencies, will be lost and become an enormous cost for the new national accreditation scheme. In fact, for psychology, the APS has borne a significant amount of the declared costs over the years but has more recently shared these with registration boards through the mechanism of APAC. It will not only be vital for the new Board and its subsidiary committees to have access to appropriate resources but also flexibility of arrangements to apply resources where necessary. Such profession-specific complexities will be significantly hindered by attempting to centralise funding and resources in the National Agency.

This does not mean that the National Agency will not have some valuable role in the provision of centralised services where appropriate, but its function must be to provide an infrastructure from which services can be accessed/purchased rather than to attempt to control the collection and allocation of resources.

One application of government contributions to the funding of this new initiative raised in Point 1 above might well be focused on the complete funding of this National Agency. This would solve a potential difficulty of devising a fair formula that would allow for the funding of this National Agency by all of the participant Boards.

Recommendation 2: That the Boards set and collect fees and manage their own budgets quite independently of the National Agency and use/purchase the Agency services only as appropriate.

3 Accreditation functions under the IGA

The APS is very concerned that the independence of accreditation of psychologist education will be lost under the structure proposed in the IGA.

Accreditation is defined in the American Psychological Association *Guidelines and Principles for Accreditation of Programs in Professional Psychology (2008)* as “a voluntary, non-governmental process of self-study and external review intended to evaluate, enhance, and publicly recognize quality in institutions and in programs of higher education... intended to protect the interests of students, benefit the public, and improve the quality of teaching, learning, research, and professional practice” (p. 5).

The most important aspect of accreditation is the protection of standards of professional practice in the public interest, which is not served by the current proposal to combine

registration and accreditation functions under a National Board. Such a Board will, under the proposed IGA structure, be subject to directions from the Ministerial Council, providing a possible vehicle for the erosion of standards with a consequent decline in the quality of care provided by psychologists. The IGA itself alludes to a principle of giving greater priority to costs than to standards in paragraph 5.4(c): “restrictions on the practice of a profession should only occur where the benefits of the restriction outweigh the costs” (p.3).

Under the proposed arrangements, Ministers, not Boards, will have power to issue policy directions for, and will have final approval of, accreditation standards. Ministers change over time and will not have the requisite industry or profession specific knowledge essential for the maintenance of appropriate educational or practical standards. While government is a key stakeholder in the accreditation of psychologist training programs, accreditation processes, in particular the setting of accreditation standards, must be independent of political concerns such as workforce issues and cost savings.

The Productivity Commission’s report (*Australia’s Health Workforce, 2005*) recommended separate governance arrangements for registration and accreditation of professions because “it would be good regulatory practice to separate the setting and verification of standards at the education and training institutional level from the application and maintenance of standards in relation to individual practitioners” (p.122). Unfortunately, this principle has not yet been incorporated in the structure of the IGA, leaving open the possibility that workforce registration considerations could drive accreditation decisions, making standards of care a secondary consideration.

In order to protect the public from the consequences of eroding the standards of psychologists’ education and training, the IGA must authorise an accrediting body truly independent of government influence with the ability to build historical knowledge and anticipate future advancements to set standards and to accredit against them without the potential for government control or political interference. The lack of clarity in the role and powers of the National Agency leaves open the possibility that it will, over time, begin to exert pressure on standards as a means to achieving certain workforce imperatives. The public must be protected from such an erosion of standards by explicitly excluding the National Agency Committee from any role in accreditation matters and specifically limit the powers of the Ministerial Council.

A related risk in the proposed framework of the IGA concerns the setting and collection of accreditation fees. As noted above, it is imperative that the accreditation body has unfettered control over the setting of accreditation fees, their collection and expenditure without any interference by the National Agency. Lack of financial control would jeopardise the accreditation body’s ability to discharge its accreditation functions to the high standard the public would expect.

The profession of psychology in Australia already has a successful and independent national accreditation system which is free from interference by government or other bodies external to it, and a loss of its independence through dismantling this system in favour of a framework which does not protect the independence of the accrediting body would run counter to good policy-making internationally. There are a number of examples of policy internationally in which the independence of accreditation bodies from government are upheld. The European Consortium for Accreditation in Higher Education (ECA), founded by twelve higher education accreditation organisations from eight European Countries, states as a principle that “Accreditation organisations must be independent from government” (*Accreditation in the European Higher Education Area, 2004, p.7*). Without clear independence of the accrediting body from government, hard-won arrangements for reciprocal recognition of qualifications with other countries, especially in Europe, may be put at risk.

The IGA contains insufficient provisions to ensure that any proposals for changes to scopes of practice among the health professions receive adequate analysis and are subject to robust public and professional debate. In effect, the IGA leaves open the possibility that other health professions, making unilateral decisions, will expand their scopes of practice and responsibilities into aspects of psychological practice without the necessary education and training to ensure that the public is protected. Provisions must be included which require transparent consultation processes wherever there are proposed changes to scopes of practice which might allow any other health professions to independently undertake work that is currently restricted to psychologists.

Recommendation 3: That the public must be protected from a possible erosion of standards by explicitly excluding the National Agency from any role in accreditation matters and specifically limiting the powers of the Ministerial Council.

4 The non-health sector

The Australian Psychological Society (APS) would fail in its duty as the peak body for all aspects of the discipline and profession of psychology in Australia if it did not reiterate its concern regarding the issue that placing this legislation within the ambit of the health sector and State and Territory health departments defines all its subsequent registrants as “health practitioners”. Not all psychologists work in the health sector, and although this has been an issue of considerable sensitivity for psychologists, the Society is aware that there are other health-related practitioners (e.g. dietitians, social workers, speech pathologists) for whom this may now, or later, be a significant limitation.

It is clear that many of our members work in areas that are at least obliquely health-related, but are, in fact, answerable to other jurisdictions such as education, family court, forensic services, or for administrative, industrial and sporting sectors of the community. The fact that at times their work leads them into areas of professional activity where health issues, particularly mental health, are within their professional ambit, makes the whole notion of registration highly appropriate. At the same time, however, it raises conflict with the professional or legal context of their work.

The basic issue is that the definition of a practitioner as a “health practitioner” may have significant implications subsequently with regard to the professional, legal and statutory requirements flowing from this proposition. The simplest example would be the notion that registration requirements (as set out by a National Board) may include a reference to appropriate placement and supervisory processes that would be very different for a health services practitioner than for someone focused on organisational or human resources processes. More importantly, the whole issues of “complaints” may be differently defined by different Government Departments. Can complaints about services provided to the Family Court or in the secondary school meaningfully and effectively be dealt with as part of the health sector? Even a complaint about services provided for grief counselling was dismissed as non-health by a court in one Australian jurisdiction. A final example can be found in the definition of “consumer representative”. This means something very different for the Family Court, industry or schools than it does in the health context.

There is a well grounded concern that unless the registration legislation adequately deals with this issue at an early stage (Bill A), the subsequent processes will be unable to resolve this problem.

Recommendation 4: That the framing of the legislation includes the capacity for National Boards to register practitioners in a way that acknowledges the interface of health services with other sectors with regard to registrants (e.g., education, correctional services, human resources including occupational health and safety). This capacity would empower the

National Boards to seek expertise and advice from such sectors when necessary and adjust practitioner standards and CPD accordingly.

5 The Australian Health Workforce Advisory Council

This body is not well explained in the IGA or the Consultation Paper and requires some clarification. The issues that appear absent from the documentation are:

- What will be the membership (qualifications and background) of this Council and how will its members be nominated or identified?
- What will be its relationship with (and ability to influence) the National Boards? Only through the Council?
- If the membership of this Council is not drawn from the health professions (statements says 3 only from health professions and/or education – it could technically include no health professionals) what source of understanding and advice might they have and what is the rationale behind this?
- Will their role enable them to give independent advice?
- What relationship will there be between this Council and the other Health Workforce committees and particularly the National Health Workforce Taskforce (NHWT). It is clear that the Ministerial Council has responsibility for the NHWT as well. What is its role and what powers does it have to set agendas at that impact on the National Boards?

6 Some focus on the unregistered needed

It is interesting to observe that in the earlier days of registration practice, one of the main objects of registration was the control of untrained *charlatans and quacks* and protection of the community from risky practices and threats to health posed by them (e.g., the early 1960s and the context for the *Victorian Psychological Practices Act 1965*).

It is a unfortunate that those non-professionals, whose activities were of such serious concern as to move the Government to legislative action, have ceased to exercise Government concern and the Registration Acts have subsequently become focused on registered professionals themselves rather than on untrained providers. It is not that the focus on the former is not appropriate; it is that the latter still constitute a more serious risk which is currently not effectively addressed.

Recommendation 5: That the aims of the legislation be expanded to strengthen the emphasis on the protection of the public from the untrained, unqualified and therefore unregistered. The notion of negative licensing (notification of registration authorities and the courts) is one such mechanism but other strategies should also be considered.

Section 2: Specific Components of the Proposed Legislation

1 Item 2 - Ministerial Council. Although the IGA is quite clear as to the membership of this Council, its powers and processes are not fully spelt out. The importance of this is that the powers of this Council are of serious concern to many of the professional bodies.

It is probably not well understood by the COAG working parties that the proposed amalgamation of accreditation and registration functions creates a significant set of issues for all of the professions. Never before has the accreditation of a professional body been placed under Government jurisdiction. The accreditation process operationalises the standards and aspirations of a profession. It defines its very existence and the central purpose it intends to fulfil. To place the accreditation process under the influence, if not control, of a government agency is seen as having the potential to wrest the custody of a profession from its membership. This is no light matter.

In addition, the marriage of accreditation and registration processes within the National Board seems to overstep the mark with regard to the separation of powers. The registration function has always been seen as an “application and maintenance” of standards function and therefore akin to the policing of government endorsed regulations. Accreditation, on the other hand, has represented the expression of a profession’s highest standards and therefore akin to that of the government’s executive and policy processes. Any procedure or legislation that fails to respect that separation carries the aura of a violation of the separation of powers. Therefore, it is good governance to keep accreditation and registration very separate and this current proposal does not guarantee that.

A third concern reflects the internationalisation of learning and education. No single country or jurisdiction can claim ownership of professional knowledge and standards of practice have become common for many professions across national borders. The Free Trade Agreement with the USA took this fact into account for professions. All the more reason that Government needs to stand aside from standards and accreditation as recommended by UNESCO (Cross-border Higher Education, 2005).

The only way that the profession will feel free to cooperate with both the merging of these two functions within the Boards and the possible interference of government through the Ministerial Council is if the limits and boundaries of the powers of the Ministerial Council are made clear and are consonant with the notions of profession independence.

2 Item 2.1. Publication of decisions. The proposed transparency processes are strongly endorsed. Because of the dynamic, if not tentative, nature of the new processes it is recommended that in the first year or so more regular reports should be requested.

3 Item 4.0 National Agency. The role of the agency is not yet fully clear and given that it remains a sensitive issue, it would be advisable to ensure the legislative references to it are clear and precise. For instance, the general references in the introduction to “provide support” and “set business rules” require expansion to make clear the nature and limits of such functions.

As inferred in Point 2 above, the national agency needs to be seen as a secretariat whose major function will be to create administrative resources and facilitate that can be purchased by the various Boards. It is critical to the positive view that the professions must have towards this new initiative that the National Agency does not become an arm of control, limitation or government policy. To that end it must serve the National Boards and exercise

no control over them. It must not be seen as an agency for influencing the setting professional standards. It might on the other hand provide advice and support to the administrative functions of each of the Boards.

Greater clarity in actually specifying the role of the National Agency is required at this stage of defining the structural components of this initiative for professional bodies to have confidence.

4 Item 4.9 Staffing. Need for distinction between staff by employed by agency for its purposes and those employed by Boards for their purposes. Who employs? To whom do they answer?

5 Item 5.11 Responsibility for developing standards. The APS had understood the profession specific National Board as having responsibility for setting and implementing national standards. To this extent, we are surprised to know that the IGA is interpreted by the Consultation Paper as implying that the National Boards may not develop these standards. It is the view of this Society that the National Board should in fact have responsibility for facilitating the drafting of standards by appropriate bodies in the area of registration and accreditation although, elsewhere, we express concern about the freedom of the process from political interference. Undoubtedly in that drafting process the Boards will be dependent on advice and input from the accreditation and registration subcommittees and from the national and community stakeholders associated with those groups.

6 Item 5.1 Names of Boards. The APS endorses the title “Psychology Board of Australia” (thus “PsyBA”).

Recommendation 6: The National Board for psychology be known as the “Psychology Board of Australia”

7 Item on Mandatory reporting. The principles of mandatory reporting have incorporated into numerous pieces of State legislation around Australia particularly for health professionals over the last 20 years. The APS strongly supports such measures where they are to protect the community from child abuse, abuse of clients and serious criminal behaviour. The Society argues for a different process with regard to reporting associated with professional competence and/or with practitioner’s health issues.

So a distinction is required between regulations that require mandatory reporting - and those conditions requiring such - and the staged processes available that would enable a fellow professional to lodge an expression of concern that could be investigated initially without formal prosecutory processes being enacted. This differentiation, of course, would need explicit enunciation and definition.

Recommendation 7: That two processes be clearly identified: one for cases of client abuse where there needs to be a direct procedure for the removal of practice rights and prosecutory interventions; another to deal with “impaired practitioners” which might include a staged approach (commencing with education, peer support and self-reporting before moving to informal identification and when necessary to formal and expeditious interventions) thereby avoiding issues going underground or processes being overly zealous.

Summary of Recommendations

Recommendation 1: That the Australian Government commit to a CPI-indexed recurrent funding to national registration/accreditation that approximates a substantial percentage of the costs of conducting the scheme.

Recommendation 2: That the Boards set and collect fees and manage their own budgets quite independently of the National Agency and use/purchase the Agency services only as appropriate.

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The Australian Psychological Society (APS) would fail in its duty as the peak body for all aspects of the discipline and profession of psychology in Australia if it did not reiterate its concern regarding the issue that placing this legislation within the ambit of the health sector and State and Territory health departments defines all its subsequent registrants as “health practitioners”. Not all psychologists work in the health sector, and although this has been an issue of considerable sensitivity for psychologists, the Society is aware that there are other health-related practitioners (e.g. dietitians, social workers, speech pathologists) for whom this may now, or later, be a significant limitation.

It is clear that many of our members work in areas that are at least obliquely health-related, but are, in fact, answerable to other jurisdictions such as education, family court, forensic services, or for administrative, industrial and sporting sectors of the community. The fact that at times their work leads them into areas of professional activity where health issues, particularly mental health, are within their professional ambit, makes the whole notion of registration highly appropriate. At the same time, however, it raises conflict with the professional or legal context of their work.

The basic issue is that the definition of a practitioner as a “health practitioner” may have significant implications subsequently with regard to the professional, legal and statutory requirements flowing from this proposition. The simplest example would be the notion that registration requirements (as set out by a National Board) may include a reference to appropriate placement and supervisory processes that would be very different for a health services practitioner than for someone focused on organisational or human resources processes. More importantly, the whole issues of “complaints” may be differently defined by different Government Departments. Can complaints about services provided to the Family Court or in the secondary school meaningfully and effectively be dealt with as part of the health sector? Even a complaint about services provided for grief counselling was dismissed as non-health by a court in one Australian jurisdiction. A final example can be found in the definition of “consumer representative”. This means something very different for the Family Court, industry or schools than it does in the health context.

There is a well grounded concern that unless the registration legislation adequately deals with this issue at an early stage (Bill A), the subsequent processes will be unable to resolve this problem.

Recommendation 4: That the framing of the legislation includes the capacity for National Boards to register practitioners in a way that acknowledges the interface of health services with other sectors with regard to registrants (e.g., education, correctional services, human resources including occupational health and safety). This capacity would empower the

National Boards to seek expertise and advice from such sectors when necessary and adjust practitioner standards and CPD accordingly.

5 The Australian Health Workforce Advisory Council

This body is not well explained in the IGA or the Consultation Paper and requires some clarification. The issues that appear absent from the documentation are:

- What will be the membership (qualifications and background) of this Council and how will its members be nominated or identified?
- What will be its relationship with (and ability to influence) the National Boards? Only through the Council?
- If the membership of this Council is not drawn from the health professions (statements says 3 only from health professions and/or education – it could technically include no health professionals) what source of understanding and advice might they have and what is the rationale behind this?
- Will their role enable them to give independent advice?
- What relationship will there be between this Council and the other Health Workforce committees and particularly the National Health Workforce Taskforce (NHWT). It is clear that the Ministerial Council has responsibility for the NHWT as well. What is its role and what powers does it have to set agendas at that impact on the National Boards?

6 Some focus on the unregistered needed

It is interesting to observe that in the earlier days of registration practice, one of the main objects of registration was the control of untrained *charlatans and quacks* and protection of the community from risky practices and threats to health posed by them (e.g., the early 1960s and the context for the *Victorian Psychological Practices Act 1965*).

It is a unfortunate that those non-professionals, whose activities were of such serious concern as to move the Government to legislative action, have ceased to exercise Government concern and the Registration Acts have subsequently become focused on registered professionals themselves rather than on untrained providers. It is not that the focus on the former is not appropriate; it is that the latter still constitute a more serious risk which is currently not effectively addressed.

Recommendation 5: That the aims of the legislation be expanded to strengthen the emphasis on the protection of the public from the untrained, unqualified and therefore unregistered. The notion of negative licensing (notification of registration authorities and the courts) is one such mechanism but other strategies should also be considered.

Section 2: Specific Components of the Proposed Legislation

1 Item 2 - Ministerial Council. Although the IGA is quite clear as to the membership of this Council, its powers and processes are not fully spelt out. The importance of this is that the powers of this Council are of serious concern to many of the professional bodies.

It is probably not well understood by the COAG working parties that the proposed amalgamation of accreditation and registration functions creates a significant set of issues for all of the professions. Never before has the accreditation of a professional body been placed under Government jurisdiction. The accreditation process operationalises the standards and aspirations of a profession. It defines its very existence and the central purpose it intends to fulfil. To place the accreditation process under the influence, if not control, of a government agency is seen as having the potential to wrest the custody of a profession from its membership. This is no light matter.

In addition, the marriage of accreditation and registration processes within the National Board seems to overstep the mark with regard to the separation of powers. The registration function has always been seen as an “application and maintenance” of standards function and therefore akin to the policing of government endorsed regulations. Accreditation, on the other hand, has represented the expression of a profession’s highest standards and therefore akin to that of the government’s executive and policy processes. Any procedure or legislation that fails to respect that separation carries the aura of a violation of the separation of powers. Therefore, it is good governance to keep accreditation and registration very separate and this current proposal does not guarantee that.

A third concern reflects the internationalisation of learning and education. No single country or jurisdiction can claim ownership of professional knowledge and standards of practice have become common for many professions across national borders. The Free Trade Agreement with the USA took this fact into account for professions. All the more reason that Government needs to stand aside from standards and accreditation as recommended by UNESCO (Cross-border Higher Education, 2005).

The only way that the profession will feel free to cooperate with both the merging of these two functions within the Boards and the possible interference of government through the Ministerial Council is if the limits and boundaries of the powers of the Ministerial Council are made clear and are consonant with the notions of profession independence.

2 Item 2.1. Publication of decisions. The proposed transparency processes are strongly endorsed. Because of the dynamic, if not tentative, nature of the new processes it is recommended that in the first year or so more regular reports should be requested.

3 Item 4.0 National Agency. The role of the agency is not yet fully clear and given that it remains a sensitive issue, it would be advisable to ensure the legislative references to it are clear and precise. For instance, the general references in the introduction to “provide support” and “set business rules” require expansion to make clear the nature and limits of such functions.

As inferred in Point 2 above, the national agency needs to be seen as a secretariat whose major function will be to create administrative resources and facilitate that can be purchased by the various Boards. It is critical to the positive view that the professions must have towards this new initiative that the National Agency does not become an arm of control, limitation or government policy. To that end it must serve the National Boards and exercise

no control over them. It must not be seen as an agency for influencing the setting professional standards. It might on the other hand provide advice and support to the administrative functions of each of the Boards.

Greater clarity in actually specifying the role of the National Agency is required at this stage of defining the structural components of this initiative for professional bodies to have confidence.

4 Item 4.9 Staffing. Need for distinction between staff by employed by agency for its purposes and those employed by Boards for their purposes. Who employs? To whom do they answer?

5 Item 5.11 Responsibility for developing standards. The APS had understood the profession specific National Board as having responsibility for setting and implementing national standards. To this extent, we are surprised to know that the IGA is interpreted by the Consultation Paper as implying that the National Boards may not develop these standards. It is the view of this Society that the National Board should in fact have responsibility for facilitating the drafting of standards by appropriate bodies in the area of registration and accreditation although, elsewhere, we express concern about the freedom of the process from political interference. Undoubtedly in that drafting process the Boards will be dependent on advice and input from the accreditation and registration subcommittees and from the national and community stakeholders associated with those groups.

6 Item 5.1 Names of Boards. The APS endorses the title “Psychology Board of Australia” (thus “PsyBA”).

Recommendation 6: The National Board for psychology be known as the “Psychology Board of Australia”

7 Item on Mandatory reporting. The principles of mandatory reporting have incorporated into numerous pieces of State legislation around Australia particularly for health professionals over the last 20 years. The APS strongly supports such measures where they are to protect the community from child abuse, abuse of clients and serious criminal behaviour. The Society argues for a different process with regard to reporting associated with professional competence and/or with practitioner’s health issues.

So a distinction is required between regulations that require mandatory reporting - and those conditions requiring such - and the staged processes available that would enable a fellow professional to lodge an expression of concern that could be investigated initially without formal prosecutory processes being enacted. This differentiation, of course, would need explicit enunciation and definition.

Recommendation 7: That two processes be clearly identified: one for cases of client abuse where there needs to be a direct procedure for the removal of practice rights and prosecutory interventions; another to deal with “impaired practitioners” which might include a staged approach (commencing with education, peer support and self-reporting before moving to informal identification and when necessary to formal and expeditious interventions) thereby avoiding issues going underground or processes being overly zealous.

Summary of Recommendations

Recommendation 1: That the Australian Government commit to a CPI-indexed recurrent funding to national registration/accreditation that approximates a substantial percentage of the costs of conducting the scheme.

Recommendation 2: That the Boards set and collect fees and manage their own budgets quite independently of the National Agency and use/purchase the Agency services only as appropriate.

Recommendation 3: That the public must be protected from a possible erosion of standards by explicitly excluding the National Agency from any role in accreditation matters and specifically limit the powers of the Ministerial Council.

Recommendation 4: That the framing of the legislation includes the capacity for National Boards to register practitioners in a way that acknowledges the interface of health services with other sectors with regard to registrants (e.g., education, correctional services, human resources including occupational health and safety). This capacity would empower the National Boards to seek expertise and advice from such sectors when necessary and adjust practitioner standards and CPD accordingly.

Recommendation 5: That the aims of the legislation be expanded to strengthen the emphasis on the protection of the public from the untrained, unqualified and therefore unregistered. The notion of negative licensing (notification of registration authorities and the courts) is one such mechanism but other strategies should also be considered.

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