



***Submission on the Proposed Registration Arrangements  
National Registration and Accreditation Scheme for the Health  
Professions***

**Consultation Paper issued 19 September 2008 by the  
Practitioner Regulation Subcommittee, Health Workforce Principal Committee  
Australian Health Ministers' Advisory Council**

**October 2008**

## **Submission on the Proposed Registration Arrangements**

### **National Registration and Accreditation Scheme for the Health Professions**

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#### **1 Introduction**

The Consumers Health Forum of Australia Inc (CHF) is the national voice for health consumers. As an independent non-government organisation, CHF helps shape Australia's health system by representing and involving consumers in health policy and program development. CHF member organisations reach millions of Australian health consumers across a wide range of health interests and health system experiences.

Current CHF priorities are safety and quality in health care, safe and appropriate use of medicines and care for people with chronic conditions. Across these priorities, consumers rely on a well trained and effectively regulated health workforce that meets the needs of the community and puts consumers and their families and carers at the centre of health care.

CHF welcomes the introduction of the National Registration and Accreditation Scheme for Health Professionals which will set new standards for safety and quality in Australia. Health professionals will be assessed against national standards, closing the gaps between the states. The Scheme also provides the opportunity to bring better understanding between health professional groups of each other's roles and the potential for sharing good practices in education and training and working together to ensure complementary standards and consistent accreditation practices.

For consumers, a major benefit of the Scheme is the opportunity for a central place to check health professional registrations, obtain information about the different roles and experiences of various health professionals and to raise concerns about health professionals, while being sure that they will be directed to the right place for action and that their health care will not be compromised.

Consumers have a valuable viewpoint to contribute so that the Scheme is the best it can be and has consumer confidence. This initial CHF submission is based on consumers' discussions about health workforce issues in its three priority areas over a number of years, as well as recent input from members and consumer representatives about the new Scheme. Over the next months, CHF will be consulting with consumer organisations more specifically about the Scheme to provide further input during the development of the second stage of the legislation in 2009.

#### **2 Principles and approaches**

CHF supports the principles and approach outlined in the consultation paper but notes the focus on the registration process from the point of view of health professionals. In addition, CHF calls for further development to ensure that the Scheme fulfils consumers' expectations for a national register that is easy for them to access and use to find out about the registration status of their health professionals.

<p>CHF recommends the introduction of an additional principal: Current, timely and sufficient information for consumers about the registration status of their health professionals as a key component of a robust system, designed to protect the public.</p>
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To support this additional principal, the legislation must include requirements for the boards to provide the information needed in an appropriate way to construct a current, one-stop national resource for consumers such as a website, with a telephone inquiry line for further information or assistance, or for people who do not have or use the internet. Whether the national resource for consumers includes a portal website like [www.healthinsite.gov.au](http://www.healthinsite.gov.au) or a front end through the national agency with the boards uploading current information to the back end in a similar way to [www.privatehealth.gov.au](http://www.privatehealth.gov.au) or some other technological solution, the legislation will need to ensure that the boards provide appropriate registration information and keep it current.

Governance arrangements for this national resource for consumers will also need to be considered and consumers will need to be involved in its design to ensure that it meets consumer expectations of health information websites, for example, those developed by CHF in consultations with consumers as part of the 'E-health for consumers' project funded by the Australian Government Department of Health and Ageing:  
<http://www.chf.org.au/Docs/Downloads/fac-health-websites-info-oct08.pdf>

### **3 Regulated professions**

CHF supports the establishment of the boards and professional registers as set out in Table 1 but recommends that the legislation is developed to include the necessary provisions for meaningful information about the roles of the various professions, divisions of professions and what the endorsements mean to support consumers' use of the registers through a central one-stop national resource.

Consumers want to be able to find more information about the specialised qualifications and experience a health professional may have from the register. For example, better health outcomes are associated with surgery conducted by a surgeon with specific experience in that area, yet the 'register of medical practitioners' is not sufficient to provide information about whether a doctor is a surgeon or a GP or what their surgical experience is, such as breast cancer or heart surgery. Similarly for allied health professionals, over time it should be possible to develop the potential of the register to indicate whether a physiotherapist specialises in sports medicine or stroke rehabilitation. These issues for consumers are discussed further in Section 7.

Overall consumers want the legislation to be structured in a way that is sufficiently flexible to support continuous improvement in workforce training and professional development, including improved communication and understanding between professions.

CHF also supports further development of the Scheme to include other health professionals that are not currently registered. A key priority for consumers is that there are consistent processes to assure the safety and competence of all health professionals practising in Australia. A range of professions should receive the support and scrutiny of nationally agreed registration over time. These include but are not limited to Aboriginal community controlled health organisations and some complementary health providers. The registration scheme must be robust enough to encourage, not restrict, continuing improvement in care and access to care for consumers, which may include new professions, divisions of professions and endorsements.

#### **4 Initial registration**

CHF welcomes the inclusion of two community members on each professional board and supports the proposal outlined for initial registration on the basis that the community members have a say in setting the requirements. However, for the community members to have the confidence of the community, the boards will need to involve consumers in their selection, allow and encourage them to have dialogue with their wider networks while respecting confidentiality. This is important so that the community members remain current with wider community views and are able to advise the board on areas where there may be a need for wider consultation. CHF is working on guidelines for appointing community members of boards as part of a project funded by the Australian Government Department of Health and Ageing and the National Registration and Accreditation Implementation Project and would like to see the legislation make reference to current best practice in community involvement.

The legislation will need to ensure that the criteria for registration are transparent and available to the community as well as the professions. Boards will need to provide plain English information about criteria and make it publicly accessible through the one stop national registration website or telephone service. People need to know what a particular professional qualification means when they see someone has it on the register, including the practical training involved as well as the academic qualifications.

CHF does not have specific input from consumers about criminal history checks, but anticipates that consumers would expect the legislation to require criminal history checks on all new applicants, with a discretionary power for boards to require checks at annual renewals and self-declaration obligations imposed on registrants both at annual renewal and during the registration period (Option 3) as a minimum, with some responsibility for receiving notifications and responding promptly to criminal convictions.

#### **5 Qualifications for registration**

Once again, CHF emphasises the importance of the two community members on each board having the confidence of the community, as outlined in Section 4, given the proposal that the boards determine the combination of qualifications, experience and examination required for registration. The qualifications will need to be responsive to community expectations and to continuous improvements in training and practice. It will be important that it is possible for community members to find an explanation in plain English of the combination of training for each health professional group through the national resource, such as the website and phone service.

For example, CHF consultations about quality use of medicines and safety and quality in health care in regional and rural Australia over recent years have shown how important it is for consumers that their health professionals have the ability to communicate in English according to everyday usage and relate their communications to the Australian health system and culture, not only the level of English required for clinical or scientific communication. Our multicultural society can make this a particular challenge as a consumer from one culture, who may still be adapting to Australian language and culture, can find it particularly challenging when a health professional comes from yet another cultural perspective and language background. The ways that qualifications such as English language skills are checked or the strategies being used to improve them should be available and transparent to the community to build confidence that these matters are being taken into account by the

professional boards. This may involve much more awareness among health professional boards of interpreter services and other cultural support strategies.

CHF also recognises the importance of ensuring that changes in qualifications do not result in ever changing hurdles for professional registration. Students who are undertaking a program of study leading to registration at the commencement of the new scheme will need to be eligible for registration when they complete that program on the terms on which they expected to be eligible for registration at the commencement of the program.

## **6 Registration decisions**

### **6.1 Powers of boards before deciding applications for registration**

CHF supports Proposal 6.1.1 that the legislation provide for a responsible board at its discretion to exercise a series of powers before deciding an application for registration (rather than the legislation remaining silent). The proposed list includes:

- a) Investigate the applicant
- b) Require the applicant to attend before the board to answer questions about their application
- c) Require the applicant to provide further information or any documents considered necessary by the board to decide the application
- d) Require the applicant to undergo a written, oral or practical examination to assess the applicants competence to practise
- e) Require the applicant to undergo a health assessment (eg a medical examination or psychological assessment) to assess the applicant's capacity to practise

CHF would like to re-emphasise that good communication skills in everyday language is a fundamental competency at d) as is being able to relate communications to the Australian health system and culture.

### **6.2 Who makes registration decisions**

Where a board establishes a committee to make registration decisions that the responsible board would otherwise be empowered to make, it must be constituted appropriately, including appropriate community representation. Proposal 6.2.1 includes a requirement for 'at least one community member who is not and has never been a registered practitioner in that profession'. CHF is concerned that this wording does not put sufficient emphasis on the need for the community member to be selected and supported in a way that maintains the confidence of the community, as discussed in Section 4 and 5. Once again, CHF would welcome reference in the legislation to guidance on current best practice for community appointments in the constitution requirements for committees. The proposed clause could be interpreted to mean, for example, that a health professional from one profession would suffice as a community member on a committee for another profession. This could undermine public confidence that the committee reflected community expectations rather than protecting health professional interests.

### **6.3 Professional indemnity insurance**

CHF supports the proposal that the legislation require registrants to be covered by professional indemnity insurance. For public confidence in the new scheme, registered health professionals must hold sufficient cover to compensate community members who are injured or harmed in the course of their health care.

#### **6.4 Powers to refuse to grant registration**

Proposal 6.4.1 is for the legislation to provide powers for a responsible board to refuse to grant registration on a number of grounds, including but not limited to the applicant not satisfying the board of:

- competence to practise in the regulated profession and this cannot be satisfactorily addressed by the imposition of conditions
- a range of matters that it would not be in the public interest to allow the person to practise relating to:
  - character
  - unfit to practise because of drug or alcohol dependency, physical or mental impairment
  - conviction of a criminal offences
  - previous suspension of registration or cancellation proceedings that have never been finalised, deregistered or suspended under a foreign law
  - insufficient recent practice experience
  - English language proficiency
  - insufficient arrangements for professional indemnity insurance
  - disqualified from applying for registration under this Act or a previous enactment of a participating jurisdiction.

The consultation paper suggests that the application form for registration would require applicants to make a declaration with respect to each of the above matters. CHF is concerned to see further development of the interpretation of the powers at 6.1 to require the boards to investigate these matters.

It is not sufficient to rely on an applicant making a declaration with regard to matters such as conviction of a criminal offence, proceedings that have never been finalised, deregistered under a foreign law, insufficient arrangements for professional indemnity insurance or disqualified from applying for registration.

Consumers expect the establishment of the National Registration and Accreditation Scheme to fill the known gaps and cracks in the present system and make it easier for the board or the national agency to check on these matters in the public interest. The Bundaberg example where a journalist found information on the internet that should have disqualified a practitioner from registering in Australia could still occur if the boards relied on declarations alone.

A number of the other matters included in the list where it would not be in the public interest to allow the applicant to practise in the regulated profession do not lend themselves to reliable declarations by the applicant. These include character, alcohol dependency of physical or mental impairment, English language proficiency or even insufficient recent practice experience.

CHF recognises the importance of the principles of natural justice in these matters and the adverse effect that a narrow interpretation of competence to practise or unfair imposition of conditions could have on the professionals concerned as well as the availability of health professionals. However, one of the strengths of professional boards is supposed to be the ability of peers to sensitively handle such matters which puts some onus on professional peers to assist in monitoring for and identifying such issues when they arise. Further, under the new

scheme, the boards will be strengthened by the inclusion of community members who can assist in balancing community expectations with professional peer support.

As outlined in proposal 6.4.2, failure to disclose relevant matters to a board might constitute a fraudulent application under the legislation and should be treated accordingly. It is important for public confidence that boards have adequate monitoring mechanisms in place to make it hard for fraudulent applications to slip through and do not simply rely on declarations by applicants and wait for complaints to identify problems. The boards need the power and the responsibility for routine monitoring and investigation of applicants at an appropriate level to ensure public confidence in the scheme.

## **6.5 Refusal process**

CHF recognises the importance of procedural fairness as outlined in this section of the paper and the importance of timeframes for advising the participant of likely refusal of an application for registration and for the participant to respond. It would be in the public interest to ensure that the boards apply appropriate timeframes where conditions are imposed on registration to ensure regular review and that full competency is achieved in a reasonable timeframe.

## **6.6 Rights of review of registration decisions**

CHF recognises the importance of procedural fairness and that rights of review should be afforded to persons who are refused registration and supports a merits review rather than a review on points of law according to proposal 6.6.1. However, it is not clear whether the proposed reviewable decisions include sufficient scope for an applicant to seek review where conditions imposed cannot reasonably be met within the timeframe required. Just as it is in the public interest to impose timeframes to achieve full competency as raised at 6.5 above, it may be in the public interest to allow rights of review of these timeframes where full competency is likely to be achieved but the timeframe cannot reasonably be met.

## **7 Types of registration granted**

CHF notes the proposed types and sub-types of registration proposed in Table 32 in the consultation paper and emphasises the importance of information for consumers through the national resource and through the boards to ensure that the meanings of the different types of registration proposed are available and well explained for consumers including:

- General
- Specific
- Non-practising
- Student.

### **7.1 General registration**

In this registration category it will be particularly important that any specialist endorsements included on general registrations are meaningful for consumers and supported by further information. As discussed in Section 3 with respect to Table 1 in the consultation paper, consumers want more information about their health professionals' specialist qualifications and experience. In developing and using specialist notations, boards will need to build in community consultation to ensure that the notations are meaningful and communicated appropriately as part of improving public confidence in the scheme. This will also apply to conditions registrations which could apply in the general category but also with respect to the specific category discussed below.

## **7.2 Specific registration**

CHF is concerned that the community needs further information about this registration category for limited registrations. An increase in transparency around the various limitations to practise that may be imposed will help consumers to understand what limitations exist, why they are put in place and that they are not necessarily negative. For example, most people would understand the importance of limitations such as allowing an applicant to fill a research position or to upgrade training. However consumers do need to know what conditions of registration apply so that they can make informed decisions about the care they receive. For example, the proposed specific registration for area of need may be accepted by the community in the short term where professional development and support could be provided, but is unlikely to be acceptable as an indefinite arrangement in an isolated region where professional development and support is not planned or available in practice.

For consumers, the proposed specific registration to allow internationally trained specialists to practise while they undergo further training would need to ensure ability to communicate using everyday language in the Australian context as discussed in Section 5.

It is unclear to CHF how the proposed eligibility for specific registration 'f. Recognised specialist qualifications and experience' differs from the specialist endorsement in the general registration category.

Registrations to allow postgraduate supervised practice or training, preparation for examination candidates and teaching or research are better understood, but do have impacts on patient care such as more than one practitioner being present during consultations and consumers need more information to understand their rights and any implications for their care.

## **7.3 Non-practising registration**

CHF supports the proposal that if non practising registration is to be provided under the legislation, then there must be no confusion for consumers about whether a professional has this limited registration and exactly what a non-practising registrant is and is not authorised to do.

## **7.4 Student registration**

It would seem appropriate that those students undertaking clinical training that involves contact with patients/clients should be registered and that boards should be empowered to deal with these students if their ability to undertake clinical training is affected by physical or mental impairment, drug or alcohol dependence or other matters that may affect competency to practise. It is unclear why boards would require discretion not to have a student registration category as the public is likely to expect that a student participates in clinical training at some point in obtaining their qualifications and as such, that there is some professional as well as academic oversight of their competency to participate in clinical training.

## **7.5 Corporate registration**

The proposal not to make provision for registration of corporations in the legislation seems appropriate as registration relates to the professional qualifications and experience of an individual.

## **8 Authorities conferred by registration**

CHF notes the professional titles proposed to be restricted under the national scheme in Table 3. Consumers often struggle to understand the different roles of the professional providing their care, particularly in a hospital setting and it may be appropriate to consider a title that would equate to the current RN or registered nurse which helps people to understand the different level of qualifications, rather than the group term of ‘nurse’.

CHF also supports the protections to prevent practice by unregistered or unauthorised persons and notes that general exemptions will include persons assisting in emergencies.

With respect to practice restrictions, CHF would like to see further development of this section so that restrictions can be introduced based on risk assessment over time and so that the community will be involved in the decisions and informed about the risks. For example, it is important that the discussion in the section on restrictions on spinal manipulation does not rely only on whether the community is more vulnerable if there are no legislative restrictions, but whether the community is adequately informed of the risks of different types of spinal manipulations and the experience and qualifications of various professionals to perform such manoeuvres.

## **9 Renewal of registration and continuing competence**

CHF strongly supports the concept that under the national scheme each of the professional boards must have power and also responsibility to satisfy itself of the competence and fitness to practise of a practitioner, both at initial registration and on renewal. In particular CHF supports that each board must be in a position to monitor the ongoing competence and fitness to practise of registrants during the registration period. It is not sufficient to rely on complaints alone for monitoring of practise as it is extremely difficult for consumers to make complaints against the people who they rely on for health care.

Consumers also expect that health professionals participate in continuing professional development and remain current with their work. More and more the community expects strong consumer involvement in the development of standards for continuing competence requirements with a focus on continuing improvement of health care.

It is therefore important that proposal 9.2.2 is extended to build in the requirement for community consultation about minimum professional standards for continuing competence requirements set by the boards and that these are publicly available and easily accessible through the national consumer information resource. Consumers also need avenues for feedback mechanisms on these competence requirements and some way of monitoring that this feedback is considered by the boards.

CHF anticipates providing more detailed input on monitoring the professional competence of health professionals in a submission to the consultation paper on complaints.

## **10 Endorsement of registration**

Given the strong consumer interest in better understanding and having better information about the qualifications and experience of their health professionals, endorsements such as ‘medical specialist’ or ‘dental specialist’ do not seem to provide the level of detail that consumers would expect.

CHF supports the Intergovernmental Agreement statement that recognition of medical specialist qualifications will be achieved by ‘public identification and communication of recognised specialties, specialist titles and approved qualifications, identified through the public registers and via guidelines issued by the relevant board (rather than via an extensive list of specialities and associated specialist qualifications listed in regulation under the legislation).

However this approach makes it very important that the legislation requires this information to be made available by boards in ways that will enable consumers to interrogate it through the national consumer information resource discussed in Section 2.

CHF also agrees that further work is necessary to determine whether specialist recognition is required under the scheme for professions other than medicine, dentistry and podiatry. It is agreed that any decision by the Ministerial Council to recognise additional specialties within a profession should weigh the costs and benefits of recognising particular specialties and the risk of further stratifying the workforce and entrenching unnecessary rigidities. CHF recommends that the public interest is considered in detail and that boards include community consultations about new specialties and consumer representation in working groups as is currently done for recognition of new medical specialties by the Australian Medical Council. CHF also supports proposal 10.2.1 that the national legislation make provision for a prescribing endorsement for those boards that regulate nursing and allied health professionals. This is an important and developing aspect of team based care and most appropriate use of health professionals which should apply in a nationally consistent way through the national registration arrangements. It is very important for consumers that information about prescribing endorsements is readily available to them. It is also important that the legislation includes flexibility to introduce other particular types of service as part of innovative health care solutions, so long as these services are based on evidence, including consumer consultations, of their contribution to improved models of health care. Once again this information would need to be readily available to consumers and open to feedback.

## **11 Other matters**

It is appropriate that the legislation include administrative timeframes for duration of registration and for updating information including that removal and reinstatement to the register must occur in a timely way. It is unclear why a three months grace period is required for failure to renew; it would seem more appropriate to put administrative procedures in place to ensure timely renewal.

It is very important that the legislation makes provision for timely update of information that is available to consumers through the national resource about registration status of health professionals. An annual reporting arrangement would not be sufficient to meet this need and in our current electronic environment, would not meet the expectations of the community.

## **12 Transition arrangements**

CHF supports the concepts outlined in proposal 12.1 for timely transition arrangements that bring all practitioners onto the register by 1 July 2010, with good preparation to ensure that the information brought across and made publicly available is accurate and kept current.

## **Conclusions**

In this consumer submission to the Consultation Paper on Proposed Registration Arrangements for the National Registration and Accreditation Scheme, CHF emphasises the importance of legislating to ensure that consumers have access to better information about the registration requirements, qualifications and experience of health professionals through a one stop national resource such as a website in conjunction with a telephone service.

CHF commends the collaborative approach being taken by professions and governments to achieve the National Registration and Accreditation Scheme. The provision of a well-trained health workforce that is accessible, professionally supported and reflects community expectations is a key issue for consumers in ensuring the delivery of safe, high quality and culturally appropriate health services. CHF welcomes the important headway that is being made towards achieving the following consumer principles identified in 2006:

**Policy Principle 1:** Consumers must be involved in setting standards, accreditation and reaccreditation of health professional courses to ensure that the courses reflect community needs and produce health professionals that are able to provide culturally appropriate care.

**Policy Principle 2:** Entry standards and mechanisms for health professional courses should ensure that people from under-represented communities, such as people from culturally and linguistically diverse and Indigenous backgrounds, are not prevented from training as health professionals.

**Policy Principle 3:** Appropriately qualified practitioners from overseas must be assessed and supported to ensure they are able to practise in a way that meets the safety and quality expectations of the Australian community, without unnecessary delays.

**Policy Principle 4:** Consumers believe that all health professional associations should develop and implement a mandatory program of ongoing professional education for members.

**Policy Principle 5:** All health professional associations should work collaboratively with consumers in devising community-based options for professional development.

**Policy Principle 6:** Consumers should be equal partners in national health workforce planning to improve coordination between the medical, nursing and allied health workforces and address health workforce shortages.

**Policy Principle 7:** Consumers should be able to participate in any decision-making about the recognition of new health 'specialties'.

**Policy Principle 8:** The 'public interest' framework, used by the Australian Competition and Consumer Commission for determining whether health professional education should be the subject of competition, should be supported. Greater consumer input to course development and implementation would increase the utility of, and community faith in, such education.

**Policy Principle 9:** All states and territories should pass mutual recognition legislation for consistent standards for all registered health professionals.

**Policy Principle 10:** Professional bodies should ensure appropriate mechanisms for dealing with unprofessional behaviour and misconduct to ensure quality health care to the community. Best protections are afforded when these professional body mechanisms operate in tandem with an independent government-funded health complaints body. Complaints processes must be readily accessible to consumers.

(Source: [http://www.chf.org.au/Docs/Downloads/327b\\_Workforce\\_Aug06.pdf](http://www.chf.org.au/Docs/Downloads/327b_Workforce_Aug06.pdf) )

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## **Background information**

The Consumers Health Forum of Australia Inc (CHF) is the national voice for health consumers. As an independent non-government organisation, CHF helps shape Australia's health system by representing and involving consumers in health policy and program development.

Health consumers have a unique and important perspective on health as the users and beneficiaries of health care and, ultimately, those who pay for it. CHF takes consumers' views to government and policy makers, providing an important balance to the views of health care professionals, service providers and industry to achieve a health system that reflects the needs of all stakeholders.

CHF member organisations reach millions of Australian health consumers across a wide range of health interests and health system experiences. Health policy is developed through wide consultation with members, ensuring a broad, representative, health consumer perspective.

Current priorities include safety and quality in health care, safe and appropriate use of medicines and health care for people with chronic conditions. CHF also facilitates the appointment of consumer representatives on over 200 national health-related committees.

CHF believes all consumers should receive affordable, safe, good quality health care at the time they need it. The best outcomes are achieved when consumers are involved in decisions about and management of their own health care. Consumers should receive health care information when they need it in a form they can understand, particularly about using medicines.

Established in 1987, CHF receives funding from the Australian Government Department of Health and Ageing and membership fees. It seeks external funding for priority projects.

With its ability to access a variety of health consumer networks and extensive knowledge of consumer issues, CHF is a respected and influential contributor to the Australian health debate.

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