

**HEALTH CONSUMERS QUEENSLAND RESPONSE TO
NATIONAL REGISTRATION AND ACCREDITATION SCHEME FOR HEALTH PROFESSIONALS**

**NATIONAL REGISTRATION AND ACCREDITATION SCHEME
FOR HEALTH PROFESSIONALS**

**RESPONSE TO CONSULTATION PAPER 1
*PROPOSED REGISTRATION ARRANGEMENTS***

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ABOUT HEALTH CONSUMERS QUEENSLAND (HCQ)

HCQ was established to contribute to the continued development and reform of health systems and services in Queensland, by providing the Minister for Health with information and advice from a consumer perspective and by supporting and promoting consumer engagement and advocacy. Health Consumer Queensland's (HCQ's) aim is to strengthen the consumer perspective in health services policy, systems and service reform and improvement.

HCQ comprises a Ministerial Consumer Advisory Committee and a Secretariat supported by the Division of the Director-General, Queensland Health.

HCQ's Ministerial Committee was appointed in August of 2008 and is comprised of a mix of health consumers from a broad range of health groupings, Queensland communities and life stages. HCQ specifically includes representation from rural, regional and remote Queensland as well as Aboriginal and / or Torres Strait Islander, and Culturally and Linguistically Diverse communities, people with a disability, and women's health.

ABOUT THIS PAPER

HCQ has developed this paper in response to the consultation paper "Proposed Registration Arrangements", issued by the Practitioner Regulation Subcommittee, Health Workforce Principle Committee, Australian Health Minister's Advisory Council. The consultation paper is the first in a series on the implementation of a national accreditation and registration scheme for health care professionals, agreed to by the Council of Australian Governments (COAG) in March of 2008.

A copy of the COAG Intergovernmental Agreement (IGA) and the consultation paper can be downloaded from www.nhwt.gov.au/natreg.asp

It is intended that this paper provide direct feedback to the Practitioner Regulation Subcommittee on matters raised in the consultation paper and to inform Queensland health consumers and other stakeholders on HCQ's position on these matters.

GENERAL COMMENTS AND OVERVIEW

HCQ commends COAG and the state Ministers for taking the important and necessary step in implementing a national approach to accreditation and registration of health care practitioners and the Queensland Government and the Minister for Health for taking a leadership role in the implementation of the scheme.

HCQ supports COAG's demonstrated commitment and willingness to consult with stakeholders, particularly the recognition of the important role of the consumer perspective, in the implementation of the scheme.

HCQ supports reforms that increase patient safety, health care service quality and effectiveness and strongly supports the priority placed on these principles by the IGA. HCQ sees a nationally standardized and centralized approach to the registration requirements and types of registration of health care professionals as an important and necessary reform.

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HCQ believes that a centralized and standardized framework will increase the likelihood of unsuitable, under-qualified or unsafe practitioners being identified from one jurisdiction to the next, having the potential to provide greater transparency and accountability of registration schemes and on individual registrant matters, and standardize requirements and opportunities for on-going learning and professional development. It will also have potential to simplify the requirements of registration for practitioners, where these currently differ from one jurisdiction to another.

Whilst HCQ believes that the implementation of a national accreditation and registration scheme is a positive step, it is only one in a raft of reforms needed across the Australian health care systems and will not be a catch-all solution towards delivering quality, safe effective outcomes for Queenslanders.

The model proposed under the IGA is that of a number of centralized profession-specific boards with statutory power to make registration decisions. There would be provisions for these to have state-based committees with high levels of delegated responsibility for determining the suitability for registration of applicants and renewing registrants. The national boards are complemented by a Ministerial Council, an independent Australian Health Workforce Advisory Council national agency with agency management committee, a national office to support the operations of the scheme and at least on local presence in each state or territory.

From a health consumer perspective, the infrastructure applied to provide the proposed centralized functions needs to prioritise consumer safety and deliver timely outcomes in a cost effective manner. It needs to be accessible to consumers to raise their concerns individually on individual or systemic issues. It needs to be transparent and accountable. HCQ supports a structure which delivers on these principles.

Within the current proposed model, HCQ refers the health guidelines in consultation with stakeholders, including consumers, where there is significant delegation of board discretion to state committees. HCQ suggests that a system with clear and rigorous procedures to guide their work at a state level, with robust reporting and information sharing guidelines is necessary to manage potential vulnerabilities of inconsistent approaches at state levels and potential problems with efficient information sharing.

It is possible that an unintended consequence of the implementation of a national scheme could be increased costs of registration to practitioners. HCQ would not endorse the passing on of increased costs being passed onto consumers.

HCQ believes that criminal history screening, for relevant serious offences, charges or convictions, be mandatory across all registrants for all professionals. The exact framework for determining the relevance and seriousness needs to be developed in consultation with stakeholders including health consumers. Implementation can be achieved progressively to ameliorate obvious resource and administrative implications, but would commence with all new registrants and progressively roll-out to all registrants.

There are a number of health care professions not captured within the proposed framework of regulated professions. With “closing the gap” in health outcomes and services between indigenous and non-indigenous Australians a high government priority, HCQ raises specifically the opportunity to include Aboriginal Health Workers as a regulated profession under the proposal.

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National registration and accreditation has the potential benefits of standardizing qualifications for this developing profession. The centralized functions of the registration board may also assist in much needed peer networking and collaboration for those working in this highly dispersed and regionalized area of health care for Aboriginal and / or Torres Straight Islander Australians.

HCQ supports the implementation of effective strategies to develop the language and cultural competencies of newly immigrating professionals. HCQ also identifies the potential language and cultural competency issues for those trained in other English speaking countries, who may be unfamiliar with the unique cultural aspects and professional language of Australia.

HCQ will continue to monitor and engage with the process of consultation of the implementation of the National Registration and Accreditation Scheme.

SPECIFIC COMMENTS / RECOMMENDATIONS

1.1 OVERVIEW OF NATIONAL SCHEME

Comment

HCQ supports the commitment made by state/territory and Commonwealth Health Ministers to the participation of stakeholders, including health consumers, in the implementation of the new scheme. HCQ looks forward to taking part and encouraging consumer awareness, monitoring and participation in consultation and implementation of the scheme.

HCQ strongly supports the position of the Ministers that in the implementation of the scheme the safety of the public is paramount, high quality health care must be protected and advanced, governments should be accountable, and processes transparent.

RECOMMENDATION

HCQ strongly recommends that structures and mechanisms exist at all levels of the scheme for consumer representation.

2. PRINCIPLES AND APPROACH

Comment

The use of general rather than profession specific terminology and a broader framework to enable a robust but applicable system across a variety of professions is logical. HCQ supports these principles and approaches.

3. REGULATED PROFESSIONS

Comment

The IGA sets out the professions to be included in the first stage of implementation of the scheme, the proposed registers and their divisions. Additionally, Health Ministers have agreed to include podiatry in the first round.

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HCQ supports the current inclusions in the first round of implementation, however raises for consideration the benefits of further expanding the list of regulated professions to include Aboriginal Health Workers at this time. HCQ believes that there is a direct benefit to health consumers, practitioners, health care providers and the broader community from a standardised approach to the recognition of the profession, the qualifications and skills required, and scope of practice. HCQ also believes that in the national scheme, the importance of Indigenous Health must have the visibility that reflects its importance and priority. Given the front-line role of Aboriginal Health Workers, we recommend the inclusion of the profession in the register of regulated professions.

RECOMMENDATION

Additional register suggested: Aboriginal Health Worker

4. INITIAL REGISTRATION

Comment

4.1.1 HCQ Supports the proposal that applications are made to the responsible board and the administrative arrangements regarding forms and the type of information required by the board.

It is intended the legislation empowers the National Agency to publish a schedule of fees for each profession following agreement with the respective national board. HCQ supports that should an unintended consequence of the implementation of the national scheme should increase registration costs and that these costs not be carried by consumers.

RECOMMENDATION

HCQ recommends that health consumers also be consulted in the development of fee schedules for each profession.

4.3 CRIMINAL HISTORY CHECKS

Comment

HCQ believes that the current requirements and arrangements for criminal history screening of health care professionals are inconsistent and inadequate. It is HCQ's position that appropriate criminal history screening be required across each profession.

The preamble to the proposals in this section of the paper states that factors must be balanced in respect of requiring criminal history screening. These factors include resources, timeliness, and that employers may themselves require criminal history screening. It also states that boards "might" become aware of an applicant's criminal history through other means including self declaration or notification from a court.

Given COAG's commitment through the IGA to public safety, HCQ supports a robust and mandatory framework for criminal history screening in all regulated professions. HCQ understands the complex resource and administrative considerations involved, however asserts that criminal history screening is a valuable strategy in identifying unsuitable applicants or registrants.

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4.3.1

Comment

"I believe the criminal history checks should be carried out on all new and existing registrants, as is required in so many other industries. As a consumer I would feel safer knowing all health professionals have been checked".

HCQ does not support any of the proposed options under this section.

HCQ strongly urges that screening be adopted widely and thoroughly; that it be mandatory across all regulated professions. HCQ does not believe however that all positive notices under criminal screening should preclude registration and suggest that guidelines be developed taking into account the seriousness and relevance of charges and convictions. Standards and guidelines may differ between professions and this needs to be considered by each responsible board in consultation with consumers and other stakeholders.

There are substantial precedents in other sectors that can be taken into account when developing standards / guidelines for interpreting suitability based on criminal history. In Queensland precedents exist in Child Protection, Disability, Police and Corrective Services, regarding the introduction of criminal history and "suitability" screening across large work forces and sectors.

RECOMMENDATION

Criminal History Screening must be mandatory for ALL registrants; must include compulsory self-declaration at initial application and renewal of registration, of anything which may reasonably be considered to affect eligibility for registration (pending charges or investigations included).

Introduction could be rolled-out as with other sectors, e.g. the introduction of "blue cards" for children's services in Queensland.

All Stakeholders, including consumers, must be involved in the development of standards / guidelines for criminal history screening across each register and division of the scheme.

5. QUALIFICATIONS FOR REGISTRATION

Comment

The IGA states that the national boards will approve a list of courses and study that meet the qualifications required for general registration. HCQ believes that the representatives of the professions and consumers ought to be involved in the development of standards around requisite and recognized qualifications for registration, approved by the relevant national board.

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RECOMMENDATION

That consumers and the representatives of relevant professions participate in the development of standards for qualification for registration with the relevant national board.

PROPOSAL 5.1

Comment

HCQ supports the proposal that “qualifications for general registration” under the act refers to an approved course of study, supervised practice or examination set by or for the responsible board.

PROPOSAL 5.2

Comment

HCQ supports the granting of discretion to national boards to register those applicants with training and experience that the responsible board considers to be substantially equivalent to an approved course of study and supervised practice. HCQ also reinforces this discretion must be regulated by rigorous and open guidelines and the processes be transparent and accountable. They must be publicly reported with adequate detail so as to be open to community scrutiny.

HCQ understands the complexity of workforce issues facing many professions, particularly in rural and / or remote areas of Australia, however recent experiences in Queensland teach us that workforce or skill shortages should not be the primary consideration in the granting of equivalency. The delivery of safe, quality and effective health services to consumers needs be paramount in line with the principles underpinning this National Registration Scheme.

PROPOSAL 5.3

Comment

HCQ supports that once endorsed by the responsible board, the list of approved qualifications be made publicly available. HCQ supports that qualification not be prescribed by legislation.

6. REGISTRATION DECISIONS

Comment

HCQ understands that the demand on each national board will be high and agrees that the responsibility for registration decisions should rest with the respective responsible national board. HCQ supports the capacity of responsible boards to delegate their power to committee of the board, within robust, transparent and accountable guidelines and procedures with rigorous reporting mechanisms.

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6.2.1.a iv Who Makes Registration Decisions?

Comment

The committees themselves should be populated with members who are registrants of the relevant profession and non-registrants, however HCQ believes that consumer representation is a priority inclusion. The inclusion of a lawyer on all committees is not a priority matter for HCQ, however we do acknowledge legal representation would value add to the Committee'

RECOMMENDATION

Include at least two CONSUMER members on committees.

PROPOSAL 6.2.2

Comment

HCQ does not oppose the proposed delegation of a national board's powers to a board member, committee member or person providing services to the board with the exceptions of registration and / or endorsement, imposition of restrictions on registration or renewal, amending or revoking conditions on registration or to remove a person's name from the register.

6.3 PROFESSIONAL INDEMNITY INSURANCE (Pii)

Comment

6.3.1 HCQ supports the standardisation of Pii requirements nationally. HCQ believes that all practitioners should carry appropriate Pii for the full term of their registration (with the exception of non-practicing registrants). Consideration to Pii coverage which provides ongoing insurance beyond the period of practice must be made in setting minimum standards of Pii to ensure indemnity for future claims.

PROPOSAL 6.3.2

RECOMMENDATION

HCQ supports the proposal that all registrants be required to comply with Pii guidelines be set by national boards, however further recommends consultation with consumers be required in the development of these guidelines.

PROPOSAL 6.4.1

Comment

HCQ supports the inclusion in the legislation for responsible boards to refuse registration on the grounds listed. On the subject of English language proficiency HCQ supports this provision, however understands the barriers often experienced by internationally trained professionals in developing their English language and cultural competencies.

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6.4.1.h REGISTRATION OF INTERNATIONALLY TRAINED HEALTH PROFESSIONALS

The provision of English language and cultural awareness bridging courses for at least one year for these professionals improves their chances of being able to work in Australia.

The main barrier for these internationally trained medical practitioners is the prohibitive cost incurred in attending courses to upgrade them to enable them to practice later.

RECOMMENDATION

It is recommended that these people be given entitlement to a HECS style loan to get them through the system. One year or two in investment for a bridging course will reap its rewards.

RECOMMENDATION

Additionally, the language and cultural confusion of native English speakers, trained internationally, needs to be taken into account when developing frameworks for determining their language and cultural competence to practice in the Australian context.

6.4.2 POWERS TO REFUSE TO GRANT REGISTRATION

RECOMMENDATION

HCQ believes that if a responsible board believes an applicant or registrant is attempting to obtain registration through fraud, that the board be compelled to refer the matter to the police. The provision that “Failure to disclose relevant matters (such as those listed above) might constitute fraudulent action” could be strengthened to state “WILL constitute a fraudulent action”.

6.6 RIGHTS OF REVIEW OF REGISTRATION DECISIONS

Comment

HCQ supports the principles of natural justice supported by the legislated provision for registrants or persons refused registration to appeal decisions which refuse or place restrictions on their scope or practice or registration.

7.1. TYPES OF REGISTRATION

Comment

HCQ supports the types and sub-types of registration as detailed in the proposal, with the exception of “area of need”, which allows an applicant to work in an area of need before their registration is finalized. This should not be allowed.

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7.1. b Area of need

HCQ understands the complex workforce issues facing many professions and health service providers, particularly in rural and remote areas of Australia to attract qualified and skilled practitioners. However HCQ raises a concern that this provision could be disposed to “fast-tracking” applicants in order to fill workforce gaps. Again, we stress the fundamental tenant underpinning this reform *to protect the public from potentially harmful outcomes* needs to be paramount in decision making around this matter.

“I think it is unacceptable to allow health professionals who do not meet the requirements to gain registration to nonetheless be allowed to work in an area of unmet needs. Will the consumers in these areas be advised that the health professional they have been allocated is not of a registerable standard? If a health professional is not good enough to be registered, then they should not be practicing in areas of unmet needs where they will probably need to make more decisions and have few, if any other health professionals in the area to ask advice or refer to.”

RECOMMENDATION

Applicants for registration be not allowed to practice until their registration is approved and finalized.

7.4.1 STUDENT REGISTRATION

Comment

HCQ supports the registration of students under the same regime as applied to full registrants, with the exception of complete qualifications.

Option 3 is supported, empowering all boards to register and regulate students, and that student registration be mandatory for all students in all regulated professions.

8. AUTHORITIES CONFERRED BY REGISTRATION

Comment

HCQ supports all areas covered within this section of the proposed registration arrangements regarding the restriction of titles and the legislative definition of core practices for dentistry, optometry and spinal manipulation.

9. RENEWAL OF REGISTRATION AND CONTINUING COMPETENCE

Comment

HCQ supports the implementation of on-going competence standards and continuing professional development (CPD). Suitability should include disclosure and consideration of complaints made against the registrant or other matters which might reasonably be expected to affect capacity or competence to practice or otherwise suitability for registration. HCQ supports proposal 9.2.1 requiring responsible boards to implement requiring registrants to demonstrate ongoing competence in their profession.

PROPOSAL 9.2.2 enables responsible boards to develop frameworks for continuing competence, which is supported by HCQ.

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9.3.1 ANNUAL REPORTING OBLIGATIONS ON REGISTRANTS

RECOMMENDATION

Annual reporting must include any complaints made, or restrictions placed on practice by a health service or authority, criminal investigations, charges or convictions, or other changes in the registrant's circumstances which might reasonably impact on the registrant's eligibility for registration.

Annual reporting should also include disclosure of any health issues which may reasonably be expected to affect competence or capacity in any area of the professions scope of practice.

PROPOSAL 9.4.3 requires that registrants are obliged to report various matters within a 30 day period such as being charged with or convicted of a criminal offence punishable by 12 months imprisonment or more, any medical negligence claims, withdrawal or limitation on clinical privileges or credentials or any other matter set down by the Ministerial council.

HCQ Supports this provision, however raises a concern over the intervening time (30 days) should a registrant continue to practice despite serious allegations or other matters which potentially affect their eligibility for registration.

RECOMMENDATION

That a schedule for reporting (based on type and seriousness of charge or conviction) be developed by each responsible board in consultation with consumers and other stakeholders which defines and mandates immediate reportable matters by registrants to the relevant responsible board. (see 4.3 regarding precedent and existing models)

10. ENDORSEMENTS ON REGISTRATION

HCQ Supports the proposals, including provisions for the protection of titles and endorsements to prescribe medications or undertake practices or provide services that are otherwise restricted.

PROPOSALS 10.2.1 AND 10.3.1 capture these matters and are supported by HCQ.

11. OTHER MATTERS

PROPOSAL 11.1.1 HCQ supports a 12 month registration period for all professions under the scheme, and grant of registration subject to annual renewal.

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PROPOSALS 11.2.1 AND 11.2.3 enable responsible boards to issue certificates in a form and manner determined by the board and is supported by HCQ.

RECOMMENDATION

11.2.3 requires that practitioners whose registration is cancelled or suspended return the certificate. HCQ supports this provision, however believes it would be strengthened if display or use of the certificate whilst suspended or un-registered constitutes an offence.

11.3.1 FAILURE TO RENEW

Comment

HCQ supports that no 'grace' period for registration be endorsed. Therefore HCQ supports the "alternative option".

PROPOSAL 11.4 REINSTATEMENT TO THE REGISTER

Comment

HCQ supports the 'alternative' option whereby there be no provision for reinstatement to the register for lapsed practitioners. Those with outdated qualifications should be required to meet the current registration requirements.

12.1 TRANSITION ARRANGEMENTS

Comment

HCQ supports the proposed transitional arrangements to the implementation of the scheme in 2010. HCQ makes particular reference to 12.1.f where a practitioner with multiple registrations in different jurisdictions may have an outstanding investigation or disciplinary matter in one jurisdiction, will not "automatically be deemed to be registered under the new scheme.

CLOSING STATEMENTS

HCQ supports COAG's moves to implement a coordinated and standardized approach to the accreditation and registration of health care professionals. HCQ supports the commitment of the health Ministers through the IGA to consultation with stakeholders, including consumers, on the implementation and the national scheme.

HCQ commends COAG for its commitment and priority given to safety, quality and effectiveness of health services, in the public interest and supports these principles being upheld in every facet of the national scheme.

HCQ will continue to engage with and monitor the implementation of the national scheme, providing the consumer perspective on the issues that affect us.

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