

Attention: Practitioner Regulation Subcommittee  
By email to [nraip@dhs.vic.gov.au](mailto:nraip@dhs.vic.gov.au)

Dear Sir or Madam

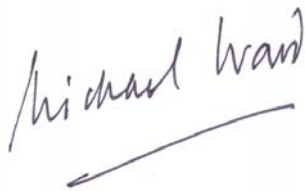
### **Registration Arrangements Submission**

Thank you for the opportunity to comment on the consultation paper *Proposed Registration Arrangements* as part of the National Registration and Accreditation Scheme for the Health Professions.

I attach a submission from the Health Quality and Complaints Commission (HQCC), an independent body dedicated to improving the safety and quality of health services in Queensland.

For further information or clarification regarding the HQCC submission, please contact Dr Teresa Lynne A/Director Standards and Quality:  
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Yours sincerely



Professor Michael Ward  
Commissioner  
29 October 2008



health quality  
and complaints  
commission

POSITIVE HEALTH ACTION

Response from

**Health Quality and Complaints Commission  
Queensland**

to

**National Registration and Accreditation Scheme for  
Health Professions Consultation Paper:**

**Proposed Registration Arrangements**

29 October 2008

## Introduction

This is a submission from the Health Quality and Complaints Commission (HQCC) in response to the consultation paper *Proposed Registration Arrangements* released in preparation for the National Registration and Accreditation Scheme for the Health Professions.

The HQCC is an independent body dedicated to improving the safety and quality of health services in Queensland. Established in July 2006, the HQCC has three key functions – managing complaints, monitoring and promoting quality improvement in health services and sharing information.

As the central body for health complaints in Queensland, the HQCC has first hand experience about the impact of the current lack of coordination and communication between jurisdictions and views this as a significant barrier to safety and quality of health care. In fact the HQCC was formed in response to tragic events which were partially the result of this situation, as detailed in *Queensland Public Hospitals Commission of Inquiry*<sup>1</sup> and *Queensland Health Systems Review*<sup>2</sup>. For this reason, the HQCC supports national registration of health practitioners in principle and commends the government on this initiative which has the potential to improve the safety and quality of health care in Australia in several ways.

It is expected that national registration will allow the boards to identify, address and monitor health practitioners' fitness to practice, while having registration details available to the public will allow health consumers to make informed decisions about their choice of practitioner. The system could also reduce duplication of effort and administrative burden, freeing resources which may be redirected into other initiatives to improve the safety and quality of health care, such as strategies to address the shortage of health practitioners in Australia. While the proposed registration arrangements do much to address safety and quality, this needs to be balanced with the current skills shortage by facilitating health practitioners' entry, re-entry and retention to the workforce.

However, the HQCC is concerned by the apparent limited research and evidence base for the scheme in general and the proposed registration arrangements in particular. In the introductory remarks to the consultation paper, it is proposed that the registration provisions will build on best aspects of current State and Territory schemes, but it is the opinion of the HQCC that much could be gained by drawing from the health care systems of other countries.

The following comments are the HQCC response to specific proposals included in the consultation paper; identified by the reference numbers used in the consultation paper. Where proposals are omitted it can be assumed the HQCC has no comment.

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<sup>1</sup> Davies, The Hon. G. Queensland Public Hospitals Commission of Enquiry. Final Report. Brisbane. 2005.

<sup>2</sup> Forster, P. Queensland Health Systems Review. Final Report. 2005

### **Section 3: Regulated professions**

It is noted there are three existing registration boards in Queensland which are not covered by the first stage of implementation of the proposed registration arrangements:

- medical radiation technology
- speech pathology
- occupational therapy.

It is the opinion of the HQCC that there is a role for registration of these professions in protecting public health and safety. The HQCC recommends that these, and other partially regulated professions such as traditional Chinese medicine, should in time be included in subsequent stages of the national registration scheme.

### **Section 4: Initial registration**

#### ***Proposal 4.2.1 (Information required on initial application for registration)***

**Part c:** The HQCC has recently supported a policy proposed by several registration boards in Queensland to require applicants to provide evidence of previous registration and registration status *for the last five years*. The HQCC considers this timeframe strikes an adequate balance between (a) ensuring applicants are fit to practise; (b) the additional administrative burden; and (c) the risk that the policy may lengthen the application process and therefore the time in which health practitioners become available to the workforce. The HQCC recommends the clause be clarified with the addition of an appropriate timeframe, and by specifying that evidence must be supplied from every jurisdiction in which the applicant practised in that period, whether inside or out of Australia and regardless of whether a formal registration system was in place in that jurisdiction.

**Part d:** The HQCC supports the proposal that the boards be given the power to require information on any complaints made against applicants. The HQCC trusts that the boards will exercise sound judgement in assessing the relevance of the complaints and use their discretion to seek clarification from the body to which it was reported, bearing in mind that a proportion of complaints are vexatious, frivolous or may otherwise have little bearing on a practitioner's fitness to practise. It is expected that, in implementing this proposal, consideration will be given to any legislative changes needed to enable complaint agencies such as the HQCC to provide the requested information about complaints.

#### ***Proposal 4.3.1 (Criminal history checks)***

The HQCC agrees with 'balancing the requirements for public safety and the resources and timeframes required to implement criminal history checks' and believes that Option 3 will adequately address this balance. The HQCC also believes criminal history checks need to be applied consistently and fairly, and that this may not be achieved by giving the boards discretionary powers. For example it is not clear whether a criminal history precludes registration entirely or whether the board has discretion to consider the particular offences committed and the potential impact on the nature of work likely to be undertaken by the registrant and/or how long ago the offences were committed and the penalty paid by the offender.

## Section 6: Registration decisions

### ***Proposal 6.2.1 (Who makes registration decisions?)***

**Part a. i:** It is recommended the chair appointed by the board is *required* to be a registrant of the profession.

**Part a. iii:** It is suggested the value in requiring the committee to include a lawyer may not justify the additional expense involved, particularly as the proposal requires the committee to observe the principles of natural justice and procedural fairness. It is suggested this clause be removed and that the boards seek independent and specialised legal advice as required.

### ***Proposal 6.2.2 (Delegation of registration decisions)***

The HQCC had difficulty differentiating between 'routine registration decisions' and decisions that can be delegated by the national agency. The proposal seems to suggest that the national agency does not have the authority to approve initial registration whereas the state/territory offices can approve initial registration but not make any other decisions. Clarification is sought about the intention of this proposal and how it offers improvement over the model that currently exists.

### ***Proposals 6.3.1 and 6.3.2 (Professional Indemnity Insurance)***

As Queensland is the only state in Australia that does not currently require its health practitioners to hold professional indemnity insurance in order to practise, the HQCC wholly supports these proposals and the opportunity to align with the rest of the country.

On the matter of professional indemnity insurance, the HQCC also notes an initiative in the United Kingdom whereby certain health providers are given discounts on their insurance premiums if they can demonstrate compliance with risk management standards. While this model is outside the scope of the consultation paper, it is offered by way of example of the innovative health reform elsewhere in the world which could be considered for adoption in Australia.

### ***Proposal 6.4.1 (Powers to refuse to grant registration)***

The HQCC is concerned by the terminology used to outline the boards' powers to refuse to grant registration and considers that these are potentially open to misuse and misinterpretation. The following recommendations are made:

**Part b:** Clarify 'character' by including examples of behaviours that demonstrate it would not be in the public interest to allow the applicant to practise.

**Part c:** Require drug or alcohol dependence or physical or mental impairment to be assessed by an appropriate health professional, rather than 'considered by the board'.

**Part d:** Specify the crimes or circumstances of an offence which would render the applicant unfit to practise.

**Part g:** The HQCC understands that recency of practice is a consideration in safety and quality of health care, but recommends that this requirement be balanced with addressing workforce issues by facilitating re-entry into the health professions. Anecdotal evidence suggests that 'Generation X' and 'Generation Y' may no longer remain in the one job or indeed the one profession for their entire career, but choose to pursue multiple interests and explore a range of professional development activities. Unnecessarily restricting these generations' ability to re-enter the health professions may cause a future strain on the already under-staffed industry. The HQCC is also concerned by the disincentive this may pose for health practitioners wishing to take a period of leave, for example to start and raise a family.

It is recommended the boards consider innovative ways of assessing and assisting health practitioners to return to the profession, such as the Royal Australasian College of Surgeons Re-Skilling and Re-Entry Program. It is also recommended each board be required to make explicit their recency of practice requirements, such as timeframes and what will be considered by the board to be sufficient recent practice, in order to assist registrants to make informed decisions about their career development.

**Part h:** The HQCC is concerned that this proposal is silent on the methods boards will use to assess English language proficiency. Several boards in Queensland have recently considered new policies to require applicants with English as a second language to pass an International English Language Testing System (IELTS) test to an academic standard as a condition of registration. However, anecdotal evidence suggests this level may be insufficient in the clinical context. The HQCC recommends consideration is given to adopting a more appropriate test, such as the communication and clinical assessment undertaken by Queensland Health in assessing the English language proficiency of International Medical Graduates (IMGs), or the Australian Pharmacy Council's Competency Assessment for Overseas Pharmacists.

### ***Proposal 6.6.1 (Rights of review of registration decisions)***

This clause suggests that health practitioners will revert to state and territory tribunals to have refusal decisions reviewed but clause 6.2.2 indicates that authority to refuse to renew should remain at the national level. Similarly to the comment at 6.2.2, the HQCC seeks clarification about the intent of this proposals and how the arrangements will work in practice.

## **Section 7: Types of registration granted**

### ***7.2 Specific registration***

The HQCC is generally supportive of the proposed sub-types of specific registration but takes this opportunity to express concern about possible implications of 'special purpose' registration as it has been applied for international medical graduates (IMGs) in Queensland. Under special purpose registration IMGs who have not been granted general registration, may for example be registered to work in 'areas of need' or participate in a 'clinical attachment program' where they are permitted limited clinical responsibilities as preparation for the clinical examination conducted by the Australian Medical Council. The

HQCC has received reports of these practitioners working outside the permitted scope of practice and/or insufficiently supervised. Given that IMGs in a clinical attachment program are not paid for the placement, the system is open to misuse by under-funded and over-worked facilities. The Davies Report (3) identified various defects in 'area of need' registration and concluded it is a 'morally untenable approach'. The HQCC is of the opinion that an applicant is either fit or unfit to practice regardless of their geographical location or other considerations, and believes that workforce issues should be addressed in other ways.

On an international level, it is noted that the General Medical Council (GMC) of the United Kingdom introduced a new registration framework for doctors on 19 October 2007, the cornerstone of which was to abolish 'limited registration', a category which applied only to IMGs. The GMC now applies the same framework to all practitioners regardless of where their qualifications were gained.

The HQCC also questions the value of 'Temporary registration in the public interest' and seeks clarification of the circumstances in which such registration status would be granted.

### ***Proposals 7.3.1 and 7.3.2 (Non-practising registration)***

The proposals are supported, with boards to be given the option to adopt a non-practising category. It is the experience of the HQCC that there is benefit to be gained from having non-practising professionals on staff. The HQCC expects that the cost of maintaining non-practising status will be commensurate.

### ***Proposal 7.4.1 (Student registration)***

The proposal is supported, with boards to be given discretion to include or not include a student category of registration, to allow for the variation between professions and courses of study. For example, the administrative burden of registering all first year psychology students may be too great, particularly when many do not have patient contact until their postgraduate years. In contrast nursing students have clinical contact in the first year of study and would benefit from student registration status.

- It is suggested that the boards be empowered to refuse to grant registration status to students on the additional grounds that they may refuse registration to any applicants, as outlined in clause proposal 6.4.1 (ie. character and criminal history checking).
- It is noted that the Pharmacy Board of Queensland has a good scheme for registration captured in their policy *Commencement of supervised practice for graduates* which requires a pharmacy degree, pre-registration training and 1824 hours of supervised practice over a period of 48 weeks.

### ***Proposal 7.5 (Corporate registration)***

The proposal - not to include provision for corporate registration - is supported.

## **Section 8: Authorities conferred by registration**

### **8.1 Title protection**

It should be noted that the purpose of protection of professional title is in fact to protect the public from being misled about the qualifications of health practitioners. For this reason, it is recommended the 'catchall phrase' be amended to reflect this more clearly, for example: 'any other title, name, symbol, description, etc which given the circumstances could be reasonably understood *by a member of the public* to indicate the person is a registered practitioner'.

While the titles to be protected for most professions are appropriate, there is much confusion among members of the public by the various titles used by medical practitioners, particularly in the emerging field of cosmetic surgery and procedures, and it may be prudent to clarify this issue. It is also the experience of the HQCC that health consumers are confused by the use of the term 'specialist' though this is clarified somewhat in clause 10.1.3.

### **8.2 Practice protection**

The HQCC questions the value of having exemptions from title and practice offences for assistants working under supervision and students, as it is these people who may be most likely to misrepresent their qualifications.

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

### **9.1 Background**

In the interests of public safety and quality of health care, the HQCC supports the requirement for boards to ensure that registered practitioners meet minimum acceptable standards of competence, both at initial registration and renewal. As outlined, there are currently a number of indirect measures of competence, none of which are adequate in isolation. As outlined in comments related to 6.4.1(g), recency of practice is a consideration, but is not an accurate measure of competence, and will be more important for some professions than others. Self-assessment and self-declaration against established competencies can be effective in empowering practitioners to take responsibility for their own performance, but there are the obvious problems in verifying such data. It is noted that claims of continuing competence for renewal of registration may be supplemented by conducting random audits, as is done by the Queensland Nursing Council. As such, the HQCC recommends more stringent methods of demonstrating competency such as continuing professional development (CPD), performance assessment by the boards and credentialing by health service agencies.

It should be noted that the HQCC's standards on: 'Credentialling and Scope of Clinical Practice' and 'Providers Duty to Improve the Quality of Health Services', and possibly other existing standards frameworks, may form the basis of a system to monitor ongoing competence and fitness to practice.

### **Proposals 9.2.1 and 9.2.2 (Continuing competence requirements)**

The proposals are supported.

The HQCC welcomes the boards adopting a role in managing the development of standards, including with respect to registration, competency and CPD. However, HQCC's experience indicates health consumers are confused by multiple standards and guidelines and health service providers are overburdened with reporting requirements. For example the Australian Commission of Safety and Quality in Health Care (ACSQHC) are preparing Australian Health Standards, while professional bodies issue a variety of guidelines, and the HQCC is legislated to develop mandatory standards for health service providers in Queensland. The HQCC recommends consideration is given to streamlining the system and avoiding duplication of effort. It is anticipated this can best be achieved by ensuring wide consultation with a range of stakeholders so that agreement may be reached. The HQCC recommends that the national boards consider the HQCC standards, and/or other existing standards frameworks, and how these can best be incorporated into any new standards frameworks that are developed as part of the national registration and accreditation scheme. HQCC standards and their current relevance to registered health professions are outlined in Table One below. One possibility is that renewing and new registrants are required to declare compliance, or an intention to comply, with relevant standards.

**Table One: HQCC Standards and current applicability to health professions**

	Clinical			Provider Functions			Quality
	Review of Deaths	Management of AMI on and Following Discharge	Surgical Safety	Hand Hygiene	Credentialing	Complaints Management	Providers Duty to Improve the Quality of Health Services
Chiropractic				✓		✓	✓
Dental Care			✓	✓		✓	✓
Medical	✓	✓	✓	✓	✓	✓	✓
Nursing and Midwifery	✓	✓	✓	✓		✓	✓
Optometry				✓		✓	✓
Osteopathy				✓		✓	✓
Pharmacy		✓		✓		✓	✓
Physiotherapy				✓		✓	✓
Podiatry				✓		✓	✓
Psychology				✓		✓	✓

**Proposal 9.3.1 Annual reporting obligations on registrants**

The HQCC is generally supportive of reporting obligations but is of the opinion that efficiencies could be gained by requiring biennial, rather than annual, renewal without compromising public safety and quality of health care. It is also recommended that the boards be given discretion to impose additional reporting obligations on their registrants which might be specific to the profession, for example requiring dental care workers to report the contraction of blood borne diseases.

**Proposal 9.4.2 (Powers to issue guidelines about professional standards)**

It is noted that boards may be given powers to issue guidelines for registrants about standards but would not make compliance with these guidelines mandatory. It is the opinion of the HQCC that there is limited value in issuing optional guidelines and quality improvement can only be achieved and demonstrated if it is monitored over time.

**Proposal 9.4.3 (Reporting obligations on registrants – during the registration period)**

The proposal is supported.

## **Section 10: Endorsement of registration**

### ***Proposal 10.1.3 (Specialist endorsement)***

The proposal is supported.

## **Section 11: Other matters**

### ***Proposal 11.1.1 (Duration of registration)***

The HQCC is of the opinion that efficiencies could be gained by requiring biennial renewal without compromising public safety and quality of health care. This would reduce the burden and cost on registrants, and the resources of the board that are freed may be redirected into other initiatives to improve the safety and quality of health care, such as continuing professional development and strategies to address the shortage of health practitioners in Australia. By way of international comparison, in 2009 the GMC of the United Kingdom will introduce licences to practise along with a revalidation scheme which will require doctors to renew their licence every five years.

### ***Proposal 11.2.4 (Change of contact address)***

The HQCC supports the proposal that registrants are obliged to notify a change of address but considers that the boards should make it easier for registrants to do so eg: via email or on-line access to the register to update personal details.

### ***Proposal 11.2.5 (Details of practice address)***

The HQCC supports the proposal that registrants be required to provide the board with each practice address from which they offer regulated health services but considers that boards should make it easier for registrants to advise this information eg via email or an on-line system.

### ***Proposal 11.3.1 (Failure to renew)***

The proposal - that there be a 'grace' period of three months following expiry of registration within which to renew - is supported.

### ***Proposal 11.4.1 (Reinstatement to the register)***

The proposal - to include provisions to allow for reinstatement to the register - is supported.