REGISTRATION ARRANGEMENTS SUBMISSION

In response to:

CONSULTATION PAPER

“Proposed Registration Arrangements”

For the

Practitioner Regulation Subcommittee
Health Workforce Principal Committee
Australian Health Ministers Advisory Council

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INTRODUCTION

The Private Hospitals Association of Queensland (PHAQ) is the peak body representing the interests of private hospitals operating in the State of Queensland. Our membership base is diverse and includes large groups – both for profit and not for profit, independent hospitals, day hospitals and several small, community-owned, regional not for profit hospitals.

There are 108 licensed private hospitals in Queensland, comprising 56 inpatient facilities and 52 day hospitals with a total of 6,343 licensed beds. In 2006/7, Queensland private hospitals provided 1.9 million patient days of care and accounted for 742,014 separations or 48.6% of total separations in this State.

PHAQ supports national registration arrangements and encourages consistent standards for health professions across Australia. We support the schemes[1] primary objectives to develop legislation that will:

- Provide for the protection of the public by ensuring that only practitioners who are suitably trained and qualified to practice in a competent and ethical manner are registered
- Facilitate workforce mobility across Australia and reduce red tape for practitioners
- Facilitate the provision of high quality education and training and rigorous and responsive assessment of overseas-trained practitioners
- Have regard to the public interest in promoting access to health services; and
- Have regard to the need to enable the continuous development of a flexible, responsive and sustainable Australian health workforce and enable innovation in education and service delivery.

Comment on Proposals

Table 1: Board, Registers and Divisions of Registers

With regard to the Nursing and Midwifery Board of Australia, PHAQ notes the proposed divisions (Division 1 – Registered Nurses; Division 2 – Enrolled Nurses; Division 3 – Midwives), however within the register, we consider that provision should also be made for distinguishing between such divisions to ensure clarity for scope of practice with respect to qualification, particularly in the specialty and nurse practitioner fields.

Proposal 4.1.1 – Applications for Registration

PHAQ supports the proposal that the legislation requires applications for registration to be made to the responsible board and that an application must be:

- In a form approved by the responsible board
- Accompanied by the fee fixed for that profession, and
- Accompanied by any information reasonably required by the responsible board

Proposal 4.2.1 – Information Required on Initial Application

PHAQ strongly supports the proposal that the national boards have the power to require the following information to accompany an initial application for registration.

a. evidence of the applicant's qualifications and supervised practice experience that they believe qualifies them for registration
b. evidence of successful completion of an examination (if required) set by or on behalf of the responsible board

[1] The National Registration and Accreditation Scheme for the Health Professions (as agreed by COAG March 2008)

c. evidence of previous registrations and registration status, i.e. disciplinary history (where the applicant has been registered under another law)
d. information on any complaints made against the applicant to bodies such as health complaints commissioners, Commonwealth, State or Territory bodies.
e. evidence of recency of practice (except for new graduates)
f. Workforce data required for national workforce analysis
g. Any other information reasonably required by the responsible board.

a – Evidence of the applicant's qualifications and supervised practice experience

In relation to nursing and midwifery, there is currently considerable variation in the range of undergraduate, postgraduate and supervised practice, clinical performance assessment tools which have the potential to pose a significant risk in terms of adequately assessing competence and safety to practice. It is suggested that in the future, consideration should be given to the development of a National Clinical Practicum Assessment Tool based on agreed standards for nursing and midwifery competency.

f – Workforce data required for national workforce analysis

PHAQ strongly supports the provision of workforce data both at the time of initial application and at annual renewal as this would provide a rich source of trend data for future workforce planning and analysis purposes.

g. – Any other information reasonably required by the responsible Board,

Within the private hospital sector it is not uncommon for medical specialists to be credentialed to practice at several facilities. As part of the Credentialing process most private hospitals require applicants to disclose whether or not they have previously been refused clinical privileges at another health care facility or had their scope of practice and/or appointment, reduced, suspended or revoked, and if so, the circumstances surrounding it. It is suggested that provision of such information at the time of initial registration would be beneficial.

4.3.1 Criminal History Checks

PHAQ supports **Option 2** – *That the legislation require criminal history checks on all new applicants and at renewal of registration, but these requirements be phased in over time from 1 July 2010*

PHAQ is of the view that the cost associated with obtaining a criminal history check should be borne by the applicant.

6.1.1 Powers of boards before deciding applications for registration

PHAQ supports the proposal that the legislation provide for responsible boards at their discretion to exercise the following powers:

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 applicant's competence to practice
e. require the applicant to undertake a health assessment to assess the applicant's capacity to practice.

With regard to d. above, it is suggested that for overseas applicants where English is not the native language, the ability for boards to require an English fluency assessment should be specifically expressed in the legislation.

6.3.1 – Professional Indemnity Insurance (PII)

PHAQ strongly supports the proposal that the legislation requires registrants to be covered by professional indemnity insurance at all times during the registration period, as a condition of registration and that applicants be required to provide evidence of coverage to the satisfaction of the responsible board both at the time of initial application and at annual renewal. We concur, that the legislation must allow registrants to meet the requirements if they are covered by an employer's PII.

We would suggest that applicants should be required to not only provide evidence of their current professional indemnity cover, but also be required to disclose whether any indemnity insurer had ever placed any conditions on their cover or refused to provide cover, and the circumstances surrounding this.

6.4 .1 – Powers to Refuse to Grant Registration

The grounds to refuse registration articulated in a-j of page 11 are supported. Likewise that the application form for registration should require applicants to make a declaration in respect of each of these matters and if required, provide documentary evidence.

7. Types of Registration Granted

PHAQ notes the existing variations in relation to nursing and midwifery scope of practice across the States and Territories and therefore in establishing a national board it will be imperative that these are addressed via consultation and review. In particular we highlight the scope of practice in relation to medication administration that currently differs between ENs (Division 2 RNs) in each state.

Table 2 – Proposed Types and Sub-Types of Registration

PHAQ supports the concept of noting any specialist endorsement on the certificate of general registration.

7.3.1 Non-Practising Registration

PHAQ supports the proposal to include in the legislation the capacity for Boards to adopt a non-practising category if they wish, in order to:

- Make more transparent the distinction between those registrants who are and are not in active practice
- Better target competency requirements and
- Provide more accurate data for workforce planning purposes

However we are of the view that in including this capability, it will be essential for transparent criteria to be established by the relevant boards to clearly articulate the following key considerations:

- Individuals to whom this category might apply (e.g. academic staff, professionals on extended leave, retired professionals etc.)
- Prescribed timeframes for remaining on this section of the register and obligations in respect of ongoing professional development requirements whilst not practising
- Clarification of the scope of practice and boundaries for a 'non-practising' professional and any penalties which might apply to those who breach the conditions of this category of registration

7.4.1 Student Registration

PHAQ supports **Option 2** - *The legislation include powers for all boards to register and regulate students, and student registration be mandatory, but only for those students who are*

undertaking clinical training, that is, those who are at the point in their course where they are in direct contact with patients.

We are of the view that intrinsic to this option would be a requirement for all students to undergo a criminal history check.

It is suggested that the process for registering students should be facilitated by the relevant training organisation and not the health care facility hosting the clinical placement.

9. 2.1 & 9.2.2 Renewal of Registration and Continuing Competence

It is proposed that the legislation require the Boards to establish requirements within each profession for registrants to demonstrate continuing competence at the time of annual renewal, with the scheme to be implemented for each profession on 1 July 2010. Since continuing competence would be a condition of registration renewal, requirements would apply to all registered health professionals, regardless of whether they work in public or private settings, and are employees or self-employed.

Whilst PHAQ strongly supports the principle of this proposal we believe that the suggested implementation date of 1 July 2010 is unrealistic. A number of clinical specialties do not currently have clearly articulated guidelines regarding competency assessment and given the degree of consultation which would need to occur it is unlikely that this could be achieved and implemented by 1 July 2010.

In introducing this requirement it will be imperative to develop a clear definition of 'demonstration of continuing competence' so that health professionals are clearly aware of their obligations.

In addition a number of issues will need to be addressed for example:

- How will competence be determined and by whom?
- Will it be self-regulated?
- Will a framework be established by each Board to determine who is considered suitable for registration based on evidence of adequate or inadequate competence?
- Will practical guidelines for annual submission of CPD be provided to health professionals?

9.3.1 Annual Reporting Obligations on Registrants

PHAQ supports the proposal that the legislation require registrants to submit to their respective boards at the time of annual renewal, various items of information such as:

- How the Board's continuing competence requirements have been met
- If charged with or convicted/subject of a finding of guilt for an offence punishable by 12 months imprisonment or more
- Any medical negligence claims
- If any clinical privileges or credentials have been withdrawn or restricted by a health service body or third party payer and
- Any data required to be provided to the Ministerial Council for workforce planning purposes

In addition to the above, where relevant, registrants should also be required to provide evidence annually of their professional indemnity cover.

9.4.3 Reporting obligations on registrants – during the registration period

PHAQ supports the proposal requiring registrants to report to boards at any time during the registration period, and within 30 days, on the following matters:

- If charged with or convicted/subject of a finding of guilt for an offence punishable by 12 months imprisonment or more
- Any medical negligence claims
- Any withdrawal or limitation of clinical privileges or credentials by a health service body and
- Any other matter set down from time to time by the Ministerial Council.

In addition to the above, PHAQ would suggest that registrants should also be required to notify the Board if any changes occur to their level of professional indemnity during the period of registration.

Whilst most By-Laws and Credentialing Application Forms require medical practitioners to give an undertaking that they will notify the Chief Executive Officer in the event of any matters listed above occurring, PHAQ would recommend that the legislation should also prescribe an obligation on registrants to notify the Chief Executive Officer of each health care facility at which they have clinical privileges within 30 days of any of the above events occurring.

11.2.1 Registration Certificates

It is suggested that Registration Certificates for all health professionals should clearly denote any limitations or conditions of practice which might have been imposed by the responsible board.

Timeframes

Successful migration from State based registration to a National Registration scheme will be highly dependent on addressing the following key issues:

- Development and implementation of an effective IT management system
- Integration of current systems and processes
- Rationalising scope of practice where variance exists
- Development of definitions and minimum standards regarding continuing competence requirements
- Clear communication regarding the process

This will involve extensive consultation between stakeholders and therefore PHAQ considers that the implementation date of 1 July 2010 may be difficult to achieve and that the legislation should clearly provide for a phased period of implementation.