

## NATIONAL REGISTRATION & ACCREDITATION SCHEME

### SUBMISSION TO SENATE COMMITTEE

The Dental Board of South Australia welcomes the opportunity to comment on the National Registration and Accreditation Scheme and, in particular, on the larger questions about the basis of the project. This inquiry may be the very first occasion when the Boards have been given a forum in which to be heard on this subject. Until now, Board representatives have fired shots in frustration at the proposed scheme only to realize they are shooting at the messengers. The people implementing it cannot accept ultimate responsibility for it. They are not in a position to debate its fundamentals or the reasons for it.

The originators of the scheme, either the Health Ministers or their unnamed advisors, failed in their task from the beginning in announcing such a disruptive course of action without

- any consultation whatsoever with the existing Boards; or
- any understanding of the complex issues involved.

The establishment of a national registration system for the health professions, done well and done for good motives, openly declared, would be a good thing. Nobody would oppose it. It could have been achieved by retaining the current State and Territory-based registration boards and spending whatever money was necessary to standardise their registers and remove duplications from them. That would have been quite a substantial task but it would have been the whole task. As it is we are being asked to accept the total abolition of the present system, its replication by a totally new State and Territory-based structure surmounted by a new Commonwealth bureaucracy. Standardising the registration data is only one element of the scheme. In addition the proposed new system involves the Commonwealth government in accreditation standards for the health professions. The extent of government involvement is not yet clear (apparently because of disagreements between Health Ministers) but the implications are serious because the international credibility of professional standards is predicated on their independence of government and the bureaucracy.

The official rationale for the project is given in the COAG communiqué dated 26 March 2008:

*"The new arrangement will help health professionals move around the country more easily, reduce red tape, provide greater safeguards for the public and promote a more flexible, responsive and sustainable health workforce. For example, the new scheme will maintain a public national register for each health profession that will ensure that a professional who has been banned from practising in one place is unable to practise elsewhere in Australia."*

"...help health professionals move around the country more easily ..."

The existing mutual recognition laws already make it very easy for practitioners registered in one jurisdiction to become registered in another. Any remaining difficulties in this area could easily have been corrected by minor amendments to the mutual recognition laws.

"...reduce red tape..."

The new scheme will reproduce the existing system and add several layers of bureaucracy on top of it.

"...provide greater safeguards for the public ..."

Nothing in the details announced so far supports this assertion. On the contrary if, as seems likely, the new system is subject to external control and direction, public protection will be subordinated to political and bureaucratic point scoring.

"... promote a more flexible, responsive and sustainable health workforce."

There is not the slightest evidence that this is literally true. If the proponents of the new scheme believe that the present system is inflexible, unresponsive or unsustainable they should say so publicly and give their evidence for it.

"...will ensure that a professional who has been banned from practising in one place is unable to practise elsewhere in Australia."

This is already the case. The new system will add nothing.

What seems likely is that the new scheme has its origins in a coincidence of interests between two elements within the State and Commonwealth Health Departments. One is driven by a long-standing populist dislike of the health professions and resentment of the degree of independence that they have maintained; the other seeks to minimise the political embarrassments that arise from shortages of health practitioners. The true purposes of the new scheme, one suspects, are:

- to give effective control over professional standards to political and bureaucratic entities external to the professions; and
- to enable governments to meet the increasing demand for health services even at the cost of lowering standards in some areas (by registering overseas-trained practitioners who fail the current examination or by permitting professions with a lesser standard of training to move into areas of practice now restricted to those with more comprehensive training).

Both of these positions are perfectly legitimate and defensible. One might either agree or disagree with them. However it becomes difficult to engage in meaningful debate about the details of the proposed scheme when the true reasons for its creation are not disclosed. The situation is further complicated by the fact that many people who are in a position to understand the issues see themselves as having a future in the new scheme and are reluctant to speak openly about their reservations.

The common perception that there is a yawning gulf between the publicly declared rationale and the real one has bred enormous mistrust of the scheme, particularly among the members and staff of the existing registration boards. They are the people most familiar with the nuts and bolts of running a registration system; they are the people who have most to contribute to any soundly-conceived alternative; and they, perhaps coincidentally, were the last to be consulted. Most of their expressions of mistrust have been politely withheld as the project has moved forward amongst contradictory assessments and instructions, uncertainty and improbable timelines. Their attempts at constructive criticism have been deflected by offensive implications that they are only speaking from a position of self-interest.

Even if the new scheme is inevitable some efforts should be made to modify its most blatant excesses. Most concerns would be allayed if the proponents of the new system were prepared to state publicly that:

- professional accreditation standards will be a matter in which the professions themselves will have the last word;
- the budgets of registration boards established under the new scheme will be controlled by the boards themselves (and not by the Agency Management Committee or the Australian Health Practitioner Regulation Agency); and

- registration board policies will not be dictated by the Agency Management Committee or the Australian Health Practitioner Regulation Agency or the Australian Health Ministers Advisory Council.

The alternative is to have the health professions regulated by political whim and bureaucratic obsession. The proposed National Registration & Accreditation scheme is itself an example of the risks involved when politicians make hasty decisions, on the basis of partial advice, without understanding all the implications of what they are doing.

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