**THE PHARMACEUTICAL COUNCIL OF WESTERN AUSTRALIA**

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The Secretary
Senate Community Affairs Committee
PO Box 6100
Parliament House
Canberra ACT 2600

**Re: National Registration and Accreditation Scheme for Health Professionals**

I refer to your Committee's inquiry into the design of the government's national registration and accreditation scheme ("NRAS") for health professionals.

Having regard to the published terms of reference, this Council makes the following submissions on the proposed arrangements for the scheme.

**(a) The impact of the scheme on state and territory health services**

There are significant advantages which should flow to the health services from a national registration scheme including consistent national standards for health practitioners and standardisation of registration requirements which should lead to greater practitioner mobility.

However it is apparent that, in some States at least, funding for the operations of the National Agency, national boards and committees coupled with development of new information technology infrastructure will almost certainly see registration fees rise. There is almost universal resignation across the health professions that this will be the case. Increases in registration fees may be a deterrent to practitioners considering return to the professions, particularly those who may intend to work part-time.

The proposal to introduce a **mandatory** requirement to provide workforce data as part of the registration renewal process may also prove a deterrent to registrants. This Council understands that recent experience with the introduction of mandatory Professional Indemnity Insurance Declarations, Annual Returns (including reports on continuing professional education activities) has seen some practitioners elect not to renew registration as the process has become somewhat irritating. Collection of workforce data is not central to registration of practitioners or to maintenance of standards within a profession.

Even if Boards are to be tasked by the Ministerial Council to collect specific workforce data, for the purposes of government's workforce planning, that function should be appropriately resourced by government and not from funds provided by practitioners for registration / regulatory functions.

**(b) The impact of the scheme on patient care and safety**

NRAS proposals include an intention to issue each practitioner with a unique identifier, which identifier would not indicate the profession(s) in which the practitioner is registered. This proposal has little impact for practitioners who may move permanently from one profession to another but introduces a risk where practitioners hold concurrent registration in more than one profession. Whilst there is no objection to the allocation of a unique identifier, it is recommended that there should be a way to identify practitioners with concurrent registration eg – doctor and pharmacist. For example, it is essential that information about a practitioner suspended by one Board, who is also registered in another profession, is transferred automatically between Boards (as per the Health Practitioner Index in New Zealand).

**(c) The effect of the scheme on standards of training and qualification of relevant health professionals**

There is significant concern that ultimate responsibility for standards of training and qualification will move from those with intimate understanding of professional practice (the jurisdictional Boards and/or their national councils) to the Ministerial Council. The specific knowledge and experience contributed by those Boards is essential to ensure the protection of the public. There is significant risk in a scheme which effectively transfers responsibility for setting professional standards to Health Ministers.

The IGA provides that National Boards are responsible for ensuring the development of accreditation standards. However it is proposed to legislate to make the Ministerial Council responsible for assigning the right to perform accreditation functions.

Members will be appointed to the National Boards by the Ministerial Council, having regard to their specific skills and experience. If the Boards are charged with ensuring the development of accreditation standards, it is recommended that they also be empowered to apply their skills and experience to determining the appropriate process, body and/or committee to undertake that function. If this recommendation is not accepted then the Ministerial Council's ability to assign the accreditation function should, at least, be limited to assignment on the recommendation of the Boards. Otherwise, the proposal leaves the Ministerial Council open to allegations of political interference and loss of independent decision making.

It is proposed that the NRAS legislation allow for changes and expansion of the range of courses accredited with any such expansion requiring the approval of the relevant standards by the Ministerial Council. This proposal does not comply with the legal framework outlined in the WHO/WFME Guidelines which provides that "the legal framework must authorise **the accrediting body** to **set** standards..."

**(d) How the scheme will affect complaints management and disciplinary processes within particular professional streams**

Large numbers of contacts with jurisdictional Boards arise because members of the public are not sure whether there are grounds for a complaint / notification arising from their interaction with a practitioner. The staffing strategy and discussion papers to date do not appear to recognise the need to ensure appropriate staff resources are available to assist potential "notifiers" to understand whether there are grounds for a "notification" or whether their dissatisfaction is better categorised as a communication failure.

Assistance to potential "notifiers" is best provided at the local level, by staff with an understanding of specific aspects of practice and the legal and ethical obligations within a profession. The proposals for "one stop shops" or worse, a single national call centre, do not recognise the assistance provided to the community in understanding whether their expectations of practitioners are appropriate. Any proposal which has the effect of, or even the potential to, make it more difficult for consumers to obtain information and advice about acceptable (or unacceptable) conduct poses a risk to public safety.

One of the stated objectives of the NRAS is to reduce red tape and streamline procedures. However, the proposals for the management of disciplinary, performance and impairment matters introduce significant scope for delay and duplication of effort. The proposals are heavily reliant on committees and panels, the members of which will generally be engaged in practice themselves. Whilst it may be appropriate to rely on these committees and panels to make decisions, the proposals do not appear to allow for Boards to delegate at least some of the preliminary assessment and investigation functions to appropriately qualified and experienced staff. Whilst the committees and panels may determine the action required in any matter, it is the staff who must be tasked to progress matters.

Further, whilst recognising that volume may dictate that some professions require each of the proposed committees and panels, others will not. It is recommended that each Board have flexibility to determine the number and size of committees and their roles. For example, a Board may choose to appoint a single committee / panel which fulfils more than one of the functions outlined in this paper. This may overcome some of the concerns raised about potential delay and duplication of effort and should ensure that sufficient professional input can be secured, even in small professions and small jurisdictions.

A further concern about the introduction of multiple committees and panels is the scope for multiple sources of referral to either a single tribunal or multiple tribunals, without any reference to the national board. If one of the purposes of a national scheme is to ensure national consistency, there needs to be a mechanism which ensures that matters of similar nature are dealt with in a similar way. It is recommended that, where a Board establishes multiple committees and/or panels, any determination that a matter should be referred to a tribunal for hearing should be first endorsed by the National Board or at least a national assessment committee. It is accepted that this referral may not be required if the proposal to establish a Director of Proceedings or similar is adopted.

**(e) The appropriate role, if any, in the scheme for state and territory registration boards**

One of the key risks with introduction of the NRAS is the lack of nationally consistent drugs and poisons, privacy, freedom of information and other legislation. Whilst ever so many issues affecting the obligations of health practitioners are regulated on a State by State basis, there appears little utility in abolishing jurisdictional Boards, only to have National Boards discover they need to establish jurisdictional committees with expertise in these local requirements.

**(f) Alternative models for implementation of the scheme.**

The proposal currently envisages that all staff engaged in the delivery of the national scheme will be employed by the National Agency which will have responsibility to determine conditions of employment. However, on a practical level, many staff activities will be directed by the Local Committees established in the jurisdictions by the National Boards. In order to ensure that appropriately skilled and qualified staff are recruited and retained it is

essential that mechanisms are specified which enable those directing the activities of staff to be involved in the preparation of job specifications, determination of appropriate remuneration, recruitment and performance appraisal.

Under the proposed structure, if each National Board established only one national committee plus one committee per jurisdiction, appointments would need to be made to 90 separate committees. The suggestion that persons appointed by the National Board to various committees need to first be approved by the Ministerial Council appears to introduce an unnecessary and time consuming additional administrative step.

The Ministerial Council will have appointed members to the National Board after considering their suitability and experience to deliver all aspects of the national scheme. The proposal is for the appointment of committees at the local level and it is difficult to understand what added value consideration by the Ministerial Council would bring to this process. The need for Ministerial Council approval also reduces flexibility for the national board to efficiently conduct its operations, introducing new committees and/or members as workload dictates, given that the Ministerial Council is only expected to meet twice per year.

A more cost effective and less disruptive means to achieve national registration of health professionals is to retain the jurisdictional Boards and introduce provisions such that registration in one jurisdiction grants an entitlement to practise in all (examples are the legal and veterinary professions). Work to ensure the adoption of nationally consistent standards and fee structures could be undertaken by a National Board (or Council) comprising representatives of each of the jurisdictional Boards. In pharmacy, this model already exists with the Australian Pharmacy Council (APC). Even with the limitations of varying State legislation, through membership of APC all jurisdictions have adopted common requirements for accreditation of courses, initial registration and assessment of overseas qualified practitioners. APC has also facilitated adoption of common approaches to particular areas of practice.

Yours sincerely

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Registrar