

30 April 2009

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

Dear Secretary,

Attached please find a submission to the Senate Community Affairs Committee *Inquiry into the National Registration and Accreditation Scheme for Doctors and other Health Workers*.

The submission is from our Association which is the peak professional organisation for Australia's 4,000 optometrists. I am Chief Executive Officer of the Association and hereby authorize this submission.

Please note, Optometrists Association also convenes the Professions Reference Group on National Registration and Accreditation (PRG). PRG is the prime communication channel between the 10 professional organisations representing the initial professions whose practice is to be regulated by the national scheme and COAG. Our representative in Canberra, Mr John Beever, is Chair of PRG.

We register our interest in elaborating on this submission in hearings the Committee will conduct.

If you have any questions, please contact John Beever at our Canberra Office on 02 6263 5970 or 0448 626 359.

Yours sincerely,



JOE CHAKMAN  
Chief Executive Officer



OPTOMETRISTS  
ASSOCIATION AUSTRALIA

**Senate Community Affairs Committee**

***Inquiry into the National Registration and Accreditation Scheme for  
Doctors and other Health Workers***

**Optometrists Association Australia**

**April 2009**

## **Introduction**

Optometrists Association Australia supports the concept of national registration and accreditation for health professionals. A properly designed National Registration and Accreditation Scheme (NRAS) will deliver better protection for patients by ensuring only eligible health professionals may practice (Inquiry Term of Reference (b) refers).

National registration also provides an opportunity to combine in a national scheme the best parts of current regulatory practice from around Australia. This potential was illustrated in March 2009 when Health Ministers decided to include in the NRAS criminal history checks based on Queensland legislation and mandatory reporting based on NSW requirements, both of which we believe reflect best practice in these areas (Term of Reference (a) refers).

Once remaining design problems are rectified, the Council of Australian Governments (COAG) current proposed design for NRAS will be a sensible and practical reform.

## **Current COAG Proposal**

In brief, the current COAG proposed design will replace some 80 state and territory practitioner registration boards which generally report to state and territory Health Ministers with 10 national professional boards which report to a new Australian Health Workforce Ministerial Council (Ministerial Council). The Council will comprise all state and territory and the federal Health Ministers. The new national boards will be able to delegate powers to state and territory level panels and committees.

Instead of the current registration boards paying for a variety of administrative and secretariat arrangements e.g. employing staff or retaining sub-contractors, a new Australian Health Practitioners Registration Agency (AHPRA) will provide common user-services. Many current registration staff will transfer to the Agency. AHPRA will maintain offices in each jurisdiction.

It is proposed health professionals will fund registration arrangements through the annual registration fees they pay once transition to the NRAS is complete. Funds and resources will be pooled and controlled by AHPRA, not the national boards. Currently, the state and territory registration boards and not administrative agencies control the funds in most jurisdictions.

The accreditation of education courses which health practitioners must pass before they can register and the vetting of overseas practitioners who want to work in Australia is presently done in most professions by accreditation agencies which are set up deliberately to be independent of governments, professions and educators. This is consistent with accepted international best practice. The current COAG proposal is for the Ministerial Council to approve accreditation and professional standards recommended by the boards and to make policy decisions concerning accreditation.

The Inquiry title refers to a scheme for 'Doctors and other Health Workers'. Please note there are presently some 550,000 registered health professionals whose practice will be covered by the initial implementation of NRAS. This includes registrations of practitioners who register in more than one jurisdiction so the total number of professionals will be somewhat smaller. Of the 550,000 registrants only 94,000 are medical practitioners.

Optometry regards the changes reportedly proposed by some Ministers as an opportunity for COAG to get the design of the NRAS right.

Optometry proposes an alternative to COAG's design for the NRAS (Term of Reference (f) refers) which we believe will:

- achieve COAG's stated objectives.
- incorporate most of the reported proposals attributed to some Ministers.
- fix the remaining fundamental design problems optometry and other professions have identified consistently in earlier submissions to Health Ministers.
- simplify NRAS and so be capable of implementation by July 2010.

## **Fundamental Design Problems**

Optometrists Association has identified two fundamental problems with COAG's design of the scheme from the project's beginning, namely:

- inappropriate government involvement in accreditation of health professionals education and with professional standards.
- the ability of national board members to perform their statutory duties being compromised by AHPRA controlling resources funded by the registration fees paid by professionals.

### *Accreditation*

Under the alternative design proposed by optometry, governments will not be involved at all in accreditation of education of professionals or with professional standards as COAG proposes (Term of Reference (c) refers). Accreditation agencies will operate independently as they do now in most professions, but they would be funded through and report to the national boards.

To illustrate, in optometry, the current accreditation agency, the Optometry Council of Australia and New Zealand (OCANZ) would simply report to the new national Optometry Board of Australia (OBA) instead of being funded by the current eight state and territory boards and the Council of Optometry Registration Authorities (CORA).

The maintenance of operational independence in accreditation is essential to ensure the NRAS is not used to lower or otherwise compromise professional standards to meet political or workforce needs. There are other measures available to governments to deal with these issues and the NRAS should be concerned only with ensuring patient safety.

Some professions believe accreditation agencies should operate entirely separately from the boards. There may be benefit in complete separation of registration and accreditation but there is equal benefit in a limited linkage between these functions. Either complete separation or operational independence with limited linkage is acceptable, but government involvement is counterproductive.

### *Resources*

Under optometry's alternative design the national boards will have primary responsibility for the operation of the scheme within their respective professions and will be accountable to the Ministerial Council and through ministers to parliaments.

AHPRA will provide the boards with administrative support and report to and be accountable to the boards. The boards will be accountable to the Ministerial Council on AHPRA operations as part of their regular reporting requirements.

AHPRA will provide shared services specified by and paid for by the boards. These will be secretariat services needed by all boards and will be delivered under contracts to the boards at agreed costs probably on a per capita basis. Where a board needs more than the services which are shared with all boards, those additional services will be provided on a basis agreed by AHPRA and that board and be paid for by that board.

The current design has AHPRA holding all scheme funds and controlling all resources in NRAS. We believe this will give AHPRA effective control of both registration and accreditation which will amount to Government interference in an area in which it has little expertise and is properly the domain of the professions.

While some might argue that boards should be permitted to obtain the services that APRA is to provide from other sources because to put competitive pressure on prices and service quality, optometry believes COAG should persist with the current model of all boards contracting with AHPRA. All boards contracting with APRA is necessary to get full benefit from common user systems such as IT and premises and to ensure consistent delivery of services across the country.

### **Other Issues**

Optometry offers the following suggestions concerning consumer complaints, state and territory registration boards and ministerial reserve powers.

### *Consumer Complaints*

The current COAG design gives the national boards and their state and territory committees' primary responsibility for dealing with problem practitioners and with complaints from consumers. This generally reflects what happens in states and territories other than NSW where there are agencies which receive and deal with consumer complaints in varying ways with boards.

In NSW the handling of complaints is centralised much more through the Health Consumer Complaints Commission (HCCC). It has been reported the NSW Government has argued the HCCC should become the model for NRAS consumer complaints handling instead of boards taking much of that role.

Optometry had previously supported the current COAG approach but now accepts that there is public benefit in moving more toward a co-regulatory model for complaints handling. This would mean complaints are handled jointly by the NRAS and some separate but operationally linked agency in each state and territory. Optometry believes such complaints handling agencies should remain the responsibility of state and territory governments and not be part of NRAS.

### *State & Territory Registration Boards*

The current COAG proposal for national boards to replace state and territory registration boards represents the most sensible approach to a true national system. The transitional proposal to consider current members of such boards who are willing to serve on panels and committees of the national boards is a practical way to preserve expertise and corporate memory.

Suggestions that current boards be retained and a national approach be pursued through meetings of board presidents are misguided. Adoption of such an approach would simply maintain the status quo and undermine the national approach.

### *Ministerial Reserve Powers*

While our preferred design makes the national board for each profession responsible for the operation of the NRAS in each profession, we believe the Ministerial Council should have a reserve power to intervene should any board not manage its responsibilities adequately.

Such reserve powers would be used rarely, if ever, but they should be available in case extraordinary circumstances arise that demand Government action. If any such interventions ever happened they should be transparent i.e. be notified publicly in advance.

### **Conclusion**

In summary, optometry's approach is for:

- Health Ministers to decide high level policy, to pass legislation to enable necessary action by national boards and to intervene should boards not perform. Ministers and governments would not manage the operation of the scheme and in particular would have no involvement in any way in accreditation or with professional standards.
- enabling legislation to make the national professional boards responsible for operation of the scheme within each profession and accountable to the Ministerial Council. This must include control of the human and financial resources needed to implement the scheme.
- AHPRA to support the operations of the national boards by providing shared secretariat services under contract to and direction by the boards.

# Optometry Alternative Design for National Registration & Accreditation Scheme

