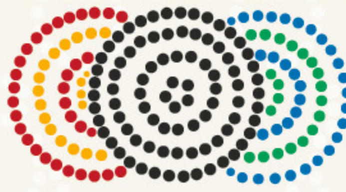

13 October 2014

Mr Kim Snowball
Project Team
Review of the National Registration and Accreditation Scheme for health professions
Level 14 / 50 Lonsdale Street, Melbourne, VIC 3000
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NRAS.Review@health.vic.gov.au
Australian Health Ministers' Advisory Council

Dear Mr Snowball

Submission to the Review of NRAS

I am writing to you on behalf of the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) regarding the Review of the National Registration and Accreditation Scheme (NRAS).

As the national health professional peak body for Aboriginal and Torres Strait Islander nurses and midwives. A key component of our work is to promote health (and community) services to become culturally safe working environments for nurses and midwives, as well as providing culturally safe services to Aboriginal and Torres Strait Islander peoples. Culturally secure service provision is paramount in achieving best health outcomes.

On this basis CATSINaM's supports the NRAs and its objectives, particularly interested in addressing issues around workforce planning and access to services. More importantly CATSINaM supports an overarching body to monitory, report and advise on the National Scheme as a whole, especially around matters of education and training to ensure a consistent approach to training health professionals to be culturally respectful to Aboriginal and Torres Strait islander peoples to achieve a vision of a health system free of racism and inequality.

Yours Sincerely

Janine Mohamed
Chief Executive Officer

Attachment: CATSINaM Cultural Safety Position Statement

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Accountability and Governance

Questions (as per discussion paper)

1. Should the Australian Health Workforce Advisory Council (AHWAC) be reconstituted to provide independent reporting on the operation of the National Scheme?
2. 2. Should the Health Workforce Advisory Council be the vehicle through which any unresolved cross-professional issues are addressed?

Response:

CATSINaM agrees with the view that the National Scheme as a whole lacks oversight and therefore supports the establishment of an independent body is established to report, monitor and advise on its operation. The key for this body is to carry out a new more proactive role particularly around the objectives: *promotion of access to health services* and *development of a flexible, responsive and sustainable workforce*. To achieve this it is likely that there will be cross professional conflicts, which this body will need to resolve, consequently a non-partisan independent body is necessary. The focus of this new body must be strategic to link the workforce to service delivery thus creating a national approach to workforce planning. This body should be representative of the population and include Aboriginal and Torres Strait Islander peoples as well as having a membership that has the skill set to analyse the health system and workforce (demand, supply and distribution) as a whole, and not represent health professions or jurisdictions.

One of the key issues faced with closing the gap in health disadvantage for Aboriginal and Torres Strait Islander peoples is only the lack of access to services, but also poor service delivery. For effective health service delivery and positive health care outcomes it is essential that health professionals are both clinically and culturally capable and respectful to clients of all backgrounds. This is especially significant in the context of the poor health outcomes experienced by Aboriginal and Torres Strait Islander Peoples. Work undertaken by Curtin University to develop an Aboriginal and Torres Strait Islander Health Curriculum Framework indicates that Aboriginal and Torres Strait Islander Australians are often reluctant to access health services because of discrimination, misunderstanding, fear, poor communication and lack of trust in service providers. Aboriginal and Torres Strait Islander people are also six times more likely (age adjusted) to discharge themselves from hospital against medical advice, which is a significant indicator in the inability of hospital care to provide a suitably environment. Evidence has repeatedly shown that Aboriginal and Torres Strait Islander patients are more likely to access health services where service providers communicate respectfully, have some understanding of culture, build good relationships with Aboriginal and Torres Strait Islander patients, and where Aboriginal or Torres Strait Islander people are part of the health care team.

Currently the Aboriginal and Torres Strait Islander health workforce peak bodies are faced with having to work with each individual health profession to implement change across all professions particularly in relation to standards and education programs. This

process has resulted in an inconsistent curriculum, evidenced by the Curtin University lead project *Aboriginal and Torres Strait Islander Health Curriculum Framework t*. An independent body that was responsible for oversight the NRAS would enable key issues such as the how our health workforce is educated and utilised to be address and would create a more efficient process. This body would also be better place to increase the oversight of the accrediting authorities and well as increase the relationship between regulators and educational institutions which appears lacking particularly around responses to workforce needs. This approach is more likely to achieve the aim of improving health outcomes for Aboriginal and Torres Strait Islander peoples through a nationally consistent approach than is currently in place.

An independent advisory body that was able to advise the Australian Health Ministerial Council on health workforce reform beyond the National Scheme such as obtaining legislative consistency in other regulatory areas is essential to achieving reforms and efficiencies within the health system and not just in regulation of health professionals. The Review notes in page 5 that the NRAS sets the minimum standard for safe practice by health professionals and does not take away individual capacity of states and territories or employers to add further regulation. However, this arrangement creates inefficiencies regarding the use of the health workforce such as constraints on nurses and midwives to work across their full scope of practice such as through managing and prescribing and medications under poisons and drug legislation. A regulatory restriction outside of the National Scheme hinders the objectives of the NRAS being achieved.

Questions (as per discussion paper)

3. Should a single Health Professions Australia Board be established to manage the regulatory functions that oversee the nine low regulatory workload professions? Estimated cost saving $11m per annum.
4. Alternatively, should the nine National Boards overseeing the low regulatory workload professions be required to share regulatory functions of notifications and registration through a single service? Estimated cost saving $7.4m pa.
5. Should the savings achieved through shared regulation under options 1 or 2 be returned to registrants through lower fees?
6. Should future proposals for professions to be included in the National Scheme continue to require achievement of a threshold based on risk to the public and an associated cost benefit analysis?
7. Should the National Law be amended to recognise those professions that provide adequate public protection through other regulatory means?
8. Should reconstituted AHWAC be the vehicle to provide expert advice on threshold measures for entry to the National Scheme to the Health Workforce Ministerial Council?

Response:

The Review discussion paper provides options regarding how best to reduced costs for the nine existing low regulatory workload professions. Whilst the Review does not focus on nurses and midwives CATSINaM supports the submission by the Australian College of Midwives (ACM) for the separation of the Nursing and Midwifery Board of Australia into

two separate boards. Midwifery and nursing are two distinct professions and, as per the ACM submission, separate Boards would recognise this distinction and still meet the requirement to be self-sustaining. However, with respect to the option provided in the discussion paper, option 2 would be the preference in meeting the need to reduce costs for the low regulatory workload professions and would still enable the individual professions to retain their identity through continuation of professional specific boards.

With respect to the issue of entry of new professions and recognition of unregistered professions an independent oversighting body would be best place to advise on these matters, particularly the consideration of risk to public safety as oppose to cost. For example, those that perform the role of paramedic clearly have a public safety risk yet this professional group is not in the National Scheme. If this group is unable to meet this criterion then it is unlikely that any other health professional group would be able to enter the National Scheme. An independent oversighting body may help sway Ministers to keep focus on risk to public safety rather than on costs.

CATSINaM supports the proposal to amend the National Law to recognise those professions that provide adequate public protection through other regulatory means. However, there is also a need for an education campaign on the aims and objectives of the NRAS and that non-registered professions are an important workforce as many of them are important contributors to tackling chronic disease and delivery primary health care. There also needs to be better communication between regulators, educators, health services and complaint authorities so they understand the role of the self-regulating health professional peak bodies to ensure this workforce is utilised to its fullest potential.

Complaints and Notifications

Questions (as per discussion paper)

9. What changes are required to improve the existing complaints and notifications system under the National Scheme?
10. Should the co-regulatory approach in Queensland, where an independent commissioner manages complaints, be adopted across all States and Territories?
11. Should there be a single entry point for complaints and notifications in each State and Territory?
12. Should performance measures and prescribed timeframes for dealing with complaints and notifications be adopted nationally?
13. Is there sufficient transparency for the public and for notifiers about the process and outcomes of disciplinary processes? If not, how can this be improved?
14. Should there be more flexible powers for National Boards to adopt alternative dispute resolution, for instance to settle matters by consent between the Board, the practitioner and the notifier?
15. At what point should an adverse finding and the associated intervention recorded against a practitioner be removed?
16. How should the National Scheme respond to differences in States and Territories in protected practices?

17. In the context of the expected introduction of a National Code of Conduct for unregistered health practitioners, are other mechanisms or provisions in the National Law required to effectively protect the public from demonstrated harm?
18. Should the mandatory notification provisions be revised to reflect the exemptions included in the Western Australian and Queensland legislation covering health practitioners under active treatment?

Response:

Under the National Law it is the title of a health practitioner that is protected and therefore a person cannot call themself a nurse, midwife, doctor, physiotherapist etc. without being registered under the National Scheme. The National Law does not protect practice and therefore it is possible that someone can undertake tasks of a nurse or midwife etc. whilst not claiming the title. However, South Australia amended its National Law to protect the practice of midwifery due to the risk to public safety. This amendment prevents anyone providing birthing/midwifery services without being registered (noting there are exceptions such as emergency services and family members). The risk to public safety borne out by coronial inquiries is not only present in South Australia and therefore such amendments should be extended nationally to create consistency across all States and Territories.

Queensland introduced amendments to its National Law regarding notifications and complaints due to concerns around the handling of these matter in that State by National Boards. Changes such as these whittles down nationally consistency. The strength of the National Scheme is twofold, to enable mobility of health practitioners and to create an environment for the public to have confidence that no matter where they are when accessing a health professional they will also have a consistent approach in regulating health practitioners. CATSINaM therefore recommends that a detailed assessment be undertaken on the notifications processes and outcomes across all jurisdictions before any further changes are made. The most efficient and transparent handling system is required nationally and one that is transparent with clearly defined processes to foster public trust rather than distrust. With respect to the question about the length and time in which a finding of an adverse advent against a practitioner is on the register, any decision needs to be consistent and be reflective of the severity of the complaint.

Workforce Reform and Access

Questions (as per discussion paper)

19. To what extent are National Boards and Accrediting Authorities meeting the statutory objectives and guiding principles of the National Law, particularly with respect to facilitating access to services, the development of a flexible, responsive and sustainable health workforce, and innovation in education and service delivery?
20. Should a reconstituted AHWAC carry responsibility for informing regulators about health workforce reform priorities and key health service access gaps?
21. To what extent are Accrediting Authorities accommodating multidisciplinary education and training environments with coordinated accreditation processes or considering future health

practitioner skills and competencies to address changes in technology, models of care and changing health needs?
22. What relationship, if any, is required between regulators and educational institutions to ensure the minimum qualification for entry to professions remains available?

Response:

It is the view of CATSINaM that the National Boards and accrediting authorities are narrowly focussed on matters such that occur within their own profession or to others as competitors instead of a broader focus on public health and/or health systems perspective. The proposed Aboriginal and Torres Strait Islander Health Curriculum Framework although not yet finalised nor submitted to Health Ministers for approval has as one of its key principles: *Health services should be informed by primary health care principles and models of multidisciplinary interprofessional practice.* An independent oversighting body that has responsibility for workforce reform would be able to look at the broader picture and advise regulators and accreditors about health workforce priorities to enable these bodies to decide on future education and training needs to address issues such as interdisciplinary practice, flexibility and adaptability to changes in scope of practice, knowledge and uses of technology.

Governance of the NRAS

Questions (as per discussion paper)

23. Should the appointment of Chairperson of a National Board be on the basis of merit?
24. Is there an effective division of roles and functions between National Boards and accrediting authorities to meet the objectives of the National Law? If not, what changes are required?
25. Is there sufficient oversight for decisions made by accrediting authorities? If not, what changes are required?

Response:

The accreditation of education programs is central to the training of qualified health professionals that are capable of working across various settings and have the ability to relate and communicate to all Australians, but this is especially important for Australia's First Nations Peoples who continue to experience disadvantage and poor health outcomes. Health education curriculum and process should not be left to the discretion of individual health professional groups. Whilst these groups have the technical expertise they should not have total authority in regards to managing the expectations of what we want the health system to achieve. It is the view of CATSINaM that currently the National Boards and accrediting authorities work on an individual health professions basis and often with a view of protecting turf rather than on a systems perspective to achieving health outcomes. Therefore as previously mentioned CATSINaM supports an independent body to carry responsibility for informing regulators about health workforce reform priorities, key health service access gaps including advising on any necessary changes to regulation and the accreditation of curriculum and training providers.

With respect to the appointment of Chairs of National Boards, CATSINaM recommends that this be based on merit rather and that each Board includes representation reflecting Aboriginal and Torres Strait islander peoples as well as people living in rural and remote Australia, rather than the current emphasis on professional representation.

Proposed Amendments to the National Law

Question (as per discussion paper) 28. The Review seeks comment on the prosed amendments to the National Law.

Response:

CATSINaM is in support of the proposed changes to the National Law as they are about streamlining and refining processes as a result of the four years of operation of the National Scheme.