



COAG Health Council

meeting as the Australian Health Workforce Ministerial Council

Communique

7 August 2015

The Independent Review of the National Registration and Accreditation Scheme for Health Professions

Australian Health Ministers met in Darwin today as the Australian Health Workforce Ministerial Council. Health Ministers considered the Final Report on the Independent Review of the National Registration and Accreditation Scheme for health professions (the NRAS Review) and are pleased to publicly release the Final Report.

Health Ministers note that the establishment of the National Registration and Accreditation Scheme for health professions (the National Scheme) was a unique and important endeavour that involved enactment of near identical legislation by each State and Territory Parliament, thereby replacing the separate jurisdictional registration of health practitioners in 14 health professions with a single National Scheme.

Health Ministers accept that the National Scheme has been embedded within the Australian health system in a relatively short time. Health Ministers agree with the assessment by the Independent Reviewer that while some changes are needed to improve the National Scheme, it remains acknowledged as amongst the most significant and effective reforms of health profession regulation in Australia and internationally.

Ministers acknowledge the significant achievements highlighted by the NRAS Review:

- a. Ensuring that the community can have confidence that health professionals providing treatment and care in Australia meet a national standard based on safe practice.
- b. Consolidating 74 Acts of Parliament and 97 separate health profession boards into a single national legislation that covers the structure and functions for the regulation of 14 health professions comprising of over 619,500 health professionals.
- c. Increasing the mobility for health professionals working in Australia by removing the necessity for them to be separately registered in each jurisdiction.
- d. Improving protection to the health system by ensuring that any health practitioner who has been found to have committed misconduct can no longer practise undetected in other states or territories.
- e. Enabling significant improvements to health workforce information and planning due to the availability of accurate data on each of the 14 professions operating within it.

The NRAS Review was conducted by Mr Kim Snowball, a former senior public servant and the former Director General of WA Health. The NRAS Review comprised an extensive consultation process which included over 230 written submissions and the involvement of more than 1000 individuals in consultation forums held in each capital city. This level of

consultation has allowed the consumers, practitioners, health and education providers, professional associations, National Boards and other stakeholders to raise their concerns directly with the Independent Reviewer. Health Ministers acknowledge the work of Mr Snowball and the project team in ensuring a comprehensive review process.

Health Ministers considered the recommendations arising from the NRAS Review noting that the majority of amendments are designed to enable the National Scheme to fulfil the objectives as set out by Health Ministers at the time of its establishment. The response of Health Ministers to the recommendations (set out in detail in Attachment 1) have been categorised as:

1. Improving Consumer Responsiveness
2. Consolidation of National Boards
3. Accreditation Functions
4. Governance Arrangements
5. Entry into the National Scheme

Improving Consumer Responsiveness

Health Ministers have agreed to the immediate implementation of key recommendations to improve complaints and notification systems, and strengthen community participation in National Board governance to ensure that the National Scheme is responsive to consumers. Health Ministers note that the ability of the National Scheme to fulfil its objectives is compromised without an effective process to manage complaints and notifications. Health Ministers request the Australian Health Practitioner Regulation Agency (AHPRA) to provide a progress report by December 2015.

Consolidation of National Boards

Health Ministers have deferred all decisions relating to the consolidation of the nine low regulatory National Boards and have asked the Australian Health Ministers' Advisory Council (AHMAC) to provide additional advice. AHMAC has invited National Boards, AHPRA and Professional Associations as part of a targeted consultation to propose alternative approaches to ensure the sustainability of the National Scheme and enable a streamlined approach to governance functions which also encourages cross pollination of ideas and best practice approaches across National Boards.

Accreditation Functions

Health Ministers are concerned about the significant issues relating to the high cost, lack of scrutiny, duplication and the prescriptive approach to accreditation functions highlighted in the Final Report. While the recommendations will go some way to improve Australia's accreditation arrangements, Health Ministers believe that more substantive reform of accreditation functions is required to address the issues raised. Health Ministers have asked AHMAC to commission further advice and undertake a comprehensive review of accreditation functions. The terms of reference for this review will include comparative analysis of the Australian and United Kingdom systems as well as further consideration of the 2005 Productivity Commission *Australia's Health Workforce* report findings to specifically address the concerns related to cost, governance and duplication highlighted during the

NRAS Review. This review is to be undertaken within 12 months and advice provided to Health Ministers by December 2016.

Governance Arrangements

Health Ministers do not support the establishment of a Professional Standards Advisory Council. Health Ministers accept that improvements to governance, reporting and reform arrangements are necessary to improve the transparency and accountability of the National Scheme. However, these improvements will be achieved through existing structures including the Agency Management Committee (which provides governance and oversight to the operations of AHPRA) and AHMAC.

Entry into the National Scheme

Health Ministers note that the NRAS Review has identified a lack of clarity with regard to the purpose and scope of the National Scheme and have agreed to issue a communique to clarify the intent of the National Scheme and propose a process for unregistered professions to raise concerns regarding government policy, funding and programs where absence of registration is the sole factor for exclusion.

Of the 33 recommendations proposed, Health Ministers accept 9 recommendations¹, accept in principle 11 recommendations², do not accept 6 recommendations³, and defer decisions on 7 recommendations⁴ pending further advice.

The Final Report can be accessed here

<http://www.coaghealthcouncil.gov.au/Publications/Reports>

Please forward all enquires in relation to the Final Report of the Independent Review of the National Registration and Accreditation Scheme for health professions to

NRAS.Review@dhhs.vic.gov.au

¹ Recommendations 8(a), 9, 21, 24, 25, 26, 28, 32 and 33 are accepted.

² Recommendations 14, 15, 16,17,18,19, 20, 22, 23, 27 and 29 are accepted in principle pending further advice from AHMAC.

³ Recommendations 1, 10,11,12,13 and 31 are not accepted.

⁴ Recommendations 2, 3, 4, 5, 6, 7 and 30 are deferred pending further advice on alternative approaches.

Attachment 1

**Australian Health Workforce Ministerial Council Response to the
Recommendations from the Independent Review of the National Registration
and Accreditation Scheme for health professions**

	AHWMC Response
Responsiveness to Consumers	
Recommendation 9	Accepted
<p>Measures to be taken within the National Registration and Accreditation Scheme (the National Scheme) to ensure the following principles are met within the design and operation of the complaints and notifications process in particular:</p> <ul style="list-style-type: none">a. establish a process where complaints and notifications involve a shared assessment of the appropriate means of investigating and addressing the issues between the Australian Health Practitioner Regulation Agency (AHPRA) and Health Complaints Entities (HCEs). Complainants whose issue is referred to a National Board as a notification are to be interviewed to determine their expectation and be advised of the relevant processesb. investigations and reports to be shared between National Boards, AHPRA and HCEs as requiredc. establish benchmark timeframes for completion of key aspects of notification managementd. rationale for deliberations and progress reports to be routinely and quarterly conveyed to notifiers and health practitioners in plain languagee. National Boards to be authorised to refer matters for Alternative Dispute Resolution to HCEsf. any adverse findings and disciplinary decisions to include the timeframe for inclusion of the decision or finding on the registrants' record. These decisions should be supported by strengthened monitoring of practitioner compliance with restrictions on registration, including	<p>Ministers ask the Australian Health Practitioner Regulation Authority (AHPRA) to action this recommendation as a matter of immediate priority and provide a progress report by December 2015.</p>

	AHWMC Response
<p>adequacy of supervision</p> <p>g. the Health Practitioner Regulation National Law 2009 (the National Law) to be amended so that notifiers personally impacted by practitioner conduct can be informed in confidence by the National Board about the process, decision and rationale for the decision regarding their case. This complements the amendments to the National Law approved by Ministerial Council in 2011 as detailed in Appendix 11</p> <p>h. National Boards and AHPRA to review correspondence standards with notifiers to ensure improved clarity and sensitivity in communication</p> <p>i. HCEs to file complaints so practitioners can be searched according to their AHPRA registration number to allow authorised persons to access data for research into the predictability of professional misconduct.</p>	
<p>Recommendation 10</p> <p>The Health Practitioner Regulation National Law 2009 (the National Law) to be amended to reflect the same mandatory notification exemptions for treating practitioners established in the Western Australian law.</p>	<p>Not accepted at this time – to be considered pending further research</p> <p>The NRAS Review has concluded that data is inconclusive and has advised of research commissioned by National Boards and AHPRA on a preferred approach to managing mandatory notifications.</p> <p>Ministers will consider a national approach to mandatory notifications upon receipt of additional advice.</p>
<p>Recommendation 26</p> <p>That the <i>Health Practitioner Regulation National Law 2009</i> be amended to enable the Australian Health Workforce Ministerial Council to appoint either a practitioner member or a community member of a National Board as Chairperson.</p>	<p>Accepted</p>

	AHWMC Response
<p>Recommendation 28</p> <p>That the Australian Health Practitioner Regulation Agency conduct specific education and training programs for investigators. These should be designed in consultation with National Boards, Tribunals and Panel members to develop more consistent and appropriate investigative standards and approaches, consistent with the requirements of the <i>Health Practitioner Regulation National Law 2009</i>, including the primacy of public safety over other considerations within the matters.</p>	<p>Accepted</p> <p>Ministers request AHPRA to provide a progress report by December 2015.</p>
<p>Recommendation 29</p> <p>That the <i>Health Practitioner Regulation National Law 2009</i> prohibition order powers be amended to provide the means for Tribunals to prohibit the person from providing any type of health service, to establish an offence for breaching a prohibition order and to provide for mutual recognition of prohibition orders issues by jurisdictions.</p>	<p>Accepted in principle – further advice requested</p> <p>Ministers request AHMAC to seek legal advice on a process to enable the recognition of prohibition orders across jurisdictions.</p>
Amalgamation of National Boards	
<p>Recommendation 2</p> <p>The <i>Health Practitioner Regulation National Law 2009</i> be amended to provide the Australian Health Ministerial Council (the Ministerial Council) with the power to consolidate National Boards. This will enable the establishment of the Health Professions Australia Board</p>	<p>Deferred</p> <p>Ministers have asked AHMAC to provide further advice by December 2015 following targeted consultations with National Boards, AHPRA and Professional Associations</p>
<p>Recommendation 3</p> <p>The Australian Health Practitioner Regulation Agency, in conjunction with the National Boards of Aboriginal and Torres Strait Islander health practice; Chinese medicine; chiropractic; medical radiation practice; occupational therapy; optometry; osteopathy; podiatry and physiotherapy, to develop an implementation plan for the merger of these nine low-regulatory-workload professions into the Health Professions Australia Board and submit to the Australian Health Workforce Ministerial Council for approval</p>	<p>Deferred</p> <p>Ministers have asked AHMAC to provide further advice by December 2015 following targeted consultations with National Boards, AHPRA and Professional Associations</p>

	AHWMC Response
<p>Recommendation 4</p> <p>Once approved by the Australian Health Workforce Ministerial Council, the Health Professions Australia Board will be required to plan the consolidation of functions including formation of a consolidated fee structure, registration processes, consolidated accreditation and notification management within the first 12 months</p>	<p>Deferred</p> <p>Ministers have asked AHMAC to provide further advice by December 2015 following targeted consultations with National Boards, AHPRA and Professional Associations</p>
<p>Recommendation 5</p> <p>Each of the nine health professions to be represented on the HPAB, together with three community members</p>	<p>Deferred</p>
<p>Recommendation 6</p> <p>The consolidation of the regulatory functions to be completed in a manner that ensures effective and ongoing professional input from the nine professions into standard setting, accreditation and notification management activities</p>	<p>Deferred</p>
<p>Recommendation 7</p> <p>Any savings generated by the consolidation of the nine boards and their associated functions to be returned to registrants in the form of reduced fees, to the effect that no professional group will be financially worse off from the consolidation.</p>	<p>Deferred</p>
<p>Recommendation 30</p> <p>That the regulation of Aboriginal and Torres Strait Islander Health Practitioners be continued by a merger into the Health Professions Australia Board, with continued involvement of Aboriginal and Torres Strait Islander Health Practitioners on issues covering that profession.</p>	<p>Deferred</p>

	AHWMC Response
<p>Recommendation 31</p> <p>The Health Professions Australia Board establish a committee involving Aboriginal and Torres Strait Islander health leaders to assist the National Scheme to better respond to Aboriginal and Torres Strait Islander health and cultural issues.</p>	<p>Not Accepted</p> <p>Ministers agree that existing mechanisms across all National Boards and AHPRA should continue to be used and strengthened as necessary.</p> <p>Ministers also request AHPRA to include within its annual report advice from all fourteen National Boards on how ATSI health and cultural issues are being addressed.</p>
Accreditation Functions	
<p>Recommendation 14</p> <p>Through the contractual arrangements between Australian Health Practitioner Regulation Agency and the Accreditation Authorities, no fee increases levied on either National Boards or higher education institutions beyond the Consumer Price Index rate will be allowed without the express approval of the relevant National Board</p>	<p>Accepted in Principle – to be considered pending further work</p> <p>The NRAS Review has highlighted significant concerns with the cost, transparency and accountability of Accreditation Authorities and has recommended measures to address these including a review of the current accreditation process against the United Kingdom approach.</p> <p>Ministers request AHMAC to commission a comprehensive review of the accreditation processes within the National Scheme.</p>
<p>Recommendation 15</p> <p>Through contractual arrangements between the Australian Health Practitioner Regulation Agency and Accreditation Authorities, standardised accreditation protocols and fee structures must be established within 12 months so that common accreditation processes can be adopted between all regulated health professions. These should be focused on education outcomes relevant to the outcomes of the National Registration and Accreditation Scheme not prescriptive education inputs</p>	
<p>Recommendation 16</p> <p>The standardised accreditation protocols should be the subject of consultation with higher education policy makers and providers to streamline accreditation processes and avoid duplication with existing university accreditation processes. This consultation should be sponsored by the Australian Health Practitioner Regulation Agency</p>	
<p>Recommendation 17</p> <p>Amend the <i>Health Practitioner Regulation National Law 2009</i> to provide that the National Health Practitioner Ombudsman has jurisdiction over accreditation functions</p>	

	AHWMC Response
<p>within the National Registration and Accreditation Scheme.</p>	
<p>Recommendation 18 A standing committee is needed within the National Registration and Accreditation Scheme involving the education sector, National Boards, Accreditation Authorities and representation from employers and jurisdictions to:</p> <ol style="list-style-type: none"> a. discuss the means by which health workforce reform and health service access gaps can be best addressed in the education and training of health professionals b. consider the evidence and value of alternative innovations in the delivery of health education and training. (An example is that simulated learning is accepted by some but not all accreditors) c. share an understanding of workforce distribution and projected workforce need. d. ensure that education opportunities exist for students to meet the minimum standard of entry 	
<p>Recommendation 19 The fee structures for the accreditation functions associated with standard setting and assessment of overseas-trained health professionals and the accreditation of university programs of study should be clear and transparent as to which functions are funded by the National Boards from registrant fees and which are being met by the higher education sector</p>	
<p>Recommendation 20 The UK approach to accreditation should be explored to examine whether the significant cost difference between the UK and Australia results in better education outcomes in Australia. If this is the case, then the UK approach to accreditation should be considered for application</p>	

Themes	AHWMC advice
Governance	
<p>Recommendation 1</p> <p>The Australian Health Ministerial Council (the Ministerial Council) to establish the Professional Standards Advisory Council (PSAC) for a period of three years to:</p> <ol style="list-style-type: none"> facilitate the implementation of accepted recommendations of the Review establish key performance standards, including financial standards, to be reported to Ministerial Council and individual Health Ministers by National Boards, Accrediting Authorities and the Australian Health Practitioner Regulation Agency (AHPRA) in delivering the objectives of the <i>Health Practitioner Regulation National Law 2009</i> (the National Law); inform National Boards, AHPRA and Accreditation Authorities on key health workforce reform priorities and health service access gaps as identified by Australian Health Ministers Advisory Council (AHMAC) standing committee structure and processes, and requiring action by the regulators; examine evidence on contested cross – profession issues that arise from time to time within or between professions; undertake reviews or audits at the direction of Ministerial Council where safety Issues or concerns are raised <p>Page 19 of the Final Report notes that the council will comprise of 7 members with at least 2 from regulatory backgrounds, 2 with health service experience, one legal, one business and one consumer/community representative.</p>	<p>Not accepted</p> <p>Ministers accept that improvements to governance, reporting and reform arrangements are necessary to enhance the transparency and accountability of the National Scheme and agree that such improvements can be achieved through existing structures including the Agency Management Committee which provides governance and oversight to the operations of AHPRA.</p>
<p>Recommendation 11</p> <p>Make amendments to the <i>Health Practitioner Regulation National Law 2009</i> provision preventing the use of testimonials on platforms and sites that are managed or controlled by the practitioner or business.</p>	<p>Not Accepted</p> <p>Issues surrounding testimonials should continue to be dealt with through National Board guidelines.</p>

Themes	AHWMC advice
<p>Recommendation 13</p> <p>That the Australian Health Workforce Ministerial Council charge the Australian Health Ministers' Advisory Council, its Health Workforce Principal Committee and the Commonwealth Department of Health (where it carries previous functions of Health Workforce Australia) with articulating the health workforce priorities and health service access gaps to the Professional Standards Advisory Council (PSAC) for action by the National Registration and Accreditation Scheme.</p>	<p>Not accepted</p> <p>Existing AHMAC and AHPRA structures to be used.</p>
<p>Recommendation 21.</p> <p>The National Boards and the Australian Health Practitioner Regulation Agency (AHPRA) to complete a review within 12 months of the 60 Committees supporting the National Boards, the 20 State and Territory or Regional Boards, and their 78 supporting committees to: consolidate committee functions; remove committees duplicating the AHPRA corporate support role (for example, finance committees); review and revise delegation instruments to remove double handling of operational matters; and report to Australian Health Workforce Ministerial Council on the outcomes</p>	<p>Accepted</p>

	AHWMC Response
<p>Recommendation 22.</p> <p>Amend the <i>Health Practitioner Regulation National Law 2009</i> to require National Boards to seek Australian Health Workforce Ministerial Council approval for changes to qualification standards for registration purposes if the proposed standard could have a substantive and adverse impact on the recruitment or supply of health practitioners to the workforce</p>	<p>Accepted in principle – pending further advice.</p> <p>Health Ministers request AHMAC to develop guidance on when registration standards, codes, guidelines and accreditation standards should be referred to Ministers for approval.</p>
<p>Recommendation 23.</p> <p>Amend the <i>Health Practitioner Regulation National Law 2009</i> to require National Boards to seek Australian Health Workforce Ministerial Council approval for any codes or guidelines that might impose new competition restrictions or regulatory burdens, to ensure that these are in the broader public interest</p>	
<p>Recommendation 24.</p> <p>The performance of the Medical Board of Australia and the Australian Health Practitioner Regulation Agency, in the implementation of changes to the International Medical Graduate assessment process arising out of the Lost in the Labyrinth report, form part of the key performance standards to report to the Australian Health Workforce Ministerial Council</p>	<p>Accepted</p>
<p>Recommendation 25.</p> <p>The Medical Board of Australia to evaluate and report on the performance of specialist colleges in applying standard assessments of International Medical Graduate applications and apply benchmarks for timeframes for completion of assessments</p>	<p>Accepted</p>
<p>Recommendation 27.</p> <p>That the <i>Health Practitioner Regulation National Law 2009</i> be amended to reflect and recognise that nursing and midwifery are two professions regulated by one National Board</p>	<p>Accepted in principle –pending further work</p> <p>Ministers note that there are inconsistencies in the provisions of the National Law regarding references to the nursing and midwifery professions. Ministers request AHMAC to provide policy recommendations on suitable amendments to the National Law.</p>

	AHWMC Response
Entry into the Scheme	
<p>Recommendation 8</p> <p>The Australian Health Workforce Ministerial Council to ensure that health professionals not included in the National Scheme should not be excluded or disadvantaged professionally by either:</p> <ol style="list-style-type: none"> issuing a communiqué stating that the National Registration and Accreditation Scheme (the National Scheme) is for the purpose of additional regulation of specified professions only and is not to be used for any other purpose making amendments to the <i>Health Practitioner Regulation National Law 2009</i> (the National Law) to state that the National Scheme is for the purpose of additional regulation of specified professions only and is not to be used for any other purpose establish a system of quality assurance for voluntary registers of self-regulated professions 	<p>Recommendation 8(a) is accepted Recommendations 8 (b) and 8(c) are not accepted.</p> <p>Ministers agree to issue a communiqué which will also clarify the process for raising concerns about jurisdiction policy, funding or programs which use the absence of registration as the sole factor for exclusion.</p>
Restriction of Practice	
<p>Recommendation 12.</p> <p>The protection of the practice of birthing services to be adopted nationally, consistent with the South Australian amendment</p>	<p>Not accepted</p> <p>Ministers agree that individual jurisdictions may choose to adopt further regulatory and non-regulatory measures to support safe birthing practice in accordance with local circumstances.</p>
Implementation Process	
<p>Recommendation 32.</p> <p>That the <i>Health Practitioner Regulation National Law 2009</i> be amended to reflect provisions endorsed by the Australian Health Workforce Ministerial Council in 2011</p>	<p>Accepted.</p>

	AHWMC Response
<p>Recommendation 33</p> <p>That the amendments proposed by the National Boards and the Australian Health Practitioner Regulation Agency (AHPRA) be further considered by the formation of a small working group with representatives from AHPRA and jurisdictions with suitable legal and policy expertise to review the list of proposed amendments to the Health Practitioner National Law 2009 and make recommendations to the Australian Health Workforce Ministerial Council</p>	<p>Accepted.</p>