Regulating for Results

Review of complexity in the National Registration and Accreditation Scheme

Submission Template

This template is provided to assist in the structuring of responses to the Consultation Paper.

There are 11 Topic Areas, around which we request that Submissions be structured. These are supported by guiding questions that may assist you to structure your input.

You may also wish to provide a cover note highlighting key issues – if you do so, please ensure this is no more than 2 pages.

If you wish to attach additional supporting material please do so, but please indicate in the body of your response what is attached.

You need only address those Topics on which you wish to comment. There is no expectation that all submissions address all Topics, although you are of course welcome to do so.

The deadline for submissions is **14 October 2024**.

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TOPIC 1: Evidence and Issues

Guiding Questions

1. Are there any aspects of the information provided on the issues and challenges discussed in section 2 of the Consultation Paper that you wish to comment on or add to?

2. If so, please provide a page reference for the content on which you are commenting and also provide any supporting information that you consider relevant.

3. Are there additional issues and challenges of concern to you that are not covered in Section 2 of the Consultation Paper?

4. If so, please provide details and attach any relevant supporting information or data.

TOPIC 2: Governance and Stewardship – Strategic connection

Guiding Questions

5. Do you think that a stronger strategic connection between workforce planning / strategy and health practitioner regulation is an important reform priority?

   Yes.

6. Do you have a perspective on how this could be achieved?

   The role of Jobs and Skills Australia (JSA) is to engage, advise and assist the Australian Government and other stakeholders in decision-making on the current, emerging and future skills and workforce needs of the Australian economy. Given this remit, the work of JSA is relevant to the National Scheme and it may have a role to play in workforce planning/strategy and health practitioner regulation.

   The Government is committed to establishing an Australian Tertiary Education Commission (ATEC) as a steward of the tertiary education system. It is foreseen that ATEC will bring direction, cohesion and stability to policy making. Its strategic role suggests that it too may have a role to play in workforce planning/strategy and health practitioner regulation.

7. Do you have a view on what success would look like if reforms to strengthen strategic connection occurred?

TOPIC 3: Governance and Stewardship - Regulatory Connection

Guiding Questions

1. Do you think there is a need for the National Scheme to work more closely with other regulators and agencies?

   Yes.

2. If so, which regulators or agencies do you think should be involved?

   Australian universities provide the majority of pre-registration training for health profession students, and the Tertiary Education Quality and Standards Agency (TEQSA) is Australia's independent national quality assurance and regulatory agency for higher education. In our response to Topic 7 we outline problems with the current health program accreditation processes and propose ways for improving the operational accountability and efficiency of accreditation functions.

3. Do you have a view about what structure or process should be used for this purpose?

   The higher education sector is subject to considerable reporting requirements, which are exacerbated by duplication. TEQSA's regulatory approach is standards and risk-based, and guided by the following three regulatory principles:

   - regulatory necessity
   - reflecting risk
   - proportionate regulation.

These principles also appear among those for the National Scheme. Given the similarity of these approaches, institutions are repeatedly asked the same or similar university level questions.

An agreement between TEQSA and the National Scheme to accept the authority of the other accrediting agency on a specified set of questions/standards would reduce duplication significantly. A university would only be required to address the questions/standards satisfactorily with one accrediting agency within a given timeframe. Any subsequent accreditation processes within the timeframe would then accept the initial accreditation, without having to repeat the process.

Universities and health program accreditors use different – but complementary – approaches. UA has been working with stakeholders to develop the principles that would allow respectful, frank communication and engagement among concerned parties. While still in draft form, UA believes the following principles would provide a good foundation for organisations who wish to work collaboratively on accreditation:

- Shared goal, different approaches
- Cooperation
- Delineation and respectful regard for our education and accreditation roles
- Outcomes based accreditation
- Transparency and accountability
- Joint action

4. Do you have a view on what success would look like if reforms to build connection across regulators were implemented?

   If there were better connections across regulators, tertiary education providers would operate under streamlined health professional accreditation processes across disciplines and between education and professional accreditation. The processes would:

   - focus on outcomes that are evidence-informed, allow for innovation, and remove artificial distinctions between NRAS and non-NRAS disciplines, and
   - not duplicate accreditation/registration processes and requirements through Tertiary Education Quality and Standards Agency (TEQSA) or Australia Skills Quality Authority (ASQA).

TOPIC 4: Governance and Stewardship – Community Voice

Guiding Questions

1. Do you see the need to strengthen the community input in setting strategic direction and priorities for the National Scheme.

2. If yes, how do you think this could be done.

TOPIC 5. Operational accountability and efficiency - Scheme wide objectives and priorities

Guiding Questions

1. Do you have a view about methods that could be used to ensure that there is balanced consideration of workforce, health service access, and public safety in the National Scheme, as envisaged in the statutory objectives?

2. Do you think the priorities and strategic direction of the National Scheme are clear to all of the entities within the Scheme?

3. Do you think that there are appropriate processes and structures to ensure that actions and decisions taken by entities align with the strategy direction and priorities for the Scheme.

4. Do you have a view about the functions that are delivered or should be delivered by the Ahpra Board?

5. Are there additional areas that the Aphra Board may need to focus on?

TOPIC 6: Operational accountability and efficiency - Boards and Committees

Guiding Questions

1. Do you see opportunities to reduce the number of Boards within the National Scheme. If so, can you provide detail.

   While the use of cross disciplinary, shared standards may not lead to the reduction in boards it could potentially reduce the amount of work the National Boards need to do.

   UA supports having shared professional capabilities across health professions regulated by the National Scheme. We also believe that shared professional capabilities would support interprofessional learning prior to registration and more adequately prepare students for the reality of working with professionals from other disciplines.

2. Do you see opportunities to reduce the number of Committees within the National Scheme. If so, can you provide detail.

3. Do you see any risks in any proposed adjustments to the number of National Boards and/or Committees, and if so, what are those risks?

4. Do you think that the National Boards have too much operational focus?

5. Do you think the National Boards have sufficient scope to focus on higher level policy issues and risks and to provide input to the Ahpra Board and ministers on these issues? If not, what changes would you suggest?

6. Do you think cross profession decision making and collaboration in one or more functions across the National Scheme should be prioritised. If so, can you suggest where this might be most required and how this might be achieved?

7. Do you think National Boards should be constituted with equal numbers of practitioner members and community members? If yes, why? If not, why not?

8. Do you think Health Ministers should have the flexibility to appoint a community member to the Chairperson role on a National Board? If yes, why? If no, why not?

9. Do you have a view as to what top line KPIs and associated reporting would be most effective?

TOPIC 7: Operational accountability and efficiency – Accreditation Functions

Guiding Questions

1. Do you think that additional measures are required to make sure that accreditation functions support workforce strategy and planning priorities? If so, what measures do you suggest being considered?

   Any additional impost on university staff is best avoided to maximise workforce outcomes. A survey of UA members in November 2023 found strong support for accreditation. However, the workload was seen to be excessive with academic staff (21.7%) and professional staff (15.4%) believing that the time spent on accreditation processes was too high. Qualitative comments supported these findings:

   > *Reducing duplication with TEQSA requirements would also save time*. [Psychology]
   >
   > *The workload imposed for accreditation is immense and detracts from other aspects of providing high quality education*. [Physiotherapy]
   >
   > *The amount of time spent on providing information in pdf and duplication of information when the university is already accredited with TEQSA is frustrating*. [Nursing]

   Accreditation processes are a regular source of frustration within university health faculties. The key issues are duplication, inconsistencies between disciplines, and impediments to innovation.

   - National Scheme accreditation processes routinely ask university-level questions that do not differ across disciplines and campuses within the same faculty. Yet each discipline and campus are required to answer these questions, and this leads to duplication. As stated in response to Topic 3, many of these questions are also asked by TEQSA. UA proposes a system modelled on "multi-site ethics review process" whereby university-level questions are answered once by the institution or faculty, and only discipline specific questions are asked of individual disciplines.
   - Standards across disciplines are inconsistent. For instance, some national boards require students to demonstrate competencies while other boards require a specific number of practice hours. Similarly, different Boards require different levels of English proficiency. Neither the input standards nor levels of English proficiency are evidence based.

- Accreditation standards need to be flexible and accommodate new and emerging models of education particularly those designed to address workforce needs. For instance, if National Boards incorporated currently thinking around recognition of prior learning (RPL) the accreditation of individuals could proceed more quickly. Additionally, accreditation is undertaken site by site and based on observations of buildings and equipment. However, this approach does not reflect new models of education (e.g. micro-campuses or designated spaces in other areas that may not be a university campus). These models are gaining traction and are useful to encourage recruitment and retention in areas of workforce need.

TOPIC 8: Coherent and Effective Complaints handling – Simplifying structures and processes.

Guiding questions

1. Do you think it is necessary to simplify complaints handling?

2. Do you support a single front door for lodging complaints within each State and Territory Health Complaints Entities?

3. If not, do you have other suggestions for simplifying the processes for lodging and assessing complaints?

4. Do you have suggestions about what would be required to make this single front door model of complaints handling work?

5. Do you see risks in a single front door approach and if so, what are those risks?

   A single door approach risks leaving consumers who want to raise an issue unable to locate the correct door. In addition, there needs to be a process whereby a consumer can escalate their concerns if they do not feel it has been adequately addressed.

   A better approach would be a “no wrong door” approach combined with “warm referrals”, which involves a supported introduction to the correct area.

6. Do you have a view on how joint decisions would be made between the health complaints entity and Ahpra about those complaints that should be referred to Ahpra as a Professional Standards breach?

TOPIC 9: Coherent and Effective Complaints handling - high-risk notifications

Guiding questions

1. What do you see as the problems if any, with the way high-risk notifications are currently managed? If you think there is a need for reform what should this look like?

2. Do you think the current division of responsibilities between National Boards and Ahpra in the management of high-risk complaints is working well. If yes, why? If no, why not? What changes would you suggest?

3. Do you think that a stronger regulatory decision-making role for Ahpra would be beneficial and if so in what way?

4. Do you think that a stronger regulatory decision-making role for Ahpra would be risky, and if so in way?

5. Do you think the arrangements for providing clinical input to regulatory decision making are working well? If yes, why? If no, why not? What changes would you suggest?

6. Do you think the arrangements for hearing serious misconduct matters through state and territory tribunals are working well? If yes, why? If no, why not? What changes would you suggest?

7. Have you observed significant inconsistency in the outcomes in tribunal decisions and if so, can you provide further detail and examples?

8. What do you think of the idea of a single national health practitioner tribunal to replace the current 8 separate state and territory tribunals?

9. Do you believe that there is more that the National Scheme could do to strengthen performance on serious and high-risk complaints and if so, can you provide detail?

TOPIC 10: Scope and Expansion of the National Scheme

Guiding Questions

1. Do you think the current two staged assessment process is appropriate for considering adding professions to the National Scheme and if not, what changes would you recommend?
2. Do you have a view as to whether an additional pathway into the National Scheme based on the United Kingdom Accredited Voluntary Register Model would be a useful reform?
3. Do you see any risks and challenges with an additional pathway into the national Scheme via an Accredited Register Model?
4. Do you have a view about the importance of the National Code of Conduct for non-registered practitioners in the broader regulatory framework?
5. Do you see a need for additional focus on implementation of the National Code of Conduct for non-registered practitioners and if so, what would that involve?
6. Should there be a regular cycle of review of the professions in the National Scheme or is the flexibility for professions to bring forward proposals at any time preferable?
7. Do you think that there should be any avenue or process for considering removing a profession from the National Scheme (e.g. if evidence shows that there are very few complaints, the costs of registration outweigh the benefits, or it is established that alternative registration methods are adequate to protect the public).

TOPIC 11: Possible Reform Concepts

Guiding Questions

1. Do you have any other comments or suggestions in relation to Reform Concept 1 (Repositioning the National Scheme- applying a Stewardship Model)
2. Do you have any other comments or suggestions in relation to Reform Concept 2 (Resetting Accountabilities within and Alongside Ahpra)
3. Do you have any other comments or suggestions in relation to Reform Concept 3 (A fully integrated 3- tier model of health practitioner regulation))
4. Do you wish to put forward any reform concepts for consideration – if so please attach detail