



AWUEQ Submission

# Review of the National Registration and Accreditation Scheme for health professions

October 2014

The Australian Workers' Union of Employees, Queensland (AWUEQ) represents over 8,000 health care workers, including both operational and support staff such as ward and store persons, orderlies, cleaners, food services and laundry staff, security officers, and multi-disciplinary clinical assistants, and clinical staff such as nurses, allied health professionals, indigenous health workers and medical practitioners.

## Background

In 2010, 97 health professions boards across Australia's eight states and territories were merged into a single National Scheme<sup>1</sup> and ten National Boards were set up to cover ten health professions.<sup>2</sup> The implementation of the Scheme was beset with many teething problems. The Australian Health Practitioner Regulation Agency (AHPRA), charged with the administration and operational support of the Scheme, struggled with the scale and complexity of the task. In 2012, four more health professions joined the National Scheme, establishing their own boards: Aboriginal and Torres Strait Islander health practitioners (ATSIHPs), Chinese medicine practitioners, medical radiation practitioners and occupational therapists.

This year, the Australian Health Workforce Ministerial Council (AHWMC) is carrying out an Independent Review<sup>3</sup> of the National Scheme based on its six founding objectives<sup>4</sup>:

- Protection of public safety
- Facilitation of workforce mobility
- Facilitation of high quality education and training
- Facilitation of assessment of overseas-trained health practitioners
- Promotion of access to health services
- Development of a flexible, responsive and sustainable workforce.

In addition, the Review must consider how the Scheme meets its guiding principles: to operate in a “transparent, accountable, efficient, effective and fair way”, practitioners' fees “must be reasonable” and a professional's practice is only to be restricted if required to ensure public safety and service quality.<sup>5</sup>

<sup>1</sup> <http://www.ahpra.gov.au/About-AHPRA/What-we-do/Legislation.aspx>

<sup>2</sup> The 10 professions included: chiropractors, dental practitioners, medical practitioners, nurses and midwives, optometrists, osteopaths, pharmacists, physiotherapists, podiatrists and psychologists.

<sup>3</sup> [http://www.ahmac.gov.au/cms\\_documents/Consultation%20Paper%20-%20Review%20of%20the%20National%20Registration%20and%20Accreditation%20Scheme%20for%20health%20professions.pdf](http://www.ahmac.gov.au/cms_documents/Consultation%20Paper%20-%20Review%20of%20the%20National%20Registration%20and%20Accreditation%20Scheme%20for%20health%20professions.pdf)

<sup>4</sup> [http://www.ahmac.gov.au/cms\\_documents/Consultation%20Paper%20-%20Review%20of%20the%20National%20Registration%20and%20Accreditation%20Scheme%20for%20health%20professions.pdf](http://www.ahmac.gov.au/cms_documents/Consultation%20Paper%20-%20Review%20of%20the%20National%20Registration%20and%20Accreditation%20Scheme%20for%20health%20professions.pdf)

<sup>5</sup> [http://www.ahmac.gov.au/cms\\_documents/Consultation%20Paper%20-%20Review%20of%20the%20National%20Registration%20and%20Accreditation%20Scheme%20for%20health%20professions.pdf](http://www.ahmac.gov.au/cms_documents/Consultation%20Paper%20-%20Review%20of%20the%20National%20Registration%20and%20Accreditation%20Scheme%20for%20health%20professions.pdf)

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## **AWUEQ's submission**

This is the AWUEQ's response to the Independent Review's consultation on behalf of its members. It makes some general points on some of the key principles that are important to our members on the running of the scheme, but it focuses on the Review's recommendations to establish a Health Professions Australia Board in view of the impact this could have on Aboriginal and Torres Strait Islander health practitioners (ATSIHPs) in particular.

The AWUEQ recognises the significant and unique role that ATSIHPs play in appropriately promoting health within and caring for and treating the health care needs of Aboriginal and Torres Strait Islander communities. The AWUEQ is clear that any future reform must not undo the progress and momentum, which has been hard to achieve due to competing political and professional barriers, that the ATSIHP profession has earned. Any future reform must seek to further support, promote and elevate the standing, expertise and potential of this profession who are best equipped to tackle the challenges of Australia's most vulnerable health populations.

## **Consolidation of regulatory functions**

The Independent Review has suggested two options for the consolidation of nine of the 'lower regulatory' or 'lower risk' health profession boards, including the Aboriginal and Torres Strait Islander Health Practice Board. The options are intended to save money through economies of scale and the minimisation of duplicated functions. The first option (said to save \$11 million per annum) proposes the creation of a single Health Professions Australia Board to replace the nine National Boards, with each profession keeping their protected title and feeding into professional matters through sub committees, and one single registration fee. The second option (said to save \$7.5 million per annum) suggests the retention of the nine Boards whilst consolidating the registration and notification functions, again with setting one single registration fee. There is a third option to keep the status quo.

As with all the Boards, the Aboriginal and Torres Strait Islander Health Practice Board is responsible for achieving the National Scheme's six objectives. It does this in partnership with AHPRA, and the Board's employees are AHPRA employees. The Board members are responsible for registration policy, setting standards and decision-making about the profession. However, unlike most other Boards the Aboriginal and Torres Strait Islander Health Practice Board also has a committee responsible for accreditation (the other Boards appoint Accreditation Authorities to this role).

The AWUEQ has some serious concerns about the first two options. Below we set out these concerns and identify some key principles, which any future reform affecting the Aboriginal and Torres Strait Islander Health Practitioner profession must reflect.

## Building on and embedding progress

Aboriginal and Torres Strait Islander health populations are some of the most vulnerable in Australia, with statistics showing them to be more susceptible to long term and chronic health conditions such as diabetes, at greater risk of health problems relating alcohol and tobacco and have significantly lower life expectancy than non-indigenous populations.<sup>6</sup> They are also less likely to access health services than non-indigenous populations.

In view of these large health inequalities, Aboriginal and Torres Strait Islander health workers (ATSIHWs) have long campaigned for their profession to be appropriately recognised, resourced, trained and utilised. They have called for the development of a specialist, registered role to undertake advanced clinical roles alongside culturally appropriate health promotion and care delivery roles. ATSIHPs represent the achievement of this latter goal.

Undoubtedly the role of ATSIHPs (and of ATSIHWs) is critical to addressing the health inequalities and access health service inequity Aboriginal and Torres Strait Islander people face. Their role can effectively promote access to health services (by using appropriate cultural and linguistic approaches), whilst representing responsive and sustainable workforce solutions as they can better deliver care and treatment to their communities.

However, two years on there are only 343 ATSIHPs, with the majority of whom (226) working in the Northern Territory and only 37 in Queensland.<sup>7</sup> There are only two accredited providers based in the Northern Territory, with plans to roll out Registered Training Organisations (RTOs) in other States stalled by the abolition of Health Workforce Australia (HWA). In Queensland, cuts to Aboriginal and Torres Strait Islander Health Workers (ATSIHWs) have recently occurred, whilst ATSHIP training must be sought interstate at great expense.

Clearly there is still much work to do to promote the ATSIHP role (and that of ATSIHWs) so that State health departments and other health providers understand their importance in the delivery of Aboriginal and Torres Strait Islander health care services, create more ATSIHP posts and fund more RTOs as a result.

Hence the AWUEQ is concerned by the proposed reforms to the Aboriginal and Torres Strait Islander Health Practice Board. Having only been in existence for two years, the Board has just started to embed working practices and reduce its costs. We are particularly worried that the wholesale changes proposed in Option 1 would be disruptive, costly and ultimately jeopardise the progress the Board and profession has made so far. Furthermore, whilst there are 343 ATSIHP registrants,<sup>8</sup> the registrants of other National Boards have far greater

<sup>6</sup> <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4727.0.55.001main+features802012-13>

<sup>7</sup> <http://www.atsihealthpracticeboard.gov.au/About/Statistics.aspx>

<sup>8</sup> Ibid

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numbers with, for instance, 24,703 physiotherapist registrants and 15,101 occupational therapist registrants.<sup>9</sup> Greater numbers yield greater influence and the AWUEQ is concerned that the Aboriginal and Torres Strait Islander Health Practice Board will have its voice muted and important work eclipsed by that of the larger professions.

#### Reform principles:

1. **Any reform to the National Scheme and National Boards must seek to further embed and promote the role of ATSIHPs. This protected role has been long and rightly fought for and any changes must not undo the achievements and momentum that has been earned.**
2. **More support and resources will be required, particularly in view of the recent abolition of HWA, to plan for sufficient numbers of ATSIHPs and RTOs across the country. This will help the Board meet its objectives to develop a responsive and sustainable workforce and to promote access to health services.**
3. **A one-size fits all approach to governance and structure for each Board or profession is untested, yet learning from their current positions will exist. Each profession must be given the freedom to best reflect and accommodate the needs of its members and profession and keep what works well in its current structure, particularly where this differs from other Boards.**

#### Financial concerns

With the creation of the National Scheme and Boards came promises of economies of scale and lower costs and reduced registration fees. However, lower costs have not resulted and in fact registration fees have gone up.<sup>10</sup> The AWUEQ is therefore concerned that the claims made by the Independent Review will, as before, not be substantiated.

#### Reform principle:

4. **The suggested savings of the proposed reforms must be fully and independently costed. Health professions cannot afford to pay even more for this Scheme.**

<sup>9</sup> [http://www.ahmac.gov.au/cms\\_documents/Consultation%20Paper%20-%20Review%20of%20the%20National%20Registration%20and%20Accreditation%20Scheme%20for%20health%20professions.pdf](http://www.ahmac.gov.au/cms_documents/Consultation%20Paper%20-%20Review%20of%20the%20National%20Registration%20and%20Accreditation%20Scheme%20for%20health%20professions.pdf)

<sup>10</sup> [http://www.parliament.vic.gov.au/file\\_uploads/Final\\_version\\_AHPRA\\_report\\_30314\\_nnVxPmWJ.pdf](http://www.parliament.vic.gov.au/file_uploads/Final_version_AHPRA_report_30314_nnVxPmWJ.pdf)

The setting of a single fee for the nine professions is of particular concern for ATSHIPs. As a new and small profession that receives comparatively low pay, even the current fee of \$100 – the lowest of all the nine professions – can be a financial burden for some practitioners. Yet it seems likely that a single fee would result in an increase for ATSHIPs given that the other eight professions have higher fees (the highest being \$579 for Chinese Medicine whilst the average fee for the eight is \$397). Any increase for ATSHIPs would not only be difficult for them to meet but worryingly, could act as a further barrier to growing the profession's numbers.

**Reform principle:**

- 5. The ATSHIP registration fee must remain affordable for practitioners and must not increase as a result of any consolidation of functions with other National Boards.**

**Other comments on the National Scheme and the Independent Review**

Below are some general comments on the key proposals and issues discussed in the consultation document:

- The AWUEQ supports measures designed to increase the accountability of the National Scheme and, to this end, believes that an independent body (such as a restabilised Australian Health Workforce Advisory Committee, AHWAC) could help by advising governments and the public on performance and workforce issues.
- At some level, a body like AHWAC could pick up some of the duties of the recently disbanded HWA. Nonetheless, it is unlikely to have the capacity to carry out all the important functions the HWA performed and a lack of vitally needed, strategic planning around this key area will continue to exist. Related to this and of importance to this Review, is the current issue of graduate nurses in particular (approximately 3,000) being unable to find work despite a noted and increasing shortage in the profession.<sup>11</sup> This is a problem that requires strategic planning as well as the tailoring of the Government's policies on immigration and overseas trained health workforce, notably the 457 Visa.

**The AWUEQ asks that the Review considers how the National Scheme can best fill this strategic workforce planning vacuum so that future health professionals will not be trained to fill shortages that overseas workers are filling.**

- Queensland has a brand new co-regulatory complaints system, the Health Ombudsman, an approach that the Independent Review is consulting on. It is too

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<sup>11</sup> <http://www.abc.net.au/lateline/content/2014/s4011254.htm>

early to evaluate the success of this system, however, it is worth raising the concerns that exist around the structure of Queensland's Health Ombudsman. These include its (lack of) independence from the government, both from the complainant's and the health practitioner's view given in particular the power of the Health Minister to intervene and control complaint assessments and investigations. In addition, it is not obliged to seek clinical and ethical advice from appropriate experts when handling complaints, whilst whether it is sufficiently resourced to enable it to deal with complaints in a timely manner remains to be seen.

**The AWUEQ believes that an effective and efficient complaints management system is critical to safe and high quality patient care. Central to this is consumer and practitioner confidence in the notification processes and bodies involved, and appropriate resourcing to enable the body to carry out its role efficiently.**

- On the issue of health advertising, the AWUEQ firmly believes that laws must protect consumers from advertising using testimonials which compels them to buy services or treatments that are not required. At the same time, legislation must be realistic for practitioners to implement and expecting them to monitor all posts on social media and the internet is not. **The AWUEQ therefore believes that greater clarity over when testimonials are permissible would be beneficial for both practitioners and consumers.**
- It is important to note that nursing and midwifery represent two individual professions and efforts must be made to reflect their distinct roles and value in the National Scheme.