



National Multi-profession regulation -
crazy experiment or bold step forward?
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OVERVIEW

- NRAS at a glance
- The consistency challenge
- Is process definition the answer?
- Practitioner audit case study
- Recent developments




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Where did the scheme come from?



- Jan 2006 - Productivity Commission report
- March 2008 - COAG decision to establish a national scheme
- 1 July 2010 - National Registration and Accreditation Scheme starts (WA - 18 Oct 2010)



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Our evolution - in 2012

- Additional 29,382 registrants from 4 'partially regulated' professions regulated under NRAS

Four new professions joined in 2012												
Aboriginal and Torres Strait Practitioners	NT	NT	NT	NT	NT	NT	NT	NT	NT	NT	NT	NT
Chinese Medicine Practitioners	NT	VC	UR	UR	UR	UR	UR	UR	UR	UR	UR	UR
Medical Radiation Practitioners	UR	VC	QLD	WA	UR	TAS	ACT	NT				
Occupational Therapists	UR	UR	QLD	WA	SA	UR	UR	NT				

Under National Scheme	
National Aboriginal & Torres Strait Islander Health Practice Board	
National Chinese Medicine Board	
National Medical Radiation Board	
National Occupational Therapy Board	

- Now - more than 610,000 national registrants across 14 health professions

♦ 29,382 = 16,949 automatically transferred; 12,433 were new applicants; 1,425 whose applications were being assessed. UR = unregulated in that jurisdiction

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The Consistency Challenge

Before July 2010

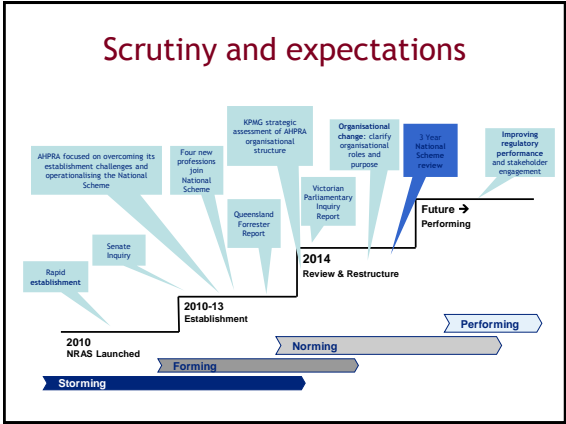
- 8 State and Territory systems
- 8 Health Ministers individually accountable
- >85 health profession boards
- 66 Acts of Parliament

Now

- 1 national scheme
- 9 Health Ministers as one Council (consensus decisions; individually accountable)
- 14 health profession boards; 1 AHPRA board
- 1 National Law (largely consistent)


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Consistency - Ministerial Council

- Governments change, new elected Ministers gain portfolio responsibility for NRAS, expectations differ
- Consensus decision-making but local accountability and politics - that may not align!
- Process to Ministers hasn't changed; but membership has. What was approved once; may not now
- In 2008: all Labor governments (when IGA signed)
- In 2010: all Labor governments - except WA
- Now: all Liberal governments - except SA and ACT



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Consistency - National Boards

- 1 National Law (largely consistent)
- 5 common registration standards (*criminal history, English language skills, professional indemnity insurance arrangements, continuing professional development, recency of practice*)
- Common codes and guidelines (*advertising, mandatory reporting, conduct*)
- Profession-specific if needed




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Consistency - AHPRA

Is process definition the answer?

- Policies
- Procedures
- Process maps
- Work Instructions
- Templates
- Operational Directives



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Practitioner Audit Case Study

- Decision making challenge
- Registration Standards
- Evidence requirements
- Audit checklists
- Policies to manage non-compliance
- Local decisions



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Practitioner Audit - Background

- Multiple pilots across multiple professions to refine the process
- Each profession has an audit webpage
 - Contains standards, guidelines and FAQs, as well as audit specific information e.g. CPD templates specific to the profession.
- Rolling campaign with audits occurring throughout the year.
 - Each time a profession is scheduled to audit the checklist and policy must be reviewed to ensure accuracy and confirm any changes to standards under audit.
- A permanent audit team has been established in the Sydney office.



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Audit Schedule

Practitioner Audit calendar - Based on 8 month timeframe for 2013/14

Profession	Audit	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Nurse/Midwife	CHC + CPD, ROP & PII									*	*	*	
Medical	CHC + CPD & PII												
Chiropractic	CHC + ROP & PII												
Dental	CHC + CPD & PII												
Optomety	CHC + CPD & ROP												
Osteopathy	CHC									*			
Pharmacy	CHC + CPD & ROP												
Physiotherapy	CHC									*			
Podiatry	CHC + CPD & PII												
Psychology	CHC									*			
ATSHP	CHC									*			
CM	CHC									*			
MSP	CHC									*			
OT	CHC									*			

 Commence audit
 ★ Referrals to committees



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Recent Developments

- Organisation Restructure
- Regulatory Principles
- Regulatory Compliance Solution
- Reviews
- Multi-profession strategy options




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AHPRA Organisation Restructure

- Single point accountability
- Strategy and Policy
- Regulatory Operations
- Business Services





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Regulatory Principles

- ‘Refreshed’ regulatory principles released to guide decision-making across the scheme
- Sets the tone; fills perceived gap between Law and how we apply it



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Regulatory Compliance Solution

- Designed to support business processes
- Forcing functions
- Improved reliability of reporting


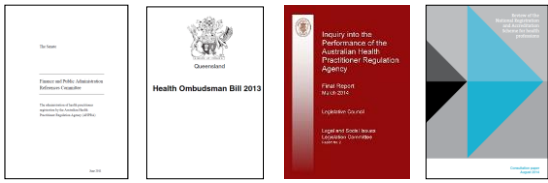


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Recent developments - reviews

There has been significant interest in how we work




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Multi-profession strategy options

- Research initiated by AHPRA and Boards
- Features in NRAS Review
 - 5 of 14 professions account for 87.5% of registrants and 95.5% of notifications
 - Single Health Professions Australia Board for 9 professions?
 - Maintain 9 National Boards but consolidate functions into a single national service?
 - Status quo



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Bold step forward- our achievements

ISSUES

- 1. Remove barriers to mobility of health professions
- 2. Reduce inconsistencies in registration requirements
- 3. Enhance workforce flexibility & sustainability
- 4. Restrictive scopes of practice
- 5. Strengthen public protection & patient safety
- 6. Accreditation models highly variable and without consistent or clear legislative base
- 7. Improve workforce data

SUCCESS

- 1. Single annual registration allows practice Australia wide
- 2. Nationally consistent registration types and uniform standards
- 3. Workforce objectives in National Law
- 4. Title protection model with very limited practice restrictions
- 5. New requirements and higher bar
- 6. "Independent" accreditation model exercised under legislation
- 7. Nationally consistent data on regulated professions - quarterly!



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Bold step forward- our approach

- National Scheme is working and is a viable model for the future
- NRAS = sweeping change in regulatory system that started on a single day (no transition; all action!)
- We look for improvement and learn from past
- We are solutions focused
- We set minimum standard for safe practice - to protect public
- Consistency remains a challenge



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