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

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www.clenhq.org

OVERVIEW

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

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)
What does ‘national’ mean to us?

NRAS AT A GLANCE

Our evolution - in 2010
CLEAR Annual Educational Conference
National Multi-profession regulation – crazy experiment or bold step forward?

New Orleans, Louisiana
Sept. 11-13, 2014

Our evolution - in 2012

• Additional 29,382+ registrants from 4 ‘partially regulated’ professions regulated under NRAS

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<thead>
<tr>
<th>Profession</th>
<th>Registrants 2012</th>
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- Now - more than 610,000 national registrants across 14 health professions

♀ 39,382 = 16,949 automatically transferred; 12,433 new applicants; 1,425 whose applications were being assessed. UR = unregulated in that jurisdiction.

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)

Scrutiny and expectations

Future → Performing

Rapid establishment

2010 NRAS Launched

2010-13 Establishment

2014 Review & Restructure

2014 → Performing

KPMG strategic assessment of AHPRA organisational structure

Queensland Forrester Report

Organisational change: clarity, scope, roles and responsibilities

AHPRA focused on overcoming its establishment, management and implementation hurdles

AHPRA strategic direction: organisational structure

Improving regulatory and stakeholder engagement

June 2012 − October 2013

Forming

Storming

Norming

Performing

Preparing

Future

2014 Review & Restructure

Organisational change: clarity, scope, roles and responsibilities

KPMG strategic assessment of AHPRA organisational structure

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AHPRA strategic direction: organisational structure

Improving regulatory and stakeholder engagement

June 2012 − October 2013
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

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

Consistency - AHPRA
Is process definition the answer?
- Policies
- Procedures
- Process maps
- Work Instructions
- Templates
- Operational Directives
**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**

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Standards for audit

<table>
<thead>
<tr>
<th>What is being audited</th>
<th>What it means for a practitioner</th>
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<tbody>
<tr>
<td>Criminal history registration standard</td>
<td>AHPRA uses an independent service provider to check criminal history, which will happen automatically at no cost to the practitioner. A practitioner is not required to do anything further unless asked to provide more information.</td>
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<td>Continuing professional development registration standard</td>
<td>Practitioners must provide evidence of the CPD activities undertaken to meet the requirements of the Board’s standard.</td>
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<td>Recency of practice registration standard</td>
<td>Practitioners must provide evidence of recency of practice activities undertaken which meet the requirements of the Board’s standard.</td>
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<td>Professional indemnity insurance arrangements registration standard</td>
<td>Practitioners must provide evidence of PI arrangements which meet the requirements of the Board’s PI registration standard.</td>
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Audit campaign: a rolling process

Involved parties (input to or provide an output)

| Council on Licensure, Enforcement & Regulation | www.cleshq.org |

Second level view of audit process

Council on Licensure, Enforcement and Regulation
Compliance Assessment Principles

- Evolved from a decision making model to better reflect their intent as a tool to provide guidance to staff in the assessment of audit evidence submitted or at application for renewal.

Principles for Audit:
Tolerance thresholds will be applied for determining course of action e.g.
- 100%
- 90% - 99%
- 75% - 89%
- <75%

Compliance Assessment Matrix

Committee / Board process

- Centralised audit team but registration staff and board support teams in the respective state and territory manage and support the submission of papers and discussion at the Board /committee meetings.
- If a practitioner is deemed non compliant with the audit, the audit team prepares standard agenda paper with recommendations as per profession specific audit compliance matrix.
- If the committee or board proposes a decision that is not aligned to the matrix, this is referred to the Policy Committee or National Board - committee or board may be requested to reconsider its position in accordance with the matrix.
- This is not to limit the Committee or local board decision making but rather to be seen as a quality improvement initiative and the need for national consistency of decision making against the compliance matrix.
Recent Developments

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

AHPRA Organisation Restructure

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

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
Regulatory Compliance Solution

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

Recent developments - reviews

There has been significant interest in how we work

Multi-profession strategy options

- Research initiated by AHPRA and Boards
- Features in NRAS Review
  - 5 of 14 professions account for 87.5% or 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
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!

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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