

Review of the Forum held Tuesday 7th July at the Melbourne Convention Centre

From July 1 2010, national registration will roll out for the bulk of healthcare professionals, with medical radiation practitioners coming into effect in July 2012. The legislation is to go to parliament in September/October with final submissions due by the 17th July.

Overview

The taskforce committee for this draft has been travelling around Australia gathering feedback on their latest rework of the bill, using the opportunity to explain changes and note continuing issues. The health minister Daniel Andrews MP was also available to answer questions in the light of government policy. The committee seemed receptive to questions and discussions on key points of the legislation and had made changes to the draft based on previous consultations. The list of members of the taskforce is available on the website.

In 2006 the Council of Australian Governments (COAG) agreed to work on health workforce reform to better respond to changing workforce needs. As part of this package, it was decided in 2008 to develop a scheme for national registration of healthcare workers rather than the current state based system. This bill is the result of agreement between state ministers to work together on a national scheme. In the process there are some elements which each minister was keen to pursue and which became mandatory in the draft as these elements had been the means by which the package had been sold to the parliaments (eg mandatory reporting was seen as a key issue in some jurisdictions). This draft of the bill has undergone some changes as a result of consultation with the professions and through the efforts of the assigned taskforce.

This review outlines the main thrust of the bill and points of discussion at the forum but for complete detail of the bill please see the website below. This review also focuses on what is more applicable to medical radiation practitioners rather than for example doctors and dentists.

Appointment of national boards

National boards for each major profession group will be established, with each board to have at least half but not more than two-thirds of the members to be practitioners and at least two community members. For medical radiation practitioners, it will be called the Medical Radiation Practice Board of Australia. The national boards must also contain at least one practitioner from each state. Their role is to manage registration and accreditation for each profession, standardising it across all states and territories. State boards may be established if it is deemed more efficient but will be overseen by the national board. The number of registrants in a profession nationally will determine how many state boards are set up.

Clarification was stated that the national boards will have a budget and provide accountability to their registrants, with the registration fees staying within the jurisdiction of that practice board and NOT be used to prop up other boards. Registration fees will be established in line with what is currently in place, however, state to state variation could result in an individual having an increased or decreased fee.

Types of registration

There will be regular registration, limited registration (where the scope of practice may be limited), provisional registration, student registration and non-practising registration. State differences in registration will continue for two years but will be aligned at the end of that period by various means as determined by each national board.

The point at which students will be required to be registered will depend on the level of risk to the public. If no clinical practice is undertaken, then it may be considered unnecessary to register them until there is contact with the public. Each board will determine its own requirements. Complaints about students will be limited to criminal issues or where there is risk to the public due to significant conditions of impairment.

Accreditation

Accreditation standards will be independent of governments and will be developed by the accreditation committee of the board or the independent accrediting body. The national board must make recommendations about accreditation functions to the Ministerial Council within three years of the appointment (ie in our case by July 2015). What this means for the AIR/ANZSNM accreditation process is still somewhat unclear, however, they will probably continue to provide advice (refer clauses 60,61 &290) until the national board has made determinations.

The final decision on whether accreditation standards and training programmes are approved rests with the national board. Current accreditation standards which exist will continue until replaced by new ones. According to the current draft, the Ministerial Council may be brought in if there is some discrepancy in accreditation. The council may then appoint another body to exercise accreditation functions, however, it can't intervene in the accreditation process.

Mandatory reporting

There will be a requirement for mandatory reporting to the board by practitioners and employers of any practitioner, who is placing the public at risk. Much discussion was held on this point and the threshold at which “public risk” comes in. More detailed guidelines are being developed and will be incorporated into the bill to ensure the threshold is high enough.

There was concern that the current process available where a practitioner reported themselves (eg for substance abuse) and was under management of their practice board would be lost as this gave support to those individuals rather than the punitive judgements suggested by the legislation. The Medical Board has such a management and mentoring system in place which can allow for limited registration and supervised practice. The taskforce agreed to review this.

Criminal history and identity checks

All practitioners will have to declare any criminal history and undertake identity checks. The national board will have the power to undertake this at any time if deemed necessary.

Continuing professional development

For annual registration renewal, a registrant must demonstrate CPD as approved by their national board. Each board will determine its own requirements as obviously the demands of each profession will have different levels of expertise necessary to maintain currency.

Complaints

There will be a single point of contact through the national board (including a dedicated phone line) for complaints from the public. Discussion centred around establishing a timeframe for complaints to be dealt with and results determined.

Public Interest Assessor

In parallel with the establishment of the national boards, a Public Interest Assessor (PIA) was deemed to be essential by government to sit outside of the professions and provide independent assessment of complaints where there is not agreement with a decision by national boards. Whichever party (the board or the PIA) holds the opinion that an issue needs to be taken further then that decision will stand, ie the highest level of action taken. The PIA will not be involved in the determination of accreditation issues.

Indemnity Insurance

Much discussion was raised by the independent midwives who saw themselves as discriminated against by this bill through the requirements for indemnity insurance. It will be the registrant’s responsibility to ensure they are covered either by their employer’s insurance or some other body. This is of particular relevance where a registrant is employed by several employers eg working two days a week for a public hospital and three days in a private department.

In conclusion:

There was a general impression that the consultation process with stakeholders had been effective in making some changes to the bill, however, there were still some outlying issues particularly relevant to categorising medical practitioners which needed to be addressed. Those health practitioners who already have a well-developed registration and accreditation process in place will be less affected by this legislation. In the case of medical radiation practitioners, the biggest impact will most likely be on the accreditation process and on states such as Western Australia where the requirements for practice are less standardised.

It will be necessary to closely watch the role out of the bill with other health professions as their boards are established.

More Information

To make submissions and to view the details of the bill, see the website:

<http://www.nhwt.gov.au/natreg.asp>