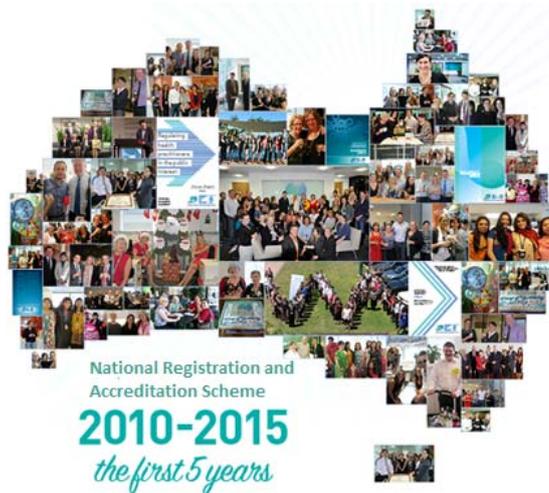


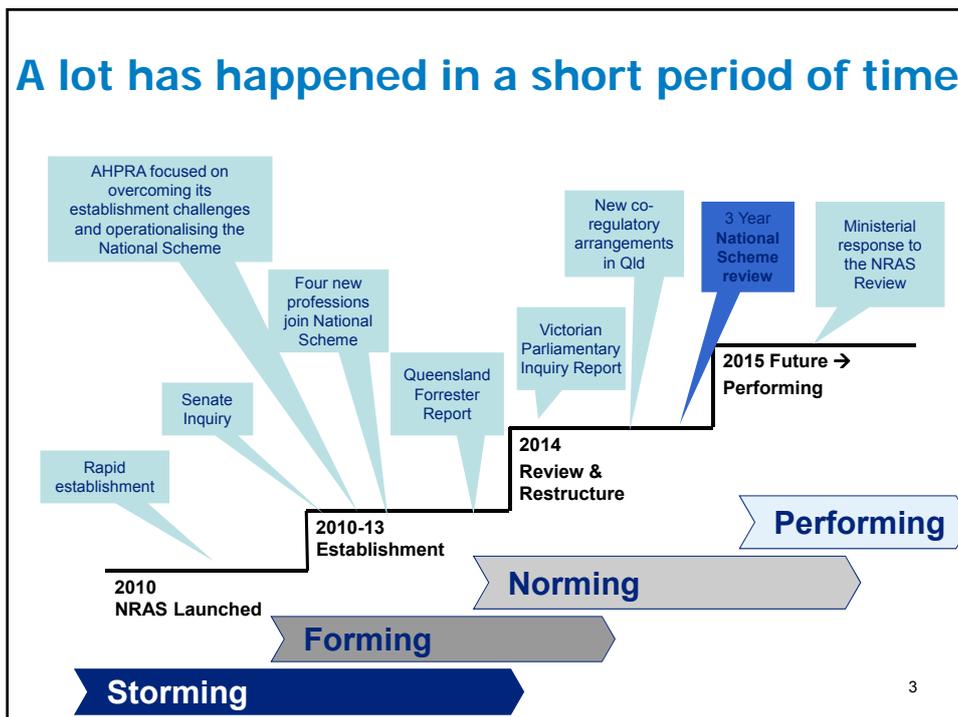
NRAS Review and the future of regulation

Kym Ayscough
 Executive Director, Regulatory Operations
 23 October 2015



National Registration and Accreditation Scheme
2010-2015
the first 5 years

A lot has happened in a short period of time



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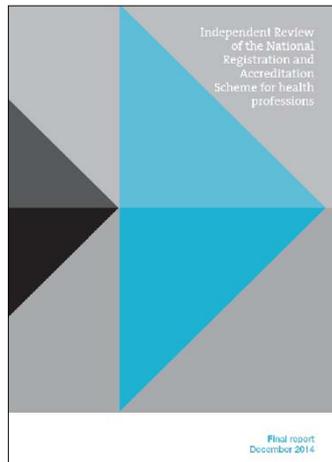
NRAS Review Outcomes

The Australian Health Workforce Ministerial Council met on Friday 7 August 2015 and publicly released their communique of decision and the Snowball report (completed Dec 2014). Key outcomes are:

- Health Ministers accept that the National Scheme has been embedded within the Australian health system in a relatively short time. Health Ministers agree with the assessment by the Independent Reviewer that while some changes are needed to improve the National Scheme, it remains acknowledged as amongst the most significant and effective reforms of health profession regulation in Australia and internationally.
- Of the 33 recommendations proposed, Health Ministers accept 9 recommendations, accept in principle 11 recommendations, do not accept 6 recommendations, and defer decisions on 7 recommendations pending further advice.

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Our work has received strong support from all Ministers, but there is more to do



Key Domains

- Improving consumer responsiveness
- Accreditation functions
- Consolidation of National Boards
- Governance arrangements
- Entry into the National Scheme

Some key outcomes and responses

- Decision on proposed amalgamation of 9 lower regulatory workload National Boards deferred
 - AHMAC to provide further advice
 - Boards actively considering how to embrace transformational change
- Measures to ensure design principles are met for complaints / notifications process
 - AHPRA to provide progress report by December
- MBA to report on progress on implementation of changes arising out of Lost in the Labyrinth report

Priorities for 2015-16

2015/16 Business Plan

PRIORITIES

- Refine our service model**
Transforming our core processes to promote a collaborative culture that is both service and achievement-oriented, delivering benefits for AHPRA, its stakeholders and the public.
- Risk-based regulation**
Provide corporate and infrastructure support to embed risk-based approaches that are based on sound evidence, and responsive to stakeholder needs and in-line with our regulatory principles.
- Build our organisational capacity for performance**
Optimise information, risk assessment and funds management with clear and strong governance and effective system solutions.

WHAT WE WILL DO

Refine our service model

- Improve and expand online communication services, increase access to online channels and create opportunities to engage practitioners and the public.
- Implement changes and capture opportunities that have arisen from the NSIS review, delivering a National Scheme that reflects the needs of Australians.
- Reduce red tape by increasing efficiency and consistency of AHPRA decision making and administration.

Apply a risk-based approach to regulation

- Enhance public safety through improved assurance of compliance with regulated conditions.
- Progress towards a collaborative approach to compliance and risk management within the broader health system.
- Improve performance of registration and renewal processes to improve the notifier and practitioner experience.

Build our organisational capacity for performance

- Deliver a dataset that can be mined and integrated with other sources to obtain a clear picture of notification issues and risks to public safety.
- Introduce a more robust and consistent decision making framework for registration and notification issues to improve the experience of notifiers and practitioners.
- Empower customers by providing more self-service functions, reducing disruption to customer facing channels and making channels more accessible.

For more information, visit www.ahpra.gov.au

Australian Health Practitioner Regulation Agency

- Refine our service model
- Risk based regulation
- Build organisational capacity for performance



Improving practitioner and notifier experience

Gunning Fox Index

$$0.4 \left[\left(\frac{\text{words}}{\text{sentences}} \right) + 100 \left(\frac{\text{complex words}}{\text{words}} \right) \right]$$



- **Key issues:**
 - Smooth interface with HCEs
 - Helpful and clear information
 - Tone of communication
 - Clarify expectations and signposting
 - Timeliness of actions
- **Further actions:**
 - Strengthened partnership with HCEs
 - Continuous review of communications
 - Getting and learning from notifier and practitioner feedback
 - Publishing performance data



Our regulatory principles describe our approach to regulating health practitioners

Regulatory principles for the National Scheme

These principles are designed to shape thinking about regulatory decision-making in the National Scheme. They are embedded in the National Scheme and the Regulatory Management Guidelines. The principles will apply to different functions across in different areas. Collaboration with your colleagues, and discussing the differences with them, will add depth to your understanding of them.

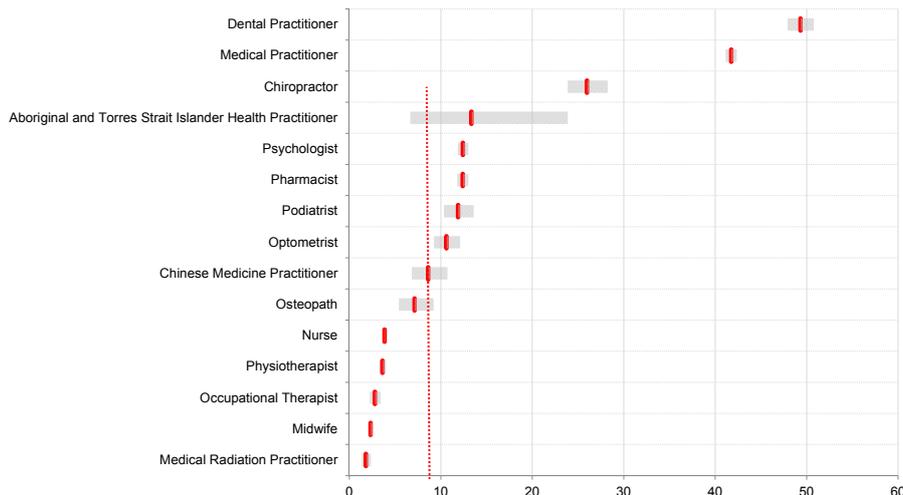
- 1 The Board and its staff administer and comply with the Health Practitioner Regulation National Law as in force in each state and territory. The scope of our work is defined by the National Law.**
- 2 We protect the health and safety of the public by ensuring that only health practitioners who are properly trained and qualified are permitted to practise and that no-one is registered who is not fit for purpose.**
- 3 Wherever feasible, of the objectives of the National Registration and Accreditation Scheme, our primary consideration is to protect the public.**
- 4 When we are considering an application for registration, or when we become aware of concerns about a health practitioner, we protect the public by taking timely and necessary action under the National Law.**
- 5 In all areas of our work we:

 - a. identify the risks that we are obliged to respond to;
 - b. assess the likelihood and possible consequences of the risks; and
 - c. respond to risks that are practicable and manage risks as far as reasonably practicable to the public.
 The risks we only apply to the way in which we manage individual practitioners but not all of our regulatory decision-making, including in the development of standards, policies, codes and guidelines.**
- 6 When we take action about practitioners, we use the minimum regulatory force to manage the risk posed by their practice, to protect the public. Our actions are designed to protect the public and not punish practitioners. Where our actions are not needed to protect, we acknowledge that practitioners will sometimes feel that our actions are punitive.**
- 7 Community confidence in health practitioner regulation is important. Our responses to risk concerns are based on a robust professional standards and maintain public confidence in the regulated health practitioners.**
- 8 We work with our stakeholders, including the public and professional associations, to enhance good practice outcomes. We do not remove the health professions as health practitioners. Instead, we will work with practitioners and their representatives to achieve outcomes that protect the public.**

- 83% have applied the regulatory principles in decision making
- 70% said most valuable aspect is they 'ensure everyone who is making decisions is reminded that the National Scheme is not a punitive jurisdiction'
- 60% said that they 'provide a clear outline of proportionate, risk-based regulation'
- 56% said that help decision-makers to prioritise competing factors'
- 97% think regulatory principles should be 'very important' or 'important'



Notification Incidence by profession (notifications per year per 1000 practitioners)



Towards leading regulatory practice?



Questions

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