



Medical | AHPRA
Board of Australia

National Registration

What's all the fuss about?

Dr Joanna Flynn
Chair, Medical Board of Australia

Outline ...

- National scheme – overview
- Key features of the national law
- Roles of MBA, State Boards, AHPRA
- Mandatory notifications
- Noticeable differences
- Present and future challenges

We trained hard . . . but it seemed that every time we were beginning to form up into teams we would be reorganised. . . I was to learn later in life that we tend to meet any new situation by reorganising; and a wonderful method it can be for creating the illusion of progress while producing confusion, inefficiency and demoralisation.

Petronius 65 AD

Before July '10...

- Eight States and Territories
- >85 health profession boards
- 66 Acts of Parliament

Since July '10...

- One national scheme (+WA)
- 10 health profession boards (+WA)
- Nationally consistent legislation
- NSW co-regulatory model

Guiding principles...

- National scheme to operate in transparent, accountable, efficient, effective and fair way
- Registration fees to be reasonable (having regard to the efficient and effective operation of the scheme)
- Restrictions on practice to be imposed only if necessary to ensure health services provided safely and of appropriate quality

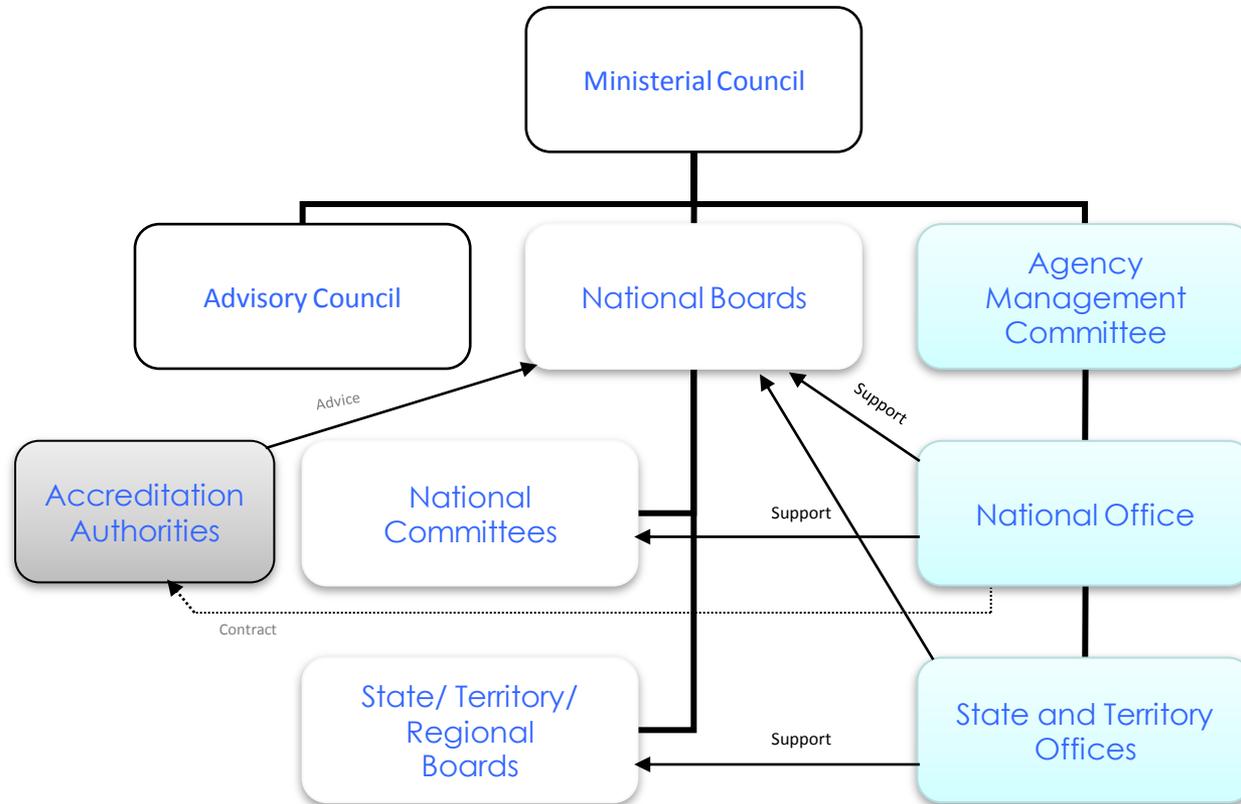
Objectives...

- Provide for protection of the public by ensuring that only practitioners who are suitably trained and qualified to practice in a competent and ethical manner are registered
- Facilitate workforce mobility across Australia
- Facilitate provision of high quality education and training of health practitioners
- Facilitate rigorous and responsive assessment of overseas practitioners
- Facilitate access to services in the public interest
- Enable continuous development of a flexible, responsive and sustainable Australian health workforce and enable innovation in education and service delivery

The scheme provides...

- Mobility: Register once (general registration), practise across Australia
- Uniformity: Consistent national standards
- Efficiency: Less red tape
- Collaboration: Sharing understanding between professions
- Transparency: National online registers – showing current conditions on practice (except details about health)

The architecture of the Scheme



Health Professions



July 2010

- chiropractors
- dental care (including dentists, dental hygienists, dental prosthetists & dental therapists),
- medical practitioners
- nurses and midwives
- optometrists
- osteopaths
- pharmacists
- physiotherapists
- podiatrists
- psychologists

July 2012

- Aboriginal and Torres Strait Islander health practitioners
- Chinese medicine practitioners
- medical radiation practitioners
- occupational therapists

The National Law defines...

- the powers of the Boards
- the respective roles and functions of the Boards and AHPRA
- Registration – types of registration
 - General and Specialist
 - Limited – overseas graduates – e.g. training and Area of Need
 - Provisional – e.g. interns
 - Student
- Investigation of notifications – pathways and outcomes
 - health, performance and conduct
 - Hearings – Panel and external Tribunals

Key features ...

- Criminal history and identity checks
- Student registration
- New registration standards approved by Ministerial Council
 - continuing professional development
 - recency of practice
 - professional indemnity insurance
- Mandatory notifications
- National registers
- Specialist registers
- Independent accreditation functions - AMC appointed

Roles...

- **National Boards**
 - Protect the public
 - Operations and powers governed by the National Law
 - Sets policy and standards
- **State and Territory Boards or Regional Boards**
 - Make decisions about individual practitioners – registrations and notifications
 - Administer the National Law by delegation from the National Board
- **AHPRA**
 - Supports the work of the Boards (people and process)
 - Has a Health Professions Agreement with every Board
 - Advises Ministerial Council about the administration of the national scheme

Mandatory notifications...

- Practitioners and employers must report a registrant who they reasonably believe has engaged in notifiable conduct
- Belief formed through the practice of the profession
- Not limited to notifications in same profession as practitioner
- Notifiable conduct is:
 - practising while intoxicated by drugs or alcohol
 - engaging in sexual misconduct in connection with professional practice
 - placing the public at risk of substantial harm through a physical or mental impairment affecting the person's capacity to practice
 - placing the public at risk of harm through a significant departure from accepted professional standards

Mandatory notifications...

- Notifying practitioner or employer must have a “reasonable belief” that the conduct is notifiable conduct
- *Guidelines for Mandatory Notifications:*

“A reasonable belief requires a stronger level of knowledge than a mere suspicion. Generally it would involve direct knowledge or observation of the behaviour which gives rise to the notification, or, in the case of an employer, it could also involve a report from a reliable source or sources. Mere speculation, rumours, gossip or innuendo are not enough to form a reasonable belief.”
- Protections for notifiers
- Consequences of failure to notify

Progress so far...

- Codes of conduct – *Good Medical Practice*
- Advertising guidelines
- Mandatory reporting guidelines
- Registration Standards approved by Ministers
- Transition of registrants to the National Law ~ 500,000
- Health Professions Agreements with AHPRA
- Interim agreements with Accreditation Agencies
- **Up and running with on-line register**

Noticeable Differences...

- Registration fees
- Requirements for CPD, Recency, PII
- Specialist registration
- Identity – AHPRA, MBA
- Communication and relationships
- Policies
- Outcomes?

Enduring challenges for Medical Board...

- Credibility – “one bad apple”- Shipman, Patel, Reeves, and ones to come
- The view that any doctor is better than no doctor
- Still being seen as old boys club by public while at same time being seen as out of touch, too punitive, too soft or focussing on wrong issues by profession
- Ensuring ongoing competence and performance – safe care
- “Right Touch” regulation