Health Care Consumers' Association ACT INC
114 Maitland Street, HACKETT ACT 2602
Phone: 02 6230 7800 Fax: 02 6230 7833
Email: adminofficer@hcca.org.au
ABN: 59 698 548 902
hcca.org.au | hcca-act.blogspot.com |
facebook.com/HCCA.ACT | @HealthCanberra

HCCA Submission for the Review of the National Registration and Accreditation Scheme for Health Professionals

Submitted 10 October 2014

Author: Eleanor Kerdo
Policy Officer

Contact: Darlene Cox
Executive Director
02 6230 7800
@darlenecox

HCCA Submission for the Review of the National Registration and Accreditation Scheme for Health Professionals

Submitted 10 October 2014

Background

The **Health Care Consumers' Association (HCCA) of the ACT** is a health promotion organisation that was incorporated in 1978 to provide a voice for consumers on local health issues and now provides opportunities for health care consumers in the ACT to participate in all levels of health service planning, policy development and decision making.

HCCA involves consumers through:

- consumer representation
- consultations
- training in health rights and navigating the health system
- community forums
- information sessions about health services
- advocating for issues of concern to consumers
- works for the improvement of quality and safety of health services

General comments

HCCA welcomes the opportunity to provide input into the Review of the National Registration and Accreditation Scheme (NRAS) for Health Professionals. We would like to commend the work of the reviewer in preparing a considered discussion paper, looking at the experience of all stakeholders in NRAS. This submission draws on the experience of health care consumers in the ACT community. HCCA members attended the ACT Consultation Forum on NRAS on the 23rd of September and were impressed at the reviewer's presentation and his open reception to comments and suggestions from health professionals and consumers alike.

HCCA recognises the important role the National Registration and Accreditation Scheme for Health Professionals (NRAS) plays in guaranteeing safe, efficient and effective delivery of health services. The importance of NRAS and the role of AHPRA is one that is often unspoken in the community, however, there is a clear expectation that health professionals or people who work within health care are strictly regulated and accredited to ensure patient safety. This expectation extends to an understanding that if something goes wrong due to unprofessional practice, then there is somewhere you can go to complain. The nuances of how this works is less clear for consumers. The experience of consumers interacting with, or notifying AHPRA is often not satisfying to consumers. This is partly due to a lack of clear expectations or understanding of the role AHPRA plays in investigating and acting on notifications, however there are clear process issues here separate from communication issues.

The six key objectives of NRAS all have impacts on consumers, particularly, protection of public safety, facilitation of high-quality education and training, promotion of access to health services, and the development of a flexible, responsive and sustainable health service. HCCA addressed the following questions posed in the review:

1. Should the Australian Health Workforce Advisory Council (AHWAC) be reconstituted to provide independent reporting on the operation of the National Scheme?

4. Should the nine National Boards overseeing the low regulatory workload professions be required to share regulatory functions of notifications and registration through a single service? Estimated cost saving $7.4m pa.

6. Should future proposals for professions to be included in the National Scheme continue to require achievement of a threshold based on risk to the public and an associated cost benefit analysis?

9. What changes are required to improve the existing complaints and notifications system under the National Scheme?

11. Should there be a single entry point for complaints and notifications in each State and Territory?

12. Should performance measures and prescribed timeframes for dealing with complaints and notifications be adopted nationally?

13. Is there sufficient transparency for the public and for notifiers about the process and outcomes of disciplinary processes? If not, how can this be improved?

14. Should there be more flexible powers for National Boards to adopt alternative dispute resolution, for instance to settle matters by consent between the Board, the practitioner and the notifier?

16. Are the legislative provisions on advertising working effectively or do they require change?

18. In the context of the expected introduction of a National Code of Conduct for unregistered health practitioners, are other mechanisms or provisions in the National Law required to effectively protect the public from demonstrated harm?

20. To what extent are National Boards and Accrediting Authorities meeting the statutory objectives and guiding principles of the National Law, particularly with respect to facilitating access to services, the development of a flexible, responsive and sustainable health workforce, and innovation in education and service delivery?

21. Should the proposed reconstituted AHWAC carry responsibility for informing regulators about health workforce reform priorities and key health service access gaps?

22. To what extent are Accrediting Authorities accommodating multidisciplinary education and training environments with coordinated accreditation processes or considering future health practitioner skills and competencies to address changes in technology, models of care and changing health needs?

26. Is there sufficient oversight for decisions made by accrediting authorities? If not, what changes are required?

These questions will be grouped into the following subheadings:

- The role of AHWAC
- National Boards and thresholds based on risk
- Notifications, complaints and conciliation
- Social media and advertisement.
- Community safety and unregistered health workers
- Workforce reform and training environments
- Other matters

Specific Comments

The role of AHWAC (questions 1, 20,21, & 22)

HCCA supports the reconstitution of the AHWAC .This Council will provide:

- Independent reporting and monitoring of performance of NRAS
- Independant advice around workforce need, and,
- Analyse the data collected in the national scheme and apply this to national health policy

HCCA strongly advocates for consumer representation on AHWAC. This ensures that person-centred care is central to health workforce reform and quality improvement of the NRAS.

If the Scheme is to be more closely measured against its key objectives, then it is important that the Scheme has independent performance monitoring. This information is vital for the public and other stakeholders, to be able to assess the success of the Scheme.

National Boards and Thresholds based on Risk (questions 4 & 6)

Question 4: Should the nine National Boards overseeing the low regulatory workload professions be required to share regulatory functions of notifications and registration through a single service? Estimated cost saving $7.4m pa.

HCCA is generally supportive of the integration of the nine national boards into one as we see this as a way to foster consistent standards across health professions in a cost-effective way.

We understand that the establishment of this board will generate an estimated cost savings of 7.4 million dollars a year. We are keen for these savings to be set aside to support complaints management. In the current arrangements the management of complaints are sub-optimal leaving many consumers frustrated and seeking redress.

The nine professions proposed to combine are diverse. There will be a need for some level of specialisation in covering the requirements for each of these nine health professions. How would that be maintained with substantially fewer resources overall? One of our members specifically commented;

> *“Chiropractic in Table 2 of the review incurs 15.5 notifications per 1,000 practitioners. In terms of "riskiness" of health profession (regardless of total number of health professionals in that discipline), this places Chiropractic between Psychology and Pharmacy which are both in Table 1. From the perspective of an individual health consumer who is concerned about risk, it is hard to see the justification for having a less rigorous approach to regulating Chiropractic than Psychology and Pharmacy - regardless of what the government business case for regulation says”*

Question 6: Should future proposals for professions to be included in the National Scheme continue to require achievement of a threshold based on risk to the public and an associated cost benefit analysis?

The risk of particular professions to public safety should not be based on the view of professions alone. The experience of consumers and the risk of harm to us, needs to be factored in. Currently the burden of proof is on the professions to demonstrate the risk to public safety. This dismisses those professions where consumers have a perception and experience of increased risk and feel that profession needs to be regulated. For example psychotherapists, social workers and counsellors are currently not required to be registered with AHPRA and can cause immense physiological harm there is unprofessional practice.

Notifications, Complaints and Conciliation (Questions 9,11,12,13, & 14)

Question 9: What changes are required to improve the existing complaints and notifications system under the National Scheme?

The existing scheme sees the level of concern and dissatisfaction that consumers have as a communication issue. We argue that this is a process issue that it needs to be reframed in this way. The notification system should be changed to ensure that a complainant who wants an apology or a fair hearing has access to a process that can result in that sort of outcome, whether or not the issue raised is also appropriately dealt with as a notification.

There needs to be greater clarity with consumers about the difference between a complaint and notification, and the pathways each will take. This information should be available, as practicable, at any point of contact a consumer may have with the health system.

As mentioned earlier there is a need for both increased communication with the public around notifications and the role of AHPRA and a change in process that better serves the needs of the community.

Question 11: Should there be a single entry point for complaints and notifications in each State and Territory?

By making a single entry point for complaints and notification process the National Scheme becomes easier to navigate for consumers. More important to this restructure is the notion of the 'no wrong door policy'. In the ACT, consumers are able to make a notification to either the Human Rights Commissioner or AHPRA directly and have the notification directed to the right place. This co-regulatory function works well in the ACT for consumers. However it also causes some confusion. It would be useful to gain greater clarity and transparency about what happens in a joint consideration process between AHPRA and the relevant HCE, including why an investigation has been dealt with by one entity over another and what the outcome is. It would also be good to know if a notifier can take their complaint back to the HCE after a decision by the relevant National Board.

Question 12: Should performance measures and prescribed timeframes for dealing with complaints and notifications be adopted nationally?

These performance measures should also be made public, to allow for clear governance and public accountability. This is demonstrated by developing a service charter or set of standards that can be publicly accessed. An example of this is The ACT Health Consumer Feedback Standards[1] which were developed to improve feedback mechanisms for consumers and staff and to improve the quality and safety of health care in the ACT. They aim to do this by ensuring that health services capture and manage consumer feedback and then initiate quality improvements to the way services are delivered. By developing standards, or a service charter, this helps close the feedback loop for consumers and health services or health professionals and continues to inform people about progress made against these standards.

[1] ACT Health (2003), *Listening and Learning Standards: ACT Health Consumer Feedback Standards*, ACT Australia.

Questions 13 & 26

There is currently inadequate transparency around these decisions and processes. This can be improved in part by standardised reporting on the AHPRA website. The website does not display consistent information against practitioners' names, if a notification has been made. For example one doctor may have had two notifications on their record and there will be a short paragraph explaining the implications of this and any possible conditions for practice, another may have one notification recorded as well as conditions with no information given. Making sure that information is recorded and displayed in a consistent manner helps provide greater transparency for consumers. This can also be improved by vastly improving the information currently provided around the notification process in the annual report. For a private company, the goal of an annual report is to show shareholders that they are worth continuing to invest in. For shareholders, the financial report is a vital decision-making tool, allowing them to determine whether their investment is providing a good return, or whether their dollars would be better invested elsewhere. Whilst AHPRA is not a private company, its annual report is an important aspect of providing the public insight into whether AHPRA is delivering on its six objectives, and should also analyse trends in the causes for notifications, to allow for continuous monitoring and improvement in quality and safety in health care. The current annual report is quite dense with limited graphics, including only some tables to explore the implications of the trends of notifications. It would be of value to consumers to see what AHPRA is doing in-terms of evaluation of continuous education and training of practitioners in response to these notification trends and what implications these trends might have on accreditation standards. HCCA would like to know if data is regularly collected and trends examined on a state and territory level and also nationally.

We suggest by modifying the annual report to be 'reader friendly' by providing more disaggregated data, in graphs and infographics, to create a greater level of transparency of AHPRA and accrediting authorities allowing for more community involvement in oversight and governance.

We also encourage AHPRA and Health Complaints Entities (HCE) of each state and territory to regularly meet with consumers, consumer groups and advocacy

organisations to ensure the National Scheme is adapting and meeting the needs of the community.

Question 14: Should there be more flexible powers for National Boards to adopt alternative dispute resolution, for instance to settle matters by consent between the Board, the practitioner and the notifier?

HCCA is supportive of the National Boards taking on this role. We want a system that is responsive to the needs of the public. Alternative dispute resolution is something that consumers and AHPRA recognise as current gap in the National Scheme. This role could be played by the National Boards, supported by community organisations, and community groups who can work to provide individual advocacy, working with the Boards, and the Health Services Commissioner to provide a responsive system to complaints for consumers. This process is dependent on consistent funding and resourcing to ensure strong consumer voices are heard in this space.

Social Media and Advertisement (Question 16)

Question 16: Are the legislative provisions on advertising working effectively or do they require change?

HCCA believes that social media is a powerful mode of communication that can empower consumers to increase their understanding of a particular health condition or service. Social media is constantly evolving and there needs to be regular reviews on how this plays out in a regulatory setting. The current wording of the testimonials ban might stop consumers discussing health issues openly, this is a problem from a consumer perspective. More work needs to be done to clarify the definition of “advertising” having regard to the open nature of social media, and the role it plays in increasing health literacy in the community along with providing resources that help consumers navigate the health system in Australia.

Community Safety and Unregistered Health Workers (Question 18)

Question 18: In the context of the expected introduction of a National Code of Conduct for unregistered health practitioners, are other mechanisms or provisions in the National Law required to effectively protect the public from demonstrated harm?

HCCA welcomes the introduction of the National Code of Conduct for unregistered health practitioners. We are particularly interested in provisions to ensure those most vulnerable in our community, such as frail elderly in nursing homes, are protected from harm. This is a particular concern of the HCCA Age Care Consumer Reference Group (ACCRG) established in 2013 to ensure consistent consumer representative input on related issues across aged health care services in the ACT and region. The ACCRG are particularly interested in the regulation and accreditation of personal care workers, who work in the aged care space and do not require strictly regulated a minimum level of training to apply to work in the aged care sector. This has partly been due to the lack of workforce available in this area, meaning service providers are often forced to train people on the job to fulfil roles. The discussion of this type of role must be had in NRAS, focusing both on the implications this has on workforce reform and on public safety, with these working performing tasks that are prone to risk. HCCA has raised this issue both with ACT Medicare Local, the National Aged Care Alliance and the Australian Government Office of the Aged Care Commissioner.

Workforce Reform and Training Environments (Question 22)

Question 22: To what extent are Accrediting Authorities accommodating multidisciplinary education and training environments with coordinated accreditation processes or considering future health practitioner skills and competencies to address changes in technology, models of care and changing health needs?

It is essential that AHPRA and AHWAC guide work in the education and training of future health practitioners. This is an increasing area of interest to our membership, particularly in the context the increasing focus of person-centred care in models of

care and the shift from episodic exposure to the health care system to on-going care due to the shift towards non-communicable disease, increased numbers of people with chronic conditions and an aging population. These factors mean that Australia must re-think the training of health professionals and competency standards needed to be accredited. A key focus of accrediting authorities should be partnering with consumers to deliver health workforce training. This ensures that future health professionals are well resourced to partner with consumers in the health system to not only improve individual health outcomes, but also to continuously improve safety and quality in health service delivery. We are looking to see an increase in the continuing professional development (CPD), a demonstration of on-going competence across all professions. Accreditation of health professionals training requires further work.

This is a really important issue for consumers, because once a person qualifies as a health practitioner, it is the only way of ensuring that they are keeping abreast of the field in which they are practising. If CPD is not being done, or only being done half-heartedly without a commitment to quality improvement and patient safety, there are strong arguments for periodic reassessment of skills and competencies to allow continuation of registration.

Given the need to determine the effectiveness of what is being done as CPD, it would also be useful if the registration processes governed by NRAS moved to ensure that, as a condition of registration, health professionals kept their own patient outcome data in relation to people they treat or determine not to treat.

> "*I have had several cases lately where patients came to their doctor complaining of pain, and they were provided with a brush off diagnosis and sent away. They returned to their doctor still complaining some time later, and an investigative procedure was requested with a specialist, but not given any priority. In these cases, several months elapsed and when the investigation was finally done, the patient was found to have significantly advanced cancers, which ended up with terminal diagnoses. Whether they would have been saved with early intervention will never be known, but there are no mechanisms unless there is a complaint for a doctor to reflect on these all too frequent incidents"*

Consumers are currently involved in the accreditation of specialist medical colleges, but have limited involvement in the training and education of other health professions. We would like to see this increased.

Other matters

Whilst HCCA recognises that NRAS is essential to provide public safety there are unintended consequences of the limitations on who can be a registered professional with AHPRA. One of these is the impact this has on professionals listed in the National Health Services Directory. Professions listed are currently limited to AHPRA registered professions and excludes self-regulated professions, for example dieticians or social workers, making it difficult for consumers to navigate the system and find appropriate health services. There is a need to have these consequences addressed when evaluating the ongoing effect of the National Scheme.

Concluding Remarks

We look forward to hearing the recommendations from the independent reviewer and encourage AHPRA and the HCEs to further involve consumers and consumer organisations in the implementation of any recommended changes to the scheme, particularly around the notification process.

The Health Care Consumers’ Association of the ACT