



Aboriginal and Torres Strait  
Islander Health Practice  
Chinese Medicine  
Chiropractic  
Dental  
Medical  
Medical Radiation Practice  
Nursing and Midwifery  
Occupational Therapy  
Optometry  
Osteopathy  
Pharmacy  
Physiotherapy  
Podiatry  
Psychology

Australian Health Practitioner Regulation Agency

## National health practitioner regulation boards

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28 February 2013

### Joint Submission to the Victorian Legal and Social Issues Legislation Committee

#### Executive summary

The National Boards are pleased to provide their perspectives on the impact of the National Registration and Accreditation Scheme (the National Scheme) on the health practitioners and community of Victoria. Where relevant, the Boards have responded directly to the terms of reference of this Victorian parliamentary inquiry. In some cases, the Boards have provided more general observations.

The Health Practitioner Regulation National Law, as in force in each state and territory ([the National Law](#)) offers many opportunities to enable more innovative, effective and assured regulation of health practitioners in Australia, in the public interest. Some of these have already been realised, and many others will progressively take effect. All National Boards have extensive work-plans in place that complement the ongoing improvements AHPRA is undertaking. These are all designed to bring out the best of the National Scheme, and enable the Boards to meet their core regulatory responsibilities.

The National Boards recognise the Legal and Social Issues Legislation Committee's (the committee) interest in understanding the impact of the National Scheme on Victorian practitioners and the wider Victorian community. While it can be difficult to isolate state-specific consequences from wider national effects, the National Boards have carefully prioritised and paced their efforts, to ensure a sustainable and optimal rate of change for registered practitioners.

The National Boards are committed to assisting the committee with this inquiry and are available to answer questions about the advantages and consequences of the National Scheme for the Victorian community.

#### About this submission

Under the National Law, the 14 National Boards work in partnership with AHPRA to deliver the National Scheme across Australia.

This submission to the Victorian parliamentary inquiry from the National Boards should be considered in conjunction with the individual submission made by the Medical Board of Australia and the submission made by AHPRA. The National Boards do not wish to duplicate the information that is included in the AHPRA submission, including detailed registration and notification data about practitioners in each regulated profession whose principal place of practice is Victoria.

In this submission, the National Boards provide their perspectives on the benefits and consequences for the Victorian community, Victorian practitioners, the professions and the wider community of the introduction of the National Scheme and implementation of the National Law.

This submission reflects the collective experience and perspective of the National Boards. Where Boards wish to draw the committee's attention to profession-specific impacts or observations, these are clearly stated. Some perspectives from the Victorian Board of the Nursing and Midwifery Board of Australia are included in [Appendix A](#).

## National Boards' structure

The responsibilities of each National Board are set down in the National Law. Most are also summarised in the AHPRA submission to this inquiry.

Each National Board has established a structure that best enables it to meet its regulatory responsibilities. In many cases, this involves delegating various decision-making powers to a range of state and territory boards or committees, or national committees. [Appendix B](#) provides details of those committees involved in management of notifications.

In summary:

- five National Boards (Medicine, Nursing and Midwifery, Physiotherapy, Dental and Psychology) have established either Victorian boards, committees or regional boards, including in Victoria, to make registration and notification decisions about individual health practitioners
- the remaining nine National Boards have opted for a national committee model to perform the same function, and
- AHPRA's Victorian office provides support for all Victorian boards and committees, and eight of the nine national committees.

## Impacts of the National Scheme

### 1. Profession-specific impacts of the National Scheme

National Boards have identified a range of impacts of the National Scheme on their professions, some shared, some profession-specific. In general terms, national regulation of the health professions has delivered a range of benefits to the community in terms of public protection; to practitioners in terms of flexibility, mobility and clear national standards; and to the Boards' capacity to bring consistency and quality to the regulation of their professions.

#### *Shared benefits*

Shared benefits of the impacts of the National Scheme include:

- The introduction of an online and publicly available national register of practitioners, which provides accurate, reliable and up-to-date information about the registration status of all registered practitioners, regardless of where in Australia they practise. This includes publishing descriptions of any limitations and conditions on registration, other than for some practitioner health matters, where the detail is not published.
- The introduction of a national register of students enrolled in a Board-approved course leading to general registration, for all regulated professions (except psychology students who are instead registered with the Psychology Board through provisional registration). Under the National Law, National Boards have powers to act on student impairment matters or when there is a conviction of a serious nature, for the protection of the public. Student registration previously existed only in some states and territories for some professions.
- Timely action if the performance, conduct or health of a practitioner poses a risk to public safety – through the immediate action provisions of the National Law.
- A more consistent approach to disciplinary outcomes.
- Improved interprofessional relationships and communication with education providers and other stakeholders.
- Improved governance arrangements for national accreditation authorities and committees for each profession to:
  - develop accreditation standards
  - accredit programs of study leading to registration and endorsement, and

- assess the educational qualifications of internationally qualified health practitioners.
- Greater community involvement through consultations and input into National Board standards, codes and guidelines, and through the AHPRA and National Boards' community engagement program.
- Nationally consistent registration standards and processes for registration and endorsement, enabling fair and transparent assessment of applications in all jurisdictions.
- Nationally consistent processes for notifications (except in NSW which is a co-regulatory jurisdiction), enabling more consistent assessment of notifications of practitioner performance, health or conduct in all jurisdictions. National Boards recognise there are opportunities for improvement over time to ensure that desirable processing times are routinely achieved in all jurisdictions.
- A shared commitment of the National Boards and AHPRA to avoid unnecessary variation in the application of Board-approved principles and decision-making, based on sound national systems and processes.
- A collaborative approach between the National Boards and AHPRA to develop and coordinate a robust, cost effective and consistent approach consistent with the National Law while accommodating profession-specific aspects. Examples include the recent accreditation review for the 10 National Boards that joined the National Scheme in 2010, as well as the all-Boards review of advertising guidelines, social media policy and guidelines for mandatory notifications.

### *Profession-specific impacts*

Profession-specific impacts of the National Scheme include the following.

**Chiropractic:** For practitioners, being registered only once has made the chiropractic workforce much more mobile and flexible. The previous requirement to be registered in multiple jurisdictions was a particular issue in border areas and for locum practitioners. The National Scheme and accompanying law has provided an opportunity for an open, transparent, widespread and formal consultation on all our standards, codes, and guidelines. The benefits of this have been threefold; significant community input; clear and nationally consistent standards, codes and guidelines with clear practitioner expectations; and greater public safety. The partnership with AHPRA has provided the board with expert advice and assistance together with previously unavailable policy expertise.

**Dentistry:** The National Scheme has been positive for the regulation of dental practitioners enabling a consistent approach that would have otherwise been impossible. The strengths of each jurisdiction's approach to the regulation of dental practitioners have been brought into the National Scheme, which has strengthened the regulation of the profession for the protection of the public.

The regulation of dental practitioners under the National Scheme encompasses, for the first time, a nationally consistent approach to five divisions of the dental register – dentist, dental therapist, dental hygienist, dental prosthetist and oral health therapist. In addition, there are 13 nationally consistent dentist specialist types and endorsement in relation to conscious sedation.

Dental practitioners are a medium-sized profession in the National Scheme. In total, there are 19,759 dental practitioners, consisting of 14,903 dentists, 1,161 dental therapists, 1,255 dental hygienists, 1,205 dental prosthetists, 712 oral health therapists and 523 registered in more than one division of the register, the majority of these (510) in dental therapy and dental hygiene. There are 1,523 dentist specialists and 91 dentists with an endorsement in relation to conscious sedation. Victorian dental practitioners make up 23% of the national total with 4,564 registered dental practitioners across the divisions.

Before the introduction of the National Scheme, more than eight boards governed the dental profession nationally as, in addition to a dental board in each jurisdiction, dental prosthetists also had governing structures in some states. As well, two bodies carried out the accreditation process of dental programs. The National Scheme has established one Dental Board of Australia (the DBA) representing all of the dental divisions and one accrediting body, the Australian Dental Council.

The transition process to the National Scheme for the five divisions was complex. The division of oral health therapy previously only existed in New South Wales, so there was a national transition standard

and pathway established for that division. A number of the dental specialties were not recognised in a consistent way across the country and transition pathways needed to be established. The dentist endorsement in relation to conscious sedation existed in varied ways across the jurisdictions, but the National Scheme has established a consistent approach to this area of practice.

**Medical radiation practice:** A single national registration scheme for medical radiation practitioners provides natural assistance for practitioners moving between jurisdictions. Practitioners living close to state and territory borders stand to realise particular benefits. This will especially be the case in rural and remote areas that rely on a limited workforce to provide services across a number of cross-border health organisations.

One factor that limits the benefits of national registration for medical radiation practitioners is the ongoing requirement for state and territory-based radiation licensing. The impact of this licensing requirement is not peculiar to medical radiation practitioners, but as the license is central to medical radiation practice, it is significant in constraining the full benefit of the National Scheme.

**Nursing and midwifery:** While not without its challenges, the National Scheme has provided a number of benefits to the regulation of nurses, midwives and students of nursing and midwifery in Australia.

A key strength of the regulatory model for nursing and midwifery is the establishment of state and territory boards with registration, notifications and immediate action committees. An AHPRA office supports each state and territory with the delegated authority to make decisions, consistent with nationally agreed principles, on individual nurse, midwife and student registration and notification matters.

In addition, state and territory boards and committees of the Nursing and Midwifery Board of Australia (NMBA) provide an invaluable contribution to National Board policy by informing the development and review of national registration standards, professional codes, standards and guidelines. This also applies to national systems, processes and decision-making principles for registration and notification matters.

The National Board stays in touch with its state and territory boards through monthly meetings with the Chairs. This ensures local perspectives continue to inform the work of the National Board.

A real strength of the National Scheme for nursing and midwifery has been to enable:

- national workforce mobility for all nurses and midwives as a result of national registration and endorsements. This effectively addressed a small but serious issue in the previous jurisdictional regulatory framework in which nurses or midwives registered in one jurisdiction, and about whom a notification was received, could avoid further disciplinary action by relocating to another jurisdiction in which they held registration and continuing to practise
- National Board development and implementation of evidence based professional codes, standards and guidelines for nurses and midwives in their professional practice. The National Board is also able to fund research that informs sound national regulatory policy. Examples include national projects to review the national competency standards for nurse practitioners and enrolled nurses, and national research through PricewaterhouseCoopers on professional indemnity insurance (PII) for privately practising midwives
- the establishment of the first national accreditation authority for nursing and midwifery, the Australian Nursing and Midwifery Accreditation Council (ANMAC), and the subsequent approval and national implementation of accreditation standards for programs of study leading to registration as a nurse or midwife, and endorsements for nurse practitioners, eligible midwives and registered nurses and midwives to prescribe scheduled medicines. More than 400 programs of study have been accredited and approved, an important national achievement, and
- National Board review of common registration standards and associated guidelines in response to feedback from key internal and external stakeholders. Based on evidence and wide stakeholder consultation, and following approval from the Australian Health Workforce Ministerial Council (Ministerial Council), the National Board implemented the following revised standards:
  - [\*Nursing and midwifery endorsement nurse practitioners registration standard\*](#) in February 2011
  - [\*Nursing and midwifery English language skills registration standard effective 19 September 2011\*](#), and

- [Nursing and midwifery professional indemnity insurance arrangements registration standard](#) in January 2012.

**Optometry** is a comparatively small profession in the National Scheme, with 25% of Australia's 4,586 registered optometrists based in Victoria. Of the 30% of optometrists who hold endorsement for scheduled medicines, 45% are in Victoria. An endorsement of registration recognises that a person has an extended scope of practice in a particular area because they have an additional qualification that is approved by the National Board.

Before 2010, the Council of Optometry Regulation Authorities (CORA) and the Optometry Council of Australia and New Zealand (OCANZ) provided structures to drive consistency in the regulation and accreditation of the profession. Since the late 1990s, the optometry profession had been, via OCANZ, accrediting optometry programs against nationally agreed standards; and requiring overseas-trained optometrists to successfully complete a national competency-based examination to be eligible for registration. The success in achieving this consistency was dependent upon the small-scale regulation boards in each state and territory and had to overcome variations in state and territory regulatory legislation.

In the presence of small and often poorly resourced state and territory boards, the Optometrists Association Australia (OAA) was seen as the one national body for the profession. The resources – both financial and staffing – available to the OAA often saw this body as the main policy arm for the profession.

The National Scheme has been overwhelmingly positive for the optometry profession. It has allowed the regulation of the profession for the protection of the public to be strengthened while allowing the OAA to continue its work in advocating for the profession on behalf of its members and the Australian public – an appropriate separation of regulatory and profession-based policy.

The partnership with AHPRA provides the Board with independent legal, communication and regulatory policy expertise not previously available to the state boards, including the previous Optometry Board of Victoria. The collaboration with the other professions in the National Scheme provides another invaluable pool of expertise and shared experience. It is through this collaboration that one of the true values of the scheme is being realised.

**Osteopathy:** Most osteopaths are trained in Victoria, and national registration means enhanced mobility for osteopaths which leads to a more flexible health workforce. This is very important to address shortages of qualified health professionals in some jurisdictions.

**Pharmacy:** The enhanced workforce mobility delivered by the National Scheme, which allows practitioners to pay one registration fee and practise in all Australian jurisdictions, enables pharmacists to readily fill advertised locum positions in any jurisdiction.

**Podiatry:** For the podiatry profession, the introduction of the National Scheme has improved and facilitated the advancement and efficiency of the profession's accreditation processes.

The National Scheme has advanced the process of recognition of the Board's endorsement for scheduled medicines in drugs and poisons legislation in NSW, SA, WA and NT. This endorsement was previously in place in Victoria. However, in Victoria the range of scheduled medicines that can be used by podiatrists whose registration has been endorsed for scheduled medicines is more limited than the National Podiatry Scheduled Medicines List. The National Law has enabled the national recognition of a speciality in podiatry (podiatric surgery).

**Psychology:** The National Scheme provides a fair and clear set of standards that psychology practitioners must meet, which are nationally accepted. As it is a requirement of the National Law for boards to undertake wide-ranging consultation with stakeholders on standards, codes, and guidelines, this provides a high level of transparency and accountability for stakeholders. These standards may be reviewed at any time and within three years, which ensures they remain responsive to changing workforce and employment trends.

The National Law recognises advanced scopes of practice for the psychology profession, through endorsement of registration. This information is published on the National Board's website and enables the public to be better informed about the additional training and expertise held by individual practitioners in nine endorsed areas of practice: clinical psychologist, clinical neuropsychologist, community

psychologist, counselling psychologist, educational and developmental psychologist, forensic psychologist, health psychologist, organisational psychologist, and sport and exercise psychologist.

**Physiotherapy:** The previous experience of the Victorian physiotherapy board with multi-profession legislation helped the National Board accommodate and understand the requirements of the National Scheme and ease the transition for the profession. There was no significant change to the way the Board conducts its registration and notifications business under the National Scheme, but significant advantages in relation to mobility and common standards.

**Occupational therapy:** For the first time, occupational therapists have a national regulatory framework from which to deliver safe and effective services. The community now has access to the Board to deal with complaints about practitioner performance or conduct. In unregistered jurisdictions such as Victoria, there was previously no registration mechanism to address these concerns.

The Office of the Health Services Commissioner, Victoria could not previously receive complaints from peers of occupational therapists concerned about the conduct of colleagues. These complaints can now be addressed, with the Board and AHPRA together complementing the work of the Office of the Health Services Commissioner. Previously, many overseas-trained occupational therapists practised in unregistered jurisdictions without having been assessed. The National Scheme ensures that all overseas-trained occupational therapists are assessed and supervised, strengthening public protection.

## 2. Registration standards: Board assurance of practitioners' safety to practise

The mandatory registration standards required under the National Law are the main way National Boards define the minimum *national* standards they expect of practitioners, regardless of where they practise in Australia. These standards bring consistency across geographic borders; make the Boards' expectations clear to the professions and the community; and inform Board decision-making when concerns are raised about practitioners' conduct, health or performance. Several Boards have developed, and Ministerial Council has approved, additional standards beyond the five essential standards required by the National Law. These are: English language skills, professional indemnity insurance, criminal history, recency of practice and continuing professional development.

The consistent and approved national standards provide assurance about practitioners' safety to practise, and align the practice of practitioners within professions, regardless of where they work.

The initial 10 National Boards are working in partnership with AHPRA to obtain the best available evidence on the review of the common registration standards, ahead of wide-ranging stakeholder consultation. The benefits of this approach include overall cost reduction, information sharing and identification of opportunities for future collaborative research.

National Boards' joint efforts such as these help to provide clear guidance to health practitioners, National Board and state and territory board members, the community, government, employers, professional associations and education providers about registration and renewal requirements.

### *Profession-specific impacts*

Some profession-specific impacts of the introduction of the mandatory registration standards include the following.

**Optometry:** There was previously a well-established continuing professional development (CPD) program for the optometry profession, through the professional association. The move to compulsory CPD requirements aligned with registration has allowed the Board to develop a quality framework and structure for the CPD undertaken by optometrists. The Optometry Board of Australia (OptomBA) is now in a position to work with the profession to develop a commitment to life-long learning and the maintenance and development of their knowledge and skills so that they can contribute over time to the increasing eye health needs of the public. The public can also be assured of a degree of quality in the ongoing development of the profession.

The OptomBA has also made use of the limited registration provisions of the National Law, something new for the profession. Limited registration for postgraduate training or supervised practice allows overseas trained optometrists to familiarise themselves with practising the profession in Australia while qualifying for general registration. The OptomBA is also finalising a registration standard for limited

registration for teaching or research. These registrants will be a valuable resource for the training of optometrists, including the two schools of optometry in Victoria – the long-established program at the University of Melbourne and the new program at Deakin University.

**Physiotherapy:** Consistent national registration standards have been well received by the physiotherapy profession. There have been significant benefits in the National Scheme, in particular for the many physiotherapists who work across state/territory borders, travel with sporting teams and undertake professional development/peer learning opportunities interstate. These practitioners frequently required registration in the jurisdiction where the training was provided, given the 'hands on' nature of much training in this profession. These physiotherapists now pay a single registration fee, renew yearly, and can practise anywhere in Australia. The same professional standards apply across borders. The Board recognises ongoing education is required for the profession to learn more about the Board's expectations in relation to CPD and the requirements for registration.

**Dentistry:** The number of registration standards developed by the DBA reflects the complexity of a profession with multiple divisions and specialisation in the dentist division. The DBA has developed the following registration standards:

- *Continuing professional development*
- *Criminal history registration standard*
- *Endorsement for conscious sedation*
- *English language skills*
- *General registration for overseas-qualified dental practitioners*
- *Limited registration for teaching or research*
- *Limited registration for postgraduate training or supervised practice*
- *Professional indemnity insurance*
- *Recency of practice*
- *Scope of practice, and*
- *Specialist.*

Through these registration standards the DBA for the first time has been able to establish a nationally consistent approach for all the divisions, for example:

- continuing professional development (CPD) and professional indemnity insurance (PII) arrangements – before the National Scheme some dental practitioner divisions had well-established approaches to these areas (either via regulation or professional associations) but others did not. The National Scheme has established a national standard for CPD and PII arrangements for all dental practitioners
- recency of practice – before the introduction of the National Scheme requirements varied and in some jurisdictions no recency of practice threshold was set. The DBA has now developed a well-documented and nationally consistent approach to dental practitioners wishing to return to practice after an extended period of absence
- scope of practice and specialist registration – there is a well-established, nationally consistent approach to both of these standards which would have been impossible to establish before the National Scheme, and
- limited registration – for the first time the National Law has provided a framework for a nationally consistent approach to how overseas dental practitioners are registered in Australia.

The benchmarks set by these registration standards largely reflect the regulatory framework in place in Victoria before the National Scheme. These are now in place nationally and can reassure the public and governments that there are consistent standards expected of the dental profession, designed to support public safety.

**Chinese medicine:** For the Chinese Medicine Board, expanding the registration scheme from Victoria-only to all other jurisdictions marked a significant and progressive development. The introduction of national standards, taking into consideration those developed by the Chinese Medicine Registration Board of Victoria (between 2000 and 2012), will significantly improve public protection. It will also set clear expectations for the profession that the practice of Chinese medicine in Australia is guided by nationally

consistent standards and approaches to education and training. The transition of Victorian practitioners into the National Scheme did not encounter any major and/or unexpected issues.

Issues in national registration specific to this profession include:

- required standards such as English Language are specifically sensitive for this profession as a significant proportion of the workforce has a non-English speaking cultural background and many practitioners could not meet the English language proficiency requirements; and
- the necessary consultation and approval process for standards, codes, guidelines and policies is more extensive and takes longer than were previously required. This is new and challenging for some practitioners whose ability to participate in consultations may be limited by their English language proficiency.

The regulation of Chinese medicine practice in Victoria set the base for the inclusion of this profession in the National Scheme. However, given that national regulation of Chinese medicine practitioners is new and unique internationally, it will take time to fully develop a productive partnership between the CMBA and AHPRA. In the establishment of national arrangements, AHPRA and the CMBA have worked together to develop standards, establish a set of grand-parenting arrangements and address some of the unique issues in relation to English language requirements. All of this has been achieved in very short timeframes to meet the requirements of national registration to commence on 1 July 2012. Longer-term issues will include educational standards, accreditation arrangements, the management of notifications, promoting compliance with Board requirements and ensuring the ongoing financial viability of the CMBA. The learning over the last 18 months has provided a solid base for the ongoing development of a productive partnership between AHPRA and the CMBA to effectively and efficiently deliver Chinese medicine regulation.

**Nursing and midwifery:** In addition to common registration standards, the National Board has developed a number of specific registration standards. An extensive work-plan is also in place for the continuous review of the professional codes, standards and guidelines for registered and enrolled nurses and midwives.

Recognition of the discrete scopes of practice within the nursing and midwifery professions, additional requirements of the National Law and the required harmonisation of previous jurisdictional approaches to regulation has involved significant work that has been completed or is in progress. All this work aims to provide clear regulatory guidance relevant to each group of practitioners.

**Chiropractic:** The registration standards required under the National Law, particularly those relating to continuing professional development, recency of practice and criminal history, have provided members of the Victorian public with additional safety benefits. The Chiropractic Board of Australia (ChiroBA) is better able to ensure that practitioners are both current and recent in their knowledge and practice and that the Board can assess and closely manage any issues arising from a practitioner's criminal history, aimed at keeping the public safe.

**Medical radiation practice:** The National Scheme has brought some significant changes for medical radiation practitioners. Registration standards apply nationally so for the first time, there is national consistency in the standards of professional medical radiation practice.

Continual professional development (CPD) is one example of the benefit of national registration standards. CPD helps to ensure that each medical radiation practitioner is undertaking or participating in activities that increase current skills and knowledge. Before joining the national scheme, CPD was voluntary in some states. The MRPBA's *Continuing professional development registration standard* assures the Victorian public that medical radiation practitioners who provide health services in Victoria – regardless of where they are usually based – are continually updating their skills and knowledge for professional practice.

### 3. The impact of scale and robust processes

The partnership with AHPRA provides National Boards with access to independent legal, communication and regulatory policy expertise not previously available to all state and territory boards for all professions. There are economies of scale and efficiencies as a result, particularly for smaller professions.



The collaboration with the other professions in the National Scheme provides another valuable pool of expertise and shared experience.

The National Scheme has provided a clear and consistently applied framework that has strengthened the requirements for registration of practitioners nationally and provided more effective mechanisms to reinforce compliance as and when required.

The National Scheme has seen an increase in the transparency with which many professions are regulated. There are documented and consistent processes for developing registration and accreditation standards, supported by robust consultation processes. The consultation requirements built into the National Law have led many National Boards to engage more widely and deeply with new stakeholders outside the professions. This enables input into Board standards about workforce and other issues not previously easily accessible to state and territory boards.

There is a common focus in AHPRA and across the National Boards on developing regulatory policy that is consistent, while accommodating the variety of practice types and settings between professions. Boards often seek advice from external experts or establish committees that include them, to ensure openness to issues and ideas. Collaborating with other National Boards in developing policies has been positive and provides a useful benchmark to ensure 'right touch' regulation practices across the professions, which do not adversely affect the health workforce. All National Boards discuss and aim to deliver regulatory strategies to the minimum level necessary to meet the objectives of the scheme.

Cross-profession collaboration within the scheme is taken seriously and emulates the approach to teamwork in healthcare that is being fostered in the workforce. Broad consistency in the expectations of Boards, in relation to common registration standards as well as some codes and guidelines, means that all members of a shared care team have to meet similar regulatory requirements.

#### **4. Nationally consistent professional standards**

National Boards see benefits from a nationally consistent standards framework within their professions and in some cases, across professions.

One significant common approach between National Boards relates to managing concerns about advertising. The joint approach developed by AHPRA and the National Boards is detailed in the 2011 and 2012 annual reports. This management – involving an escalating series of warnings to individual practitioners – has resulted in an efficient, inexpensive process of alerting practitioners to inappropriate, false or misleading advertising practices. In most cases once the practitioner has been made aware of the issue they have changed their practice in relation to advertising, protecting the public. This avoids the need for expensive and unnecessary legal action or processes. More information about advertising breaches is included in the AHPRA submission.

The national register of practitioners, published online, provides comprehensive information to the community and all stakeholders about the current registration status of every registered health practitioner. This was not possible before the National Scheme was introduced and is a critically important source of information to support informed consumer choice.

##### *Profession-specific observations*

Profession-specific observations on the benefits of nationally consistent standards include the following.

**Psychology:** The National Scheme has enabled the Board to establish a single standard for provisional registration and intern training, where there were previously eight different state and territory-based standards and programs with considerable state-by-state variation in requirements, quality and accountability. The psychology profession in Australia can now be more effectively benchmarked against international standards. The scheme also promotes practitioner mobility and cross-border practice and recognition.

**Optometry:** Prescribing of scheduled medicines by suitably qualified optometrists is now possible. Although a truly nationally consistent approach to prescribing remains limited by the variation that exists between jurisdictions' drugs and poisons legislation (discussed further in section 11, below), the National

Scheme has provided the Board with the opportunity to create *Guidelines for the use of scheduled medicines* that apply to optometrists Australia-wide who hold a scheduled medicines endorsement.

**Nursing and midwifery:** A significant benefit of the National Scheme has been the important harmonisation of entry-level programs of study for registration as an enrolled nurse within the vocational education and training (VET) sector. There is also a nationally consistent and accessible approach for existing enrolled nurses to obtain the authority to administer medicines in the workplace, irrespective of the level of their entry qualification – Hospital Certificate, Certificate IV in Nursing or other recognised equivalent qualifications.

Harmonisation of the previous different jurisdictional approaches to the assessment of internationally qualified nurses and midwives continues to be a work in progress for the National Board and AHPRA, with significant progress made over the past 12 months. This has culminated in the National Board's recent approval to fund a project to start in early 2013 on the assessment of educational equivalence for internationally qualified nurses and midwives (IQNM).

The project will include:

- a literature review into the assessment of educational equivalence for internationally qualified registered nurses, midwives and enrolled nurses
- the mapping and analysis of end-to-end processes for Australia and New Zealand, and differences across states and territories within Australia, and
- recommendations for the future evidence-based and contemporary assessment of education equivalence, including wide-ranging consultation with stakeholders on the National Board on the framework for the assessment of internationally qualified nurses and midwives for registration.

The project aims to:

- identify lessons learnt from overseas health profession regulatory boards and accreditation authorities, in relation to process, scale and complexity of assessment
- provide a framework for a nationally consistent, rigorous, fair and transparent assessment process of education equivalence for all applications for registration in Australia, regardless of the country of origin of the applicant, and
- enhance collaborative partnerships with external stakeholders, including the Nursing Council of New Zealand and the Midwifery Council of New Zealand.

**Physiotherapy:** The National Scheme has allowed a more consistent application of regulatory principles across a range of areas, with stakeholders better able to understand both these principles and how they are being applied. In particular, this has supported the review of the processes for assessment of overseas trained physiotherapists seeking registration in Australia, and more consistent application of the principles for accreditation of programs of physiotherapy study nationally.

**Dentistry:** Before the National Scheme was introduced, there was significant variation in the regulation of the dental profession, in terms of governance arrangements, regulatory standards and policy. The recognised benefits of nationally consistent standards will continue to develop, including:

- dental practitioner divisions – a nationally consistent approach across all the dental practitioner divisions including the requirements for registration, ongoing standards expected of a registered dental practitioner and the scope of practice of dental practitioners
- accreditation – the establishment of one accreditation authority appointed to undertake accreditation for all of the divisions of the dental practitioner register (before the National Scheme dental prosthetist accreditation was undertaken by another body). This will ensure a consistent approach for accreditation standard setting, program accreditation and also for the assessment of overseas dental practitioners, and
- specialist registration – a nationally consistent approach to both the scope and requirements for the 13 recognised dentist specialties.

**Pharmacy:** There have been particular benefits through the National Scheme in establishing a formalised accreditation process for the accreditation of pharmacy programs, with clear responsibilities outlined in the National Law. Related benefits have flowed to other accreditation processes, for example bringing consistency to intern training requirements and CPD requirements.

**Podiatry and osteopathy:** Strengthened accreditation processes will ensure that all Australian education providers undergo a robust and uniform accreditation process and as a result, all podiatry and osteopathy graduates will attain the required competencies to practise.

**Medical radiation practice:** The National Law unifies the registration and accreditation of all three divisions of medical radiation practice under one national umbrella. For the first time, medical radiation practitioners in the divisions of diagnostic radiography, radiation therapy and nuclear medicine technology undertake professional practice consistent with national standards.

The Medical Radiation Practice Board of Australia (MRPBA) is developing a provisional registration standard and supervised practice registration standard that, if approved by Ministerial Council following wide-ranging consultation, will introduce a single national framework for postgraduate supervised practice that applies across all three divisions of the Board's register, providing a consistent requirement for practitioners and supporting more efficient supervision.

## 5. Policy innovation in a national framework

The ability to set a nationally consistent policy framework is one of the significant advantages of the National Scheme. This is achieved partly through registration standards, which must be approved by Ministerial Council, and partly through codes, guidelines and other policies which are all developed through extensive consultation with a range of stakeholders.

Each National Board has taken a tailored approach to bringing a consistent policy framework to their profession. In prioritising and setting their regulatory work-plans and policy development agendas, the Boards have balanced risk to the public with appetite for reform and judgement about their profession's capacity to adapt to and effectively integrate change.

### *Profession-specific policy initiatives*

Profession-specific policy initiatives enabled by the National Scheme include the following.

**Optometry:** Before July 2010, work had commenced on expanding optometry training and changing course accreditation standards so that all local graduates are trained in ocular therapeutics and qualified for endorsement for scheduled medicines. This work began in Victoria in the mid 1990s.

In 2012, through the National Scheme, Ministerial Council approved a general registration standard to come into effect in 2014 that requires all first-time applicants for general registration to hold qualifications in ocular therapeutics. This will see close to 70% of the profession therapeutically competent within the next decade. This was a critical regulatory policy to put in place to ensure the optometry profession is suitably trained and competent to meet the increasing eye health needs of the Victorian and Australian population over time.

**Dentistry:** The DBA has developed the following Board-specific registration standards which have all addressed critical regulatory policy issues and have established a consistent national approach in these areas:

- *Endorsement for conscious sedation*
- *General registration for overseas-qualified dental practitioners*
- *Limited registration for teaching or research*
- *Limited registration for postgraduate training or supervised practice*
- *Scope of practice, and*
- *Specialist.*

The DBA, in addition to the National Board common codes and guidelines, has developed a nationally consistent approach to regulatory policy in the following areas:

- policies – registration of overseas speakers, use of botulinum toxin, tooth whitening/bleaching, cone-beam computed tomography, acupuncture, and
- codes and guidelines – dental records, infection control and supervision for dental practitioners.

In developing these standards, codes and guidelines the DBA has drawn on the best of the regulatory policy developed by the previous state and territory boards, including the Victorian board, as well as drawing on the expertise of its established national working and expert reference groups.

**Nursing and midwifery:** The NMBA continues to assess and respond to emerging issues and requests.

The National Board used the *Safety and quality framework (S&QF) for privately practising midwives attending homebirths* developed by the Victorian Government at the request of Ministerial Council and subsequently incorporated the principles of the S&QF into all new regulatory documents relating to midwifery practice. These include:

- [Guidelines and assessment framework for registration standard for eligible midwives](#), and
- [Eligible midwives and endorsement for scheduled medicines](#).

The principles underpinning the framework will continue to be used in all future policy documents relating to midwifery.

The NMBA is aware of Minister Davis's active interest in the future of a health program for nurses and midwives in Victoria. An appendix in the AHPRA submission to the inquiry outlines the regulatory role of National Boards in relation to impairment. More detail about the NMBA's approach to issues about health programs is published on the National Board's website (in 2012 News Archives under the *News* tab, in a news item dated 16 November 2012 and titled *The Nursing and Midwifery Board of Australia publishes independent Siggins Miller report*). The NMBA will work with AHPRA and other interested National Boards to review possible future directions. Some perspectives from the Victorian Board of the Nursing and Midwifery Board of Australia are attached as Appendix A to this submission. See also page 34 of the AHPRA submission.

**Pharmacy:** The ability to develop and deliver a national competency assessment of intern pharmacists for general registration – in effect a national examination consisting of a written and oral examination – has been a significant policy initiative enabled by the National Scheme. The Board has also developed (through consultation) and published a suite of guidelines for all pharmacists in practice.

**Podiatry:** Consistent requirement for the endorsement for scheduled medicines has been an important feature of the nationally regulated podiatry profession. However, the lack of consistent legislation between states and territories to recognise the Board's endorsement for scheduled medicines has, to date, limited the impact and public benefit of this endorsement.

**Occupational therapy:** As a new profession in the National Scheme, occupational therapists were not previously registered in all states and territories. Some immediate benefits were realised with the national registration of all occupational therapists. The establishment of a complete assessment process to ensure overseas trained practitioners meet Australian standards has been immediately significant. Equally, national accreditation has enabled the Board to consider workforce issues in the accreditation of occupational therapy training programs, for example the capacity of the health sector to support clinical placements, and emerging models of skills development.

## **6. Consultation and engagement: ensuring state and territory-specific issues are addressed**

There is a range of models adopted by the National Boards for ensuring state and territory-specific issues are effectively addressed. Information about the approach each has taken and the structures established to manage individual registration and notification matters is detailed in the AHPRA submission. In different

ways, this ensures profession-specific expertise is accessible and informs the handling of all notifications and complex registration applications.

All National Boards must have a member from Victoria, as a participating jurisdiction, to provide insight into local issues that are brought to the attention of a National Board. Engagement with state and territory-specific stakeholders is managed jointly by National Boards (either directly or through their state and territory boards/regional committee or board) and the local AHPRA office. This includes ready access for state/territory-based professional associations and other important local stakeholders with the Victorian AHPRA executive team, supported by National Office advice and involvement, as relevant.

All National Boards have developed and continue to progressively implement extensive communication strategies. This ensures state and territory boards and committees are actively engaged with the National Boards and that local stakeholders have the opportunity to be actively involved in and aware of the work of the National Board. E-newsletters are distributed to every registered practitioner and other stakeholders, to ensure accurate and up-to-date information is accessible about the work of the National Board, and the Board's expectations of the professions.

Routine consultation processes adopted by National Boards and AHPRA provide an avenue for state and territory-specific engagement and for local issues to be addressed in a national framework. Consistent with COAG best practice regulation principles, the National Boards consult extensively on all proposed changes and additions to the standards, guidelines, codes, and policies. This specifically includes all relevant professional associations, education providers, state and territory health departments, Ministerial Council, the Australian Health Ministers' Advisory Council's Health Workforce Principal Committee, and consumer organisations and individuals in all jurisdictions.

#### *Profession-specific observations*

Profession-specific observations include the following.

**Optometry:** The Optometrists Association of Australia (OAA) has both national and state divisions – including an active Victorian Division. The OptomBA liaises directly with this division to ensure issues faced by Victorian optometrists are considered. Direct links have been established between the Victorian AHPRA office and the local OAA division so that the OAA division can assist its members in understanding the processes for registration and notifications.

**Dentistry:** The DBA has established a Registration and Notification Committee (RNC) and Immediate Action Committee in each jurisdiction (note: New South Wales has only a Registration Committee, given the co-regulatory arrangement in this state). The Chairs of the RNCs attend some DBA meetings during the year and have a direct line of communication with the Chair and Executive Officer of the DBA. The openness and relationship between the Chairs of these committees and the Executive Officer ensures that any jurisdiction-specific issue is considered and managed effectively. In addition, the Executive Officer has a close working relationship with key AHPRA staff in the Victorian office, including the dental professional officer, which ensures that relevant matters are brought forward for consideration and management.

The DBA is holding its inaugural conference for all members of its state and territory committees this year in Melbourne, with a theme of *Working together into the future*. This will provide an invaluable opportunity for National Board and committee members and AHPRA staff to come together and look back over the last three years of dental regulation, and consider the next and best steps for working together and improving consistency.

**Medical radiation practice:** Consultation requirements are a hallmark of the National Scheme and ensure that the medical radiation profession, the community, government and other stakeholders have an opportunity to respond to regulatory proposals that impact on the profession. Extensive consultation also ensures the medical radiation profession has access to 'outward facing' views that provide a broader health workforce perspective, ensures the Board is well informed when setting standards and policy, and enables Victorian stakeholders to influence and contribute to the development of national standards.

**Pharmacy:** Separate legislation governs the ownership of pharmacies. A cooperative of jurisdictional pharmacy approval authorities liaises closely with the Board.

**Occupational therapy:** Through the transition to national registration, the National Board targeted the previously unregistered jurisdictions of Victoria, New South Wales, Tasmania, and the Australian Capital

Territory for priority communication to ensure practitioners were aware of the impact and requirements of national registration. Nearly 50% of Victoria's estimated 2,400 occupational therapists attended information briefings held by the Board in the lead up to the profession joining the National Scheme. The Board has also implemented an active engagement process with local stakeholders, to ensure it is aware of issues specific to each jurisdiction. The Board holds regular forums in capital cities, uses technology to engage with stakeholders in key rural and remote areas and has established an ongoing dialogue with the professional association and other important local stakeholders.

**Psychology:** More than 1500 practitioners Australia-wide have participated in forums and meetings held by the Psychology Board of Australia.

**Nursing and midwifery:** The NMBA approved and implemented a comprehensive communications plan in 2012. The 2013 plan is currently being developed, including stakeholder engagement through a range of channels. The National Board is also implementing strategies to better engage with nurses and midwives, as well as national and jurisdictional stakeholders, in a more timely and interactive way. In addition to publication on its website of monthly Board communiqués after the National Board meets, the National Board also produces and distributes a multi-format newsletter four times a year.

During 2012, the National Board conducted workshops in Melbourne with state and territory board members and AHPRA representatives to inform the National Board's development of consistent, principle-based decision-making:

- *Notifications principles* that apply in assessing notification against a nurse, midwife or student, and
- *Principles for the assessment of nursing and midwifery applicants for re-entry to practice* that apply in assessing an applicant seeking to re-enter the profession and obtain registration after a period of absence from practice.

The Victorian Board of the NMBA and the Victorian Registration Committee of the NMBA have the delegated authority from the National Board to make decisions about complex registration and endorsement applications. The Victorian Board of NMBA, the Victorian Notifications Committee of NMBA and the Victorian Immediate Action Committee for NMBA have the delegated authority from the National Board to make decisions about notifications of performance and/or health and/or conduct received about nurses, midwives and students.

## 8. The value of comprehensive national data

As a result of the National Scheme and through AHPRA, the National Boards have access for the first time to accurate and comprehensive data, including on registrations and notifications for their profession. The value of these data will continue to increase, as systems and processes that support the implementation of the scheme mature.

Already, National Boards publish quarterly registration data on their websites. These data provide accurate and comprehensive information that is critical to workforce planning and of significant public interest. Coupled with data on trends in notifications, these data will continue to inform National Board regulatory policy development.

### *Profession-specific observations*

Profession-specific observations include the following.

**Psychology:** One of the new features of the National Scheme is that accurate statistics on the psychology workforce in Australia are available for the first time. In March 2012, the Psychology Board of Australia (PsyBA) also released the first national data on approved psychology supervisors in Australia. These data can be collated for the first time as a result of the National Scheme. After extensive technology improvements, the Board and AHPRA launched a searchable online supervisor list in January 2012. In September 2012, the Board released new statistics on area of practice endorsements, including information about psychologists who hold more than one area of practice endorsement and the geographic location of psychologists with endorsements. Access to reliable national data enables the Board to monitor trends in the training and registration of psychologists and ensure that all training pathways leading to registration are viable and well supported with supervisors.

**Dentistry:** For the first time, national data are available for all divisions of the dental practitioner register. Before the National Scheme, even accessing simple comparative data was extremely difficult given the different governance structures and variation in the way the profession was regulated.

The data from the National Scheme are underpinning the recent request from health ministers for Health Workforce Australia (HWA) to undertake a review and develop an Oral Health Workforce Plan. These data will provide intelligence on workforce supply and demand to support national oral health policy and investment decisions in the oral health workforce, to better inform policy decisions. This is the first time such a comprehensive review of the needs of the dental workforce has been able to be done in Australia and will be invaluable in future workforce planning for the dental profession.

National Board access to increasingly comprehensive, high quality data will underpin regulatory policy and improve public safety.

**Pharmacy:** The National Scheme provides opportunities for data sharing with other entities such as pharmacy approval authorities

**Nursing and midwifery:** The national data by state and territory, gender and age provide invaluable information about enrolled nurses, registered nurses and nurse practitioners, midwives, eligible midwives and people holding dual registration who are on the register and able to practise.

The National Board, in partnership with AHPRA, continues working collaboratively with Health Workforce Australia to develop electronic workforce surveys (2012 and 2013) that will deliver a better standard of information for analysis by the Australian Institute of Health and Welfare. Annual reports will inform the nursing and midwifery workforce and education modelling requirements.

## 9. Regulatory reform

The National Scheme has paved the way for regulatory reform for the professions. In addition to the general public benefits, National Boards have implemented profession-specific reforms that enable them to better protect the public and facilitate access to health services. The registration of students was a significant national regulatory achievement not possible before the National Scheme.

### *Profession-specific reforms*

Profession-specific observations on regulatory reform include the following.

**Dentistry:** For the first time under the National Scheme five divisions of dental practitioners are regulated by one National Board which represents each division. There is a nationally consistent approach to registration, professional standards and notifications. The National Scheme has strengthened the regulation of the profession to better protect the public.

**Nursing and midwifery:** The NMBA continues to improve the approach and pathways for re-entry to practise as a nurse or midwife. This includes current Board-funded work on the expansion of pathways to accommodate supervised practice: clear guidance on the 'whos and hows' of supervised practice across states and territories, the type of registration required and a re-entry to practice program of study or a formal approved program of study leading to registration as an enrolled nurse, registered nurse or midwife.

A significant national regulatory reform for midwifery after the establishment of a separate register for midwives included access to the *Medical benefits scheme for eligible midwives* in November 2011 and the *Pharmaceutical benefits scheme for eligible midwives with an endorsement to prescribe scheduled medicines*.

Following approval by Ministerial Council, the National Board established two new registration standards to support this new arrangement for midwifery practice; the [Registration standard for eligible midwives](#) and the [Registration standard for endorsement for scheduled medicines for midwives](#).

The introduction of a common registration standard for professional indemnity insurance arrangements for all nurses and midwives under the National Scheme created a difficulty for some midwives, particularly those in private practice providing care during labour and birth. An extension to the exemption

arrangements, in the absence of an appropriate insurance product being available to these affected midwives, and a current Board-funded research project will better inform the insurance debate.

The National Scheme has enabled the timely implementation of midwifery regulatory reforms and continues to support enhancement to midwifery services and choice for women, compared to the previous jurisdictional model of nursing and midwifery regulation.

**Optometry:** In addition to scheduled medicine reform, the National Scheme has enabled a review of scope of practice and workforce issues. These, in turn, have enabled the Board to constructively address rural and remote workforce and quality of care issues.

**Psychology:** The National Scheme enabled the establishment standard for the '5+1' program as new, flexible pathway to registration. The 5+1 pathway to general registration was introduced to ensure that the standards within Australia are similar to those within other overseas jurisdictions. Five years of university psychology training plus one year of supervised practice is the international benchmark within the European (EuroPsy) qualifications framework for psychology.

The Board has also worked to strengthen competency-based registration through the implementation of the national psychology examination. The registration standard for general registration included approval for the development of a Board-approved national examination, which the Board expects to implement from 1 July 2013. The exam is going to contribute towards assuring a nationally consistent standard as well as an increased level of confidence in the profession.

The Board has worked to improve supervision support by developing supervisor training program guidelines and a process to approve supervisor training programs. This approach will provide a consistent framework and method of supervision practice across Australia and will establish standards for Board-approved supervisor qualifications, Board-approved supervisor competencies, and Board-approved supervisor training.

Completed revisions to the professional indemnity insurance standard and guideline more accurately reflect the different public and private settings in which psychologists work.

## **10. Accreditation: training future health practitioners**

Detailed information about accreditation in the National Scheme is provided in [Appendix 1](#) of the AHPRA submission.

In general, National Boards welcome the robust accreditation framework enabled through the National Law and are working effectively with nominated accreditation providers to ensure high quality education and training for Australia's future health practitioners. The legislated inclusion of the accreditation function in the National Scheme enables National Boards to apply more consistent, best practice and cost-effective approaches to accreditation and assessment activities. It is also now possible to consolidate effort, improve efficiency, assemble centralised expertise, resources and capacity, and develop innovative solutions to issues such as the assessment processes to determine equivalence of competencies or qualifications (e.g. section 53(b) of the National Law).

In many cases the National Boards are also working effectively with their New Zealand counterparts to strengthen the trans-Tasman benefits of Australia's improved accreditation framework. The National Boards also continue to work effectively with the Australian Health Professions Councils' Forum, which provides a forum for greater effectiveness and efficiencies in the accreditation functions – while retaining a profession-specific focus. Defining the accreditation function in the National Law has increased the visibility and accountability of accreditation in many professions, and established better links to workforce and employment trends.

**Medical radiation practice:** The National Scheme has provided the opportunity to streamline accreditation requirements for the profession. Previously, accreditation was undertaken by two professional associations; the Australian Institute of Radiography (AIR) and the Australian and New Zealand Society for Nuclear Medicine (ANZSNM). Accreditation as a function within the National Scheme allows for an appropriate separation of regulatory functions and professional advocacy. It further creates the opportunity for the Board's Accreditation Committee to set consistent accreditation standards for three



divisions of practice. Efficiency in the assessment of programs of study is a likely benefit from a single set of consistent accreditation standards.

## 11. Addressing previous local regulatory limitations

The nationally consistent standards for registration, notification processes and professional behaviour for registered health practitioners largely reflect those previously in place in Victoria. However, introducing a nationally consistent regulatory approach strengthens public safety for all Victorians. In general, registration requirements are more transparent and better understood across the professions. With AHPRA, the National Boards are progressively piloting an audit process to check practitioner compliance with registration standards. Once implemented across all professions, this will add a degree of assurance and transparency for the Victorian public not previously available. Information about practitioner audit is published on the [AHPRA website](#).

More information about the specific regulatory differences between the former scheme in Victoria and the National Scheme is included in the AHPRA submission.

### *Profession-specific observations*

Profession-specific observations on addressing previous local regulatory limitations include the following.

**Optometry:** Victoria was the first jurisdiction to allow optometrists to prescribe scheduled medicines for the treatment of conditions of the eye. In Victoria, the drugs and poisons legislation and associated regulation allows for optometrists with an endorsement for scheduled medicines ‘to obtain and have in his or her possession and to use, sell or supply any Schedule 2, 3 or 4 poison that is in the form of a preparation for the topical use in the eye.’

Under the National Scheme, the Board has developed a registration standard for endorsement for scheduled medicines that was approved by Ministerial Council. This standard lists the drugs approved by the Board for optometrists to ‘prescribe’. All jurisdictions except for Victoria and Tasmania refer to this standard directly in their drugs and poisons legislation and therefore in these jurisdictions, legislative change is not required when there is a change to the standard. Not having a list of drugs in state/territory legislation provides efficiency for the implementation of any changes the Board may make to its approved list of schedule 4 medicines. Any such change would be informed by the Board’s expert Scheduled Medicines Advisory Committee, whose membership mirrors the membership of the Prescribing Practice Advisory Committee that was required by ‘prescribing professions’ under the previous regulatory legislation in Victoria.

## 12. Opportunities for improvement

The National Boards will continue to make use of the flexibility and powers contained in the National Law to help them meet their core regulatory responsibilities to protect the public and facilitate access to health services.

The Boards endorse the opportunities for improvement identified in the AHPRA submission to the inquiry. Some Boards have identified some additional issues the committee may wish to consider, which have some profession-specific implications.

### *Profession-specific observations*

Profession-specific observations on opportunities for improvement include the following.

**Pharmacy:** The lack of harmonisation of drugs and poisons legislation between states and territories creates barriers to the harmonisation of practice for future initiatives such as prescribing by health practitioners. The absence of a ‘real time’ medication database for use by pharmacists creates disadvantages for the public and pharmacists.

**Podiatry:** A number of jurisdictions need to amend their drugs and poisons legislation to recognise the Board’s endorsement for scheduled medicines.

**Nursing and midwifery:** The NMBA has identified the absence of harmony in drugs and poisons legislation between states and territories, which creates significant and unnecessary barriers to the consistent prescribing of scheduled medicines by registered nurses in rural and isolated practice, nurse practitioners and eligible midwives. This also adds potential for confusion and unwarranted practitioner errors, limiting the efficacy of professional practice and increasing risk to the public.

**Medical radiation practice:** To realise the promise of the National Scheme the Board will need to partner with a variety of stakeholders including the profession, the community and government if genuine and ongoing innovation and reform are to be achieved.

## Conclusion

The National Boards believe the implementation of the National Registration and Accreditation Scheme has delivered significant benefits to the Victorian community.

The introduction of the National Scheme represented the most significant reform of health practitioner regulation ever undertaken in Australia. As a direct consequence of the scope and pace of the reforms, there were some early challenges in the implementation of the scheme that affected Victorian practitioners. These are well documented and have been effectively addressed.

The National Boards are confident that the systems and processes currently in place effectively support the National Boards in their core role of protecting the community and facilitating workforce mobility, accessibility and development. This includes registering practitioners who are suitably trained.

The Boards hope this submission assists the parliamentary Legal and Social Issues Legislation Committee's inquiry and are available to answer any additional questions, including on profession-specific impacts, at any time.



## Appendix A:

### Victorian Board of the Nursing and Midwifery Board of Australia

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27 February 2013

#### Submission to the Victorian Legal and Social Issues Legislation Committee

The Victorian Board of the Nursing and Midwifery Board of Australia (National Board or NMBA) believes that the public is being protected through the National Scheme. The Victorian Board wishes to make a range of comments relevant to the inquiry's terms of reference and submits this appendix to the submission from the 14 National Boards.

The main function of the state and territory boards of the NMBA is to make individual registration and notification decisions, based on national standards. In Victoria, the National Board has also established a Notifications Committee and a Registration Committee.

The Victorian Board of the NMBA supports the submission made by the National Boards.

#### **General observations**

In general the work of AHPRA in assisting the Board is of high quality, given the youth of the current scheme.

However, the size and complexity of the National Scheme and AHPRA (as the organisation that supports it) is a consideration when compared with the previous regulatory arrangements in Victoria.

AHPRA has provided specific management and support staff to work with the Victorian Board of the NBMA. This approach has ensured that the Victorian Board of NBMA is able to navigate the inherent organisational complexity.

#### **English language skills**

The Victorian Board supports the change in English language requirements for nurses and midwives under the National Scheme and the introduction of a single, nationally consistent standard. Using a flexible approach to ensuring adequate results for individual nurses and midwives across multiple English language tests has proven to work extremely well in Victoria. Where appropriate, the Victorian Board also considers evidence such as a nurse or midwife's demonstrated ability to function at a high level in an English-speaking workplace (e.g. as an interpreter). The Victorian Board's decision-making in relation to English language skills is guided by the [English language skills registration standard](#) set by the National Board and approved by Ministerial Council.

## Consultation

Since the start of the National Scheme, the National Board has developed a range of standards and guidelines used to guide decision-making by state and territory boards of the NMBA and by AHPRA staff when the National Board has delegated authority to AHPRA. This brings a more consistent approach to registration decision-making across Australia. There are opportunities for the National Board to strengthen consultation with state and territory boards in the development of standards, codes and guidelines. This would draw on the expertise and experience of state and territory boards, which make decisions about hundreds of registration applications each month.

## Consistency

The introduction of the National Scheme immediately made it possible to set and introduce national standards.

However, achieving national consistency in the implementation of these standards and the processes that support them will take some time. The Victorian Board is aware of some examples of nurses and midwives with similar overseas qualifications who have been treated differently in different states and territories. The work of the National Board, supported by AHPRA, in establishing a clear framework for the assessment of internationally qualified nurses and midwives across Australia, is a critically important initiative. The Victorian Board would welcome closer involvement in the development and implementation of this national framework. The Victorian Board is keen to ensure the framework keeps the public safe and does not lead to a more lenient assessment than the board believes is appropriate. More information about the assessment of internationally qualified nurses and midwives is detailed on page 10 of the National Boards submission and page 18 of the AHPRA submission.

## Communication

The Victorian Board believes there are opportunities to improve the implementation of new requirements through improved communication between the National Board and state and territory boards, and between AHPRA and all boards. With robust systems in place to communicate changes (for example to decision-making guidelines and to standards), state and territory boards will be better equipped to implement these new requirements. AHPRA management and administrative staff continue to be available to the Victorian Board to ensure continued improved communication and collaboration.

## Use of data: improving board performance

Better access to trend data about notifications and registrations – nationally and state-specifically – will help improve the consistency and quality of Board decision-making. The Victorian Board expects this flow of information will improve as AHPRA's reporting capability matures and the focus of the Victorian Board's work transitions from an emphasis on prior-law matters, to National Law matters. The board recognises that AHPRA's reporting systems are designed to support analysis of matters managed under the National Law, rather than matters being managed under the numerous laws that previously applied in different parts of Australia.

## Relationship with government

The Victorian Minister for Health appoints members to the state board. However, in the National Scheme, the primary contact between the minister and his department is with the AHPRA Victorian and national offices rather than directly with the Victorian Board. The Victorian Board would welcome the opportunity for ongoing, constructive and direct contact with the minister on issues that advance the regulation of nurses and midwives in Victoria.

## Notifications management

The introduction of the National Law brought significant changes to the management of conduct, health and performance matters notified to the Board.

As a result, the Victorian Board has immediate access to expert AHPRA legal advice and opinion not previously available to the Nurses Board of Victoria. This resource increases the confidence with which the Victorian Board can make its determinations, in that the board can be assured of the technical correctness of the decisions, and confident that robust processes are in place consistent with principles of natural justice and procedural fairness.

The National Law and procedures provide increased power to settle matters with nurses and midwives, allowing them to continue to work while satisfying the imperative to protect the public.

The National Scheme provides the potential for an unprecedented level of consistency in the management of conduct matters across jurisdictions. While the goal of national consistency remains a 'work in progress', the platform and planning to achieve national regulatory consistency is well under way.

Consistent with the previous law in Victoria, the Victorian Board refers allegations of the most serious unprofessional conduct, or professional misconduct, to the Victorian Civil and Administrative Tribunal for hearing. As it did in the previous regulatory scheme in Victoria, the tribunal has the power to cancel or suspend a nurse or midwife's registration.

The absence of an initial system and procedures to support the timely appointment of members to the approved list of panel members for performance and professional standards panel hearings has been a concern to the Victorian Board. This has now been addressed and a recruitment and selection process is now in place.

### **Victorian Nurses and Midwives Health Program**

The Nurses Board of Victoria, with the Australian Nurses Federation, established the Nursing and Midwifery Health Program Victoria (NMHPV), an independent supportive health program for nurses and midwives with impairment in Victoria.

When the National Scheme came into effect on 1 July 2010, funds were set aside by the Nurses Board of Victoria for the continuation of the NMHPV until 1 July 2013. The NMHPV is managed independently of the National Board. The National Board has, however provided additional funding of \$500,000 for 2013-2014.

The Nursing and Midwifery Board of Australia has considered its role in the ongoing funding of the NMHPV. Having reviewed the program and other existing support services available to nurses and midwives with health concerns, the National Board decided in 2012 not to fund the expansion of a primary, preventative or supportive health program nationally, or the ongoing funding of the NMHPV.

The Victorian Board of the NMBA would welcome the continuation of a health program for Victorian nurses and midwives. The Victorian Board will participate in work to be undertaken by AHPRA, with the National Boards, including the NMBA, to explore a possible cross-profession approach to external health programs that could complement the National Boards' core statutory role in relation to impairment.



Aboriginal and Torres Strait  
Islander Health Practice  
Chinese Medicine  
Chiropractic  
Dental  
Medical  
Medical Radiation Practice  
Nursing and Midwifery

Occupational Therapy  
Optometry  
Osteopathy  
Pharmacy  
Physiotherapy  
Podiatry  
Psychology

Australian Health Practitioner Regulation Agency

## Appendix B:

### Structure of National Board committees that manage notifications

National Board	National committees	Regional boards	State and territory boards	State and territory committees
Aboriginal and Torres Strait Islander Health Practice Board of Australia	Registration and Notifications Committee	None	None	None
Chinese Medicine Board of Australia	Notifications Committee	None	None	None
Chiropractic Board of Australia	Immediate Action Committee Registration, Notifications and Compliance Committee	None	None	None
Dental Board of Australia		None	None	Immediate Action Committee (excluding New South Wales) Registration and Notification Committee (excluding New South Wales)

National Board	National committees	Regional boards	State and territory boards	State and territory committees
Medical Board of Australia		None	All states and territories	Health Committee (excluding New South Wales) Immediate Action Committee (excluding New South Wales) Notifications Assessment Committee (excluding New South Wales) Performance and Professional Standards Committee (excluding New South Wales)
Medical Radiation Practice Board of Australia	Notifications Committee Immediate Action Committee	None	None	None
Nursing and Midwifery Board of Australia		None	All states and territories	Immediate Action Committee (excluding New South Wales) Notifications Committee (excluding New South Wales)
Occupational Therapy Board of Australia	Registration and Notifications Committee Immediate Action Committee	None	None	None
Optometry Board of Australia	Immediate Action Committee Registration and Notifications Committee	None	None	None
Osteopathy Board of Australia	Registration and Notifications Committee	None	None	None

National Board	National committees	Regional boards	State and territory boards	State and territory committees
Pharmacy Board of Australia	Immediate Action Committee Notifications Committee	None	None	None
Physiotherapy Board of Australia		None	All States and Territories	None
Podiatry Board of Australia	Immediate Action Committee Registration and Notifications Committee	None	None	None
Psychology Board of Australia		Australian Capital Territory, Tasmania and Victoria  South Australia, Northern Territory and Western Australia  New South Wales  Queensland	None	Immediate Action Committee