
The National Registration and Accreditation Scheme and what it Means for the Health Workforce



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Now we are one...



Health practitioner regulation



- Licensing of health professionals using a legislative base
- Enforceable requirements for entry to the profession
- Set standards of practice
- Regulates conduct, (performance and health)

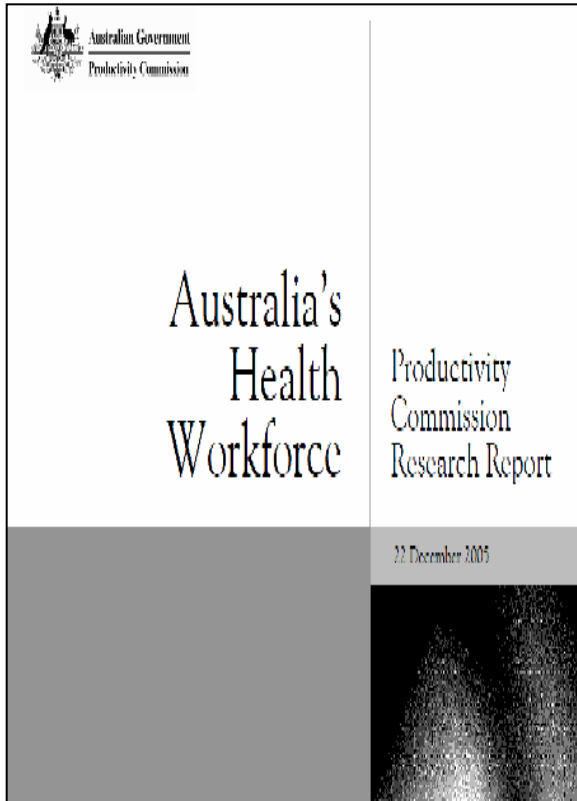
Long and Proud History



Former Tasmanian
Medical Council

- 1837 – regulation of medical practitioners in Van Diemens Land
- Predates UK by 21 years
- States have power to register/ regulate - not Commonwealth
- History of piecemeal changes
- Major transformation in past year

Recent History



- Jan 2006 - Productivity Commission report
- March 2008 - COAG decision to establish a national scheme
- 1 July 2010 - National Registration and Accreditation Scheme starts (WA – 18 Oct 2010)

Global trends in regulation

- Time of great change – no single model
- Core focus on patient and public safety
- Well designed regulation and burden
- ‘Professionally led’ rather than ‘self regulation’
- Greater range of stakeholder involvement
- Drive for greater transparency
- Common frameworks across professions
- Greater focus on ongoing competence to practise - different techniques
- Global mobility of health workforce

National Registration and Accreditation Scheme

A major transformation!



- Eight State and Territory based arrangements
- >85 health profession boards
- 65 Acts of Parliament
- 38 regulatory organisations
- 1.5 million data items from 85 sources
- One national scheme
- 10 health profession boards (soon to be 14)
- Nationally consistent legislation (largely)
- One national organisation
- National on line registers

Health Practitioners



July 2010

1. chiropractors
2. dental care (including dentists, dental hygienists, dental prosthetists & dental therapists),
3. medical practitioners
4. nurses and midwives
5. optometrists
6. osteopaths
7. pharmacists
8. physiotherapists
9. podiatrists
10. psychologists

July 2012

1. Aboriginal and Torres Strait Islander health practitioners
2. Chinese medicine practitioners
3. medical radiation practitioners
4. occupational therapists

How many registered practitioners in Australia?

Profession	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ^{2,3}	Grand total
Chiropractor	51	1,456	21	667	347	41	1,138	463	166	4,350
Dental practitioner	326	5,619	113	3,542	1,561	315	4,092	2,076	675	18,319
Medical practitioner	1,638	27,686	817	16,761	6,926	1,994	21,238	8,250	2,983	88,293
Midwife	15	325	9	227	306	7	625	170	105	1,789
Nurse	3,824	79,210	2,760	54,542	26,886	7,560	76,830	28,422	10,038	290,072
Nurse and midwife ⁴	660	14,169	552	7,623	2,616	734	10,375	3,215	380	40,324
Optometrist	64	1,493	25	925	205	78	1,094	329	229	4,442
Osteopath	30	514	2	133	25	33	715	50	93	1,595
Pharmacist	373	8,110	165	5,008	1,836	607	6,308	2,782	755	25,944
Physiotherapist	416	6,589	113	4,114	1,828	386	5,417	2,600	921	22,384
Podiatrist	42	919	13	585	346	78	1,084	347	47	3,461
Psychologist	744	10,014	198	5,073	1,431	504	7,735	2,999	444	29,142
Grand total	8,183	156,104	4,788	99,200	44,313	12,337	136,651	51,703	16,836	530,115

How many students in Australia?



Profession	Approved program of study ²	Clinical training ³	Annual total
Chiropractor	998		998
Dental practitioner	3,028		3,028
Medical practitioner	16,814	25	16,839
Midwife	2,483		2,483
Nurse	61,415	1	61,416
Optometrist	214		214
Osteopath	549		549
Pharmacist	7,617	10	7,627
Physiotherapist	4,366	241	4,607
Podiatrist	1,173		1,173
Total	98,657	277	98,934

National Registration and Accreditation Scheme



Health Practitioner Regulation National Law 2009

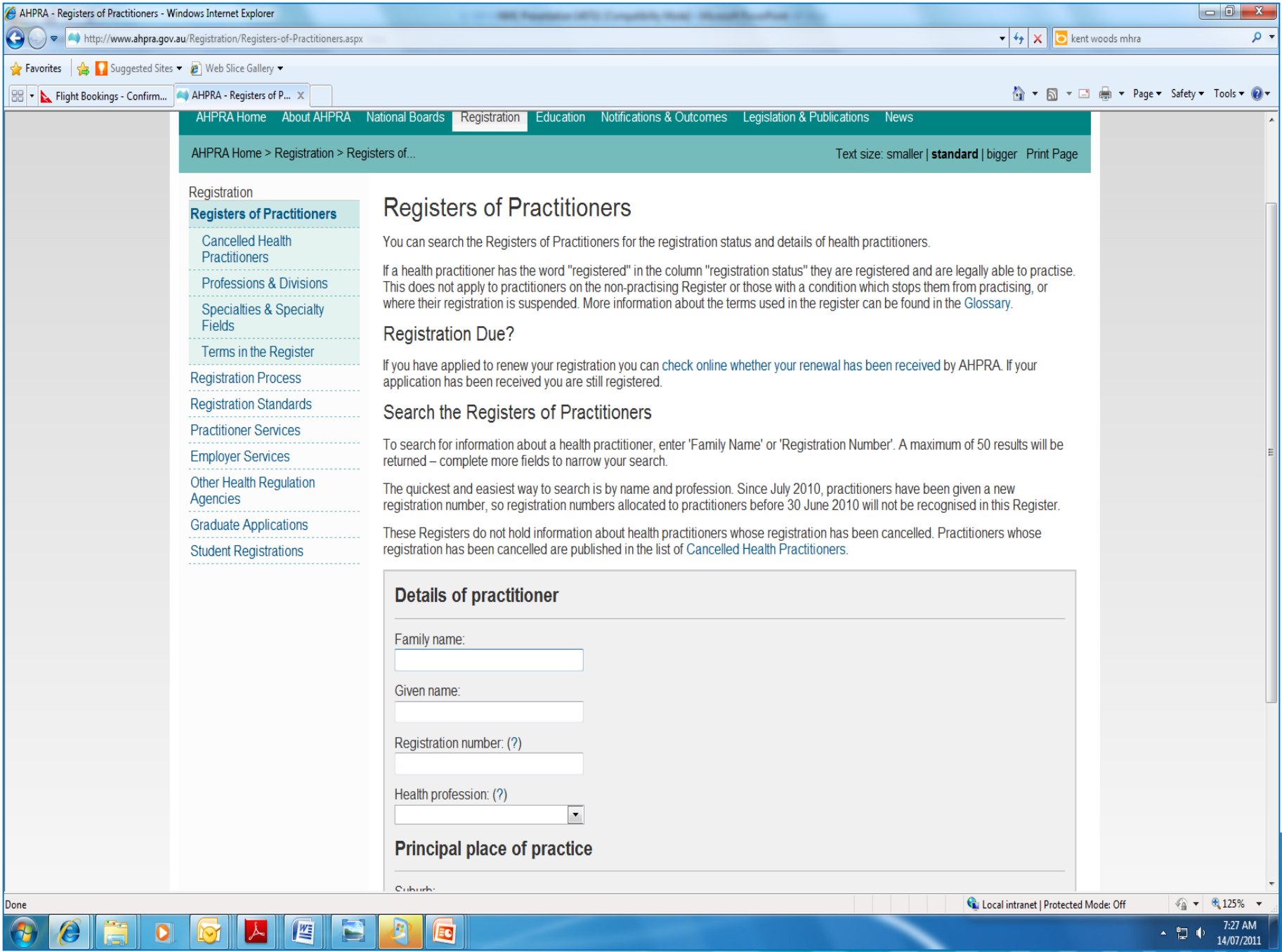
- Protection of the public
- Workforce mobility within Australia
- High quality education and training
- Rigorous and responsive assessment of overseas trained practitioners
- Facilitate access to services in accordance with the public interest
- Enable a flexible, responsible and sustainable health workforce and enable innovation



Guiding principles



- Transparent, accountable, effective and fair
- Reasonable fees (self funded)
- Restrictions on practice only:
 - if necessary to ensure health services are provided safely and of a high quality
 - protective jurisdiction



- Registration
- Registers of Practitioners**
- Cancelled Health Practitioners
- Professions & Divisions
- Specialties & Specialty Fields
- Terms in the Register
- Registration Process
- Registration Standards
- Practitioner Services
- Employer Services
- Other Health Regulation Agencies
- Graduate Applications
- Student Registrations

Registers of Practitioners

You can search the Registers of Practitioners for the registration status and details of health practitioners.

If a health practitioner has the word "registered" in the column "registration status" they are registered and are legally able to practise. This does not apply to practitioners on the non-practising Register or those with a condition which stops them from practising, or where their registration is suspended. More information about the terms used in the register can be found in the [Glossary](#).

Registration Due?

If you have applied to renew your registration you can check online whether your renewal has been received by AHPRA. If your application has been received you are still registered.

Search the Registers of Practitioners

To search for information about a health practitioner, enter 'Family Name' or 'Registration Number'. A maximum of 50 results will be returned – complete more fields to narrow your search.

The quickest and easiest way to search is by name and profession. Since July 2010, practitioners have been given a new registration number, so registration numbers allocated to practitioners before 30 June 2010 will not be recognised in this Register.

These Registers do not hold information about health practitioners whose registration has been cancelled. Practitioners whose registration has been cancelled are published in the list of [Cancelled Health Practitioners](#).

Details of practitioner

Family name:

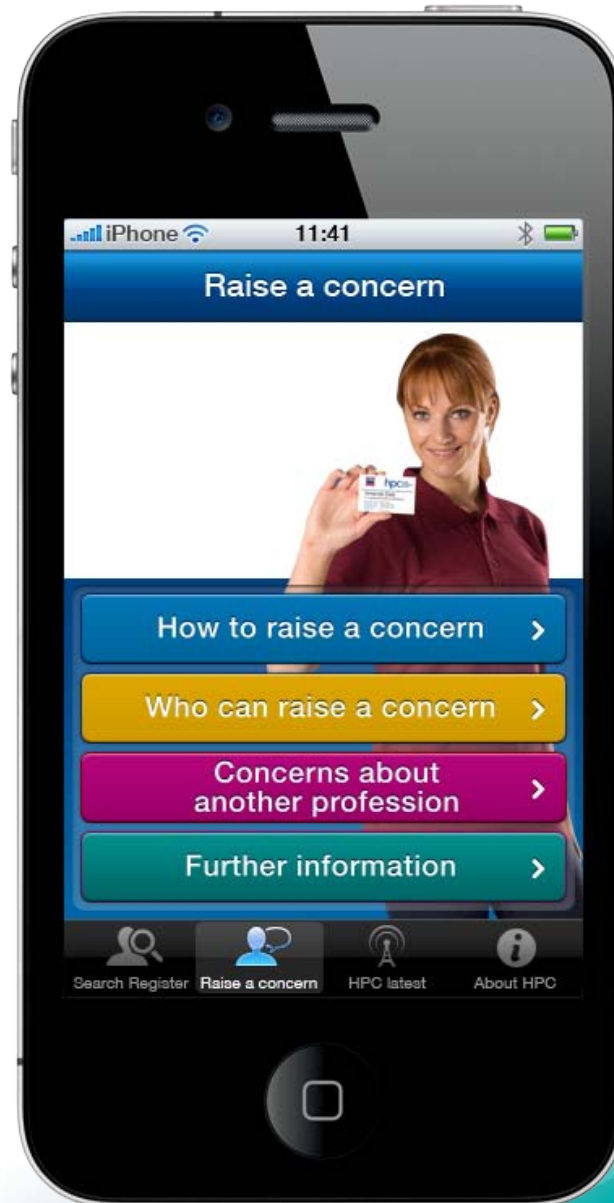
Given name:

Registration number: (?)

Health profession: (?)

Principal place of practice

Suburb:

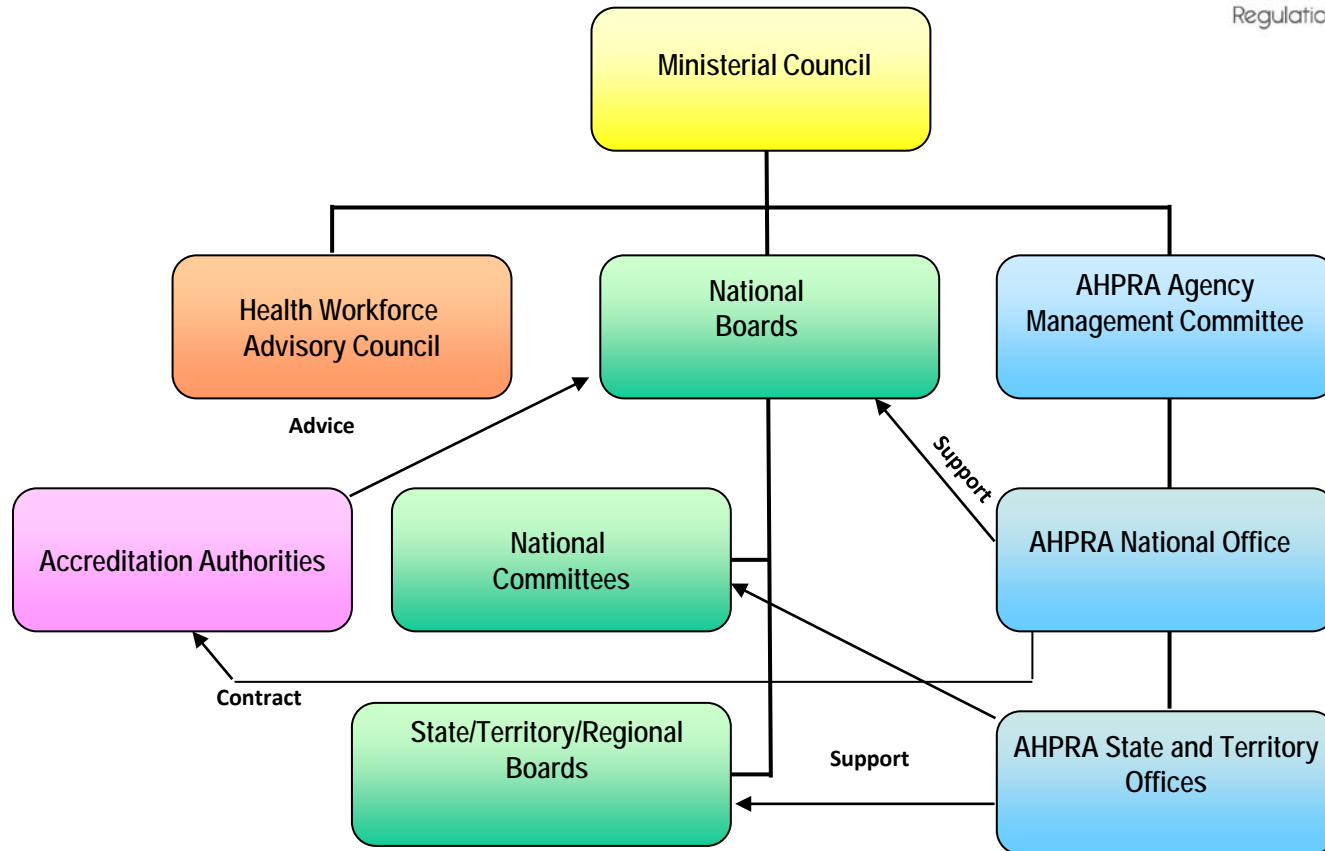


Key features of the National Scheme



- National system for health practitioner regulation
- Applied National Law covering all registered health practitioners
- Ten (soon to be 14) National Boards set regulatory policy (largely) and exercise regulatory functions
- AHPRA administers National Scheme and supports Boards - partnership
- Fundamental purpose of regulation unchanged:
 - Patient and public safety (workforce objectives)
 - Set standards for registration (licensure)
 - Publish national registers (including conditions)
 - Take action where concerns about conduct, performance or health (notifications – different arrangements in NSW)
 - Maintain high standards of education (accreditation authorities)

Shared regulation





Australian Psychology Accreditation Council



OPTOMETRY COUNCIL
OF AUSTRALIA AND
NEW ZEALAND
ACN 074 875 111
ABN 38 074 875 111
PO Box 185
Carlton South VIC 3053
Australia
Telephone +61 3 9663 2733
Web: www.ocanz.org



Accreditation Functions



- Accreditation standard:
'standard used to assess whether a program of study/education provider provides a person who completes the program with the knowledge, skills and professional attributes necessary to practise the profession in Australia'
- Programs which lead to registration or endorsement of registration
- Defines accreditation function:
 - Development of accreditation standards
 - Assessing programs of study and providers against standards
 - Assessment of overseas authorities
 - Assessment of overseas qualified practitioners

Workforce Implications

Issues and Solutions

Issues

Barriers to mobility of health professions

Inconsistencies in registration requirements

Workforce flexibility and sustainability

Public protection and patient safety

Limited national data

National Scheme

Single registration allows practice Australia wide

Nationally consistent registration types and uniform standards

Workforce objectives in National Law

New requirements and higher bar

Nationally consistent data on regulated professions

Registration standards



Nursing and Midwifery Board of Australia
Criminal history registration standard

Authority
This standard has been approved by the Australian Health Workforce Ministerial Council on 31 March 2010 pursuant to the Health Practitioner Regulation National Law (2009) (the National Law) with approval taking effect from 1 July 2010.

Summary
In deciding whether a health practitioner's criminal history is relevant to the practice of their profession, the Board will consider the 10 factors set out in this standard. While every case will need to be decided on an individual basis, these 10 factors provide the basis for the Board's consideration.

Scope of application
This standard applies to all applicants and all registered health practitioners. It does not apply to students.

Requirements
In deciding whether a health practitioner's criminal history is relevant to the practice of their profession, the Board will consider the following factors:

- 1. The nature and gravity of the offence or alleged offence and its relevance to health practice.**
The more serious the offence or alleged offence and the greater its relevance to health practice, the more weight that the Board will assign to it.
- 2. The period of time since the health practitioner committed, or allegedly committed, the offence.**
The Board will generally place greater weight on more recent offences.
- 3. Whether a finding of guilt or a conviction was recorded for the offence or a charge for the offence is still pending.**
In considering the relevance of the criminal history information, the Board is to have regard to the type of criminal history information provided. The following types of criminal history information are to be considered, in descending order of relevance:
 - a) convictions
 - b) findings of guilt
 - c) pending charges
 - d) nonconviction charges; that is, charges that have been resolved otherwise than by a conviction or finding of guilt, taking into account the availability and source of contextual information that may explain why a nonconviction charge did not result in a conviction or finding of guilt.
- 4. The sentence imposed for the offence.**
The weight the Board will place on the sentence will generally increase as the significance of the sentence increases, including any custodial period imposed. The Board will also consider any mitigating factors raised in sentencing, where available, including rehabilitation.
- 5. The ages of the health practitioner and of any victim at the time the health practitioner committed, or allegedly committed, the offence.**
The Board may place less weight on offences committed when the applicant is younger, and particularly under 18 years of age. The Board may place more weight on offences involving victims under 18 years of age or other vulnerable persons.
- 6. Whether or not the conduct that constituted the offence or to which the charge relates has been decriminalised since the health practitioner committed, or allegedly committed, the offence.**
The Board will generally place less or no weight on offences that have been decriminalised since the health practitioner committed, or allegedly committed, the offence.
- 7. The health practitioner's behaviour since he or she committed, or allegedly committed, the offence.**
Indications that the offence was an aberration and evidence of good conduct or rehabilitation since the commission, or alleged commission of the offence, will tend to be a mitigating factor. However, indications that the offence is part of a pattern of behaviour will tend to have the opposite effect.
- 8. The likelihood of future threat to a patient of the health practitioner.**
The Board is likely to place significant weight on the likelihood of future threat to a patient or client of the health practitioner.
- 9. Any information given by the health practitioner.**
Any information provided by the health practitioner such as an explanation or mitigating factors will be reviewed by the Board and taken into account in considering the health practitioner's criminal history.
- 10. Any other matter that the Board considers relevant.**
The Board may take into account any other matter that it considers relevant to the application or notification. A Board will not require an applicant or registered health practitioner to provide further information that may prejudice their personal situation pending

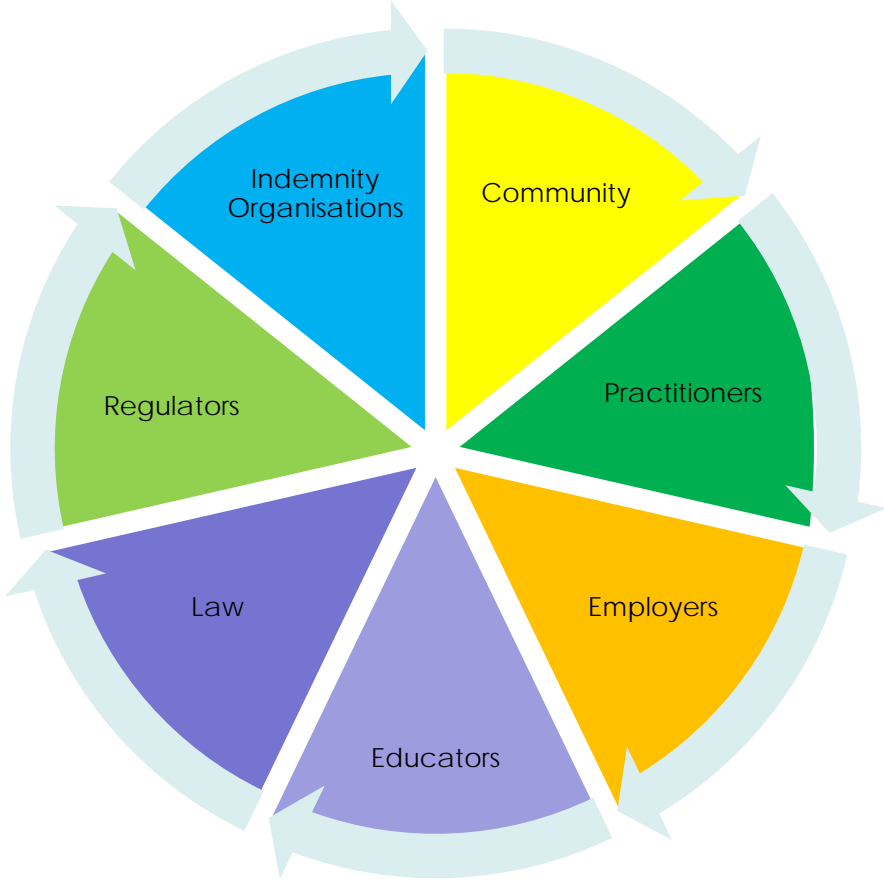
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Common Standards

1. Criminal history
2. English language requirements
3. Professional Indemnity Insurance arrangements
4. Continuing Professional Development
5. Recency of Practice



Shared responsibility for patient safety



Mandatory notifications



- Practitioners and employers must report a registrant who they believe has engaged in notifiable conduct (some exceptions)
- Belief formed through the practice of the profession
- Notifiable conduct is:
 - practising while intoxicated by drugs or alcohol
 - engaging in sexual misconduct in professional practice
 - placing the public at risk of substantial harm through a physical or mental impairment affecting practice
 - placing the public at risk of harm through a substantial departure from accepted professional standards
- Educators – obligated to report significant student impairment and serious criminal matters

Implications for Overseas Recruitment



- Single national registration
 - Mobility for general registration
 - Single registration number
 - One set of national registers – with conditions
- National Board as registration body
 - AHPRA administers in conjunction with boards
- National registration standards
 - English language skills
- Accreditation authority as assessing authority for general skilled migration
 - ANMAC - nurses and midwives
- Move to on-line services
- National consistency
 - Work in progress



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