

CORRECTED VERSION

STANDING COMMITTEE ON LEGAL AND SOCIAL ISSUES

LEGISLATION COMMITTEE

INQUIRY INTO THE PERFORMANCE OF THE AUSTRALIAN HEALTH PRACTITIONER REGULATION AGENCY

Melbourne—12 June 2013

Members

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Witnesses

Health Professions Accreditation Councils' Forum:

Dr N. Voudouris, Chair;

Ms L. LeBlanc, Deputy Chair; and

Ms P. Sanders, Forum Secretariat.

The CHAIR—Can I welcome you all. Tonight's hearing is in relation to the inquiry into the performance of the Australian Health Practitioner Regulation Agency and I welcome Ms Peggy Sanders, Forum Secretariat, Dr Nicholas Voudouris, Chair, and Ms L. LeBlanc, Deputy Chair, from the Health Professions Accreditation Councils' Forum. Thank you for appearing before us and for your submission which we have received and read.

All evidence taken at this hearing is protected by parliamentary privilege as provided by the Constitution Act 1975 and further subject to the provisions of the Legislative Council standing orders. All evidence is being recorded. You will be provided with proof versions of the transcript within the next week. Transcripts will ultimately be made public and posted on the committee's website.

I now invite you to proceed with a brief opening statement if you wish which will be followed by members questions, and again can I thank you for being before us this evening.

Dr VOUDOURIS—Thank you for the opportunity to attend your inquiry and the Forum is pleased to be able to assist the committee and its work. As we have outlined in our written submission the Forum is a coalition of 11 independent accreditation authorities appointed under the National Law as external accreditation entities—I will refer to them as councils hereafter, it is a bit easier—and has been meeting since 2007. The accreditation councils in the Forum are not professional associations but quality and standards organisations—such as the AMC who was just addressing you—focused on the outcomes of programs of education and training for health practitioners and are primarily driven not by political or membership concerns but by a quality framework and the responsibilities under the National Law to protect the public.

The quality framework is a set of benchmark standards for their operations and it is consistent with the typical standards you would find for bodies that accredit health practitioner education around the world and is an agreed framework between the national registration boards, AHPRA and the councils. Theanne mentioned this a moment ago, as a piece of work which was done when setting up the scheme which I think we are very proud of. The forum also provides an opportunity for our accreditation councils to share best practice in the accreditation of programs of education and we respond collectively to various processes and matters that are of common interest.

I guess one of the best examples of that has been the development of shared understandings and agreed processes with the national registration boards and AHPRA regarding how the accreditation aspects of the National Registration and Accreditation Scheme—and I will just call it 'the scheme' from hereon—just best functions under the new National Law. We worked cooperatively together to work that out because as Ian pointed out earlier it was a very big change for a lot of people working in the scheme.*

Since the commencement of the scheme in 2010, when most of the accreditation councils—10 of them in fact—were appointed by governments under the scheme, the councils have worked closely with AHPRA and also with the national registration boards to establish accreditation arrangements with comply with the National Law. Our accreditation councils share with the boards and AHPRA the goal of protecting the public and, in our case, it is specifically to protect the public from incompetent graduates. The accreditation councils of the Forum have formal contracts, each of them, with AHPRA, the terms of which have been agreed by each corresponding national board and those contracts include performance requirements against that agreed quality framework, reporting and funding provisions. We have been working intensively with AHPRA since the beginning of the scheme on established, effective and transparent operation of our accreditation functions and the National Law and that has proved quite challenging at times considering the pace at which the scheme was implemented and the complexity of it which again the AMC has very clearly laid out for you earlier.

We understand the terms of reference of your inquiry are concerned with AHPRA's performance, mainly its cost-effectiveness, regulatory efficiency and ability to protect the public. I will make some comments about each of those things and then I will stop. Around cost-effectiveness our councils are funded both by allocated funds from registration boards paid to us through AHPRA as part of our contracts to carry out accreditation functions, and also through fees which they collect, charge if you like, mostly to overseas trained practitioners and education providers directly for accreditation services. The experience of the councils in the Forum is that AHPRA has generally paid attention to the containment of costs associated with accreditation functions during our funding negotiations and, in some cases, that has been challenging for councils which are partly

dependent, of course, on that AHPRA funding to carry out those regulatory functions.

Regulatory efficiency: the accreditation councils have been aware of the problems that some practitioners experience with registration functions at the beginning of the scheme and that has certainly had an impact on the accreditation councils. Again, as Ian mentioned earlier, we have a lot of phone calls to us which were really about accreditation matters but people were having trouble getting through to appropriate people in AHPRA. These problems have been examined in detail by the Senate's Finance and Public Estimates Committee in 2011. In our experience those problems have been addressed now.

The registration boards, AHPRA and our councils have shared responsibilities under the scheme on which we work cooperatively and pretty closely on a day-to-day basis, and despite that there have been some tensions and disagreements between the councils and AHPRA during the implementation of the scheme. I do not think that would surprise anyone. But our collective overall experience is that AHPRA has consulted with us very effectively and worked quite cooperatively and where we have had issues they have dealt with them in a very professional and balanced way. Where the accreditation functions of the scheme are concerned the councils in the Forum believe that AHPRA has generally administered them as efficiently as anyone could have expected given its resources and the magnitude of the task and the timetable it had to meet.

I think on the ability to protect the Victorian public, as I indicated earlier, the council share with registration boards and AHPRA responsibility for the protection of the public from inadequately educated and trained practitioners, and as far as this aspect of protecting the public is concerned, the councils' experience is that AHPRA effectively undertakes its duties in this regard in the public interest. We are happy to respond to any questions you might have.

The CHAIR—Thank you very much, Dr Voudouris. Would MSSanders or MSLeBlanc have any comments or have anything to say to the committee?

Ms LEBLANC—I think the main comment would be we are very pleased we followed after the AMC because they covered a lot of ground that we would have covered.

The CHAIR—I tend to agree with you, they did cover a lot of ground but nevertheless we are very appreciative of you being here and in relation to the important function that you have undertaken in that accreditation process, and certainly from the graduate programs that you spoke about to ensure that the public is protected safely from any untoward events that might happen throughout that training program. You can assure the committee in relation to the accreditation processes that they are conducted on a regular basis, are being undertaken under the scheme and throughout with all the individual boards? Is that fair to assume?

Dr VOUDOURIS—Yes. How it works is—I think you probably already know—that each board can either contract out or assign its accreditation functions to an external body and authority, and each of the 11 councils in our Forum are such bodies, and then there are three in the scheme that have committees of the registration board. Where those accreditation responsibilities are delegated out to independent accreditation authorities, such as the councils in our Forum, we have contracts with AHPRA that require us to meet certain standards in doing that work, and a clear mandate under the law to make sure that we do not accredit programs where practitioners are not suitably trained and ready for registration. Obviously you do not want a system which produces graduates that are not going to cut it with the registration board. The programs of education that we accredit have to subsequently be approved by the registration boards as well, so it is a dual system of accreditation by us and then they are eligible for approval by the registration board.

The CHAIR—Thank you.

Ms HARTLAND—It sounds like, from your submission, you are saying that initially there were tensions and it was about sorting out how people were going to get along and what the different roles are. Would you say now that it is settled and people are working cooperatively together and it is working out with the different professions that you represent here?

Dr VOUDOURIS—Yes, I would say our relationships have matured a lot over the last couple of years. It has been a fairly intense time but we have done a lot of work together to try and work out the best

way to make the national scheme work. I believe now that we have reached a point where the systems we have in place make the whole system much better. One small example was intellectual property. We had quite an exchange with AHPRA about intellectual property because obviously when you set up a scheme there is a need for the councils to have their own needs around intellectual property that they have developed, but AHPRA needs the ability to use the intellectual property, and the boards in particular, in such a way that the scheme keeps running. That took a lot of work to work that out, it is very complicated, to find a way to license it in an appropriate way that the scheme met the requirements of the legislation, but we as councils had appropriate needs around our use of the intellectual property and the ownership of it. That took a lot of thrashing out. They are the kind of things that were really quite difficult.

But the good thing about AHPRA was even in that process they were always prepared to sit down and work with us. Even though we clearly disagreed on some things we worked through it. As a result of that now we have a very good relationship with them. All the councils now work very closely with AHPRA and the relationships are pretty good. Our Forum has also got a relationship as a whole with AHPRA which is very useful because we can talk about common issues across the councils. That is really one of the great strengths of a national system is we have a truly national body.

Mr O'BRIEN—One of the complaints in terms of the efficiency, the size of the whole structure the registration industry, if you like, the accreditation industry, also is on the corollary of the fees, the costs. We had evidence from the AMA last week of fees effectively going up, doctors registration fees going up but service standards going down, and they have not received the transparency of why effectively people are paying more but in their view getting less for it. Do you have any thoughts on that issue?

Dr VOUDOURIS—Well, we can only really comment from the point of view of accreditation, I would not really want to say too much about the registration system in general because this is not really something we are closely involved in. But as far as accreditation funding goes I know we have calculated that the funding coming from the board through AHPRA to accreditation councils at this point in time is less than three per cent of their total budget—2.8 per cent. I think for the amount of money they spend it is money very well spent because most of the councils run very efficiently, so the accreditation functions are being delivered in a very efficient way. It is a small call on AHPRA funding really for the job that the councils do because, as I said, funding of the councils also comes from fees.

Mr O'BRIEN—What sort of liaison occurs with the accreditation standards between the national boards and the accreditation councils?

Dr VOUDOURIS—Close liaison. The National Law itself has very specific requirements around the way that we develop standards because the accreditation councils under the National Law develop standards and the boards sign off on them, approve them, and one of the things which has been introduced through the new national scheme is a procedure for developing standards which is now agreed by all parties in the scheme and that sets out certain obligations around consultation and looking at issues of efficiency and whether it addresses the main requirements of the National Law, its purposes. Obviously there has to be close liaison with registration boards and accreditation authorities otherwise you are developing standards that registration boards are not going to approve, so there has to be a close relationship. By and large that relationship is a sort of day-to-day one of talking to each other.

Ms LEBLANC—There are a lot of impactors on the development of standards. We have to be cognisant of what HWA is talking about with their leadership competencies; the National Prescribing Service, because there are a lot of allied health practitioners now able to prescribe.

The CHAIR—HWA is?

Ms LEBLANC—Health Workforce Australia, sorry.

The CHAIR—No, that is all right. I thought it was, but just for the benefit of—

Mr O'BRIEN—We will have to be careful to avoid acronyms.

Ms LEBLANC—Yes. Anyway, the point I am making is that in the development of the standards we have to be very cognisant of contemporary thinking and the way the practices are changing, as well as meeting the guidelines as set down by the health ministers, that there cannot be any impediment to increasing the health workforce. It is a very rigorous process that demands a lot of wide consultation with all the stakeholders. It is not done quickly when we review the standards, it takes about 12 to 18 months.

Mr O'BRIEN—You are really not able to comment much on the registration fee. I think you said earlier you do not deal with registrations.

Ms LEBLANC—Or setting of the fees.

Mr O'BRIEN—No.

Dr VOUDOURIS—No, that is the job of the registration boards. Again we are contractors, if you like, contracted to do the accreditation functions under the scheme and work with the boards on those.

Mr O'BRIEN—Do you have any other suggestions or improvements as to how AHPRA should be rolling out anything in the accreditation sphere?

Ms LEBLANC—Just to build on what you said earlier, it is working well. In the first instance when the scheme was introduced they were focusing very much on registration and now there is quite a focus on improving the way accreditation is done. What I am saying is it is bedding in and improving and developing even further. We are doing things like having a common reporting template that all the health professions use that goes into the background, talks about the site evaluation team visit, marks off the standards and just improvement of processes for consistency and standard application across all the health professions.

Mr O'BRIEN—Thank you.

The CHAIR—I do not believe there are any further questions. Thank you very much for your very thorough presentation which covered off many of the queries that the committee members had and obviously has helped us enormously. Can I, on behalf of the committee, thank you very much for your time this evening and for your evidence. It has been most helpful.

Dr VOUDOURIS—Thank you.

Witnesses withdrew.

Committee adjourned.