Community perspectives in the regulation of physiotherapists

Presented by

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Structure of health regulation in Australia

- **Ministerial Council oversight – 8 Health Ministers:**
  - Consensus model of decision making
- **14 National Boards set regulatory standards and exercise regulatory functions:**
  - Practitioner and community members appointed by Ministers
  - Delegate powers to Committees and AHPRA
- **AHPRA administers and supports Boards:**
  - Governed by Agency Management Committee (Board of AHPRA)
- **Self funded:**
  - National fees fund the services provided to each profession
  - Health Profession Agreement between each Board/AHPRA

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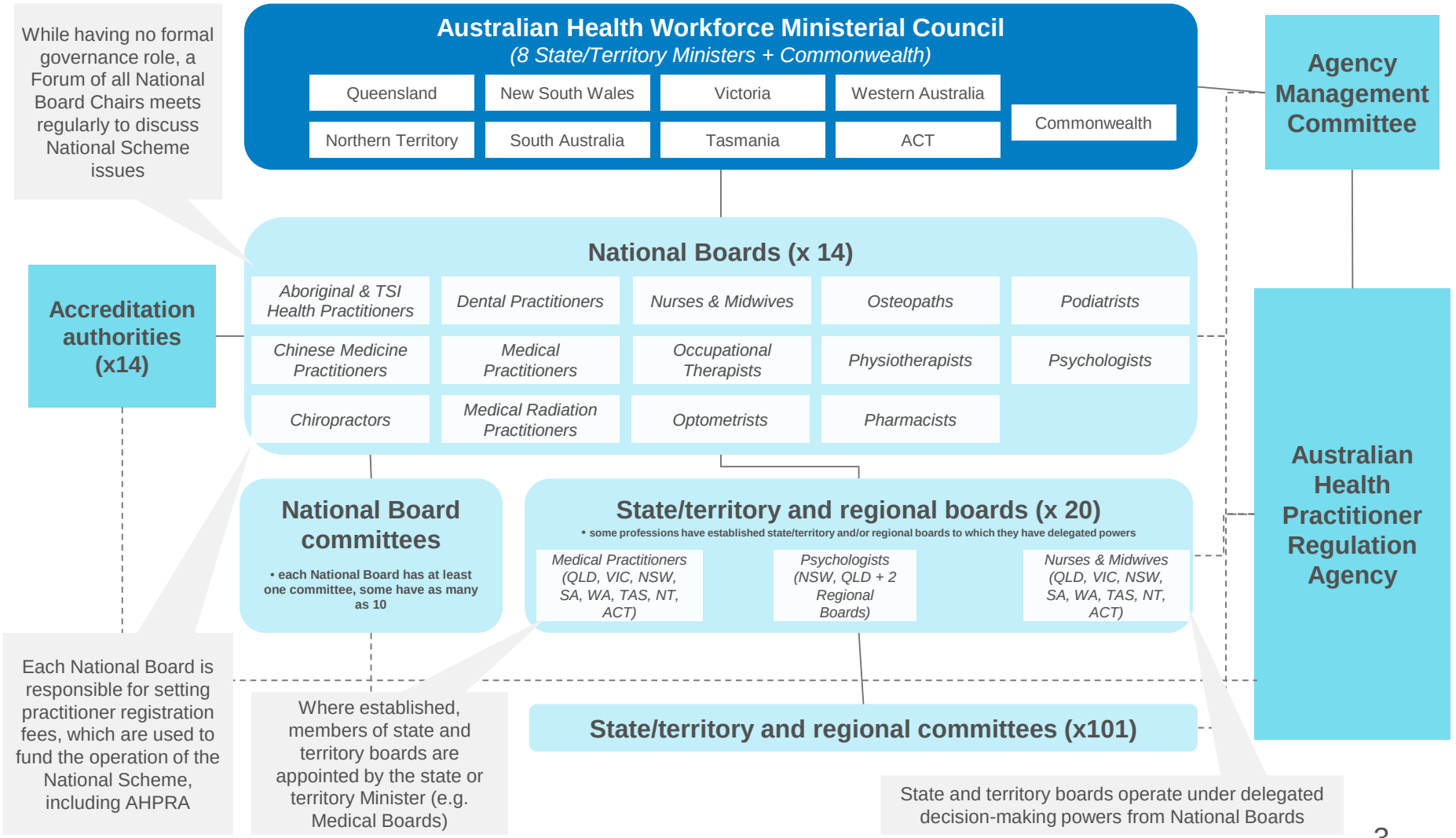
Structure of the National Scheme



Sources: AHPRA Annual Report (2012-13) and COAG Intergovernmental Agreement for a National Registration and Accreditation Scheme for the Health Professions (2008).

Who does what? Working together

National Boards

- Primary role is regulatory decision-making in the public interest
- Set national registration requirements and standards

  Oversee various regulatory processes including registration, and the receipt, assessment and investigation of notifications (complaints)*
- Approve accreditation standards for the professions
- Approve qualifications for entry into the profession

AHPRA

- Administers the Scheme
- Supports National Board decision-making
- Establishes and administers procedures for managing registration and notification matters*
- Provides legal interpretation
- Makes recommendations to the Boards and Committees
- Is the first contact point for all enquiries about registration , notifications from practitioners, employers, governments and stakeholders

Accreditation agencies

- Assigned accreditation functions by the National Board
- Develop accreditation standards for board approval
- Accredit programs of study
- Submit accredited programs of study to Board for approval
- Monitor approved programs of study
- Assess overseas trained practitioners applying for registration in Australia

** except in NSW which has a co-regulatory arrangement in relation to management of notifications and in Queensland where AHPRA manages less serious matters*

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National Law says:

- Members of a National Board are to be appointed as practitioner members or community members.
- At least 2 of the appointed members of a National Board must be persons appointed as community members.
- At least half, but not more than two-thirds, of members of a National Board must be persons appointed as practitioner members.
- At least one of the members of a national board must live in a regional or rural area.

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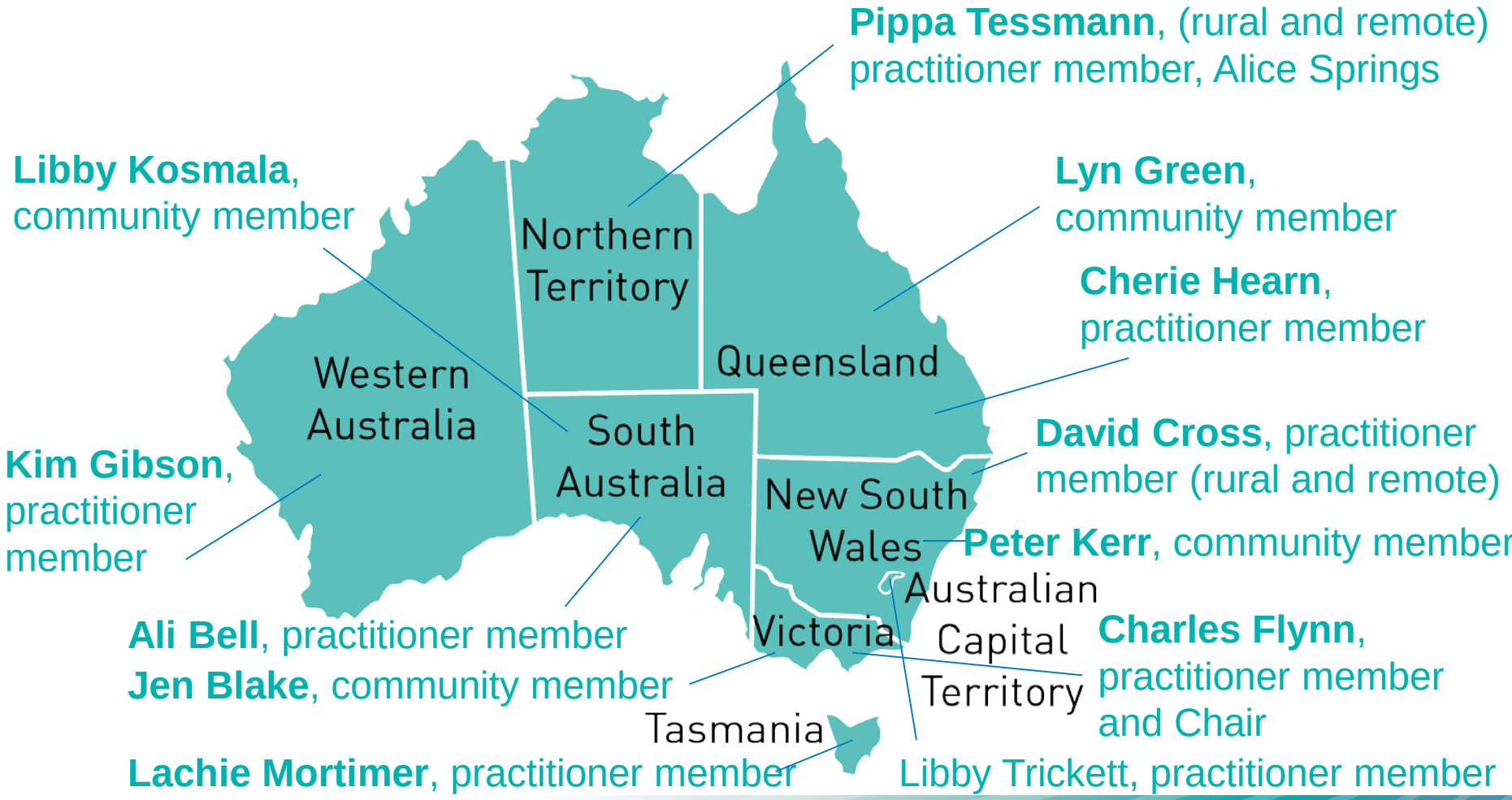
Australia

- 23 million people
- Federal system of government
- 9.3% of GDP on health
- Joint government funders
- 70% public – 30% private mix
- Good health status overall
- Major gap for indigenous health
- Mal-distribution of heath workforce
- Significant international workforce

Where the Board members are from



Some global trends in regulation

- **Time of great change** – no single model
- Core focus on **patient and public safety**
- **‘Professionally led’ rather than ‘self regulation’**
- **Greater range of community and other stakeholder involvement**
- Drive for greater transparency
- Common frameworks across 14 professions
- Greater focus on ongoing competence to practise - different techniques
- Global mobility of health workforce (and patients)

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Community Representation

- The Accreditation Liaison Group
- Immediate Action Committees
- Registration and Notification Committees of the 14 Boards
- Community Reference Group

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Community Reference Group TOR

- Providing information and advice for building community knowledge and understanding of the role of AHPRA and the National Boards in protecting the community and managing professional standards
- Providing information and advice to AHPRA and National Boards on strategies for consulting the community about issues relevant to their work

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Terms of reference

- Providing feedback and advice from consumer and community perspective on National Board standards, codes, guidelines, policies and publications
- Providing consumer and community perspectives and advice to National Boards and AHPRA about issues relevant to the national Scheme

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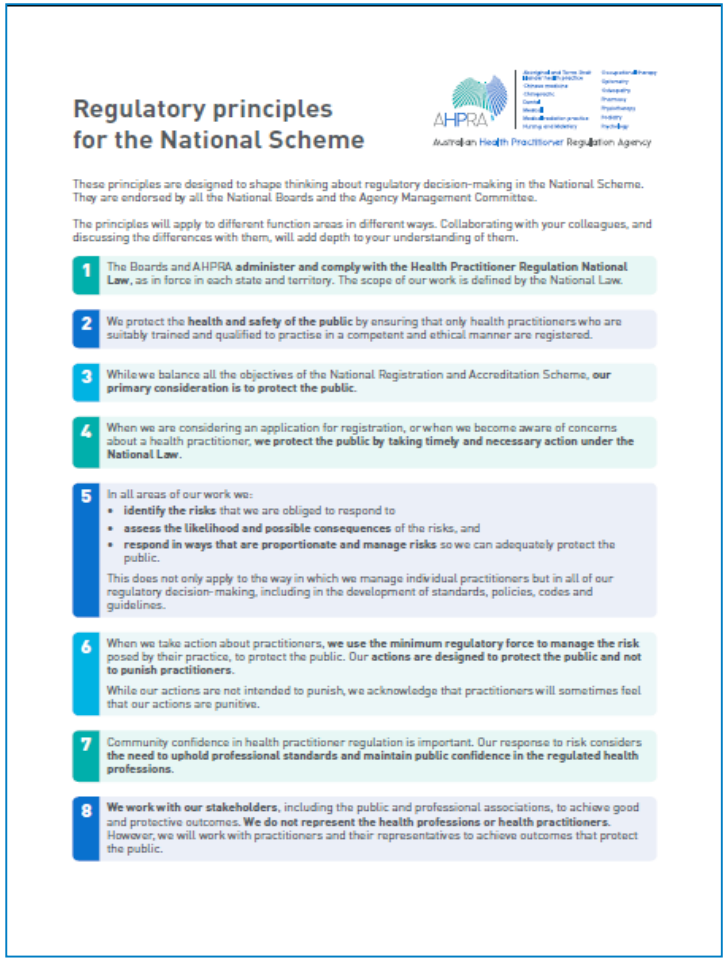
Regulatory principles



Regulatory principles for the National Scheme

AHPRA
Australian Health Practitioner Regulation Agency

These principles are designed to shape thinking about regulatory decision-making in the National Scheme. They are endorsed by all the National Boards and the Agency Management Committee.

The principles will apply to different function areas in different ways. Collaborating with your colleagues, and discussing the differences with them, will add depth to your understanding of them.

1. The Boards and AHPRA **administer and comply with the Health Practitioner Regulation National Law**, as in force in each state and territory. The scope of our work is defined by the National Law.

2. We protect the **health and safety of the public** by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered.

3. While we balance all the objectives of the National Registration and Accreditation Scheme, **our primary consideration is to protect the public**.

4. When we are considering an application for registration, or when we become aware of concerns about a health practitioner, **we protect the public by taking timely and necessary action under the National Law**.

5. In all areas of our work we:
   - **identify the risks** that we are obliged to respond to
   - **assess the likelihood and possible consequences** of the risks, and
   - **respond in ways that are proportionate and manage risks** so we can adequately protect the public.

   This does not only apply to the way in which we manage individual practitioners but in all of our regulatory decision-making, including in the development of standards, policies, codes and guidelines.

6. When we take action about practitioners, **we use the minimum regulatory force to manage the risk** posed by their practice, to protect the public. Our **actions are designed to protect the public and not to punish practitioners**.

   While our actions are not intended to punish, we acknowledge that practitioners will sometimes feel that our actions are punitive.

7. Community confidence in health practitioner regulation is important. Our response to risk considers **the need to uphold professional standards and maintain public confidence in the regulated health professions**.

8. **We work with our stakeholders**, including the public and professional associations, to achieve good and protective outcomes. **We do not represent the health professions or health practitioners.** However, we will work with practitioners and their representatives to achieve outcomes that protect the public.

- Focus on public protection not punishment
- Identify and assess risks
- Take timely action
- Use minimum regulatory force to achieve outcome
- Work with others

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Henry Ford

- *Coming together is a beginning;*
- *Keeping together is progress;*
- *Working together is success*

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