



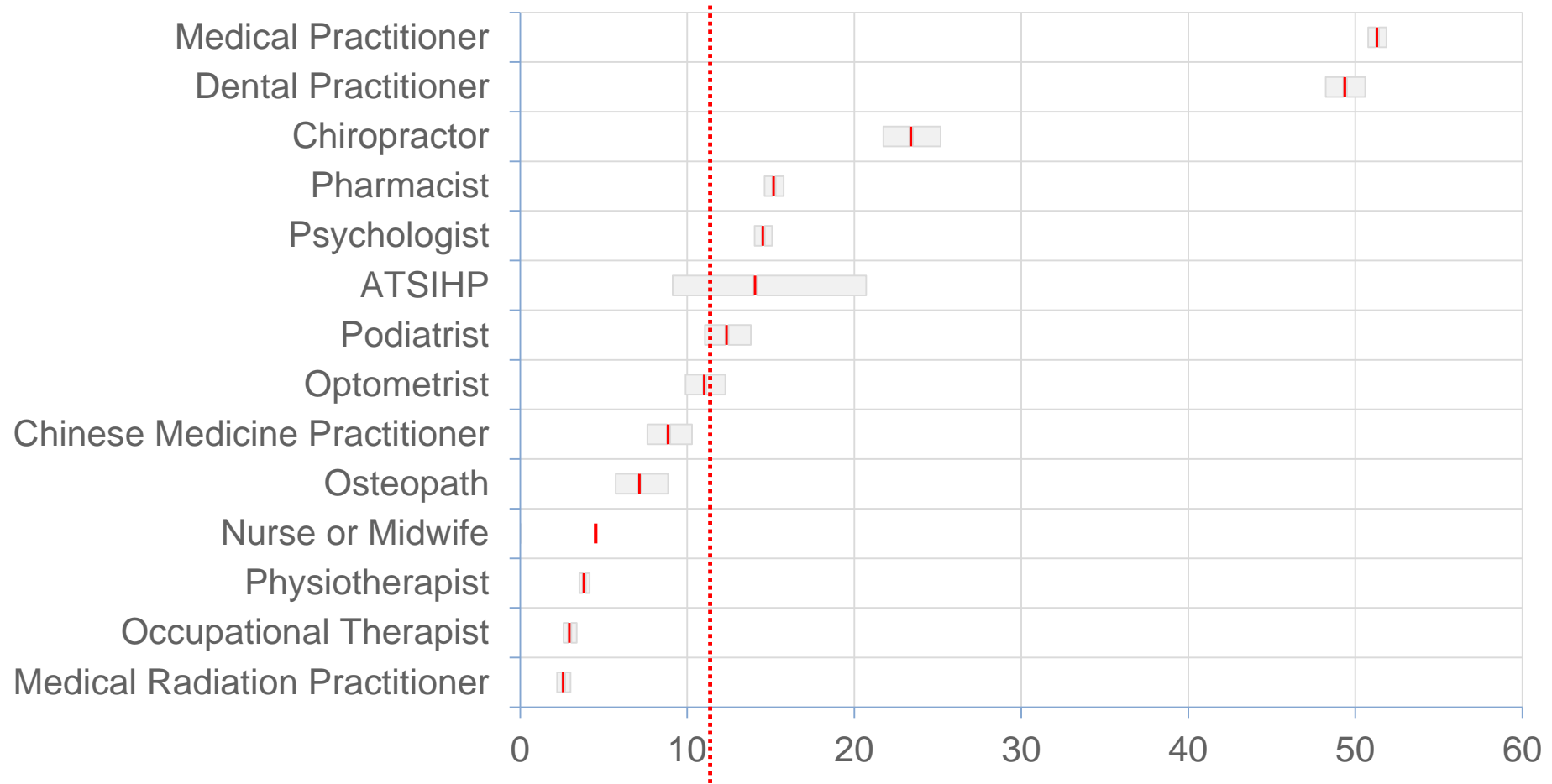
# Regulation Activities as Human Capital Management: Efforts in the United States and Australia

**2017 INPTRA Conference**  
Cape Town, South Africa  
July 1, 2017

**Lorin Mueller, PhD**  
Federation of State Boards of  
Physical Therapy (US)

**Charles Flynn, PhD**  
Australian Health Practitioner  
Regulation Agency

# Notification Rate by Profession (2010 - 2016)



# What is Human Capital Management (HCM)?



# Influence Pyramid



# The Australian perspective

- Origins of National Registration and Accreditation Scheme (NRAS)
  - Objectives of the National Law
- Strategic Alignment
- Performance Culture
  - Data driven developments
- Talent Management
- Measuring effectiveness

# Patient safety and workforce driving reform



# 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 (and patients)**

# Reducing barriers to practice

- National Law objectives
  - Facilitate **workforce mobility** across Australia by reducing administrative burden...
  - Facilitate **access to services** provided by health practitioners in the public interest
  - Enable the continuous development of a **flexible and responsive workforce...innovation** in education and services
- Other National Law provisions
  - Guiding Principles: restrictions only to ensure safety and quality of services
  - Emphasis on title protection
- Regulatory Principles



# NRAS Strategy 2015-2020

## Vision

We are recognised as a leading risk-based regulator enabling a competent and flexible health workforce to meet the current and future health needs of the Australian community.

## Mission

To protect the public by regulating health practitioners efficiently and effectively in the public interest to facilitate access to safer healthcare.

## Strategic outcomes

1. Reduced risk of harm to the public associated with the practice of regulated health professions.
2. Assurance that registered health practitioners are suitably trained and qualified to practise in a competent and ethical manner.
3. Increased public confidence in the effective and efficient regulation of health practitioners.
4. Increased public benefit from the use of our data for practitioner regulation, health workforce planning and research.
5. Improved access to healthcare through our contribution to a more sustainable health workforce.

## Our guiding principles

Our *Regulatory principles* underpin the work of the National Boards and AHPRA. They guide our decision making.

# What does it mean for AHPRA to be a risk-based regulator...?

- Martin Fletcher (IAMRA “Lifting our Gaze”):
  - New skills
  - Treat data with care
  - Taxonomy
  - Partnerships
  - “So what?” test

# Performance Culture

- Balanced Scorecard methodology
- Relevant strategic objectives:
  - Enhance strategic partnerships
  - Increase shared efficiencies with strategic partners
- Reporting against measures to commence July 2017
- What this means for us

# Our data sources...

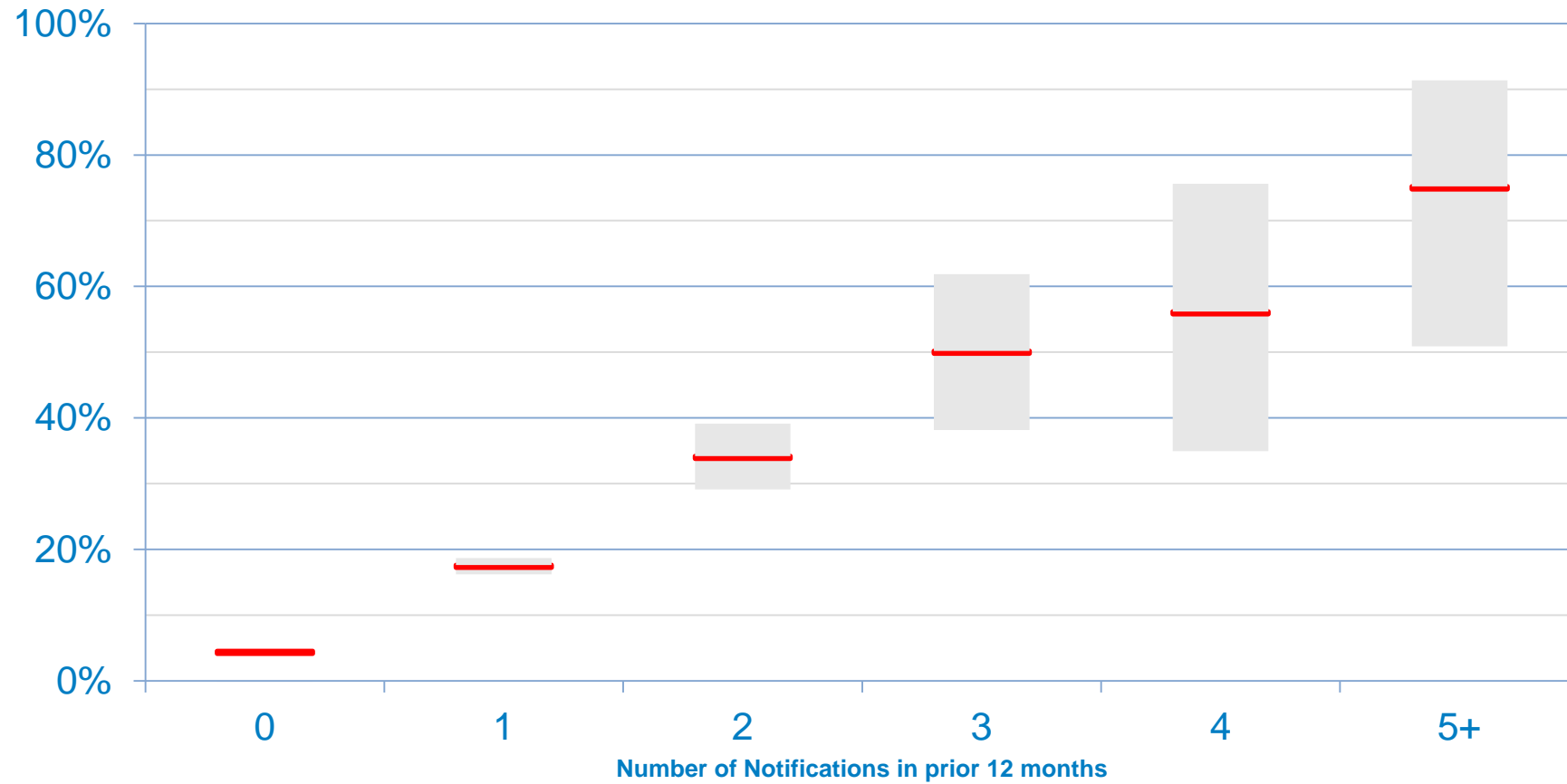
- >660,000 practitioners
- >13,000 fields within our regulatory compliance system, applications, notifications, monitoring and compliance (Pivotal)
- >153,710 students
- >3.7 million records in document repository (TRIM)
- >20,000 archived document storage boxes
- >580,000 telephone calls annually (ave.5 mins)
- 50,000 web enquiries annually

Profession	ACT	NSW	NT	QLD	SA	VIC	WA	No PPP	TAS	%	Total
Aboriginal and Torres Strait Islander Health Practitioner	3	104	198	101	43	9	95		3	0.54%	556
Chinese Medicine Practitioner	67	1931	13	844	181	1,282	258	126	36	0.76%	4,738
Chiropractor	66	1731	28	837	367	1,347	612	151	54	1.04%	5,193
Dental Practitioner	408	6717	151	4,448	1,826	5,076	2,585	578	372	1.68%	22,161
Medical Practitioner	2,089	34,113	1,241	21,929	8,036	26,847	11,069	2,865	2,304	2.09%	110,493
Medical Radiation Practitioner	263	5156	108	3,130	1,169	3,817	1,317	233	313	2.02%	15,506
Midwife	129	1009	77	877	549	1,217	385	158	24	0.54%	4,425
Nurse	5,529	96,268	3,773	69,128	30,825	92,342	35,062	9,805	8,234	2.35%	350,966
Nurse and Midwife	548	8277	510	5,870	2,024	7,620	2,947	305	630	2.19%	28,731
Occupational Therapist	330	5393	176	3,736	1,508	4,768	2,731	257	291	1.52%	19,190
Optometrist	74	1787	29	1,052	289	1,395	424	161	93	1.75%	5,304
Osteopath	35	556	3	204	37	1,214	61	46	40	1.82%	2,196
Pharmacist	542	9197	219	5,968	2,171	7,525	3,208	570	733	2.43%	30,133
Physiotherapist	581	8738	172	5,580	2,351	7,285	3,543	1,142	471	1.58%	29,863
Podiatrist	66	1322	20	815	437	1,556	452	59	106	2.19%	4,833
Psychologist	885	11103	220	6,062	1,667	9,120	3,549	524	576	1.71%	33,706
<b>Total</b>	<b>11,615</b>	<b>193,402</b>	<b>6,938</b>	<b>130,581</b>	<b>53,480</b>	<b>172,420</b>	<b>68,298</b>	<b>16,980</b>	<b>14,280</b>	<b>2.14%</b>	<b>667,994</b>

\*Registrants as at 31 January 2017

# Chance of Receiving another notification in the next 12 months

[ for dental practitioners ]



# Leadership and Knowledge Management

- Board member induction and orientation training
- Governance and decision-making training for the national scheme
- Stakeholder engagement
- Future developments
  - Board effectiveness assessment and reporting
  - Stakeholder sentiment assessment and reporting

# Future Directions?

- Best practices for staffing
- Research forum
- Engaging stakeholders
- Informing legislation
- Sharing metrics