NASRHP
NATIONAL ALLIANCE
OF SELF REGULATING
HEALTH PROFESSIONS

National Alliance of Self Regulating Health Professions

Pre Budget-Submission

The National Alliance of Self Regulating Health Professions

National Alliance of Self Regulating Health Professions (NASRHP) was foundered through partnership with self regulating professional organisations, including Speech Pathology Australia, the Australian Association of Social Workers and Exercise and Sports Science Australia and provides oversight to self regulating health professions.

Contact

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Introduction

Background

Health practitioner regulation aims to ensure all Australian have access to safe and effective health care. It does so by imposing standards, codes and benchmarks to reduce the risks of negative outcomes for consumers. The Australian Government recognised the need for robust health regulation when establishing the National Registration and Accreditation Scheme (NRAS) for health professions in 2010. The NRAS for health professions provides a national registration framework for health professions, administered under the Australian Health Practitioner Regulation Agency (AHPRA).

The selection of professions for NRAS regulation was based on safety concerns which considered the risks associated with the type of service (e.g., invasive or manipulative procedures) and potential for adverse outcomes (e.g., death and or permanent disability). Nine allied health professions, including speech pathology, audiology and orthotics and prosthetics, were deemed a low risk, and with low potential adverse outcomes and were thus excluded from NRAS. NRAS exclusion meant these practitioners were not required to meet the Government established mandatory entry requirements for certification or adhere to Government established standards and codes for annual re-certification.

Challenge: Unintended concequences of NRAS

Unmet Community Expectation

Despite public communication from the Australian Government regarding the equivalence and parity between registered and self-regulating professions, misunderstanding and confusion remains resulting in the unintended consequence of tiering within allied health professions.

There is widespread expectation from both consumers and funders of health services that all health professionals are equally regulated. To address this perception and address the consumer safety issues of unregulated practitioners providing health services, the nine NRAS excluded allied health professions formed the National Alliance of Self-Regulating Health Professions (NASRHP).

The purpose of this alliance is to formalise the existing self-regulation and establishing consistent self-regulatory standards across the NRAS excluded professions. This self-regulation model aims to provide equivalent assurances and safeguards for the public for NRAS regulated and NRAS excluded (self-regulating) professions.

Consideration:
When accessing physiotherapy services and speech pathology services in the same day, does the patient have less right to protection from harm when seeing a speech pathologist? Does the speech pathologist have less responsibility to the patient?

NASRHP's Position
The community have the right to equally regulated, safe and effective health services. This right is best respected and realised through robust regulatory models including all health professions.

NASRHP Representation

National Overview

NASRHP currently represents a range of self-regulating professions (Table 1), with an expectation of growth in 2020.

NASRHP Member Professions* and Self Regulatory Body:	No. Practitioners in Australia**
Audiology Audiology Australia	2,800
Dietetics Dietitians Association of Australia	7,000
Exercise Physiology Exercise & Sports Science Australia	4,000
Speech Pathology Speech Pathology Australia	8,500
Social Work Australian Association of Social Workers	25,000
Orthotics/Prosthetics Australian Orthotic/Prosthetic Association	550
Perfusion Australian & New Zealand College of Perfusionists	140
Music Therapy Australian Music Therapy Association	700
Genetic Counsellors Human Genetic Society of Australia	330
Total	49 020

*

Approximately 50,000 allied health professionals are within these allied health professions, generally working autonomously and delivering over 65 million health services annually. These professionals provide services across all levels and areas of the Australian health system, including, primary care, hospital based care, disability, mental health and aged care.

NASRHP Standards

NASRHP has established a suite of self-regulatory standards and codes that represented best practice self-regulation which were **directly modelled on the regulation framework that applies to NRAS** and includes:

Regulatory Standard	Definition and purpose of regulatory standard
Minimum training/qualification	The minimum training and/or education level required for individuals to practice in the occupation. This standard communicates the minimum training requirements to prcatice to the community, external stakeholders and training institutions.
Entry level competency standards	An outline of the minimum skills and knowledge that must be demonstrated by individuals to practice in the occupation This is an assessable standard which is used by training institutions to determine the required training content. It is also used by authorities responsible for assessing competency to determine whether international practitioners can practice in the occupation.
Scope of practice	A guidance document which describes the role and activities a practitioner is permitted to undertake based on their training and qualifications This guidance is used to ensure the community and external stakeholders are aware of the boundaries of practice for an occupation. It is comonly used to promote the services of an occupation, but also to support disciplinary processes as working within one's scope of practice is typically a comonent of a code of conduct.
Code of conduct and/or ethics	Describes the conduct expected of practitioners in providing a health service and/or the values and principles required to be upheld by a practitioner. This code defines the behavioural and ethical expectations to which the community can hold a practitioner to account. The code is commonly used in complaint and disciplinary processes and therefore each component must be assessible.
Course accreditation	A standard that training institutions must meet to be accredited by the national body for the education of practitioners

	Course accreditation ensures that training programs deliver practitioner education in line with the competency standards and scope of practice for the profession and therefore ensure the future workforce meets the needs of the population and the health system.
Continuing Professional Development	Describes the minimum requirement for ongoing education typically on an annual basis. This standard ensures that practitioners educaion journey is life-long and appropriate to their area of practice. It provides protection of the public by ensuring practitioners knowledge and skills are current.
Language requirements	National language requirements define the level to which a practitioner can adequately speak the language of the client or the primary language of the country. This requirement supports consumer safety by ensuring services are delivered by practitionesr that can sufficiently communicate, or where language is a barrier, that alternative safe guards, such as translators are used.
Recency-of-practice	Describes the minimum amount of time that a practitioner can be absent from the occupation before a return to practice program must be completed. This standard provides protection to the public by ensuring services are delivered by practitioners with current knowledge and skills.
Return-to-practice	Describes the pathway to return to employment after a period of absenteeism from the occupation, as defined by the recency-of-practice standard. This standard ensures that practitioners are sufficiently current before returning to practice, thereby supporting retention in the workforce, whilst simultaneously ensuring services are delivered by practitioners with current knowledge and skills.

Funding Proposal

NASRHP requests Government funding to support the important regulatory, governance and advocacy role that we play for the Government (State and Federal).

Strengthening NASRHP will act in:

- Providing a single mechanism to address the growing number of unintended consequences of NRAS, including public confidence and access to quality health professionals. The AHPRA boards and AHPRA CEO cannot provide a voice for the self-regulating health professions.
- Providing the Government independent advice and leadership for the self regulations of health professions.
- Increase public confidence in accessing quality health care services provided by self-regulating health professionals within health, disability and aged care sectors.
- Satisfy national and jurisdictional regulatory requirements (e.g. national Code of Conduct and associated jurisdictional mechanisms) for self-regulating health practitioners with qualifications of AQF 7 or higher
- Facilitate national consistency in quality and support for self-regulating health professionals by increasing more professions to apply the standards

This proposal presents an opportunity for government to provide assurance to consumers, organisations and other entities regarding the safety and quality of self-regulating health professionals, and to provide direct access to advice regarding these self-regulating profession.

NASRHP thus would like to request from the Government $150,000 annually for a 4-year period to undertake this work.

Regards

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Chair, NASRHP

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