



National Professional Registration Scheme

The ANF generally supports the concept of national registration and welcomes the opportunity to comment on the proposed model, governance and transition arrangements. The ANF's comments relate specifically to the nursing profession.

Principles

- The final model needs to be able to demonstrate that it meets the central purpose of regulation, that is, the prevention of harm to and the protection of the public.
- All the health workforce classifications currently registered should continue to be registered under the new scheme. For nursing, that includes: registered nurses, enrolled nurses, midwives and nurse practitioners. In some jurisdictions, other classifications are also registered, for example: mental health nurses, maternal and child health nurses and community nurses. The registered classifications for nursing include both the entry to practice level (eg. registered and enrolled nurses and midwives) and entry to specialist practice level (eg. midwives, nurse practitioners, mental health nurses etc).
- The final model must be supported by appropriate legislation, specific to each registered profession.
- The model must include all currently registered health professionals without exception. With other initiatives, such as the development of national competency standards and the mutual recognition arrangements, some professional groups have either been exempted or exempted themselves with no action taken to enforce their compliance.
- Ongoing evaluation of the scheme must be built into the governance arrangements together with a mechanism to correct anomalies or improve outcomes in a cooperative environment.

The model

- The model must allow for active profession specific input, particularly in relation to the establishment and review of national standards of practice; the setting of profession specific policy; and any decisions made which impact on the profession.
- The model should use existing resources where possible. For example, the existing state and territory regulatory authorities could act as the State/Territory branches of a profession specific national council. The State/Territory branches could retain responsibility for the administrative processing of national registration; receiving and investigating complaints; monitoring compliance with the national standards; and managing disciplinary matters and impaired practitioners. There are already considerable resources and expertise vested in the State/Territory health professional regulatory boards and these should not be lost. These boards have established networks within their professions and provide input into a wide range of matters (eg. education, workforce planning, legislation etc.) that impact on the regulation of the particular professional group.

The existing national councils (eg. the Australian Nursing and Midwifery Council; the Australian Medical Council etc.) could assume responsibility for establishing and reviewing national standards for their profession and setting national professional specific policy (eg. in relation to the registration of health professionals educated overseas).

An overarching National Registration Board could be established that is cross professional. This Board could have responsibility for the overall management of the scheme; the establishment and review of cross profession codes of conduct and ethics; the development of cross profession policy; and the development, collection, analysis and publication of cross profession data. There are also many policy issues, both within and between professions, where currently there is no consistency (eg. mandatory continuing education, recency of practice). The National Registration Board could have an important role in initiating debate to achieve inter-professional and cross professional agreement on these issues. The State/Territory branches and the national councils could either be self funded or supported by government funding or a mixture of both. The National Registration Board should be funded by the Australian Government.

The composition of the State/Territory branches could be a paid secretariat supported by a professional specific advisory committee with consumer representation. The composition of the national council could be a paid secretariat plus a representative of each of the State/Territory branches together with consumer representation. The composition of the National Registration Board should include a representative of each of the national councils plus consumer representation with either a rotating chair (with limited tenure) or an independent chair.

The ANF is not supportive of a cross professional model at the State/Territory level as it is our view, particularly for nursing, that such functions as receiving and investigating complaints; monitoring compliance with standards; and managing disciplinary matters and impaired practitioners are profession specific and best managed at the local level. There may however be some opportunity for sharing premises and resources at the local level, particularly for the smaller professions.

1. How will the scheme be governed?

The governance of the scheme will depend on the model chosen, however it should be able to demonstrate transparency, flexibility and accountability to the community and to the professional groups. The ANF supports consumer involvement in governance bodies. These principles must be clearly outlined in the proposed intergovernmental agreement between the Australian, State and Territory Governments. In the national scheme, governance arrangements will be required at a number of levels: at the cross professional level, and at the professional level both nationally and at a State/Territory level. The most important governance aspect however is that within a national, cross professional framework, each profession is self governed, ie. nurses are responsible for governing nurses.

A suitable arrangement for the national registration scheme may be where the National Registration Board is by ministerial appointment, providing there is representation from all registered health professionals, with the State/Territory branches nominating to the profession specific national councils, and the governing bodies of the State/Territory branches themselves being elected by their peers. Within the nursing regulatory bodies at present, there are two governance models. The first is where all or some of the governing board is elected by their peers. The second is where membership of the board is by ministerial appointment. The ANF is more supportive of the former rather than the latter model. If professional input on the National Registration Board came from the profession specific national councils it would enhance communication and consistency rather than if it came by Ministerial appointment.

2. How will expert professional input be assured?

National registration will require professional input at a number of points in the model. At the State/Territory level it is critical that input into receiving and investigating complaints and managing disciplinary matters and impaired practitioners is profession specific. The ANF strongly supports a self governing model where the nursing profession takes responsibility for the governance of nursing within a framework that enhances cross professional communication and consistency. National professional specific councils managing State/Territory branches and providing input into a cross professional National Registration Board would assure expert professional input into the process of national registration. The ANF would also like to see the existing regulatory resources, expertise and networking, that the profession has made a significant contribution to over time, fully utilised.

3. How should complaints, investigations and disciplinary functions be handled?

It is the view of the ANF that complaints, investigations and disciplinary functions should be dealt with at a State/Territory level. Professional input is critical at this level. The ANF is supportive of a peer review process in dealing with complaints, investigations and discipline, providing that the review is open and transparent and follows the principles of natural justice. The ANF also supports the view that consumers should be involved in this process.

4. How should registration fees be determined?

A national registration fee should be determined that is profession specific. Nurses comprise over 50% of the health workforce. They must not be required to subsidise the registration fees of other health professionals. Each profession should determine what it will cost to manage the scheme for their profession (this includes the cost of administering the annual registration and the cost of receiving and investigating complaints and managing disciplinary functions and impaired practitioners). As these bodies already exist, these costs are already known. This amount should be divided by the number of registered professionals in that profession and then distributed by the national council on a per capita basis to the State/Territory branches (see comments above). Other services that the State/Territory branches currently offer (eg. scholarships for education and research and conducting research) could be included or it could be left for the State/Territory branch to seek additional funds.

5. What are the main issues around transition?

There are many issues around transition and the ANF considers the operational date of 1 July 2008 to be quite ambitious.

- National registration is only one aspect of professional regulation. The State and Territory Acts governing health professionals are not all the same, either within professions or between professions. How are the existing differences between jurisdictions in relation to registration to be resolved, particularly those differences within professions? There is also other State/Territory legislation (eg. Poisons Acts), which impacts on health professional regulation and this legislation needs to be harmonised.
- Decisions need to be made in relation to who is registered and at what level. As already discussed, nurses are registered at both the entry and post entry level to the profession (eg. registered nurses, nurse practitioners). Nursing, unlike many other health professional groups, has members registered who undertake their education preparation in both the higher education sector and the vocational education sector. Nursing would strongly oppose any move to limit registration to those professions educated in the higher education sector. In fact, nursing is strongly of the view that, if the purpose of registration is to protect the public, then all workers in the health and aged care sector who have direct contact with patients/clients/residents, should be registered.
- Decisions also need to be made regarding the registration interval: one year, two years, three years etc.
- Decisions need to be made about the requirements for re-registration. Currently these requirements differ between jurisdictions within professions and between professions.
- National registration is an opportunity to collect national cross professional education and workforce data and this opportunity should be embraced enthusiastically. There is a paucity of accurate, nationally consistent and timely data on which to base workforce projections and planning, and health service planning, and national registration provides an opportunity to address this deficit.
- Communicating the new arrangements to health professionals when they are determined and ensuring clarity around the transition to and implementation of the new arrangements, will be essential, but will be a challenge. Existing professional bodies - regulation, education, professional and unions - need to be involved in this process.
- The transition arrangements will have to accommodate existing disciplinary matters that cannot be finalised before the new scheme commences with the opportunity for those matters to be concluded under the same arrangements as existed when the matter commenced.

Conclusion

The ANF appreciates the opportunity to be involved in the transition process to achieving national registration. It is a complex process and time should be taken to work toward the best possible outcome, rather than hasty decisions being made to meet an arbitrary time frame determined without due consideration of the issues involved in making national registration a reality. Nurses are a mobile population and they can see benefits from national registration, particularly those nurses whose employment takes them frequently across State and Territory borders. Nursing is also a responsible profession and has invested considerable effort into establishing national standards, codes of conduct and codes of ethics, national policy and mutual recognition arrangements. Nursing has also established an open and transparent process for the assessment of nurses educated overseas. We do not want to see a lesser standard outcome as a result of this initiative. We also want to maintain self governance of our profession. We think we have done this well, although of course there is always room for improvement. The ANF looks forward to further dialogue and consideration of further documentation.