



The Australian Nursing Federation (the ANF) supports national registration for nurses and midwives and national accreditation of courses for nurses and midwives that lead to their name being entered on the register or roll.

The ANF is concerned however at the separation of these functions in the proposed national framework. Accreditation of courses leading to registration, and entering the name of the successful graduate on the register or roll, while separate processes, are closely linked. In nursing and midwifery, the state and territory based regulatory authorities, in consultation with the profession, undertake both these functions. The regulatory authorities, in consultation with the profession, take responsibility for, and develop professional competency standards, and education bodies must demonstrate, in order for their courses to be accredited, that graduates meet the professional competency standards. The regulatory authorities also take responsibility for the assessment of nurses and midwives educated overseas. This model has worked very successfully for nursing and midwifery. It is difficult to see how nursing and midwifery will fit within the proposed national framework which separates registration from accreditation or indeed how that framework will improve on the processes already in place.

The documents provided appear to suggest that both the Health Registration Authority and Health Accreditation Australia will be separately responsible for developing professional competency standards (see p. 6 and p.12). There is inevitable conflict in this arrangement. Will health practitioners be required to meet two sets of competency standards? If they differ, which set will be used to judge their competence in the event of a disciplinary investigation? Will HAA be required to demonstrate that the courses they accredit meet the competency standards developed by the HRA? Will the HRA be prepared to register health professionals from courses accredited by the HAA if they do not agree with the competency standards used by the HAA? The separation of registration and accreditation functions and the duplication of the model will result in double the effort and double the cost and add an unnecessary bureaucracy which individual health practitioners inevitably will have to pay for.

It is the ANF's view that there should be one body at the national level with responsibility for:

- establishing the policy framework for national registration and accreditation and for the assessment of health professionals educated overseas;
- endorsing professional competency standards established by the individual registered occupations;
- identifying areas where cross professional harmonisation is possible eg. codes of ethics and codes of conduct; and
- ensuring transparent and accountable governance arrangements.

That body should be supported by a Health Profession Advisory Committee (made up of the Chairs of the profession specific panels) and an Accreditation Advisory Committee (comprising profession specific members with the necessary expertise nominated by the profession specific panels).

**QUESTION 1: Is the proposed composition of the Registration Authority Board consistent with the functions to be undertaken?**

The ANF has serious concerns about the proposed composition of the Health Registration Authority Board. Nurses make up around 50% of the health profession workforce, and yet there is no guarantee that nursing will have a voice at Board level. If past experience is anything to go by, the Board is likely to be medically dominated. Nursing has worked hard to achieve high quality, transparent, responsible and accountable self governance and has developed national policies; national professional standards; a national code of conduct and code of ethics and nationally consistent processes for the recognition of nurses educated overseas. It is unacceptable that nursing does not have a guaranteed voice at the highest level of registration and regulation.

Under the proposed new national framework, nursing loses its self governing autonomy, with the HRA Board having the power to approve or disapprove decisions made by the profession, including decisions about professional standards, scopes of practice, codes of conduct etc. It is unacceptable that the power of veto for such things as professional competency standards rests with a body whose membership may not include a nurse or midwife.

Additionally, under the new arrangements, the development of new roles within the nursing profession, such as the nurse practitioner, would be subject to Board approval. Should the Board be dominated by one profession as is possible with the proposed membership, professions not only lose their autonomy, but can be significantly disadvantaged.

The role of the Board in setting fees is also of concern and could have a significant effect on professional autonomy. There is no clarity in the documentation about how the Board itself is to be funded. The documentation appears to suggest that the Board will be funded using a percentage of registration fees, the level of which they determine. There is an inherent tension in that arrangement. Funding an additional bureaucratic layer is not a current requirement of the professions. Meeting such funding will limit the capacity of the profession specific panels to continue their current work unless there is an increase in the level of fees to accommodate the new arrangements, leaving individual health practitioners to fund an arrangement that is not guaranteed to produce a better outcome, indeed for nursing, is more likely to result in a poorer outcome with a loss of autonomy and the capacity for self governance.

The HRA Board, by virtue of its capacity to set fees and thereby control the resources available to profession specific panels to carry out their functions, will have incredible power over the professions. This is not a satisfactory arrangement. The ANF considers that the activities of the HRA Board should be financed by Government with the responsibility for setting registration fees for their profession and funding their respective activities resting with the profession specific panels.

There is no discussion in the document about the length of terms of office. This is an issue which requires consideration.

**QUESTION 2: Is professional input guaranteed through:**

- **the proposed responsibilities of the Professional Panels, and**
- **the Chairs of the National Panels forming a Health Profession Advisory Committee to the Board?**

The ANF supports the proposed responsibilities of the Professional Panels which are consistent with the current functions of the nurse regulatory authorities. The ANF also supports the Chairs of the national panels forming a Health Professions Advisory Committee to the Board with the Chair of that Committee being a member of the Health Registration Authority Board.

**QUESTION 3: Is the proposed composition of the Professional Panels consistent with the functions to be undertaken?**

The proposed composition of the professional panels is consistent with that which currently exists in nursing. There is no discussion in the document however about how the panels are to be formed, whether by election from members of the profession, by appointment, or a combination of both or whether the method of formation is to be consistent between professions. There is also no discussion about the length of terms of office. These are critical issues which needs consideration.

**QUESTION 4: How do you see the local presence of the Panels operating?**

For some of the smaller professions, a local presence of the National Professional Panel in all or any of the jurisdictions may not be necessary. For nursing and midwifery, a local presence will be necessary in all jurisdictions. The local Panels will be delegated authority to undertake specific functions (which may differ between professions) by the National Professional Panel and be responsible to the National Professional Panel for the way those functions are performed. It should be the responsibility of the National Professional Panel to determine the functions which are required in each jurisdiction for their profession; establish a national framework within which the local Panels would operate; monitor the activities of the local Panel; and resolve any issues that are unable to be resolved at the local level.

**QUESTION 5: What functions currently undertaken by registration authorities are not included in the work of the HRA Board and Professional Panels and what options might be available to handle those functions differently outside the HRA?**

Currently in nursing and midwifery, the regulatory authorities contribute to the development of the profession by: contributing to policy development for the profession generally; participating in forums initiated by other organisations; responding to inquiries and discussion papers; speaking at various

national and international forums; representing regulation of nursing and midwifery at an international level; and contributing to and supporting the development of nursing and midwifery regulation in less developed countries. The regulatory authorities also provide grants and scholarships to individual nurses or groups of nurses to undertake research or to attend conferences or continuing professional education. While grants and scholarships could be met by other means, the ANF considers that the representative role of the regulatory authorities is an essential function for all professional groups and must be included in the work of the Professional Panels.

**QUESTION 6: How can consumers best be supported in their role on the Board and Panels?**

Consumer participation can best be supported by ensuring they have the necessary knowledge, skill and information to undertake their role on the Board and the financial support to participate in Board activities. Funding should be provided for education and professional development in corporate governance. A mentoring program could also be considered. A network of consumer representatives across the Board and Professional Panels could be established. An important aspect of consumer participation is their selection and this should be a transparent process which enables genuine (as opposed to professional) consumers to participate.

**QUESTION 7: Are the functions described for State/Territory Offices appropriate?**

There is a significant degree of confusion in the document between the functions described for State and Territory Offices of the HRA and those of the National Professional Panels, which may not be the intent. It is the ANF's understanding that the State and Territory Offices are purely administrative in nature to support the activities of the Professional Panels at a State and Territory level and that the responsibility for investigating complaints, undertaking disciplinary processes and supporting impaired practitioners is the role of the National Professional Panels and any jurisdictional sub-committees they constitute to undertake these functions on their behalf. The separation of these functions needs to be clarified.

**QUESTION 8: Are there any issues with ensuring that fee setting is transparent?**

It is the view of the ANF that the level of the fee charged to individual practitioners should be determined by the national profession specific panel. This fee should be specific to and may be different between professions. There should be no cross subsidisation of one profession by another. All documents related to fee setting should be available to the public for scrutiny regardless of which body has the ultimate responsibility for determining the level of the fee. As outlined in the ANF's response to Question 1, the ANF has some concerns in relation to the setting of fees. In the new arrangement, fees will not only have to support the work of the Professional Panels and any local Panels established but potentially also the work of the Health Registration Authority. This is an additional impost on individual health practitioners they do not currently have to meet. It is the ANF's view that the cost of the work undertaken by the Health Registration Authority should be met by Government.

There is no discussion in the documents provided of the individual earning capacity of the different professional groups and their subsequent capacity to meet registration fees. Nurses make up around 50% of the health profession workforce. Under the current proposal, they may not have a voice on the Health Registration Authority and consequently no voice in the level of fees set. The functions that the Professional Panels are able to undertake and the quality of those functions will be dependent on the funding they receive.

**QUESTION 9: Is the proposed composition of Health Accreditation Australia consistent with the functions to be undertaken?**

The ANF strongly recommends that the functions outlined for Health Accreditation Australia on page 12 of the Discussion Paper be clarified. As currently written there is confusion about which standards and competencies the HAA is responsible for setting. It must be the role of the National Professional Panels to establish and review profession specific competency standards necessary for registration and practice. The role of the accrediting body is to ensure that the courses they accredit will produce graduates who meet the profession specific competency standards.

**QUESTION 10: Is professional input guaranteed through the proposed responsibilities of the Professional Panels?**

The proposed responsibilities of the Professional Panels outlined at the bottom of page 13 ensures professional input into the accreditation process, however the quality of that input is dependent on the composition of the Professional Panel.

**QUESTION 11: Where should clinical assessment of internationally trained individual practitioners be undertaken?**

Clinical assessment of health practitioners educated overseas should be the responsibility of the National Professional Panels and be undertaken at the local level in cross profession accredited facilities, supported by the local Panel of the National Professional Panel if there is one or by the National Professional Panel if the professional group is too small to have a local Panel in the jurisdiction in question. Clinical assessment should not be offered to health practitioners educated overseas until such time as the theoretical component of their course, their educational qualification, has been assessed as meeting Australian standards and the individual practitioner has demonstrated that they have met the requirements for registration and practice in their originating country. Clinical assessment should also include an English language assessment.

## **OTHER ISSUES**

### **Cost of Accreditation**

The cost of accreditation and how that cost is to be met is an important issue which is not addressed in the discussion paper. Individual health practitioners should not be expected to meet this cost through their registration fees. How the Health Accreditation Australia is to be funded in its work is also not discussed. These are important issues which have significant impact on health practitioners and they need to be addressed in a consultative manner prior to the implementation of national registration and accreditation.

### **Data Collection**

Another issue that requires discussion is the opportunity national registration and accreditation presents in the collection of data, including workforce data, about the health professional workforce. This opportunity should not be lost and should be built into the national framework.

### **Evaluation and Review**

The need for ongoing evaluation and review and refinement of the framework if necessary should also be an integral part of the process.

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