NATIONAL RURAL HEALTH ALLIANCE INC.

10 October 2014

Kim Snowball
Independent Reviewer
Review of the NRAS for health professions

by email: NRAS.Review@health.vic.gov.au

Dear Kim

re Consultation Paper on the Review (August 2014)

I am writing on behalf of the National Rural Health Alliance (the Alliance) about the review you are leading of the National Registration and Accreditation Scheme (NRAS) for health professions.

The Alliance understands the importance of this work. As well as the critical matters of patient safety and workforce mobility, we are (as you well know) vitally interested in how the scheme is impacting on the promotion of access to health services through improving the geographic distribution of health professionals and on facilitating the appropriate assessment and ongoing professional support of health professionals trained overseas.

First and foremost we have a long term and abiding commitment to the development of a flexible, responsive and sustainable workforce to serve the health needs of the more than 6.7 million people of rural and remote Australia.

We note the clear intent of the legislation and of the agencies involved in the National Scheme to deliver on enabling and promoting responsiveness, flexibility, innovation, sustainability and access to services as key objectives and guiding principles surrounding the regulation of health professions. The nationally consistent data produced by the National Scheme has already made a significant difference to the potential for workforce policy and planning - and continues to improve.

However we share your concerns that the States and Territories play an important role in health workforce planning and provision and thereby in reform priorities yet there does not appear to be a current mechanism for developing a clear, national approach to health workforce reform. Members of the Alliance have already expressed their concerns that the reallocation of Health Workforce Australia's functions, resources and capacity to the Australian Government Department of Health means that it will no longer be accountable to State and Territory Ministers as well.

That is one of the reasons why the Alliance is interested in your proposal to re-establish the Australian Health Workforce Advisory Council as an independent, evidence-based mechanism to advise Health Ministers on proposals for regulatory challenge, including:

- the provision of independent advice regarding all proposals for changes in standards being proposed to the Ministerial Council; and

(02) 6285 4660 (02) 6285 4670 nrha@ruralhealth.org.au www.ruralhealth.org.au PO Box 280 DEAKIN WEST ACT 2600

- articulation of the workforce reform agenda and monitoring and reporting to Health Ministers on the contribution to reform by the National Scheme, including cross-professional initiatives.

Should such a proposal go ahead, or any other means of ensuring this sort of jurisdictional advice, it would be critical to ensure that rural/remote experience was a part of the governance structure. As you know, changes in standards can have unwanted negative impacts on under-served rural and remote communities if not implemented appropriately and health workforce reforms including cross-professional initiatives are critical to improving access to health services outside the cities.

Many of the other questions posed in the Consultation Paper necessarily relate, on a case-by-case basis, to each of the 14 health professions currently in the Scheme. This means that much of the input you receive, and which you will need, will come from each of those 14 separately and, potentially, from other professions that would like to be included within the scheme. The rural interest groups of a number of these professions are member bodies of the Alliance and the Alliance has encouraged their separate input to the review from their professional perspectives.

The role of the Alliance is to 'round up' the views of its 37 member bodies, smooth off the jagged edges, and present a united voice advocating for changes to policies and programs that will assist our shared cause: good health and wellbeing in rural and remote Australia

In relation to several of the key issues identified – accountability to national and jurisdictional Ministers, regulation and costs, and the handling of complaints and notifications – it is to be hoped that your review will make recommendations that will increase the knowledge and understanding of the complaints and notifications process across rural communities, enhance the mobility of health professionals and their distribution across the nation, and avoid negative impacts on the flexible workforce already doing their best to provide access to healthcare in rural and remote areas. By these means it will enable the Scheme to meet one of its stated objectives which is to promote access to health services.

In this context, the assessment of overseas trained practitioners is a matter of particular concern to the people of rural and remote Australia. As you know better than most, it is health workforce shortages that often stand between an innovative idea for health service provision which can work well in a more remote area and its implementation.

It is to be hoped that the mobility of health professionals is being enhanced through the NRAS by its reduction of the administrative burden for health practitioners wishing to move between participating jurisdictions or to practise in more than one. It has made it easier for health professionals to undertake locums outside the jurisdiction in which they normally practise.

For these reasons we support the close attention given in the consultation paper to the costs of regulation and the possibilities of making further savings. However we are concerned to ensure that any rationalisations are done in ways that support and enhance the capacity of the lower regulatory workload professions. For example, it would be important to work with relevant Aboriginal and Torres Strait Islander organisations to ensure that cost savings measures such as the grouping of professional boards or the sharing of the resources available to them were implemented in ways that strengthened and did not undermine the recently recognised Aboriginal and Torres Strait Islander health practice profession.

We note from the Consultation Paper that some of the current issues and their potential solutions might be found in legislative arrangements which currently relate to one particular State. If jurisdiction-by-jurisdiction proposals are adopted for any of the challenges into which you are

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enquiring, they are likely to increase complexity and costs for clinicians working on or near jurisdictional borders.

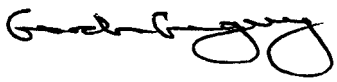
I have emphasised the point that the Alliance cannot and will not advocate on behalf of one or more of its individual member bodies. It is nevertheless appropriate to report that a number of our members, especially some of the allied health professions, continue to feel aggrieved at non-inclusion in the NRAS. Perhaps this issue should be considered in the context of workforce reform and access, rather than as a regulatory burden. It does seem that the registered health professions are more readily incorporated by policy makers into the eligibility for programs designed to improve access to health services and multidisciplinary approaches to health care. The lack of understanding of the role of allied health professionals - registered or self-regulated - outside the cities contributes to unrecognised needs and the poorer health status of people there. In the same way, the difficulties in adapting programs designed for urban settings to rural settings without the full complement of health professionals also contributes to the higher rate of avoidable hospitalisations due to chronic conditions that are in evidence in rural and remote Australia.

It is the Alliance's general view that the principles of the NRAS should apply to all health professions including, for instance, where policies relating to professional conduct, education and training and clinical supervision are concerned. Having uniform national standards for education, training and reaccreditation would further increase the focus on the difficulties experienced by professionals in more remote areas in accessing continuing professional development. Such standards could then contribute to the design and operation of much-needed Continuing Professional Development programs available locally such as those supported through Stream 2 of the Rural Health Continuing Education (RHCE2) program.

On behalf of the Alliance it is a pleasure to wish you and your team well for the important work you are undertaking.

Best wishes.

Yours sincerely



Gordon Gregory
Executive Director