



30 March 2021

Committee Secretary
Senate Standing Committee on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600

Dear Standing Committee on Community Affairs

Inquiry into registration and notifications by the Australian Health Practitioner Regulation Agency and related entities under the Health Practitioner Regulation National Law.

The Australian Healthcare and Hospitals Association (AHHA) welcomes the opportunity to provide a submission to your Inquiry into registration and notifications by the Australian Health Practitioner Regulation Agency and related entities under the Health Practitioner Regulation National Law.

AHHA is Australia's national peak body for public hospitals and healthcare providers. Our membership includes state and territory health departments, Local Hospital Networks (LHNs) and public hospitals, community health services, Primary Health Networks (PHNs) and primary healthcare providers, aged care providers, universities, individual health professionals and academics. As such, we are uniquely placed to be an independent, national voice for universal high-quality healthcare to benefit the whole community.

To achieve a healthy Australia supported by the best possible healthcare system, AHHA recommends Australia reform the healthcare system over the next 10 years by enabling outcomes-focused and value-based healthcare. This requires:

1. A nationally unified and regionally controlled health system that puts patients at the centre;
2. Performance information and reporting that is fit for purpose;
3. A health workforce that exists to serve and meet population health needs;
4. Funding that is sustainable and appropriate to support a high quality health system.

AHHA's Healthy people, healthy systems¹ is a blueprint with a series of short, medium and long-term actions to achieve this goal.

¹ Australian Healthcare and Hospitals Association. 2017. Healthy people, healthy systems. Available at https://ahha.asn.au/sites/default/files/docs/policy-issue/ahha_blueprint_2017_0.pdf

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Within this context, AHHA's submission to this Inquiry relates to the role of health practitioner regulation in ensuring the community has access to a safe health workforce, across all professions, in a health system which meets the needs of all Australians and supports equity in achievement of health outcomes.

AHHA is particularly concerned about the effects of racism upon the healthcare outcomes of Aboriginal and Torres Strait Islander people. Racism is a key determinant of racial health disparities in health. It has harmful effects on multiple levels as it manifests in beliefs and attitudes, behaviours/practices, and organisations as well as social systems and structures. The impact of racism on a wide range of health outcomes and domains are well documented². Racism has been defined as operating on three levels: internalised (e.g. the incorporation of racism attitudes or beliefs into one's worldview), interpersonal (interactions between people) and institutional (control and access to resources)³. These impacts are the background to Priority Reform Three of the National Agreement on Closing the Gap between the Coalition of Aboriginal and Torres Strait Islander Peak Organisations, and all Australian Governments which targets a 'decrease in the proportion of Aboriginal and Torres Strait Islander people who have experiences of racism.'⁴

Addressing racism within the health system is needed to reduce the health inequities experienced by Aboriginal and Torres Strait Islander people. Different strategies are needed to address the multiple ways that racism occurs within the health system. Whilst considerable focus is on interpersonal experiences of racism such as unfair treatment of patients by health practitioners on the basis of race or ethnic background, there is also increasing attention on institutional racism⁵.

Ahpra's role in addressing racism within healthcare directly relates to the Inquiries Terms of Reference through *(b) the role of AHPRA, the National Boards, and other relevant organisations, in addressing concerns about the practice and conduct of registered health practitioners.*

AHHA contends that the role and utility of existing Ahpra complaint mechanisms when incidences of racism are reported are insufficient to properly understand and evaluate the effectiveness or limitations of current or future strategies to address racism within healthcare in Australia. Furthermore, the current system relies on individuals to bring a complaint which can be intimidating and time-consuming. Individuals can pay a significant personal cost when they challenge large institutions⁶

Action by Ahpra is required to enable a system that can effectively support the evaluation of the system changes required to achieve the target of Priority Reform Three of the National Agreement on Closing the Gap. Ultimately, complaints driven processes, such as the Ahpra notifications system,

² Paradies Y, Ben J, Denson N, Elias A, Priest N, Pieterse A, Gupta A, Kelahe M and Gee G. 2015. Racism as a determinant of health: a systematic review and meta-analysis. *PloS One*, 10(9), p.e0138511.

³ Jones C. (2000) Levels of racism: a theoretic framework and a gardener's tale, *American Journal of Public Health*, 90 (8) 1212-1215.

⁴ <https://coalitionofpeaks.org.au/new-national-agreement-on-closing-the-gap/>

⁵ Bourke C, Marrie H and Marrie A. (2018) Transforming institutional racism at an Australian hospital, *Australian Health Review*, 43 (6) 611-618.

⁶ Moreton-Robinson A. (2007) Witnessing the workings of White possession in the workplace: Leesa's testimony, *Australian Feminist Law Journal*, 26 (1) 81-93.

require monitoring and reporting mechanisms that demonstrate their effectiveness for Aboriginal and Torres Strait Islander people.

AHHA is also concerned about well-being in the health care workforce. This is well recognised as important to the safety and quality of health care. So much so that provider experience is recognised as one of the four aims of the Quadruple Aim, a framework broadly adopted across Australian healthcare for optimising health system performance. In particular, the manner in which the complaints and notifications process is managed by Ahpra is recognised as having the potential to negatively impact the wellbeing of the practitioner involved, yet the true extent of this is unknown.

Provider experience was assessed in the Medicine in Australia: Balancing Employment and Life (MABEL) survey which provided longitudinal evidence of a range of factors influencing the sustainability of the sector, including doctor wellbeing. Since funding was withdrawn for the survey, its ongoing contribution to understanding this important area is uncertain.

Ahpra should recognise its responsibility to understand the wellbeing of all practitioners and, particularly, those going through the complaints and notification processes. Ahpra is a significant and comprehensive source of Australian workforce data, AHHA recommends that it includes a specific focus on workforce wellbeing.

We appreciate the considered attention the Standing Committee on Community Affairs is giving to registration and notifications by the Australian Health Practitioner Regulation Agency and related entities under the Health Practitioner Regulation National Law. I would be pleased to meet with you to further discuss AHHA views.

Sincerely,

Alison Verhoeven
Chief Executive
Australian Healthcare and Hospitals Association