



Our ref: MBSA 528/08

Medical Board of South Australia

10 September 2008

Ms Bronwyn Nardi
Chair
Practitioner Regulation Subcommittee
of the Health Workforce Principal Committee
“Attention Practitioner Regulation Subcommittee”

By email: NRAIP@dhs.vic.gov.au

Dear Ms Nardi

Re: National Registration and Accreditation Scheme for the Health Professions

Please find the attached submission made on behalf of the Medical Board of South Australia¹ in response to the consultation paper titled *Issues Supplementary to the Intergovernmental Agreement on a National Registration and Accreditation Scheme for the health professions to be included in the first bill*.

I also attach a joint submission between the Nurses Board of South Australia, the Australian Nurses Federation, the Australian Medical Association (SA Branch) and the Medical Board of South Australia².

Thank you for the opportunity to provide comment.

Yours faithfully

**JOE HOOPER
REGISTRAR/CHIEF EXECUTIVE OFFICER**

Enc¹ MBSA Submission
² Joint Submission NBSA, ANF, AMA(SA) and MBSA

cc Hon John Hill MP, Minister for Health, South Australia



**National Registration and Accreditation Scheme for Health
Professions
Submission by the Medical Board of South Australia
10 September 2008**

Introduction

The Practitioner Regulation Subcommittee of the Health Workforce Principle Committee has sought comment on the Consultation Paper titled, *'Issues Supplementary to the Intergovernmental Agreement on a National Registration and Accreditation Scheme for the health professions to be included in the first bill'* dated 13 August 2008.

The Medical Board of South Australia (MBSA) provides the following submission in relation to the items raised in the above consultation paper and the Intergovernmental Agreement (IGA) signed by COAG in March 2008. Whilst the request for submissions restricts comment to matters outside of the IGA, MBSA has significant concerns with the effect of implementing the IGA as it is described in the paper and therefore feels required to provide comment on those areas where it perceives the model for the scheme presents a risk to public safety; the potential lessening of the standard safeguards governing regulation as they exist under the present arrangements; foreseeable inefficiencies which will lead to unnecessary increases in registration fees for no demonstrable public interest benefit and reduced effectiveness. All these areas are objectives of the scheme and as such require comment where they may not be achieved or where it is not apparent from the described model how public safety is maintained.

In order to address the matters succinctly the paper identifies each element of the proposed structure in the order they are presented in the consultation paper. Where items contained in the consultation paper are not specifically addressed it can be read that MBSA has no comment or the item is subsumed by other comments concerning inter-related or consequential functions.

1 AUSTRALIAN WORKFORCE MINISTERIAL COUNCIL

MBSA agrees that all interventions by the Ministerial Council should be transparent in the manner outlined in the consultation paper.

There is concern that the model does not sufficiently describe the mechanism for the Ministers to have consultation with the National Professional Boards in the same manner that matters are transferred upwards from the Boards to the Ministerial Council. This should be addressed in the legislation establishing the Council.

2 AUSTRALIAN HEALTH WORKFORCE ADVISORY COUNCIL

The Advisory Committee under the proposed model has capacity to influence professional Standards and Codes by way of having a role to 'review' those matters referred and not agreed by Ministers. There is no representation on the Advisory Committee of the necessary expertise required to conduct such review.

Recommendation 1: That the Advisory Council activities are limited insofar as they relate to the jurisdictional decisions of the National Boards and areas of Standards and Codes related to the professions.

Recommendation 2: that where Health Ministers cannot agree on regulatory policy or professional Standards, they seek further advice from the National Boards.

This should not prevent the National Advisory Council offering advice to Ministers on the general regulation and accreditation processes or outcomes or other matters as it sees fit, but unrelated to regulation and accreditation matters except in general terms. MBSA supports all other recommendations relating to the Ministerial Council only insofar as they are consistent with recommendation 1 and 2 above.

3 NATIONAL AGENCY

The existing model describes the National Agency as a Statutory Authority, yet the National Medical Board is not expressed in such terms. A Statutory Authority has powers to enter contracts, hold funds, employ staff and is a legal entity. It is under the definition in the consultation paper a de facto Corporate Board, usurping the regulatory authority functions of the current Boards.

There is further concern that the National Medical Board's powers are so limited as to ignore and negatively impact on the necessary functions of a professional regulatory authority.

The National Agency is also the holder of the registers and controls use and access (by legislation) of the information collected from the registrants. This shift places all personal and other information on registrants outside the control and access of the professional body and places such control in the hands of the corporate agency body.

The employees, including senior chief executive officers and managers of the Agency, will report to the National Agency Management Committee and Ministers, not the Boards. This split in the relationship between the secretariat and the Board members creates a divided loyalty between the two. This model has been applied in some jurisdictions to significant detriment and undermines effective working relationships. It also creates a strong perception of political interference and bias in the regulation of the professions, an area of significant sensitivity within Australia at this time due to events in Queensland.

Recommendation 3: That the National Boards be made Statutory Authorities (as they are now) with the power to employ, enter contracts, hold property, the register and funds. This removes the need for the National Agency Management Committee, effectively removing an inbuilt layer of possible inefficiency.

Recommendation 4: That the National Agency Management Committee be abandoned, or exist for a limited time (12 months) for the sole purpose of establishing the National Agency /Office. The Agency would report to the National Board during the establishment of the National Office.

Recommendation 5: That the National Boards employ the CEO and other managers and staff as required and all staff report to the National Board via the appointed CEO.

(If necessary, the Ministers could place additional persons onto the National Office or executive of the National Boards).

The 'information sheet 1 August 2008' describes the 'Registration and Accreditation Agency' (a definition not seen until this time)

Recommendation 6: The functions of regulation and accreditation must remain as separate but related functions. The National Boards must hold authority over the accreditation providers and have approval authority over accredited organisations. Also the standards of accreditation must be approved by the Boards but not developed or exercised by the Boards.

4 NATIONAL BOARDS

Recommendation 3 (above): That the National Boards be made Statutory Authorities (as they are now) with the power to employ, enter contracts, hold property, the register and funds. This removes the need for the National Agency Management Committee, effectively removing an inbuilt layer of possible inefficiency.

Recommendation 6: Terms of appointment be for a three year maximum and a maximum of three terms to allow continuity of knowledge and experience. That 50% of Board membership be appointed for 18 months in the first instance to allow for staggered reappointment to allow stability of the Board into the future.



**DR TREVOR MUDGE
PRESIDENT
MEDICAL BOARD OF SOUTH AUSTRALIA**

10 SEPTEMBER 2008



September 10, 2008

Bronwyn Nardi
Chair
Practitioner Regulation Subcommittee
Of the Health Workforce Principle Committee

Dear Ms Nardi,

National Registration and Accreditation Scheme for Health Professions (National Regulation)

We, the Australian Nursing Federation (SA Branch), Nurses Board of South Australia, Australian Medical Association (SA) Inc and Medical Board of South Australia have reviewed the Intergovernmental Agreement and 'Consultation Paper on Issues Supplementary to the Intergovernmental Agreement on National Registration and Accreditation Scheme for the Health Professions'. This submission represents our mutually agreed position on the following three key issues.

1. Standards and Professional Self Regulation

National regulation must uphold the primacy of self-regulation in the public interest. This means standards for each profession must be determined by the relevant profession. As such, the Australia's Health Workforce Advisory Council (AHWAC) should have no role to play in the review of policies and standards set by the professions.

2. Governance and Powers

National Boards must have the capacity to direct and deal with staff/services in a timely and effective manner and be funded in a manner that enables them to properly execute their functions.

It is our position that the National Boards ought to be established as statutory authorities, with perpetual succession, a common seal, the capacity to sue and be sued in their corporate names, the power to enter into contracts, acquire, hold, deal with and dispose of property, conduct general banking and make financial investments. The funding of each National Board ought to be via the fees, fines and penalties of the relevant professional group, with no cross-professional subsidisation.

3. Accountability and Representation

Board/committee positions must be representative and accountable. It is our position that a proportion of State/Territory committee members should be elected by members of the relevant profession in the relevant State/Territory.

Yours sincerely,



Elizabeth Dabars
Secretary
Australian Nursing Federation (SA Branch)



Dr Trevor Mudge
President
Medical Board of South Australia



Alyson Smith
CEO & Registrar
Nurses Board of South Australia



Dr Peter Ford
President
Australian Medical Association (SA) Inc