Community perspectives in the regulation of physiotherapists

Presented by
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Structure of health regulation in Australia

• Ministerial Council oversight – 8 Health Ministers:
  – Consensus model of decision making

• 14 National Boards set regulatory standards and exercise regulatory functions:
  – Practitioner and community members appointed by Ministers
  – Delegate powers to Committees and AHPRA

• AHPRA administers and supports Boards:
  – Governed by Agency Management Committee (Board of AHPRA)

• Self funded:
  – National fees fund the services provided to each profession
  – Health Profession Agreement between each Board/AHPRA
State/territory and national boards (x 20)

• Some professions have established state/territory and/or regional boards to which they have delegated powers.

National Boards (x 14)

- Aboriginal & TSI Health Practitioners
- Dental Practitioners
- Nurses & Midwives
- Osteopaths
- Podiatrists
- Chinese Medicine Practitioners
- Medical Practitioners
- Occupational Therapists
- Physiotherapists
- Psychologists
- Chiropractors
- Medical Radiation Practitioners
- Optometrists
- Pharmacists

Each National Board has at least one committee, some have as many as 10.

Where established, members of state and territory boards are appointed by the state or territory Minister (e.g., Medical Boards).

Accreditation authorities (x14)

- Aboriginal & TSI Health Practitioners
- Dental Practitioners
- Nurses & Midwives
- Osteopaths
- Podiatrists
- Chinese Medicine Practitioners
- Medical Practitioners
- Occupational Therapists
- Physiotherapists
- Psychologists
- Chiropractors
- Medical Radiation Practitioners
- Optometrists
- Pharmacists

Each National Board is responsible for setting practitioner registration fees, which are used to fund the operation of the National Scheme, including AHPRA.

While having no formal governance role, a Forum of all National Board Chairs meets regularly to discuss National Scheme issues.

National Health Workforce Ministerial Council
(8 State/Territory Ministers + Commonwealth)

Queensland
New South Wales
Victoria
Western Australia
Northern Territory
South Australia
Tasmania
ACT
Commonwealth

Sources: AHPRA Annual Report (2012-13) and COAG Intergovernmental Agreement for a National Registration and Accreditation Scheme for the Health Professions (2008).
## Who does what? Working together

### National Boards
- Primary role is regulatory decision-making in the public interest
- Set national registration requirements and standards
- Oversee various regulatory processes including registration, and the receipt, assessment and investigation of notifications (complaints)*
- Approve accreditation standards for the professions
- Approve qualifications for entry into the profession

### AHPRA
- Administers the Scheme
- Supports National Board decision-making
- Establishes and administers procedures for managing registration and notification matters*
- Provides legal interpretation
- Makes recommendations to the Boards and Committees
- Is the first contact point for all enquiries about registration, notifications from practitioners, employers, governments and stakeholders

### Accreditation agencies
- Assigned accreditation functions by the National Board
- Develop accreditation standards for board approval
- Accredit programs of study
- Submit accredited programs of study to Board for approval
- Monitor approved programs of study
- Assess overseas trained practitioners applying for registration in Australia

*except in NSW which has a co-regulatory arrangement in relation to management of notifications and in Queensland where AHPRA manages less serious matters*
National Law says:

- Members of a National Board are to be appointed as practitioner members or community members.
- At least 2 of the appointed members of a National Board must be persons appointed as community members.
- At least half, but not more than two-thirds, of members of a National Board must be persons appointed as practitioner members.
- At least one of the members of a national board must live in a regional or rural area.
Australia

- 23 million people
- Federal system of government
- 9.3% of GDP on health
- Joint government funders
- 70% public – 30% private mix
- Good health status overall
- Major gap for indigenous health
- Mal-distribution of health workforce
- Significant international workforce
Where the Board members are from

- Pippa Tessmann, (rural and remote) practitioner member, Alice Springs
- Cherie Hearn, practitioner member
- Lyn Green, community member
- Lyn Green, community member
- Libby Kosmala, community member
- David Cross, practitioner member (rural and remote)
- Peter Kerr, community member
- Libby Trickett, practitioner member
- Ali Bell, practitioner member
- Jen Blake, community member
- Kim Gibson, practitioner member
- Lachie Mortimer, practitioner member
- Charles Flynn, practitioner member and Chair
Some global trends in regulation

- **Time of great change** – no single model
- Core focus on **patient and public safety**
- ‘Professionally led’ rather than ‘self regulation’
- **Greater range of community and other stakeholder involvement**
- Drive for greater transparency
- Common frameworks across 14 professions
- Greater focus on ongoing competence to practise - different techniques
- Global mobility of health workforce (and patients)
Community Representation

• The Accreditation Liaison Group
• Immediate Action Committees
• Registration and Notification Committees of the 14 Boards
• Community Reference Group
Community Reference Group TOR

• Providing information and advice for building community knowledge and understanding of the role of AHPRA and the National Boards in protecting the community and managing professional standards

• Providing information and advice to AHPRA and National Boards on strategies for consulting the community about issues relevant to their work
Terms of reference

• Providing feedback and advice from consumer and community perspective on National Board standards, codes, guidelines, policies and publications

• Providing consumer and community perspectives and advice to National Boards and AHPRA about issues relevant to the national Scheme
Regulatory principles

- Focus on public protection not punishment
- Identify and assess risks
- Take timely action
- Use minimum regulatory force to achieve outcome
- Work with others
Henry Ford

- Coming together is a beginning;
- Keeping together is progress;
- Working together is success