

Lay, Shannen (Health)

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From: Amanda Ngan <Amanda.Ngan@ahpra.gov.au>
Sent: Tuesday, 19 August 2014 12:26
To: Health:Minister for Health
Cc: Swan, David (Health)
Subject: Ltr to Minister Snelling - SA Premier's announcement about board and committee reforms - 19 August 2014
Attachments: Ltr to Minister Snelling - SA Premier's announcement about board and committee reforms - 19 August 2014.pdf

Dear Minister Snelling,

Please see attached correspondence from Mr Martin Fletcher, CEO, AHPRA.

Kind regards,

Amanda Ngan
Support Officer to the National Executive

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Australian Health Practitioner Regulation Agency
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Australian Health Practitioner Regulation Agency

19 August 2014

The Hon Jack Snelling MP
Minister for Health
GPO Box 2555
ADELAIDE SA 5001

Via email: minister.health@health.sa.gov.au

Dear Minister

SA Premier's announcement about board and committee reforms

I refer to the Premier's communication of 8 July 2014 announcing a review of South Australian government boards and committees.

I am writing with respect to the South Australian Board of the Medical Board of Australia (the MBA), the South Australian Board of the Nursing and Midwifery Board of Australia (the NMBA), and the NT/SA/WA Board of the Psychology Board of Australia (the PsyBA), with appointed members from South Australia ('these state and regional boards').

The Australian Health Practitioner Regulation Agency (AHPRA) and the MBA, NMBA, and PsyBA support these state and regional boards being exempt from abolition, as they have an important and essential role in protecting South Australians receiving health services from registered health practitioners, and do so as part of a national scheme that enables health workforce mobility and the continuous development of a flexible, responsive and sustainable health workforce.

Part of the National Registration and Accreditation Scheme (the National Scheme)

As you know, appointments to the National Boards are made by the Australian Health Workforce Ministerial Council, in accordance with the Health Practitioner Regulation National Law as in force in each state and territory (the National Law). As the South Australian (SA) Health Minister, you appoint members of state and regional boards in accordance with this national legislation. In South Australia, the *Health Practitioner Regulation National Law (South Australia) Act 2010* adopts and applies the National Law as a law of SA.

The state and regional boards exercise their regulatory functions under delegation from the relevant National Boards. They are not the same as other SA boards that only operate in this state, or even the former state boards that were established under the previous SA health practitioner registration laws to function only as state entities. The state and regional boards are part of the National Scheme. Although the statutory nomenclature is "board", section 36 of the National Law clearly identifies these boards as being a committee of the National Board established to exercise functions in a jurisdiction participating in the National Scheme to provide an effective and timely local response to health practitioners and other persons in the jurisdiction.

Essential regulatory role

There is a National Board established to regulate each of the 14 nationally registered health professions. However, some National Boards decided to establish state and/or regional boards to manage and decide individual registration matters and to manage notifications (complaints) about registered practitioners, e.g. who practise in SA. These state and regional boards are active contributors within the National Scheme, who also have an essential regulatory role in the protection of South Australians receiving health services from registered practitioners. Their functions are not duplicated by the National Boards.

The state and regional boards are tasked with managing and deciding registration and notification (complaints) matters. They discharge this function by ensuring that only applicants for registration in the relevant professions who have the necessary qualifications, training and experience are entered on the register of practitioners. Further they assess, investigate and, where necessary, take immediate action on notifications received; in some cases deciding to impose restrictions on a practitioner's registration or suspending it to protect public safety. Like the National Boards, these boards have both practitioner and community members who bring a lay/public perspective to decision-making under the National Scheme.

These state and regional boards are accountable for their own decisions for which appeal rights exist (for the practitioner) to the South Australian Health Practitioners Tribunal and the District Court. Notifiers may also raise concerns about decision-making by these state and regional boards to the National Health Practitioner Ombudsman, which is now also funded by practitioner fees and not by any of the participating jurisdictions.

Efficiency and innovation

Key drivers for the Council of Australian Governments (COAG) decision to sign the 2008 Intergovernmental Agreement to establish the National Scheme was to reduce red-tape, improve workforce mobility, and simplify and improve the consistency of the then fragmented regulation of health practitioners across Australia.

The costs of regulating SA based health practitioners are self-funded through practitioner fees.

The National Scheme is a self-funding scheme (primarily from fees paid by practitioners) as agreed by the COAG. The National Scheme has delivered improved workforce mobility and reduced red tape by establishing national standards for registration and accreditation meaning that practitioners can work across jurisdictions and be held to the same national standard. In terms of innovation and efficiency, AHPRA has worked with the boards to deliver a public national register for each of the professions that is readily accessible online to enable members of the public, employers and other health professionals to check the registration status of over 600,000 health practitioners in Australia.

The essential role that state and regional boards have as regulators in protecting the South Australian community cannot be as effectively or efficiently delivered by other means. You may be aware recently that the Psychology Board of Australia completed an internal review of its governance structures, including the role and functioning of its state and regional boards. As a result, no changes are proposed, as the Board considers that this model strikes the right balance for regulating the psychology profession by having a strong national presence with local, regulatory responsiveness that is efficient and effective.

Neither the MBA nor the NMBA have plans to change their governance model of having state boards that provide an effective and timely local response to the regulation of health practitioners from these professions.

Related entities affected

I understand that two entities to which the state boards relate, and to which you, as Minister, appoint members, are also encompassed by the reforms, and we encourage consideration being given to retaining these bodies.

The *South Australian Health Practitioners Tribunal* (SAHPT) is the judicial body to which not only can practitioners appeal a decision of the Board (as outlined above) but, equally importantly, to which the Boards are obliged by the *Health Practitioner Regulation National Law (South Australia) Act 2010* to refer those practitioners deemed to have engaged in professional misconduct or the most serious types of bad conduct or performance.

Abolition of the SAHPT, without provision of a substitute, would seriously compromise the ability of all 14 National Boards to effectively deal with the most serious conduct of registered health practitioners and thereby protect the public of SA.

The *South Australian Medical Education and Training Health Advisory Council* (the Advisory Council) makes recommendations for the accreditation of intern and trainee medical officer positions in SA health services to the SA Board of the MBA. Without this independent assessment of positions for suitability in postgraduate medical training the SA Board will be seriously compromised.

We share the Premier's views that regulation does not have to be unnecessarily burdensome and that it can encourage innovation. These state and regional boards and their practitioner and community members are part of the fabric of the National Scheme, which is of itself, a significant health reform that is delivering more robust and transparent protection of public safety than existed previously under any one state or territory registration system.

If you have any queries about this correspondence or need any additional information, we would be pleased to provide this to you without delay. The Acting State Manager for AHPRA in SA, Richenda Webb, can be contacted in the first instance on 7071 5521 or by email at richenda.webb@ahpra.gov.au.

Yours sincerely



Martin Fletcher
Chief Executive Officer

CC: Mr David Swan, Chief Executive, SA Department for Health and Ageing