



Aboriginal and Torres Strait  
Islander Health Practice  
Chinese Medicine  
Chiropractic  
Dental  
Medical  
Medical Radiation Practice  
Nursing and Midwifery  
Occupational Therapy  
Optometry  
Osteopathy  
Pharmacy  
Physiotherapy  
Podiatry  
Psychology

Australian Health Practitioner Regulation Agency

# Risk based health practitioner regulation in Australia

Paul Shinkfield – National Director, Strategy and  
Research

17 March 2017

# Greetings from Australia!



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# Overview

- Our context and work
- Risk-based regulation
  - Lessons and challenges
- Current approaches to revalidation
- Upcoming challenges and opportunities



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# Our context and work



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# Global trends in regulation

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



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# 'Fake dentist' operating in Melbourne's northern suburbs

# Review into fake doctor

By Rashida Yusufzai

An independent review has been launched into how a man allegedly conned NSW's health system by posing as an Indian doctor to work in four hospitals over 11 years.

The review will look into how Shyam Acharya gained medical registration, was recruited and gained employment allegedly using fake documents in the name of Dr Sarang Chitale, NSW Health announced on Monday.

It will be led by former Health Care Complaints Commissioner Keiran Pehm and Dr Robert Herkes, who's the clinical director of the Australian Commission on Quality and Safety in Health Care.

Acharya is said to have posed as Dr Chitale by entering Australia on a fake passport in 2003 and gaining registration

has also referred the matter to police, arguing that the potential penalty for 11 years of deception is woefully inadequate.

However, it's understood NSW Police pursued the matter when it was first raised by the company which outed Acharya last year.

Novotech, which employed Acharya from June 2015 to September 2016, was asked whether it wanted to pursue criminal charges after it blew the whistle on its former medical director to the regulator and police.

But the medical research firm decided not to as it was unaware of Acharya's real name, location or assets.

Police suspended their inquiries with AHPRA investigating.

"On Friday night Health Minister Brad Hazzard referred the matter to the NSW police commissioner, who has now asked

# Innued over a series of errors in single shift

ruling on doctors' metadata

nurse ordered to stand trial

back at call to strip agency's

# Impostor nurse, lifelong con artist Jennifer Reed jailed for 5 years which endanger nursing home residents

# Former SA doctor disqualified

# Warning new law will ruin doctors' reputations

ANTONIO BRADLEY QUEENSLAND'S proposed new health watchdog will be given sweeping powers to suspend and publicly name and shame doctors before they have a chance to defend themselves.

Draft legislation to create a state health ombudsman went before the Queensland Parliament last week, alarming medicolegal insurer Avant.

The overhaul is being driven by Health Minister Lawrence Springborg in the wake of investigations into the handling of medical complaints.

Avant general counsel Fraser MacLennan-Pike said one of the company's chief concerns was that the bill gave the ombudsman powers to suspend doctors.

"Bear in mind that the ombudsman may not be medically qualified. So you've got someone who's not medically qualified potentially taking a decision to suspend the registration of a doctor.

"And importantly, it's immediate



Avant's Fraser MacLennan-Pike says doctors won't be able to respond. action that wouldn't allow the doctor to respond to any allegations.

"That's unlike other states. This could be one person — the ombudsman — taking this decision."

The bill also creates powers to name doctors on a public register.

"That doctor, who's had no chance

immediate action, including suspending or placing conditions on a health practitioner's registration, where there is a serious risk to the public."



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he work being done by several patients allegedly suffered unnecessary operations and another was left a quadriplegic after a surgeon failed to detect a sock injury.

Mr Springborg said one patient is believed to be not going to tolerate surgery in an operation later fixed to be unnecessary.

Most of the accusations are against doctors at Brisbane, the Gold Coast, Toowoomba, Gympie and Cairns.



DISTURBED: Health Minister Lawrence Springborg

and president Dr Alex Mackwell said it was regrettable some complainants "fell through the cracks."

Others who drew complaints were allowed to keep working under supervision.

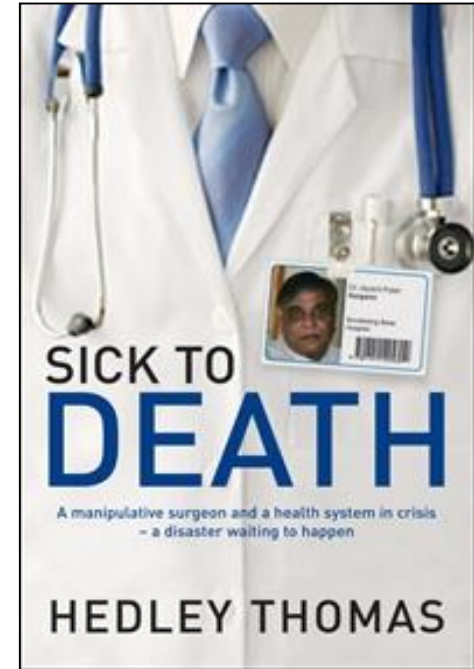
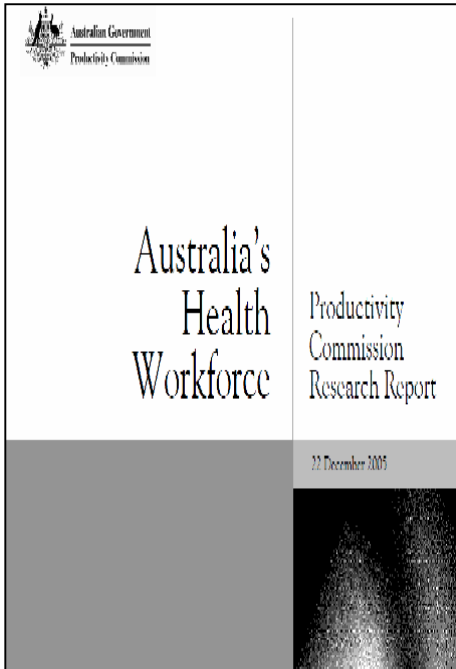
A review of government agencies handling patient complaints was necessary to maintain confidence in the profession, the said.

The AMA is currently preparing a detailed response to the range of options being assessed by the Health Minister to ensure such matters can be addressed openly, transparently and efficiently in the future.

Dr Mackwell said the criminal negligence accusations cross many fields of medicine.

He said the cases were "disturbing" and cast a shadow

# Patient safety and workforce driving reform



# >667,000 health practitioners nationally

1. Chiropractors
  2. Dental care (including dentists, dental hygienists, dental prosthetists & dental therapists),
  3. Medical practitioners
  4. Nurses and midwives
  5. Optometrists
  6. Osteopaths
  7. Pharmacists
  8. Physiotherapists
  9. Podiatrists
  10. Psychologists
  11. Aboriginal and Torres Strait Islander health practitioners
  12. Chinese medicine practitioners
  13. Medical radiation practitioners
  14. Occupational therapists
- 2018 (subject to legislation)**
15. Paramedics



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Profession	ACT	NSW	NT	QLD	SA	VIC	WA	No PPP	TAS	%	Total
Aboriginal and Torres Strait Islander Health Practitioner	3	104	198	101	43	9	95		3	0.54%	556
Chinese Medicine Practitioner	67	1931	13	844	181	1,282	258	126	36	0.76%	4,738
Chiropractor	66	1731	28	837	367	1,347	612	151	54	1.04%	5,193
Dental Practitioner	408	6717	151	4,448	1,826	5,076	2,585	578	372	1.68%	22,161
Medical Practitioner	2,089	34,113	1,241	21,929	8,036	26,847	11,069	2,865	2,304	2.09%	110,493
Medical Radiation Practitioner	263	5156	108	3,130	1,169	3,817	1,317	233	313	2.02%	15,506
Midwife	129	1009	77	877	549	1,217	385	158	24	0.54%	4,425
Nurse	5,529	96,268	3,773	69,128	30,825	92,342	35,062	9,805	8,234	2.35%	350,966
Nurse and Midwife	548	8277	510	5,870	2,024	7,620	2,947	305	630	2.19%	28,731
Occupational Therapist	330	5393	176	3,736	1,508	4,768	2,731	257	291	1.52%	19,190
Optometrist	74	1787	29	1,052	289	1,395	424	161	93	1.75%	5,304
Osteopath	35	556	3	204	37	1,214	61	46	40	1.82%	2,196
Pharmacist	542	9197	219	5,968	2,171	7,525	3,208	570	733	2.43%	30,133
Physiotherapist	581	8738	172	5,580	2,351	7,285	3,543	1,142	471	1.58%	29,863
Podiatrist	66	1322	20	815	437	1,556	452	59	106	2.19%	4,833
Psychologist	885	11103	220	6,062	1,667	9,120	3,549	524	576	1.71%	33,706
<b>Total</b>	<b>11,615</b>	<b>193,402</b>	<b>6,938</b>	<b>130,581</b>	<b>53,480</b>	<b>172,420</b>	<b>68,298</b>	<b>16,980</b>	<b>14,280</b>	<b>2.14%</b>	<b>667,994</b>

\*Registrants as at 31 January 2017

# Register of practitioners

## Registration ▼

### Register of practitioners

› Tips for using the public register

› Cancelled health practitioners

› List of practitioners who have given an undertaking not to practise

› Professions & Divisions

› Specialties & Specialty Fields

› Terms in the Register

Registration Process +

Registration Standards +

Practitioner Services +

Employer Services +

Graduate Applications +

Graduate Applications for Registration FAQ +

Student Registration +

Provisional to General Information

Audit

Monitoring and compliance +

If a health practitioner's status is 'registered' they are legally able to practise within the scope of their registration. The exceptions to this are:

1. practitioners who have a 'non-practising' status.
2. practitioners who have their registration suspended.
3. practitioners who have a condition on the registration which stops them from practising.

The table below is a summary of the registration status of each health practitioner. Click 'View Details' in the column on the left for more detail.

More information about the terms used in the registers can be found in the [Glossary](#).

Can't find your practitioner on the register?

- Check the [Tips for using the public register](#).
- Check the name the practitioner has used for their registration and use the correct spelling in your search. This may be different to the name the practitioner is known by.
- If you think someone is pretending to be a registered practitioner or is practising unregistered, you should report this to us by [making a complaint](#).
- If you can't find someone on the register you can [contact us](#) for assistance.

## Search Results

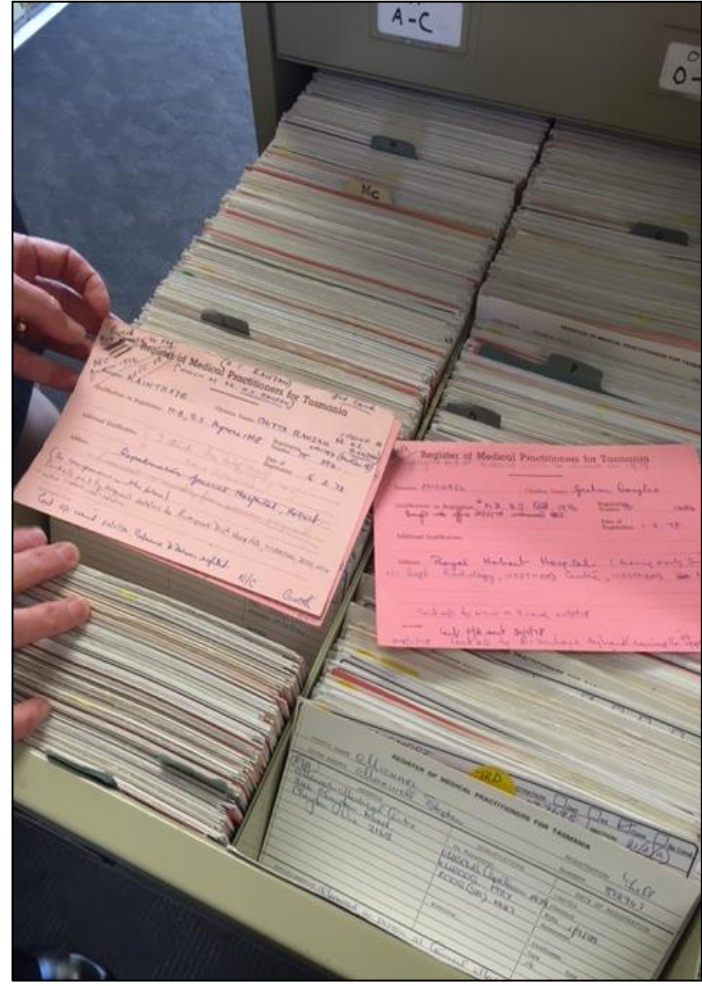
Your search for a **Dental Practitioner** named **Lockwood** returned 3 results. You can [refine your search](#) or [start a new search](#).

### Dr John Lockwood

#### Profession: Dental Practitioner

Registration number:	DEN0001070627	Endorsements:	No
Status:	Registered	Notations:	No
Registration expiry date:	30/11/2017	Conditions:	No
Principal place of practice:	HORNSBY NSW 2077	Undertakings:	No
Division/ Registration Type:	Dentist, General	Reprimands:	No

[View Details](#)



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# Making the most of the register

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## Know your obligations when employing health practitioners

There are **three important steps** to making sure you meet your obligations.

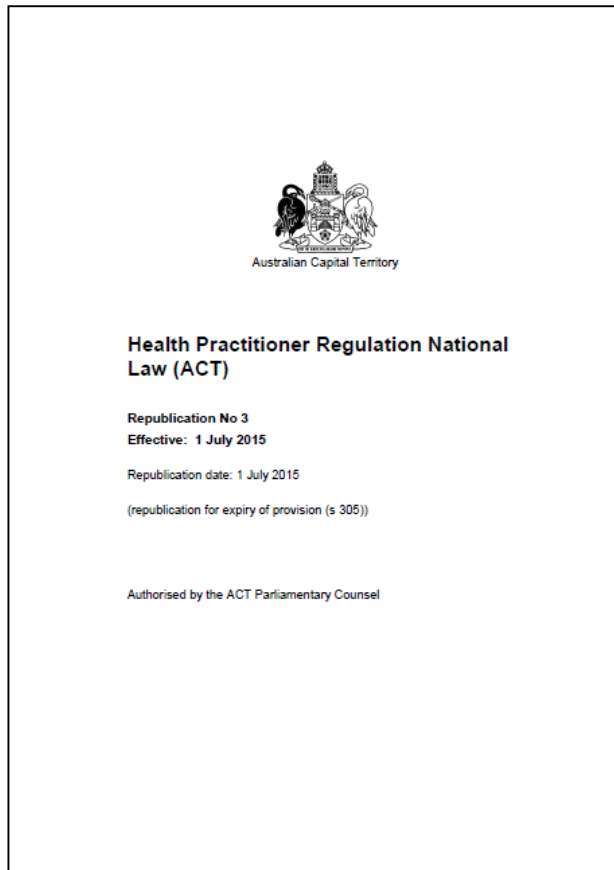
- 1** Before employing a registered health practitioner, always check the online register
- 2** Once they are employed, you need to stay up to date with any changes to their registration
- 3** During their employment you must make sure you meet your mandatory notification obligations

The national register is the only accurate and up-to-date source of information on the registration status of all registered health practitioners in Australia.  
Visit [www.knowyourobligations.com](http://www.knowyourobligations.com) for more information and to download your free tool kit to help you meet your obligations or call **1300 419 495** to find out more.



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# Objectives of Legislation



- Protection of the public
- Workforce mobility
- High quality education and training
- Rigorous and responsive assessment of overseas trained practitioners
- **Facilitate access to services**
- **Enable a flexible, responsive and sustainable health workforce and enable innovation**

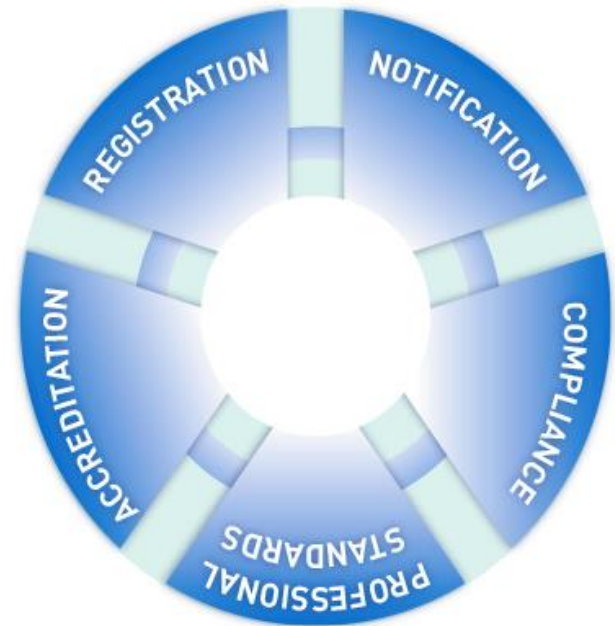


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# What do we do?

AHPRA works in partnership with 14 National Health Practitioner Boards and accreditation authorities to:

- **Set professional standards** - requirements for registration
- **Register practitioners** - compliance with standards (annual renewal)
- **Maintain national registers**
- **Manage notifications** - address concerns about 'fitness to practice'
- **Accreditation** - set standards for educational requirements for registration
- **Deal with offences** – advertising and holding out



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# Regulation in a fast changing world



- Our role in the economy
- Design of regulation
- Responding to new technologies and practices



# Risk-based Regulation





# NRAS Strategy 2015-2020

## Vision

We are recognised as a leading risk-based regulator enabling a competent and flexible health workforce to meet the current and future health needs of the Australian community.

## Mission

To protect the public by regulating health practitioners efficiently and effectively in the public interest to facilitate access to safer healthcare.

## Strategic outcomes

1. Reduced risk of harm to the public associated with the practice of regulated health professions.
2. Assurance that registered health practitioners are suitably trained and qualified to practise in a competent and ethical manner.
3. Increased public confidence in the effective and efficient regulation of health practitioners.
4. Increased public benefit from the use of our data for practitioner regulation, health workforce planning and research.
5. Improved access to healthcare through our contribution to a more sustainable health workforce.

## Our guiding principles

Our *Regulatory principles* underpin the work of the National Boards and AHPRA. They guide our decision making.



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# Our regulatory principles define our approach



**Regulatory principles for the National Scheme**

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These principles are designed to shape thinking about regulatory decision-making in the National Scheme. They are endorsed by all the National Boards and the Agency Management Committee.

The principles will apply to different function areas in different ways. Collaborating with your colleagues, and discussing the differences with them, will add depth to your understanding of them.

- 1** The Boards and AHPRA **administer and comply with the Health Practitioner Regulation National Law**, as in force in each state and territory. The scope of our work is defined by the National Law.
- 2** We protect the **health and safety of the public** by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered.
- 3** While we balance all the objectives of the National Registration and Accreditation Scheme, our **primary consideration is to protect the public**.
- 4** When we are considering an application for registration, or when we become aware of concerns about a health practitioner, we **protect the public by taking timely and necessary action under the National Law**.
- 5** In all areas of our work we:
  - **identify the risks** that we are obliged to respond to
  - **assess the likelihood and possible consequences** of the risks, and
  - **respond in ways that are proportionate and manage risks** so we can adequately protect the public.

This does not only apply to the way in which we manage individual practitioners but in all of our regulatory decision-making, including in the development of standards, policies, codes and guidelines.
- 6** When we take action about practitioners, we **use the minimum regulatory force to manage the risk** posed by their practice, to protect the public. Our **actions are designed to protect the public and not to punish practitioners**.
- 7** Community confidence in health practitioner regulation is important. Our response to risk considers the **need to uphold professional standards and maintain public confidence in the regulated health professions**.
- 8** We **work with our stakeholders**, including the public and professional associations, to achieve good and protective outcomes. We **do not represent the health professions or health practitioners**. However, we will work with practitioners and their representatives to achieve outcomes that protect the public.

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

# What does it mean to be a risk-based regulator...?

- Dr Anna van der Gaag (IAMRA “Lifting our Gaze”):
  - Focus on identifying and reducing risks and harms
  - Selective action based on identified risks
  - Targeting resources where risks are higher
  - Evidence based regulatory action
  - Using innovative practices to prevent harm
  - Reducing the costs and burden of regulation



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# Expanding the tools of regulation

Standards

Education

Complaints  
handling

Engagement



Research

Registers  
Protected  
titles



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# Emerging lessons for becoming risk based

- Data collection
  - recording harm and impact information
  - measuring harm is not straightforward!
- New skills set for regulators
- Moving from a reporting system to a learning system
- How to achieve actionable learning
  - “So what?” test



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# Our data sources....(big data?)

- >660,000 practitioners
- >13,000 fields within our regulatory compliance system, applications, notifications, monitoring and compliance (Pivotal)
- >153,710 students
- >3.7 million records in document repository (TRIM)
- >20,000 archived document storage boxes
- >580,000 telephone calls annually (ave.5 mins)
- 50,000 web enquiries annually



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# Cultural change

## From reporting...

- How many notifications were reported?
- What is the typical time to process a notification?

## To learning...

- How many notifications involved a death?
- Has there been a cluster of notifications in a particular facility?
- What are the common features of notifications about misdiagnosis?
- What role does age and gender play in predicting risk of harm?



# A traditional regulatory approach.

Notification	Date	Profession	Registrant ID	IA	...	Outcome
00283844	1/2/2012	Nursing	3339990822	Y	...	NFA
00283892	2/3/2013	Medicine	0004919342	N	...	Conditions
00284981	5/6/2014	Midwifery	1672100272		...	
<b>00285383</b>	<b>7/8/2013</b>	<b>Pharmacy</b>	<b>8338251746</b>	<b>Y</b>	<b>...</b>	<b>NFA</b>
00283892	9/10/2011	Dental	1670033947	N	...	NFA
00283892	1/1/2011	Medicine	1670033947		...	Caution



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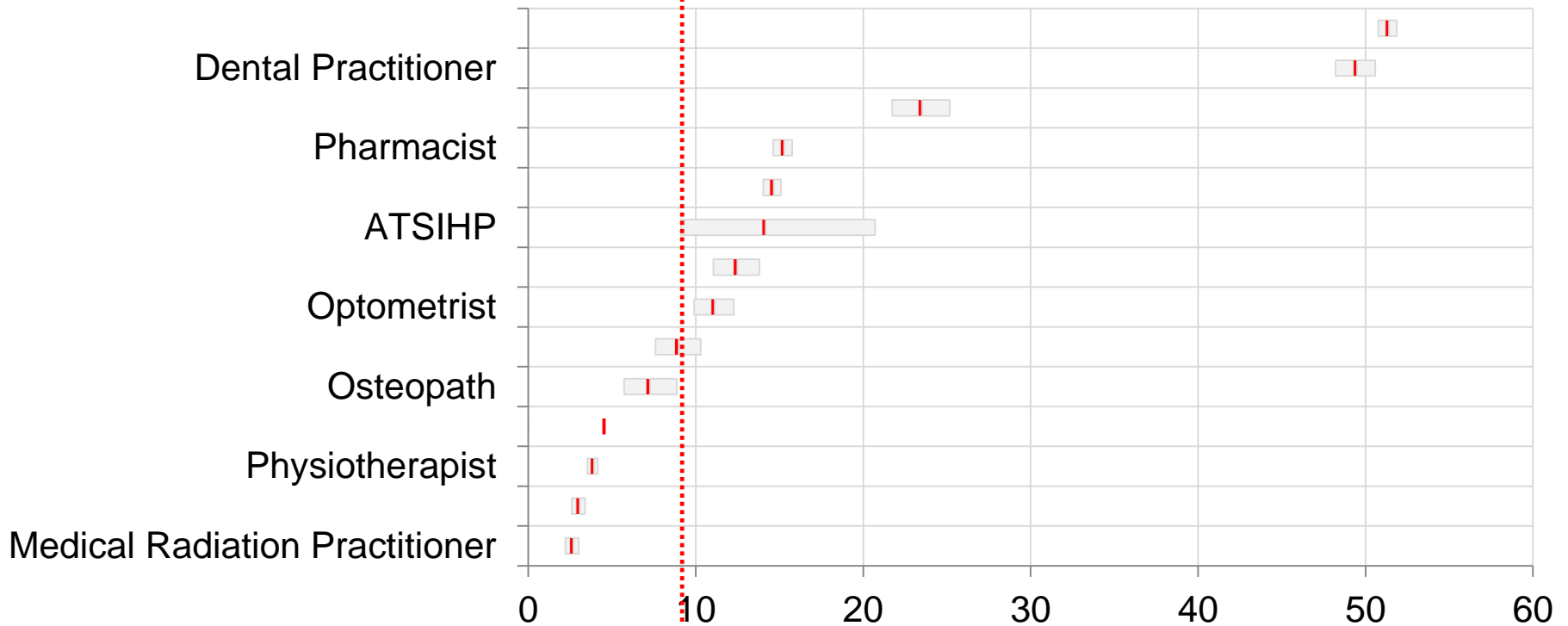
# A more risk-based regulatory approach.

Notification	Date	Profession	...	Issue	
00283844	1/2/2012	Nursing	...	<b>Impairment</b>	NFA
00283892	2/3/2013	Medicine	...	<b>Clinical Care</b>	Conditions
00284981	5/6/2014	Midwifery	...	<b>Conduct</b>	
00285383	7/8/2013	Pharmacy	...	<b>Clinical Care</b>	NFA
00283892	9/10/2011	Dental	...	<b>Communication</b>	NFA
00283892	1/1/2011	Medicine	...	<b>Conduct</b>	Caution



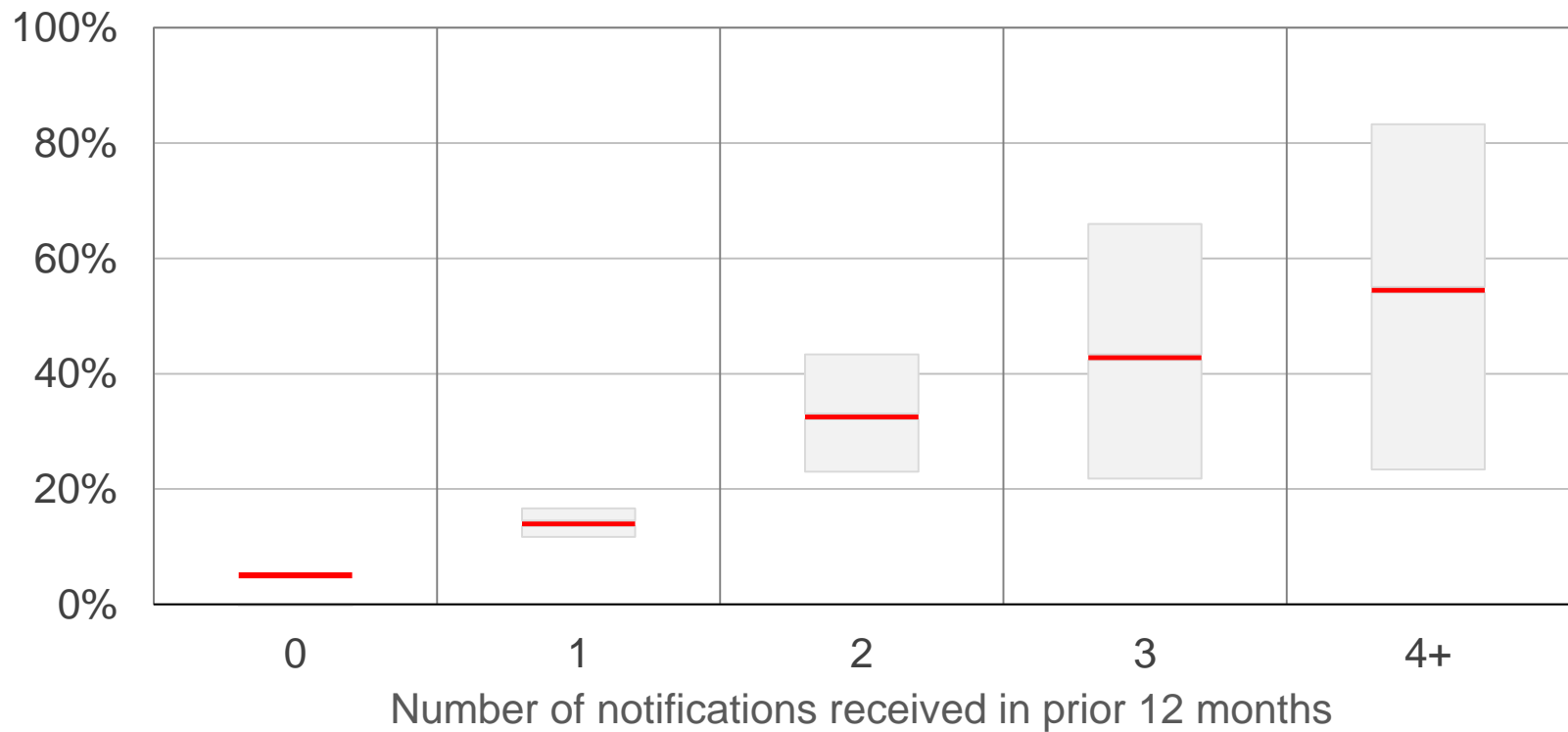
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# Notification Rate by Profession – per 1000 practitioners/year (2010 - 2016)

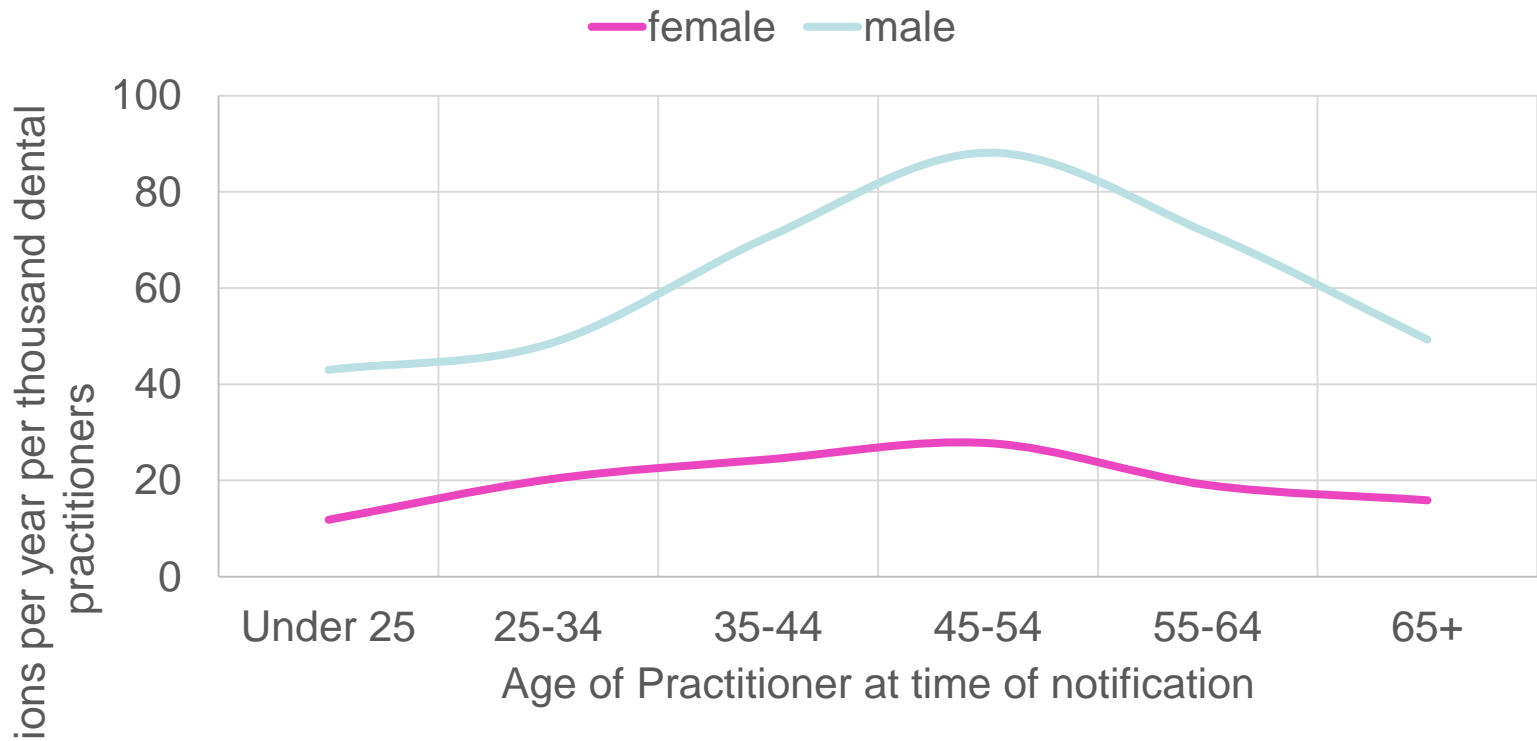


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# Chance of receiving another dental notification in next 12 months

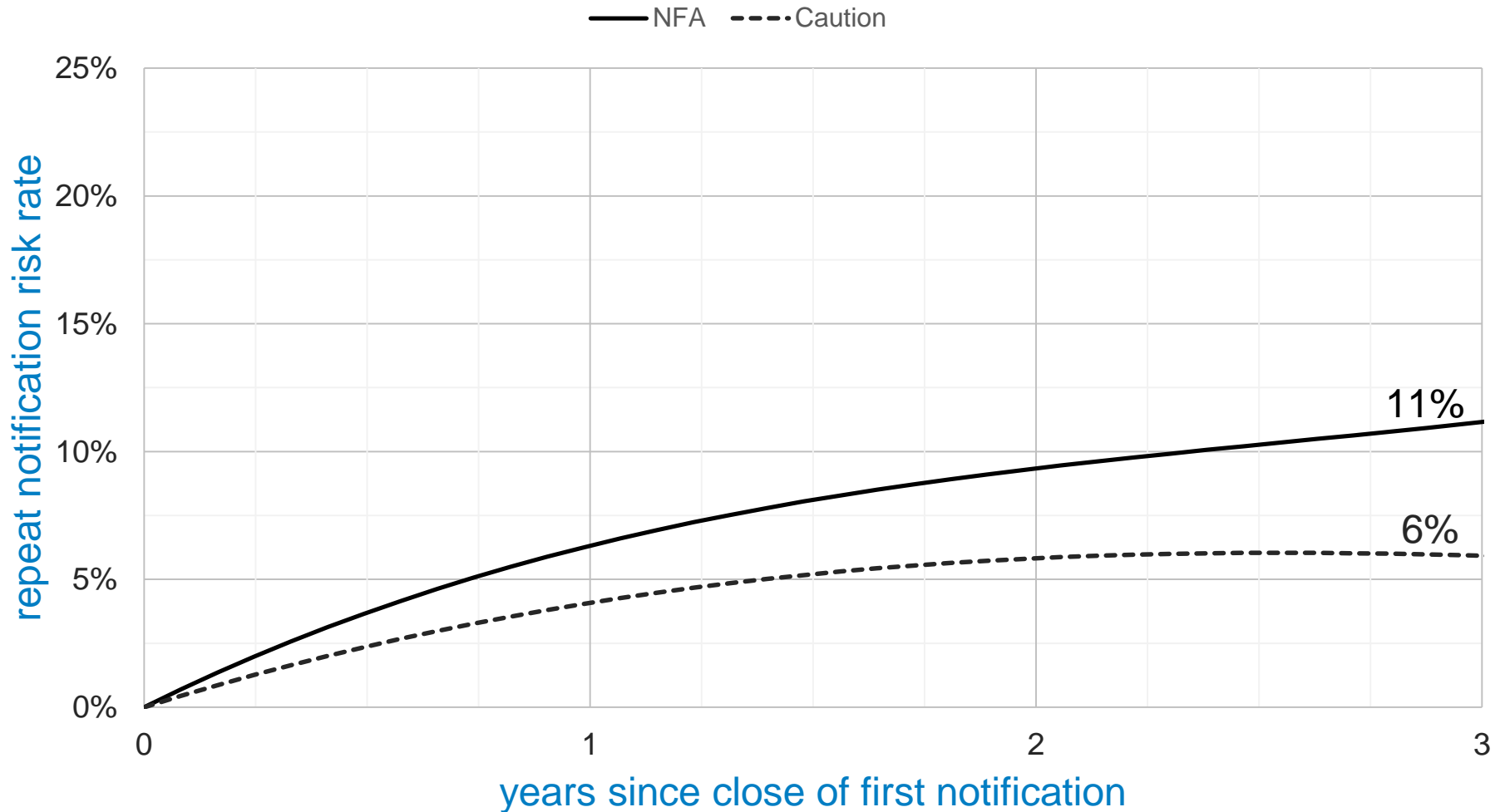


# Notification Rate for Dental Practitioners (2010-2016) by Age by Gender



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# Repeat notification risk rate for Nurses by board outcome



# Current approaches to revalidation



# Medical Board - Expert Advisory Group

- No prior assumptions based simply on adoption of international practice(s)
- A focus on serving the (unique) Australian environment
- Providing a clear definition of the purpose, the conceptual basis of revalidation, the evidence and consequent opportunities



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# Why revalidation?

- Public expectations and trust
- The integrity of the public register
- Protect the public from under-performing doctors who are causing harm
- Support doctors to maintain and enhance skills
- Support underperformers to remain in safe practice



Aboriginal and Torres Strait  
Islander Health Practice  
Chinese Medicine  
Chiropractic  
Dental  
Medical  
Medical Radiation Practice  
Nursing and Midwifery  
Occupational Therapy  
Optometry  
Osteopathy  
Pharmacy  
Physiotherapy  
Podiatry  
Psychology

# Mythbusting!

- No plans for UK-style revalidation
- No plans for US-style examination process
- We do not 'have one we prepared earlier'

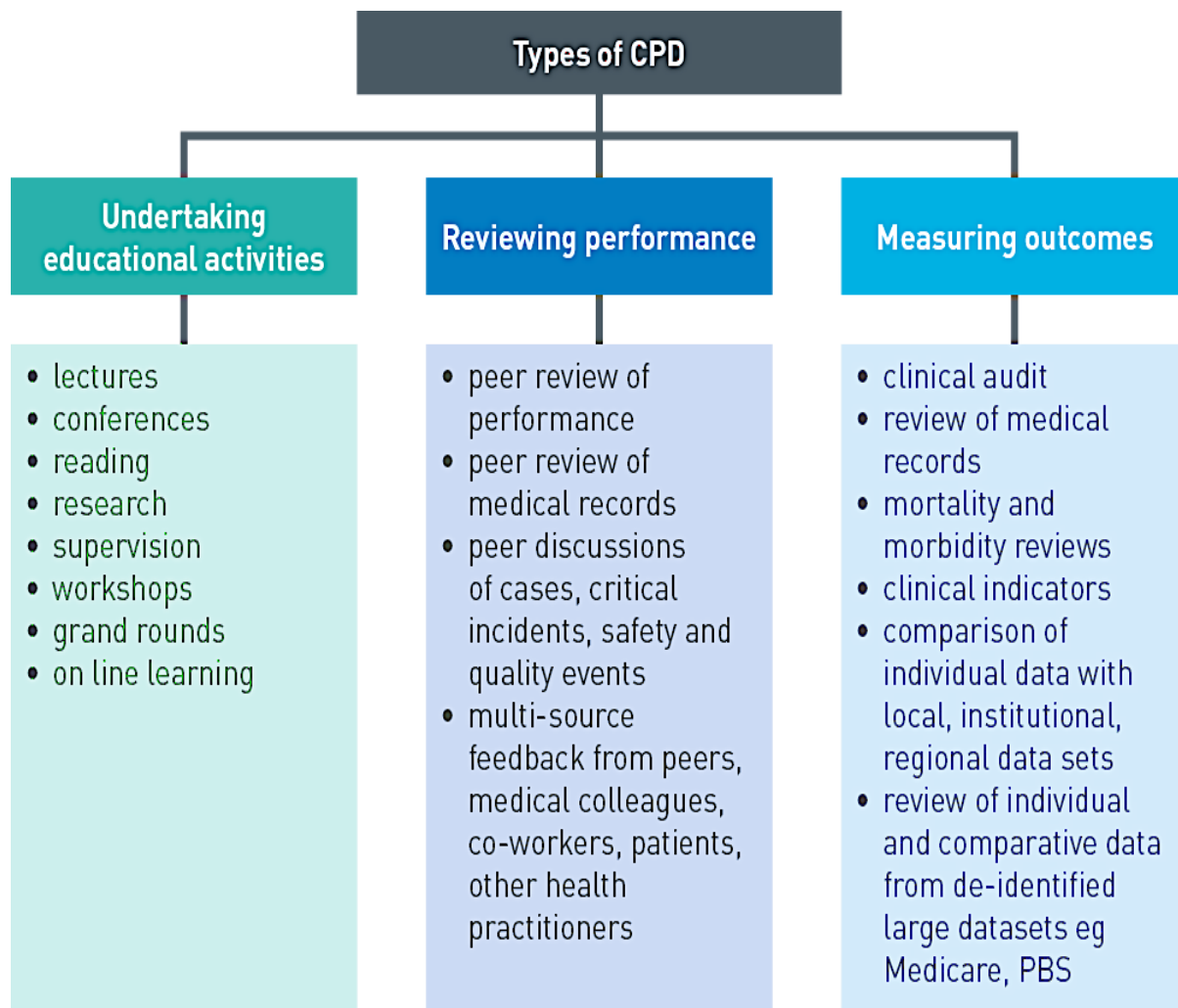


# The proposal in summary

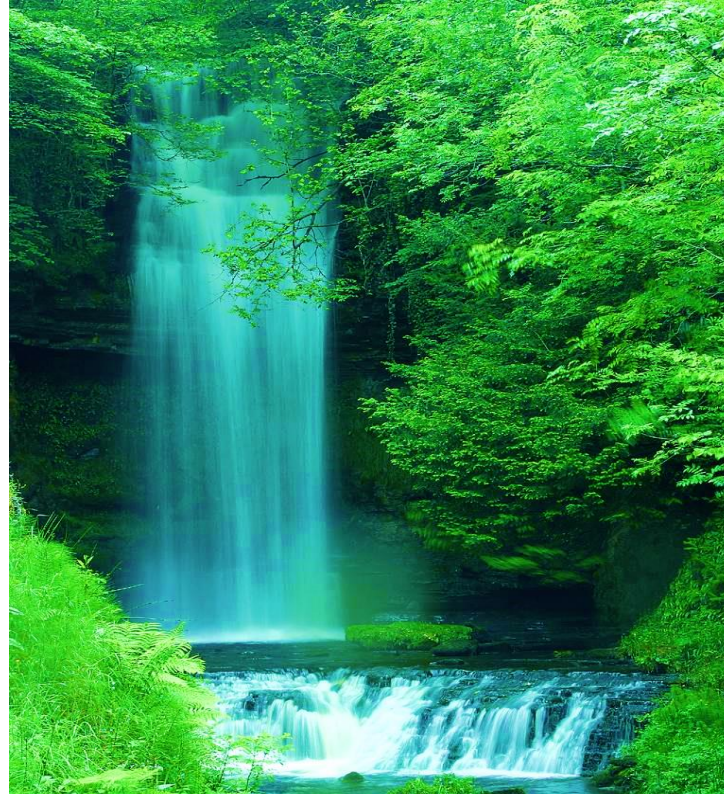
2 part approach:

1. Strengthened continuing professional development
2. Screening for at-risk doctors





# Identifying at risk and poorly-performing



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Australian Health Practitioner Regulation Agency

# A better safety net

## *Known risk factors*

1. Age from 35 upwards
2. Male
3. Number of prior complaints
4. Time since last complaint

## *Challenges*

- Regulatory responses?
- Who pays for remediation?

# Australian Dentists

- 22,161 dental practitioners
- 87% private practice (30% solo)
- 20% in the public sector (credentialing/clinical SOP)
- 13% 60+ years
- \$9.5 B health expenditure for dentistry (85% private sector)
- 57% patient out-of-pocket expenses
- ~10% practitioners members of Royal Australasian College of Dental Surgeons (2015)
- >1,300 dental practices completed/enrolled in an accreditation program
- Practitioner self-directed continuing professional development



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# Dental Board of Australia - rationale

- Consistently highest notification rate per capita
- Relatively greater complexity/expense in processing dental notifications
- Biennial dental practitioner audits: good compliance but significant limitations (sample size, selection criteria, limited subject areas - PII, criminal history and CPD)
- Increased appetite of government and consumers for measures that ensure safe and quality care
- Other boards looking into the same issues (MBA)
- Weak reporting culture amongst dental practitioners



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# Upcoming issues and opportunities

- National regulation of paramedics
- Legislative amendments
- Independent review of accreditation
- Review of chaperone conditions
- Greater collaboration with partners



# Contact Information

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