



News & Views

Citizen Advocacy Center

Third Quarter 2019 – Health Care Public Policy Forum – Volume 31 Number 3

REGULATORY REFORM

Arizona Recognizes All Out of State Licenses

Legislation signed into law by Arizona Governor Ducey on April 10, 2019, makes the state the first in the union to recognize out of state licenses across the board. House Bill 2569, introduced in February affects all licensed professions and businesses. The law is touted as a boon to employment in the state.

See the legislation here:

<http://tinyurl.com/y55s93my>. See more here:

<http://tinyurl.com/y2f387lh>. See also this commentary on the Trump administration’s proposal to use interstate compacts to facilitate practice across state lines:

<http://tinyurl.com/vxzxcd6o>.

Legislation to Permit Practice by Out-of-State Licensees Defeated in Mississippi

Free healthcare services offered by Remote Area Medical clinics are not available in Mississippi because the state prohibits out-of-state licensees to practice there. This is the case even in a state with a poor ratio of medical providers to the population.

For more, see: <http://tinyurl.com/y4z6lbuf> and <http://tinyurl.com/y4pewl63>.

~ TABLE OF CONTENTS ~

REGULATORY REFORM

[Arizona Recognizes All Out of State Licenses](#) 1

[Legislation to Permit Practice by Out-of-State Licensees Defeated in Mississippi](#) 1

TELEHEALTH

[Telehealth Could Improve Outpatient Palliative Care](#) 2

[North Dakota Considers Recognizing “Store and Forward” Telehealth](#) 2

[Georgia Statutes Codify Telehealth and Reimbursement Standard](#) 2

CONTINUING PROFESSIONAL DEVELOPMENT

[Study Shows Link between Specialty Certification and Chance of Discipline](#) 3

[ABMS and Member Boards Face Antitrust Class Action](#) 4

[New York Times Examines Status of Aging Physicians](#) 4

[OB-GYN Board Endorses Recommendations of ABMS Vision Commission](#) 4

~~ Continued on Page 2 ~~

~~ Continued from Page 1 ~~

CONSUMER INFORMATION

Federation of State Medical Boards (FSMB) Surveys Public Awareness Medical Board Encourages Participation in Communication Assessment 6

DISCIPLINE

MEDPAGE Today Concludes Series on Physician Sexual Misconduct 7

INTERDISCIPLINARY COLLABORATIVE PRACTICE

Feedback Improves Diagnostic Accuracy Medical and Dental Students to Be Educated Together 8

IMPAIRMENT AND CHEMICAL DEPENDENCE

Florida Medical Board Considers Joining Other Boards that Don't Ask About Past Mental Health and Chemical Dependency 9

LETTERS

From: Pain Care Forum Social Media Messages 9

IN-DEPTH FEATURE

Australian Health Practitioner Regulation Agency Annual Report – An Exemplary Model 10

TELEHEALTH

Telehealth Could Improve Outpatient Palliative Care

xtelligent HEALTHCARE media reporter Eric Wicklund reported on February 11, 2019, “Palliative care experts say a telemedicine platform can help long-term care facilities and nursing homes improve care coordination and management for those dealing with life-limiting illnesses.”

Opportunities for the strategic use of palliative telehealth are greatest in outpatient settings where telehealth may relieve staff shortages, improve case management, and monitoring at-risk, late stage patients.

See more here:

<http://tinyurl.com/y3w977c3>,
<http://tinyurl.com/y4usf4kk>,
<http://tinyurl.com/vxk5vtjf>.

North Dakota Considers Recognizing “Store and Forward” Telehealth

Legislation moving through the North Dakota legislature would permit the establishment of a valid patient – provider relationship to be established via store and forward telehealth technology. The legislation specifies that a patient examination can take place via either video conferencing or “store-and-forward technology for appropriate diagnostic testing and use of peripherals.”

See more here: <http://tinyurl.com/y3hynsl>.

Georgia Statutes Codify Telehealth and Reimbursement Standard

Legislation passed by the Georgia Senate in February permits out-of-state professionals to provide care to Georgians via telemedicine. Another bill says that telehealth services are to be reimbursed the same way as in-person services.

For more, see: <http://tinyurl.com/y2e7qvi6>.

CONTINUING PROFESSIONAL DEVELOPMENT

Study Shows Link between Specialty Certification and Chance of Discipline

Research published in *Academic Medicine*, the Journal of the Association of American Medical Colleges, in June 2019 found that physicians holding specialty certification are less likely to be disciplined by their state medical board. Moreover, those with *current* certification in good standing were less likely than those with prior certification to receive discipline. The article's abstract reads as follows:

Purpose: Lack of specialty board certification has been reported as a significant physician-level predictor of receiving a disciplinary action from a state medical board. This study investigated the association between family physicians receiving a disciplinary action from a state medical board and certification by the American Board of Family Medicine (ABFM).

Method: Three datasets were merged and a series of logistic regressions were conducted examining the relationship between certification status and disciplinary actions when adjusting for covariates. Data were available from 1976 to 2017. Predictor variables were gender, age, medical training degree type, medical school location, and the severity of the action.

Results: Of the family physicians in this sample, 95% (114,454/120,443) had never received any disciplinary action. Having ever been certified was associated with a reduced likelihood of ever receiving an action (odds ratio [OR] = 0.35; 95% confidence interval [CI] = 0.30, 0.40; $P < .001$), and having held a prior but not current certification at the time of the action was associated with an increase in receiving the most severe type of action (OR = 3.71; 95% CI = 2.24, 6.13; $P < .001$).

Board of Directors

Honorary Chair Emeritus (deceased)

Benjamin Shimberg

Chair

Rebecca LeBuhn

President and CEO

David Swankin

Secretary/Treasurer

Ruth Horowitz

Vice President

Mark Speicher

Directors

Carol Cronin	Julie Fellmeth
Gary Filerman	Arthur Levin
Cheryl Matheis	Barbara Safriet
Mark Yessian	

CAC News & Views
is published quarterly by

Citizen Advocacy Center

1601 Eighteenth Street NW
Suite #4

Washington, DC 20009

Phone: (202) 462-1174

Fax: (202) 354-5372

Email: cac@cacenter.org

Editor-in-Chief: Rebecca LeBuhn
Contributing Editor: David Swankin
Newsletter Layout /
Subscription Manager: Steven Papier

© 2019 **Citizen Advocacy Center**

Conclusions: Disciplinary actions are uncommon events. Family physicians who had ever been ABFM certified were less likely to receive an action. The most severe actions were associated with decreased odds of being board certified at the time of the action. Receiving the most severe action type increased the likelihood of physicians holding a prior but not current certification.

See more here: <http://tinyurl.com/vy2b6bqg>.

ABMS and Member Boards Face Antitrust Class Action

A radiologist, Sadhish K. Siva, MD, filed a lawsuit in February alleging that the American Board of Radiology (ABR) violated antitrust laws by tying its recertification process to its initial certification. ABR is also named in a class action suit against this board, the boards that certify in emergency medicine and anesthesiology, and the American Board of Medical Specialties (ABMS), which is the umbrella organization to which the specialty certification boards belong.

For more, see: <http://tinyurl.com/v28hss9d>.

New York Times Examines Status of Aging Physicians

In an in-depth article published on February 1, 2019, *New York Times* reporter Paula Span asks, “When is the Surgeon Too Old to Operate?” She examines the debate over whether and when aging physicians should be evaluated for their ability to continue to practice safely. This valuable article includes links to numerous studies of the issue.

See the article here: <http://tinyurl.com/v3d7zxo8>.

OB-GYN Board Endorses Recommendations of ABMS Vision Commission

On March 27, 2019, the American Board of Obstetrics and Gynecology (ABOG) announced its support of the American Board of Medical Specialties’ (ABMS) plans to address the recommendations shared in the Continuing Board Certification: Vision for the Future Commission’s final report:

“ABOG is wholly supportive of the recommendations put forth by the Commission,” said Susan Ramin, MD, ABOG’s Associate Executive Director of Maintenance of Certification (MOC). “Our organization has been working for several years to make our continuing certification program as relevant and as valuable as possible for our diplomates. The Commission’s recommendations align well with our ongoing strategies and plans to consistently improve and evolve our program. As medicine continually advances and our diplomates’ needs change, our program will continue to evolve to meet their needs as effectively as possible.”

With continuous learning and relevance in mind, one of ABOG's initiatives launched in 2016 as a pilot program is the *Performance Pathway*. Approved for adoption by the ABMS in May 2018, the *Performance Pathway* integrates the Lifelong Learning and Self-Assessment (LLS) component and the periodic external assessment (examination) by allowing diplomates to meet the examination requirement if they read pertinent articles and maintain a $\geq 86\%$ score on LLS *throughout their six-year MOC cycle*. ABOG survey data gathered while the program was still a pilot indicated a high percentage of diplomates who participated agreed that this learning approach provides higher value and relevance to their practices. Learn more about [*Performance Pathway*](#). Diplomates must meet all other MOC program requirements, such as Professionalism and Professional Standing, to be eligible for *Performance Pathway*. Diplomates whose LLS scores fall below 86% must take the MOC examination in Year 6.

Additionally, ABOG has worked closely with OB GYN societies for several decades, including the American College of Obstetricians and Gynecologists (ACOG), to help physicians keep up with new and emerging medical information. As part of this effort, and within its article-based component (LLS), ABOG also created an Emerging Topics category to help physicians stay abreast of critical information on topics like the Zika virus and the opioid crisis. And with the rise in maternal mortality and morbidity rates, ABOG encourages physician participation in the registries working to track and analyze data in this area by awarding Improvement in Medical Practice MOC credit for registry participation. ABOG has partnered with ACOG to offer MOC credit for participation in many maternal initiatives using safety bundles of the Alliance for Innovation on Maternal Health (AIM)... [Alliance for Innovation on Maternal Health](#) (AIM)...

For more, see: <http://tinyurl.com/vxpdg7m6> and <http://tinyurl.com/v5zdp7xl>.

CONSUMER INFORMATION

Federation of State Medical Boards (FSMB) Surveys Public Awareness

The FSMB surveyed the public to assess awareness of medical boards and rates of reporting problems with medical care:

Our aim in conducting the *State Medical Boards Awareness Study* was to measure national awareness of state medical boards, as well as gain insights on Americans' experiences with, and responses to physicians who act inappropriately.

The results show that a majority of Americans lack awareness about the responsibilities of state medical boards and when to contact them, with knowledge deficiency highest among younger adults. Furthermore, among those who have experienced a physician acting inappropriately, few have reported it, perhaps because they did not know how. It's likely that many instances go undetected and may be putting other patients at risk. The findings support the need for more public education about state medical boards and how consumers can utilize them to help ensure they receive safe and quality health services.

For more, see: <http://tinyurl.com/vxfr897n> and <http://tinyurl.com/vxc6enke>.

Medical Board of California Releases Communication Plan

California's medical board is undertaking an ambitious outreach plan described as follows:

Summary: The Office of Public Affairs (OPA) directs the Board's public relations, outreach, and marketing efforts. OPA's goal is to support the Board's mission of consumer protection through proactive media relations, and promotion and marketing of Board actions, initiatives, and events. OPA plans to utilize several outreach and education tools to connect with audiences who consume information in more technologically advanced ways. In addition, OPA plans to institute methods to determine overall effectiveness of outreach campaigns.

Target Audience: Every patient in California. Target groups are seniors, ethnic groups, parents, legislators, California consumers, and licensees.

See the plan here: <http://tinyurl.com/y2u237dg>.

Medical Board Encourages Participation in Communication Assessment

Why care about communication?

Good provider-patient communication is now recognized as essential to the practice of medicine. Training in how to communicate effectively with patients and families is currently a requirement for medical school and residency program accreditation, and competency in communication is a requirement for licensure. Beyond training, more and more practicing providers are finding that a portion of their salary is dependent on their ability to communicate with patients, and healthcare reimbursement rates are increasingly influenced by patients' ratings of how well their physicians, physician assistants, and nurse practitioners communicated with them. In short, societal, policy, and financial forces have converged to influence healthcare systems and individual providers to value communication, and to seek to improve in this area.

What is the Video-based Communication Assessment (VCA)?

The VCA is an innovative new tool intended to help providers become better communicators through high quality assessment and feedback. Recognizing that providers are uniformly pressed for time, the VCA is brief and convenient, taking only about 20 minutes to complete. It is accessible anytime, anywhere there is connectivity via a smartphone, tablet, or computer.

The VCA takes advantage of modern technology, incorporating video stimuli to portray patients and capturing healthcare providers' spoken responses to these patients. It includes 5 to 10 brief communication situations (vignettes), each consisting of a 2-3 sentence description of a patient situation followed by a 30-second video of a patient reacting or asking a question. After each vignette, the provider is asked: "What would you say next to this patient?" and then the provider records a spoken response. These responses are then rated by analog patients. Analog patients are lay people who take on the patient's perspective and rate the encounter as if they were the actual patient. Analog patients are increasingly used to study and assess clinician-patient communication, and a growing body of evidence suggests that analog patients' ratings are reliable and valid.

Providers receive detailed feedback reports including: 1) quantitative ratings for both the participant and his/her cohort; 2) exemplary spoken responses for each vignette (i.e., top rated responses based on analog patients scores); and 3) curated analog patient comments to facilitate learning.

How might this formative assessment tool be used?

The tool is intended for physician/provider self-education. To date, physicians have expressed surprise at how helpful the feedback has been to them and how it stimulates further consideration of one's interactions with patients. The tool also could be used by provider groups, targeting all providers in the group, or those providers for whom patient-provider communication has been identified as needing improvement. Anonymized feedback results for the group could be used by a discussion leader to probe certain aspects of communication that could be improved or to standardize approaches to common scenarios. Further, participation could be considered as part of on-boarding new providers and/or re-credentialing.

For more, see: <http://tinyurl.com/y5k7aara>, and <https://www.nbme.org/news/index.html>.

DISCIPLINE

MEDPAGE Today Concludes Series on Physician Sexual Misconduct

The third in a series of articles by MEDPAGE Today staff writer Elizabeth Hlavinka about sexual misconduct is entitled, "State Boards, Regulators Paralyzed on Physician Sex Assaults." Hlavinka prefaces the article this way:

The first two parts of this series explored the patterns and characteristics of doctors who sexually violated patients and the role institutions played in enabling this misconduct. Here we investigate how these assaults are reported and documented, and where improvements can be made in preventing these acts of sexual misconduct.

See the entire article here: <http://tinyurl.com/y3l94spf>.

Media Challenges Rehabilitation after Sexual Misconduct

The Atlanta Journal Constitution continues its investigation into the handling of sexual misconduct by the nation's medical boards. In an article entitled, "Patients Violated; Physicians Rehabilitated," reporter Ariel Hart writes that:

Society has become intolerant of most sex offenders, placing some on lifelong public registries and banishing others from their professions or volunteer activities. But medical regulators have embraced the idea of rehabilitation for physicians accused of sexual misconduct, a national investigation by *The Atlanta Journal-Constitution* found...

These education and treatment programs are being used by regulators in virtually every state. In its review of public disciplinary orders for 2,400 physicians accused of sexual misconduct with patients since 1999, the AJC found that, with rare exceptions, all of the 1,200 who are still licensed were ordered to undergo treatment, training or both.

Reporter Hart writes that victims and their advocates question whether therapy rather than some form of penalty is the appropriate response.

See more here: <http://tinyurl.com/yvgxp7mz> and <http://tinyurl.com/y6jdro5>.

INTERDISCIPLINARY COLLABORATIVE PRACTICE

Feedback Improves Diagnostic Accuracy

A commentary by Ashley N. D. Meyer, Ph.D. and Hardeep Singh, MD, MPH

In the *Journal of the American Medical Association* entitled The Path to Diagnostic Excellence Includes Feedback to Calibrate How Clinicians Think was published February 8, 2019.

Described this way in the Agency for Healthcare Research and Quality's Patient Safety Network:

Safe diagnosis is a complex challenge that requires multidisciplinary approaches to achieve lasting improvement. Effective Feedback is a primary component of individual, team, and organizational learning. This commentary describes how creating pathways within an organization that enable physicians to provide and receive feedback about diagnostic performance can limit over-diagnosis and overuse.

The article abstract explains:

Improving diagnosis in health care is considered the next imperative for patient safety. Rapidly evolving diagnostic tests and treatments and competing priorities and pressures encountered by clinicians to deliver high-quality, low-cost health care make this a major challenge. Clinicians frequently balance undertesting, possibly missing a diagnosis, with pursuing overzealous diagnostic testing, which could be harmful and costly. Rigorous multidisciplinary research and innovation from cognitive psychology, human factors, informatics, and social sciences are needed to stimulate previous efforts to reduce diagnostic errors. The Moore Foundation's recently announced \$85 million, 6-year initiative on improving diagnostic excellence could be particularly transformative because it "aims to reduce harm from erroneous or delayed diagnoses" but also "goes beyond avoiding errors and includes consideration of cost, timeliness, and patient convenience."

See: <http://tinyurl.com/y4en38ba>, and <http://tinyurl.com/y5sbuvbj>.

Medical and Dental Students to Be Educated Together

Medical students at Oakland University William Beaumont School of Medicine (OUWB) and dental students at University of Detroit Mercy School of Dentistry (UDM) are studying together in a program intended to promote collaborative interprofessional practice.

Read more here: <http://tinyurl.com/y2h342hs>.

IMPAIRMENT AND CHEMICAL DEPENDENCE

Florida Medical Board Considers Joining Other Boards that Don't Ask About Past Mental Health and Chemical Dependency

On March 17, 2019, Liz Freeman of the *Naples Daily News* reported that Florida's medical board is considering eliminating questions about past mental problems or substance abuse from licensure application forms. Question about current mental health and substance use would remain. Medical boards in other states have taken similar action, concluding that asking such questions may discourage physicians from seeking needed help.

For more, see: <http://tinyurl.com/yvq4dy39>.

LETTERS

From: Pain Care Forum

Dear Stakeholders,

We are excited to announce that the Pain Management Best Practices Inter-Agency Task Force (Task Force) voted and passed Final Report recommendations for acute and chronic pain management! Today, May 30, 2019, it has been released to Congress, federal agencies and the public.

We would like to thank all of you for your patience and support for the Task Force throughout this entire process. Your feedback and engagement was greatly appreciated as the Task Force developed the Final Report.

You all now play another essential role as we focus attention to disseminating the Final Report. We encourage you to disseminate recommendations and updates in the Task Force Final Report with your partners and communities to ensure the report is most impactful.

1. The Task Force Final Report is available online here: <https://www.hhs.gov/ash/advisory-committees/pain/reports/index.html>
2. May 30, 2019 Press Release: <https://www.hhs.gov/about/news/2019/05/30/pain-management-task-force-issues-final-report-on-best-practices-for-treatment-of-pain.html>
3. Please share the Q and A blog here in your newsletters or blogs: <https://www.hhs.gov/blog/2019/05/10/patient-centered-care-is-key-to-best-practices-in-pain-management.html>

For your convenience, below are some social media messages and hashtags you can use for sharing the Final Report immediately.

Social Media Messages

The #PainTaskForce Final Report is now officially available for dissemination of best practices for acute and chronic pain! View the #PainTaskForce Final Report here:

<https://bit.ly/2C8ydGF>.

The Task Force report is an overview of the complex multidimensional topics of acute and chronic #pain management. The report includes over 150 gaps and recommendations. Learn more about each of the gaps and recommendations here: <https://bit.ly/2C8ydGF> #PMTF @cmoHHS

#PainTaskForce Final Report emphasizes the importance of individualized patient-centered care. #FinalReport, #PainTaskForce, #PMTF <https://www.bit.ly/2C8ydGF>.

The Pain Management Best Practices Inter-Agency Task Force Final Report emphasizes multidisciplinary & multimodal treatment for acute and chronic #pain in various settings. Learn more about specific #PainTaskForce recommendations here: <https://bit.ly/2C8ydGF>.

Again, thank you all for your contributions as we move forward with this important work to improve compassion and science-based pain care for patients, with the goal of improving health outcomes!

Thank you,

Vanila M Singh, MD MACM
Chief Medical Officer
U.S. Department of Health and Human Services
Office of the Assistant Secretary of Health (OASH)
200 Independence Avenue, SW
Washington DC 20201
United States of America
(202) 205-5834

Chairperson, Pain Management Inter-agency Task Force
HHS

IN-DEPTH FEATURE

Australian Health Practitioner Regulation Agency Annual Report – An Exemplary Model

Editorial Note: This Quarter's In-Depth Feature consists of excerpts from the 2017-2018 Annual Report. This thorough report is a model for licensing boards and board associations because of its breadth and detail. Its contents should also be instructive to boards and their associations because of the substance of the programs and policies described in the report, some of which may be appropriate for boards in the U.S. and elsewhere to emulate.

The report is organized into eight sections: Performance and Overview; National Boards; Accreditation; Registration; Notifications and Monitoring; Strategy, Policy and Research; Governance; and, Finance. The entire report can be found here: <http://tinyurl.com/y2mrs9wh>.

Performance and Overview

About Us

The Australian Health Practitioner Regulation Agency (AHPRA) is the national organisation responsible for implementing the National Registration and Accreditation Scheme (the National Scheme) across Australia.

AHPRA works in partnership with the National Boards to ensure the community has access to a safe health workforce across all professions currently registered under the National Scheme. Together, we protect the public by regulating health professionals who practise in Australia. Public safety is always our number one priority. Every decision we make is guided by the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory.

What We Do

AHPRA delivers five core regulatory functions:

- **Professional standards** – We provide policy advice to the National Boards about registration standards, codes, and guidelines for health practitioners.
- **Registration** – In partnership with the National Boards, we ensure that only health practitioners with the skills and qualifications to provide competent and ethical care are registered to practise.
- **Notifications** – We manage complaints and concerns raised about the health, performance, and conduct of individual health practitioners.
- **Compliance** – We monitor and audit registered health practitioners to make sure they are complying with Board requirements.
- **Accreditation** – We work with accreditation authorities and committees to ensure graduating students are suitably qualified and skilled to apply to register as a health practitioner.

Protecting the Public

- **We support the National Boards** in their primary role of protecting the public.
- **We support the National Boards** in the development of registration standards, codes, and guidelines.
- **We publish a national register of practitioners** so that important information about individual health practitioners is available to the public
- **We manage registration and renewal processes** for local and overseas-qualified health practitioners, and manage student registration.
- **We manage notifications** about the professional conduct, performance, or health of registered health practitioners on behalf of the National Boards, except in New South Wales (NSW) where notifications are managed by health professional councils and the Health Care Complaints Commission (HCCC). In Queensland, we manage notifications referred to us by the Office of the Health Ombudsman (OHO). See page below for more information on health regulation in Australia
- **We work with health complaints entities (HCEs)** to make sure the appropriate organisation deals with the community's concerns about health practitioners.
- **We provide advice** to the Ministerial Council about the administration of the National Scheme...

AHPRA works collaboratively with the National Boards to implement the work of the National Registration and Accreditation Scheme (National Scheme). At its heart, the National Scheme is about protecting patients and the broader public.

In our eighth year of operations, we continued to improve our services so that people who engage with us have the information they need. A key component of this work involved inviting feedback from practitioners who have been the subject of a notification and people who have lodged notifications, to better understand their experience and how we can support, communicate with and inform both practitioners and notifiers through the process. This is an important ongoing focus for us.

At the core of the National Scheme is the partnership between AHPRA and the National Boards. The Chairs of the National Boards, along with the Agency Management Committee Chair and senior AHPRA staff meet quarterly as the Forum of National Registration and Accreditation Scheme Chairs. This Forum provides a unique opportunity for discussion of common issues facing the National Scheme.

National Boards

...The National Boards work with the support of AHPRA to ensure safe, quality healthcare across Australia. Guided by the National Law, the Boards make decisions about registrants who practise the regulated health professions.

The National Boards protect the community by making sure that only those practitioners who are suitably trained and qualified are registered.

The Boards' responsibilities include:

- setting standards that practitioners must meet in order to be registered
- making policy decisions, and
- investigating complaints and concerns raised about registered health practitioners...

Accreditation

...The accreditation function provides a framework for assuring that individuals seeking registration are suitably trained, qualified, and competent to practise as health practitioners in Australia. This is a crucial quality assurance and risk management mechanism for the National Scheme...

Effective delivery of the accreditation function ensures that:

- graduates of approved programs of study have the knowledge, skills and professional attributes necessary to practise their profession, and
- overseas-trained practitioners are subject to rigorous assessment to determine whether they have the knowledge, skills, and professional attributes necessary to practise their profession in Australia.

Accreditation authorities develop, review, and submit accreditation standards to National Boards for approval, which are published on the relevant Board's website. Accreditation authorities also assess and accredit education providers and programs of study against those approved standards, and they are often responsible for assessing overseas-trained practitioners.

AHPRA's procedures for developing accreditation standards are an important governance mechanism. They set out issues that:

- an accreditation authority should consider in developing or changing accreditation standards
- an accreditation authority should explicitly address when submitting accreditation standards to a National Board for approval
- a National Board should consider when deciding whether to approve accreditation standards developed by the accreditation authority, and
- a National Board should raise with the Ministerial Council – and when they should be raised – as they may trigger a Ministerial Council policy direction...

A focus for 2018/19 will be finalising new agreements and terms of reference for the next assignment periods. The new agreements/terms of reference will address continued progress on key issues for the exercise of accreditation functions such as:

- transparency and accountability
- potential for multi-year agreements
- embedding inter-professional education and practice
- addressing workforce priorities
- cultural safety
- safety and quality
- collaboration and sharing good practice
- multi-profession approaches that avoid duplication and minimise regulatory burden
- principles for funding and fees, and
- reporting parameters and qualitative and quantitative key performance indicators.

A further focus will be work arising from any relevant decisions by Ministers about the outcomes of the Accreditation systems review.

Registration

... According to the National Law, AHPRA is required to publish and maintain a publicly accessible register of practitioners so that important information about the registration of any health practitioner is easy to find. The *Register of Practitioners* was built with data from multiple sources when the National Scheme began.

Our online *Register of Practitioners* has accurate, up-to-date information about the registration status of all registered health practitioners in Australia. As decisions are made in relation to a practitioner's registration/renewal or disciplinary proceedings, the register is updated to inform the public about the current status of individual practitioners and any restrictions placed upon their practice.

Tribunal decisions that result in the cancellation of a practitioner's registration due to health, performance or conduct issues result in the individual appearing on a *Register of cancelled practitioners*.

Overall, 4.3% of the results indicated that the applicant had a disclosable court outcome. All disclosable court outcomes are assessed in accordance with the *Criminal history registration standard*, which is common across all 15 National Boards. Visit the criminal history page on the AHPRA website at <http://www.ahpra.gov.au/Registration/Registration-Standards/Criminal-history>.

In the majority of cases, the applicant was granted registration because the nature of an individual's disclosable court outcome had little relevance to their ability to practise safely and competently.

When an audit finds that a practitioner has not met the requirements of the registration standards, all Boards follow an approach that aims to work with the practitioner to ensure compliance before the next renewal period. This may include formally cautioning the practitioner about the importance of complying with registration standards.

All matters that involve issuing a caution or placing conditions on a registration are subject to a 'show cause' process. This process alerts the practitioner of the intended action and gives them an opportunity to respond before a decision is made.

Of the practitioners found to be non-compliant in 2017/18, 94.2% resulted in some form of regulatory action being taken (such as cautions and imposition of conditions). The remaining 5.8% resulted in no further action. In these matters, further information was received from the practitioner that identified that there was no risk to the public that would warrant regulatory action being taken...

Notifications

...They are called notifications because we are notified about a concern or complaint, which AHPRA manages in partnership with the National Boards (refer to Figure 6). Most of the complaints and concerns we receive about individual practitioners are managed through Part 8 of the National Law. Decisions made in response to a notification can affect a practitioner's registration.

Some complaints are treated differently under the National Law, as they are considered statutory offences. AHPRA can prosecute individuals who commit these offences. For information about statutory offences in 2017/18, see below.

Keeping the public safe is our primary focus when AHPRA and the National Boards make decisions about notifications...

Anyone can notify us about a registered practitioner's health, performance, or conduct. While registered health practitioners and employers have mandatory reporting obligations under the National Law, many of the complaints or concerns we receive are made voluntarily by patients or their families. See Figure 7.

Standards of clinical care continue to be the primary issue notified to National Boards, but significant increases in volume were also recorded for behaviour and medication issues. Refer to Figure 8.

We also receive some notifications about students who are enrolled in courses that lead to eligibility for registration as a practitioner. Usually, these complaints and concerns are made by education providers or places at which students undertake clinical training. Refer to Table 12...

Developing a New Risk Framework

In 2017/18, AHPRA conducted a Notifications think tank to look strategically at how we manage notifications and to rethink our approach, given the growth in the number of notifications we receive. As an outcome of this think tank, AHPRA has been developing new risk-based approaches to managing notifications at assessment. This work is central to achieving timely, consistent and proportionate management of notifications, as early as possible after they are received. The work focuses on understanding the core features of regulatory risk that a notification about a practitioner might indicate. We are testing the suitability of a new risk assessment tool that cross references information received in a notification against characteristics of an individual practitioner, their individual practice circumstances and individual context of practice. Early versions of a tool for assessing regulatory risk have been piloted with some notifications committees for medical, nursing and midwifery, and dental notifications. This work will continue and increase in the next financial year, as we aim to improve approaches to

managing notifications and implement the framework and risk assessment tool across all professions...

All health practitioners, their employers, and education providers have mandatory reporting responsibilities under the National Law.

This means that they must tell AHPRA if they have formed a reasonable belief that a registered practitioner or student has behaved in a way that constitutes notifiable conduct.

Notifiable conduct by registered practitioners is defined as:

- practising while intoxicated by alcohol or drugs
- engaging in sexual misconduct in the practice of the profession
- placing the public at risk of substantial harm because of an impairment (health issue), or
- placing the public at risk because of a significant departure from accepted professional standards.

AHPRA received 908 mandatory notifications in 2017/18, up by 7.2% (61 notifications) compared with 2016/17. More than 79.5% of the mandatory notifications received were about medical practitioners or nurses, which is consistent with long-term trends. Almost 45% of mandatory notifications completed during 2017/18 resulted in some form of regulatory action being taken against a practitioner. This is consistent with trends from previous years and suggests a continued understanding of the mandatory notification requirements under the National Law. Notifiers are making appropriate mandatory notifications, having reasonably assessed that the risk to the public warrants the notification being made. Refer to Tables 13, 14 and 15...

Strategy, Policy and Research

...Strategic outcomes by 2020

- Reduce risk of harm to the public associated with the practice of regulated health professions.
- Ensure that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered.
- Increase public confidence in the effective and efficient regulation of health practitioners.
- Increase public benefit from our data for practitioner regulation, health workforce planning and research.
- Improve access to healthcare through our contribution to a more sustainable health workforce...

Within the strategy and research team, the AHPRA research unit has a specific objective to conduct research and evaluation projects to develop evidence-based inputs to assist decision-making and policy development. The unit provides expert advice and guidance in framing research questions and designing studies to meet objectives as well as building capacity for research activities across the Scheme...

The research unit supports National Boards and other entities across the scheme with research and evaluation activities, including investigating relevant regulatory data about registered practitioners to support the development of regulatory policy, standards, codes and guidelines and regulatory decision-making. In 2017/18, this work included:

- an analysis of notifications involving the supply of pseudoephedrine, which was commissioned by the Pharmacy Board of Australia
- environmental scanning and surveillance of emerging literature monitoring cross-professional trends in risk-based regulation, including managing a service for boards and staff requiring access to journal articles or grey literature
- conducting a number of literature reviews, including the review of relevant academic and grey literature, to obtain up-to-date knowledge of best-practice approaches to inform the review of the current shared code of conduct and the CPD standard
- analysis of data from a survey of pharmacy interns and preceptors to identify factors relating to the quality of supervision provided by preceptors to interns
- completing a comprehensive research report, including a literature review and a notification analysis, to support the Chinese Medicine Board of Australia in establishing a risk-profile for the profession, and
- continuing a cross-professional study assessing the effectiveness of regulatory interventions over a five-year timeframe...

Four strategic performance reports have been completed to review our progress in implementing our strategy and measuring its execution. These reports provide a cumulative picture of our strategic performance and will continue to be refined as part of the approach to this first year of reporting. Visit the National Registration and Accreditation Scheme Strategy page on the AHPRA website at <http://www.ahpra.gov.au/About-AHPRA/What-We-Do/NRAS-Strategy-2015-2020>.