



UNLOCK THE POTENTIAL OF ALLIED HEALTH ASSISTANTS: CO-REGULATION WEBINAR FAQS

Upon registration you were asked, **What is one question you have about co-regulation for the AHA workforce?** The questions you asked focussed on understanding, implementation, recognition, scope of practice, governance, and challenges. The presentation addressed many of these questions. However, we have also prepared responses for you.

Question	Not sure what co-regulation means?
Answer	<p>Typology for defining types of occupational regulation for the health workforce:</p> <p>1. Certification (Non-statutory)</p> <p>In a non-statutory certification system, the government does not officially regulate or license the profession. Instead, professionals voluntarily come together to form an association. This association creates its own rules, code of ethics, and membership requirements, and may register as a legal entity.</p> <p>When someone joins this association, they agree to follow its rules and ethics. Their name and details are usually listed on the association's website. The association can handle complaints from consumers and can expel members who break the rules. However, joining the association is optional. Professionals can still work in their field even if they choose not to join or if they are expelled.</p> <p>Sometimes, the association sets up a separate legal entity to manage the professional register and regulatory functions. This separate body still operates voluntarily, without government involvement. Consumers and others may use the register to find qualified professionals, but it's not officially recognised or enforced by the government.</p> <p>2. Co-regulation (Various Models)</p> <p>Co-regulation is similar to certification but with a key difference: the government is involved in some way. The government might delegate certain responsibilities to the professional association or recognise its authority. This recognition often requires the association to meet specific standards set by the government.</p> <p>This partnership between the government and the association benefits practitioners, giving them incentives to follow the association's rules and standards. Essentially, the government and the professional association work together to regulate the profession.</p> <p>3. Negative Licensing</p> <p>In a negative licensing system, anyone can work in the profession without needing to register or meet specific training requirements. However, there is a law that allows a government regulator to handle complaints about practitioners who break the rules or fail to meet minimum standards.</p> <p>If a practitioner is found to have done something seriously wrong or dangerous, the regulator can ban them from practicing. There are penalties for ignoring such bans, and the bans are listed in an online public register.</p> <p>4. Statutory Registration or Occupational Licensing</p> <p>In a statutory registration or occupational licensing system, the rules and functions are set by laws and government authorities, not just by the profession itself. This system involves a government-established regulatory body that oversees the profession.</p>

	<p>Only people who meet the qualifications and are of good character, as determined by the regulatory body, can enter the profession. This body also has the power to take action against unqualified people pretending to be professionals and to discipline those who fail to maintain standards.</p> <p>There are two main regulatory mechanisms:</p> <ol style="list-style-type: none"> Reservation of Title: Only registered professionals can use certain job titles. Reservation of Practice: Only registered professionals can perform certain types of work, which can effectively give them a monopoly in that field. <p>Source: Lin et al., WHO Global Guidance on Health Practitioner Regulation: A large scale rapid review of the design, operation and strengthening of health practitioner regulation systems (2022) (in print)</p>
Question	How is that determined and by who?
Answer	Please refer to our presentation slides
Question	I would like to know where to get additional information on the co-regulation AHA workforce.
Answer	We've prepared a Briefing Paper about co-regulation for AHAs. Please check out our website for more information and complete our survey: https://www.ahana.com.au/news-item/15904/proposal-for-the-federal-governments-support-and-recognition-of-the-aha-workforce
Question	How can we make the AHAs recognised so we access funding models?
Answer	<p>We need the help of our AHANA members to prepare our proposal to the Federal Government. We encourage everyone to be actively involved. It is important that what we propose fits the needs of AHAs, employers and organisations. We've prepared a Briefing Paper about co-regulation for AHAs. Please check out our website for more information and complete our survey: https://www.ahana.com.au/news-item/15904/proposal-for-the-federal-governments-support-and-recognition-of-the-aha-workforce</p> <p>We have set up the AHANA Industry Network on The Allied Health Academy platform for our AHANA members to contribute to this proposal. It includes a discussion forum, and it would be great if you could join us there to have your say on how AHA co-regulation can benefit your organisation and your community. Membership is free for AHANA Members - simply click here and follow the login prompts.</p>
Question	How can AHAs be recognised more in the workforce and funding models
Answer	<p>AHANA is the national peak body for AHAs.</p> <p>AHANA supports, promotes, informs, and advocates for AHAs across Australia. AHANA also administers the AHA National Certification Scheme—a quality assurance process ensuring excellence across the AHA workforce. AHANA works to benefit users of allied health services, AHAs and the Allied Health Professionals (AHPs) who provide delegation and supervision to AHAs across the health, disability and aged care systems.</p>
Question	Have all the HHS across Australia been approached? Is this successful in other countries around the world e.g. UK with the NHS England and Scotland?
Answer	The current proposal will focus on the private health setting in Australia.
Question	How will co-regulation impact my work as an AHA?
Answer	When funding is allocated for services provided by AHAs, then there will be more opportunities to utilise AHA services to support allied health professionals in the private setting.
Question	Explain co-regulation initiatives and how this can enhance the delivery of allied health services.

Answer	Please refer to our presentation slides
Question	We have had a few clients ask if they are able to claim AHA services on their private health is this something we will be able to do in the future?
Answer	The aim of this current proposal will be to secure funding for AHA services in the private health setting.
Question	Who is responsible for creating and maintaining co-regulation within the AHA workforce.
Answer	Co-regulation for a healthcare workforce is a partnership between the government and the professional association. With our proposal we will be requesting that the government partner with AHANA. This partnership would entail the government providing funding for services provided by AHAs who are certified as Practising AHAs by AHANA. This recognition will require AHANA to meet specific standards set by the government.
Question	If we co-regulate the industry for AHAs, will they be entitled to Medicare Number for rebates for clients and Private Health Insurance Rebates for clients?
Answer	Yes, the aim of this current proposal will be to secure funding for AHA services in the private health setting.
Question	What is the scope for AHA's to be co regulated and working remotely via video calls in remote and rural areas?
Answer	AHANA members consent to abiding by our national scope of practise. Working remotely does not change the AHA's scope of practise, only the method by which they receive supervision. It should be expected that AHA's that work in an indirect or remote supervision model for a business have been identified in having an appropriate amount of clinical experience. It wouldn't be recommend for newly graduated AHA's to go straight to working a an indirect or remote supervision model, not until they'd been provided with a complete orientation of the business/service and have ongoing access with mentoring and supervision while their adapting to the role.
Question	Who will be the Regulating body for the AHA's?
Answer	AHANA is the regulating body for AHA's. By creating the AHA certification scheme, and this current proposal for co-regulation, we are informing the wider community that we will be here to regulate, support and advocate for the AHA workforce within Australia.
Question	As someone with Aspergers Syndrome, will there be any impediment to my coregulation?
Answer	No
Question	What are the current barriers to co-regulation?
Answer	Please refer to our presentation slides
Question	How soon can we do it? The industry needs some authority.
Answer	We agree. We plan to submit our proposal to government in the next month or so. First though, we need the help of our AHANA members to prepare our proposal to the Federal Government. We encourage everyone to be actively being involved. It is important that what we propose fits the needs of AHAs, employers and organisations. We've prepared a Briefing Paper about co-regulation for AHAs. Please check out our website for more information and complete our survey: https://www.ahana.com.au/news-item/15904/proposal-for-the-federal-governments-support-and-recognition-of-the-aha-workforce
Question	How can this idea be flexible to suit different work regions.
Answer	Our current proposal will only be based on national funding streams. This means that no matter the state or region, the same funding streams should be accessible nationwide.

Question	How long do you think the process will take to get employees and government to recognise what AHANA is proposing, ball park time frame?
Answer	This is not something we can answer. We would like government to give timely consideration to our request. Given the current focus on the scope of practice for the health workforce in the primary care setting to improve access for patients, we believe this is a great time to approach government about co-regulation for AHAs.
Question	How to get organisations on board.
Answer	<p>We need help to prepare our proposal to the Federal Government. We encourage everyone to be actively being involved. It is important that what we propose fits the needs of AHAs, employers and organisations. We've prepared a Briefing Paper about co-regulation for AHAs. Please check out our website for more information and complete our survey: https://www.ahana.com.au/news-item/15904/proposal-for-the-federal-governments-support-and-recognition-of-the-aha-workforce</p> <p>We have set up the AHANA Industry Network on The Allied Health Academy platform for our AHANA members to contribute to this proposal. It includes a discussion forum, and it would be great if you could join us there to have your say on how AHA co-regulation can benefit your organisation and your community. Membership is free for AHANA Members - simply click here and follow the login prompts.</p>
Question	How can we regulate without stifling innovation and opportunity
Answer	Co-regulation would facilitate innovation and opportunity across allied health services; with improvements to be realised with service capacity, patient journeys and care pathways through the utilisation of AHAs.
Question	What will co-regulation mean for AHAs who do not hold formal qualifications?
Answer	Please visit our website for detailed information about the criteria for Practising AHAs: https://www.ahana.com.au/membership/practising-memberships/
Question	Whether the proposed co-regulation model has been implemented elsewhere, risks and outcomes
Answer	AHAs are a self-regulated workforce; with regulation administered by AHANA. There are several self-regulating allied health professions who are recognised under co-regulation scheme with the government. For example, speech pathology, exercise physiology, social work and dietetics.
Question	Currently my allied health assistants in private practice perform treatments under my guidance and within their scope. Is AHANA recommending a separate billing code via Medicare for AHA treatments, similar to the EPC program?
Answer	We anticipate that our proposal will focus on the provision of Medicare and private health insurance rebates for AHA services. Please ensure that AHA will always be working the delegation and supervision of allied health professionals.
Question	Do you see this as a framework that could be applied to other countries, such as New Zealand?
Answer	AHAs are utilised across healthcare internationally. There are many countries with similar workforces, who are interested in AHANA succeeding with this proposal.
Question	Who will be on the board for this regulatory body?
Answer	AHAs are a self-regulated workforce; with regulation administered by AHANA. For details about our current AHANA Board please visit our website: https://www.ahana.com.au/about-ahana/ahana-board/

Question	To understand if co-regulation would potentially pave a way to AHPRA regulation? And to understand AHANAs position on formal regulation and reasons for/against?
Answer	Statutory regulation of the AHA workforce (through AHPRA) is the focus for AHANA currently.
Question	How will the co-regulation be educated to AHP's.
Answer	AHANA will work collaboratively with the allied health professions and their professional associations to implement co-regulation.
Question	Will this include pay recognition for years of service in the AHA role?
Answer	This is not within the scope of the co-regulation proposal.
Question	Will there be a pay rate rise to recognise increased responsibility?
Answer	This is not within the scope of the co-regulation proposal.