

EXPOSURE DRAFT

Review Committee

26/6/2009

Dear Review Committee ,

RE: National Registration and Accreditation Scheme
For the Health Professions.

Proposed arrangements for specialists within the National
Registration and Accreditation Scheme.

I am aware of the National Registration and Accreditation Scheme For the Health Professions, and the proposed arrangements for specialists within the National Registration and Accreditation Scheme as issued by the Practitioner Regulation Subcommittee Health Workforce Principal Committee of the Australian Health Ministers' Advisory Council
21 January 2009

I note in the table, Attachment A; *Proposals under the National Registration and Accreditation Scheme for the Health Professions in relation to specialists – December 2008*, in the section of "PROTECTION OF SPECIALIST TITLES" - registration arrangements consultation paper 10.1.3, the following proposal;

PROTECTION OF SPECIALIST TITLES		
Registration arrangements consultation paper – proposal 10.1.3	<p>With respect to protection of specialist titles, it is proposed that:</p> <ul style="list-style-type: none">• for registered medical practitioners:<ul style="list-style-type: none">- those with specialist endorsement from the Medical Board of Australia be authorised to use the title 'medical specialist', and- there be an offence for a person who is not a registered medical practitioner with endorsement as a specialist to hold themselves out as a medical specialist• for registered dentists:<ul style="list-style-type: none">- those endorsed as dental specialists by the Dental Board of Australia be authorised to use the title 'dental specialist', and	NONE

	<ul style="list-style-type: none"> - there be an offence for a person who is not a registered dentist with endorsement as a specialist to hold themselves out as a dental specialist - • for registered podiatrists: there be an offence for a person who is not a registered podiatrist with endorsement as a podiatric surgeon to hold themselves out as a podiatric specialist. 	
Registration arrangements consultation paper – proposal 10.2.1	To give effect to this, it is proposed that the national legislation make provision for a prescribing endorsement for those boards that regulate the nursing and allied health professions. This will link to various authorities conferred on identified practitioners under State and Territory drugs and poisons legislation.	NONE

The paper proposed NO amendment and addition to this above statements.

I was made aware that in the **Exposure Draft – Health Practitioner Regulation National law (for public comment on 12 June 2009)**, that podiatric specialist-podiatric surgeon was removed from the initially recommended status.

I am concerned of the changes to the initial proposal which have resulted in the omission of the protection of specialist status for registered podiatrists and thus podiatric specialists – podiatric surgeons from the initial group.

Podiatric surgery is a recognised specialty within podiatry with current Commonwealth Health Department endorsement and accreditation for such specialist practice. Reform in national registration and accreditation should be designed to maintain current practice and protect both the health consumer and practitioner with regards to specialties and existing recognised specialists within professions.

I have current specialist status, registered as specialist podiatrist – Podiatric Surgeon, practicing according to the;

- Podiatrists Act 2005
- Health Insurance Act 1973 sub section 3
- Health Insurance Amendment Regulations 1975
- Health Insurance Amendment Regulations 2007 SLI No 337
- Poisons Act 1964 - authority for schedule 4 medicines
- Health Legislation Amendment (Podiatric Surgery and other matters) Act 2004
- National Health Amendment (Prostheses) Act 2005.

Any change in this specialist recognition will adversely affect current practice and ultimately, health consumer protection. I believe this is not in the spirit or intent of the National Registration and Accreditation Scheme.

National registration should not adversely affect the current status and practice privileges bestowed upon practitioners with specialist training and specialist recognition. I believe in the right of the practitioner to continue their practice in the fashion and manner earned through the accredited and legally recognised pathway achieved. Qualifications and existing registered

specialty practice should not be eroded. The health consumer should be able to clearly identify a specialist practitioner within the bounds of his/her profession.

Podiatry specialties are clear and distinct specialties within the framework and guidelines of the registration bodies with a defined scope of practice. The specialties are governed and accountable to these bodies as well as state and commonwealth acts and regulations.

I request your assistance in this national transition with protection of an already existing recognised specialty and specialist title by facilitating amendment of the draft legislation to reinstate podiatry as the third profession with specialisation (podiatric surgery).

Individuals or professions should not be discriminated against or adversely affected by such changes or inadvertent omissions. The shift towards national registration should be neutral without negative impact. I can not support national registration to the detriment of a recognised profession and recognised and existing specialty within that profession.

Yours sincerely

Nick Marino
Specialist Podiatrist – Podiatric Surgeon

Attachments:

Definition Podiatry – Podiatrists Act 2005
& Podiatrists Act – section 30 – Registration as a Specialist

National Registration and Accreditation Scheme
For the Health Professions.
Proposed arrangements for specialists within the National
Registration and Accreditation Scheme. 21 January 2009
Attachment A – proposals

Health Legislation Amendment
(Podiatric Surgery and Other Matters) Act 2004

Health Insurance (Accreditation of Podiatric Surgeons) Guidelines
PHB23/2004

Health insurance Act 1973
Determination for Guidelines under subsection 3AAA(2)
(PHB23/2004)

Health Insurance Amendment Regulations 2007 (NO. 6) (SLI NO 337 Of
2007)

National Health Amendment (Prostheses) Act 2005

The definition of podiatry as per the Podiatrists Act 2005 is as follows:

“podiatry” means —

- (a) the employment of medical, surgical, electrical, mechanical or manual methods for the diagnosis and treatment of ailments or abnormal conditions of the human foot and ankle, including the analysis of gait and other factors influencing disorders of the foot and ankle or other related foot structures; and*
- (b) appropriate preventative education and treatment in relation to ailments or abnormal conditions of the human foot or ankle.*

SECTION 30. PODIATRISTS ACT 2005

Registration as specialists

- (1) The Board is to register an applicant as a specialist in a branch of podiatry prescribed by the regulations as a specialty if satisfied that the applicant has —*
 - (a) complied with the requirements of subsection (2); and*
 - (b) paid the registration fee, if any, prescribed by the regulations.*
- (2) The requirements for registration as a specialist are that the applicant —*
 - (a) is registered under section 27; and*
 - (b) holds a qualification for registration in the specialty that is prescribed by the regulations as a qualification for the specialty or a qualification that in the opinion of the Board is equivalent to such a qualification.*
- (3) The Board may impose such conditions on registration under subsection (1) as the Board reasonably requires to ensure the competent and safe practice of the specialty by the specialist.*
- (4) A condition imposed under subsection (3) may apply indefinitely or for a period specified by the Board in the written notice of the decision under section 100.*
- (5) The Board may, on its own motion or on the application of a person the subject of a condition imposed under this section, on reasonable grounds, revoke or vary the condition.*
- (6) Subject to this Act, registration of a podiatrist as a specialist confers on that person the right to carry on in the State the practice of the specialty for which the person was granted registration as a specialist under the title or titles prescribed by the regulations as the title or titles under which the specialty may be practised.*

NATIONAL REGISTRATION AND ACCREDITATION SCHEME FOR THE HEALTH PROFESSIONS

FURTHER CONSULTATION PAPER

Proposed arrangements for specialists within the National Registration and
Accreditation Scheme for the Health Professions

Issued by the Practitioner Regulation Subcommittee
Health Workforce Principal Committee
Australian Health Ministers' Advisory Council
21 January 2009

Following consultation and review of submissions, it appears that there is a need to clarify the arrangements to apply to specialists in the regulated professions under the national scheme. These provisions would be included in second stage of legislation for the scheme, referred to as 'Bill B'.

This paper has been prepared by the Practitioner Regulation Subcommittee of the Health Workforce Principal Committee of the Australian Health Ministers' Advisory Council (AHMAC) on a no-prejudice basis. The views in this paper should not be considered as the determined views of governments.

Attachment A provides a proposal-by-proposal account of the arrangements included in the consultation papers currently in the public domain in the first column and additions and amendments that are suggested for consideration in the right hand column.

These additions and amendments can be summarised as follows:

Specialist endorsement

- a. Specialist endorsement should only be available for a profession where a profession-specific accreditation standard for specialist training in that profession has been approved by the Ministerial Council following recommendation by the relevant board and at least one training program has been approved by the board's accreditation body or committee in accordance with those standards. The development of these standards will be undertaken by the accrediting body or committee.
- b. For the purposes of transition, from 1 July 2010, initial registration of specialists in any profession will be by an endorsement on the public register subject to (a) above. In the absence of such a standard being in existence at the time of transition to the scheme, the registrant will only be granted general registration without specialist endorsement.
- c. The Ministerial Council may issue guidance to boards in relation to criteria for the recognition of specialties under the scheme, including those specialties to apply from 1 July 2010. The national board will propose to the Ministerial Council for approval, the types of specialist endorsement that will be available from 1 July 2010 in accordance with any guidance provided by the Ministerial Council. The national board will also determine how the current registration status of registrants should translate to specialties that are recognised under the national scheme, either with or without specialist endorsement.
- d. Clarification that endorsements provided under the scheme will be approved or granted for registration purposes only. Registration decisions under the scheme are separate to any decision made outside of the scheme in relation to endorsements for the purposes of funding (eg Medicare) or employment (eg terms and conditions of employment by governments or hospitals). It is not intended to remove existing authorities conferred by States or Territories.
- e. Clarification that the power for boards to recommend (and the Ministerial Council to approve) qualifications for the purposes of specialist endorsement, relates to the standards of qualifications rather than specified qualifications.

Continuing competence requirements

- f. Any continuing competence standards for specialists in existence at 30 June 2010 will continue to apply with any proposed changes to these standards (or any new standards) to be developed by the board for approval by the Ministerial Council.
- g. Minimum standards for continuing competence requirements for specialist endorsement must not be discipline specific (eg the minimum standards to apply in respect of medical practitioners with specialist endorsement would be the same standard across all disciplines or specialist medical colleges).
- h. Boards may request that accreditation bodies or committees develop these minimum standards and assess continuing competence programs against these standards.

Registration of specialists (including area of need specialists)

- i. Boards must consider applications for registration from practitioners seeking to work in an area of need identified by a State or Territory government, where the applicant is not eligible for registration in any other category of registration. This provision will apply to all regulated professions. It is further proposed that boards may develop professional standards in respect of the registration requirements to apply to area of need registration to support a nationally-consistent approach.

Scope of practice

- j. Where a board is proposing to recommend to the Ministerial Council, on a matter in which another board might reasonably have an interest, then that board should be required to consult with all other boards and in submitting for Ministerial approval, draw to the attention of the Ministerial Council any contrary views.

Proposals under the National Registration and Accreditation Scheme for the Health Professions in relation to specialists – December 2008

Proposal number	Initial proposal	Proposed amendments and additions
Specialist endorsement		
Registration arrangements consultation paper – proposal 10.1.1	<p>Given the framework set out in the IGA, it is proposed that the legislation include the following provisions:</p> <p>a. A general power (in the part of the legislation which sets out the broad powers and functions of the national boards) for the national boards to recommend to the Ministerial Council specialties that should be recognised for their profession, and the qualifications that the responsible board considers should apply for the purposes of endorsement of registration in each recognised specialty. This would be in addition to the role of the national boards in recommending to the Ministerial Council approved qualifications for registration purposes.</p> <p>b. Powers for the Ministerial Council, following recommendation from a national board to:</p> <p>i. approve those professions for which specialist recognition will operate under the national scheme</p> <p>ii. approve the list of specialties against which those boards referred to above will approve suitably qualified registrants for endorsement of their registration</p> <p>iii. approve the qualifications required for endorsement in each approved specialty, and</p> <p>iv. approve changes, from time to time, to the list of recognised specialties for a regulated profession and the qualification requirements for specialist endorsement within an approved specialty.</p> <p>c. For those boards with a specialist endorsement function, the same powers as when dealing with an application for registration or renewal of registration, that is, powers to receive an application for endorsement of registration, require further information, require attendance at the board, refuse an endorsement or attach conditions to an endorsement, etc. Review rights would also apply.</p> <p>d. Offences for registered or unregistered persons who:</p> <p>i. use restricted titles listed in the legislation (for example, the titles of ‘medical specialist’, ‘surgeon’ or ‘dental specialist’) when they are not entitled to, or</p> <p>ii. hold themselves out as being registered and endorsed as a specialist under the legislation</p>	<p>AMEND ‘qualifications’ to read ‘qualifications standards’ to clarify that the power for boards to recommend (and the Ministerial Council to approve) qualifications for the purposes of specialist endorsement, relates to the standards of qualifications rather than specified qualifications.</p> <p>ADD: ‘It is further proposed that the Ministerial Council may issue guidance to boards in relation to criteria for the recognition of specialties, including those specialties to apply from 1 July 2010.’</p> <p>It is further proposed that from 1 July 2010, specialist endorsement under the scheme should only be available where a profession specific accreditation standard for specialist training in that profession has been approved by the Ministerial Council following recommendation by the relevant board, and at least one training program is approved by the responsible board against those standards.’</p> <p><i>NOTE: the last paragraph in section 10.3 of the Registration Arrangements Consultation Paper proposes the endorsement process as a potential means of identifying practitioners with particular qualifications for the purposes of providing certain kinds of</i></p>

	<p>when they are not.</p>	<p><i>services that are otherwise restricted under the national legislation or under other legislative or administrative schemes, such as Medicare or PBS. This does not accurately represent the intent of this proposal. That is, endorsements provided under the scheme will be approved or granted for registration purposes only. Registration decisions under the scheme are separate to any decision made outside of the scheme in relation to endorsements for the purposes of funding (eg Medicare) or employment (eg salaries payable by State or Territory governments or hospitals).</i></p>
<p>Registration arrangements consultation paper – proposal 12.1</p>	<p>With respect to transition arrangements, it is proposed that transitional provisions provide for:</p> <ol style="list-style-type: none"> a. all persons who are registered on 30 June 2010 in one or more of the ten regulated health professions be automatically deemed to be registered under the new national scheme on 1 July 2010, on the register or division of the register specified in the transition provisions, and for the term specified in their registration renewal b. all persons who have endorsements on their registration of a type available under the national scheme on 30 June 2010 be deemed to have endorsement of that type under the national scheme from 1 July 2010 c. all persons who have conditions imposed on their registration or endorsement of registration on 30 June 2010 in one jurisdiction be automatically deemed to have the same conditions imposed on their registration or endorsement of registration from 1 July 2010 d. where there are disparities between the types of registration or endorsements available under the national scheme and those conferred by existing State and Territory legislation, wherever possible registrants be migrated across to the national scheme with the widest possible scope of practice that is consistent with public safety. They would then be expected to practice within their competence, with conditions imposed only if it is considered necessary to limit their practice in order to protect the public e. where a practitioner is registered in more than one jurisdiction and these registrations expire at different 	<p>ADD: It is further proposed that for the purposes of transition, from 1 July 2010, initial registration of specialists in any profession will be by an endorsement on the public register and subject to the practitioner having met the requirements of a training program of the kind outlined in proposal 10.1.1. In the absence of such a standard (or recognised specialty) being in existence at the time of transition to the scheme, the registrant will only be granted general registration without specialist endorsement.</p>

	<p>dates, then they be automatically deemed to be registered through until the latest date of registration that applies, unless they have conditions placed on their registration, in which case, they will be deemed to be registered through until the first expiration date that applies, and</p> <p>f. if a practitioner holds or has held multiple registrations and has been either deregistered in one jurisdiction, or has not renewed in a jurisdiction where an investigation or disciplinary process was not finalised, then they not be automatically 'deemed' to be registered from 1 July 2010 and will be required to make a fresh application for registration with an expeditious process required.</p>	
Accreditation arrangements consultation paper – proposal 3.4.1	It is proposed that in preparation for commencement of the national scheme, national boards will consider whether there is a need for specialist endorsements in their profession.	NONE
Accreditation arrangements consultation paper – proposal 3.4.2	In the case of the medical profession, it is proposed that the national board take advice from the Australian Medical Council on the list of specialties and associated specialist qualifications, against which the board could endorse individual registrants as specialists.	NONE
Accreditation arrangements consultation paper – proposal 3.4.3	It is proposed that in line with the IGA the national scheme legislation will provide that while boards may approve the initial list of specialties, any new specialties or specialty areas of practice will require Ministerial Council approval.	<p>DELETE 3.4.3</p> <p>INSERT: 'It is proposed that the national boards will recommend to the Ministerial Council for approval the types of specialist endorsement that will be available from 1 July 2010 drawing on any guidance issued by the Ministerial Council. The national board will also determine how the current registration status of individual registrants should translate to registration under the new scheme, including to specialties that are recognised under the national scheme.</p> <p>It is further proposed that in line with the IGA the national scheme legislation will provide that any new specialties or specialty areas of practice will require Ministerial Council approval. Where a board is proposing to recommend to the Ministerial Council, a change to scope of practice or a new</p>

		endorsement for a regulated profession, the board should be required to consult with all other boards. Where other boards hold contrary views, these must be drawn to the attention of the Ministerial Council.’
--	--	--

CONTINUING COMPETENCE AND/OR CONTINUING PROFESSIONAL DEVELOPMENT REQUIREMENTS

Registration arrangements consultation paper – proposal 9.2.1	With respect to ensuring continuing practitioner competence, it is proposed that the legislation require the boards to establish requirements within each profession for registrants to demonstrate continuing competence at the time of annual renewal, with the scheme to be implemented for each profession on 1 July 2010. Since continuing competence would be a condition of registration renewal, requirements would apply to all registered health professionals, regardless of whether they work in public or private settings, and are employees or self-employed.	ADD: It is further proposed that boards may determine that current continuing competence or continuing professional development requirements be the requirement to be met by registrants from 1 July 2010 in order to demonstrate continuing competence at the time of annual renewal, if these requirements are in place at the national level in a profession at 30 June 2010. These arrangements should provide boards with the discretion to accept different continuing competence arrangements for different sub-groups within a profession.
Registration arrangements consultation paper – proposal 9.2.2	It is proposed that the legislation enable the national boards to: <ul style="list-style-type: none"> a. develop and publish minimum standards (approved by the Ministerial Council) for: <ul style="list-style-type: none"> i. the continuing competence requirements that registrants must meet in order to renew their registration in a regulated profession, and ii. the requirements that any accreditation/certification/performance appraisal scheme must meet in order for registrants who participate to be able to satisfy the board’s continuing competence requirements b. oversee a system of approval of various accreditation/certification/performance appraisal providers or schemes, or approve an external body or bodies to ensure these schemes meet the board’s standards c. refuse to renew the registration of a practitioner on any ground on which the board might refuse to grant registration (see section 6.4 of this paper), and on grounds that the registrant has not met the responsible board’s continuing 	ADD: It is further proposed that from 1 July 2010 renewal of registration will, as for all other practitioners covered by the scheme, depend on a practitioner with a specialist endorsement meeting the requirements for continuing competence approved by the relevant board. Under these arrangements: <ul style="list-style-type: none"> a. any continuing competence standards for specialists in existence at 30 June 2010 will continue to apply with any proposed changes to these standards (or any new standards) to be developed by the board for approval by the Ministerial Council b. minimum standards for continuing competence requirements for specialist endorsement must be profession (but not discipline) specific (eg the minimum standards to apply in respect of medical practitioners with specialist endorsement would be the same standard across all disciplines or specialist medical colleges, with the actual programs assessed against those standards), and c. boards may request that accreditation bodies or committees develop these minimum standards and assess continuing competence programs against these standards.

	<p>competence requirements and therefore has not demonstrated, to the satisfaction of the board, that they are competent to practise in the regulated profession, and</p> <p>d. impose conditions on registration at renewal in the same way conditions may be imposed at first registration, including with respect to those registrants who have not met the continuing competence requirements of the board.</p>	<p><i>Note: This proposal aims to make a clear distinction between the standards for accreditation of specialist programs for registration purposes (such as training programs or continuing competence programs applicable to all specialists in a profession), to which this proposal relates, and the accreditation of particular programs (such as those provided by the specialist medical colleges or individual education providers). That is, the accreditation of individual education providers against the accreditation standard is part of the accreditation function.</i></p>
--	---	---

PROTECTION OF SPECIALIST TITLES		
<p>Registration arrangements consultation paper – proposal 10.1.3</p>	<p>With respect to protection of specialist titles, it is proposed that:</p> <ul style="list-style-type: none"> • for registered medical practitioners: <ul style="list-style-type: none"> - those with specialist endorsement from the Medical Board of Australia be authorised to use the title ‘medical specialist’, and - there be an offence for a person who is not a registered medical practitioner with endorsement as a specialist to hold themselves out as a medical specialist • for registered dentists: <ul style="list-style-type: none"> - those endorsed as dental specialists by the Dental Board of Australia be authorised to use the title ‘dental specialist’, and - there be an offence for a person who is not a registered dentist with endorsement as a specialist to hold themselves out as a dental specialist • for registered podiatrists: there be an offence for a person who is not a registered podiatrist with endorsement as a podiatric surgeon to hold themselves out as a podiatric specialist. 	<p>NONE</p>
<p>Registration arrangements consultation paper – proposal 10.2.1</p>	<p>To give effect to this, it is proposed that the national legislation make provision for a prescribing endorsement for those boards that regulate the nursing and allied health professions. This will link to various authorities conferred on identified practitioners under State and Territory drugs and poisons legislation.</p>	<p>NONE</p>

REGISTRATION OF SPECIALISTS (INCLUDING AREA OF NEED SPECIALISTS)		
Registration arrangements consultation paper – proposal 7.1	<p>It is proposed that the legislation enable a national board to grant any one of a number of different types of registration, depending on the circumstances of the applicant, and to impose conditions on a grant of registration. The proposed types and sub-types of registration are set out in APPENDIX 1.</p> <p>While the labels vary, most jurisdictions provide in some legislative form for the sub-types of registration listed under specific registration.</p>	<p>AMEND: See Appendix 1 to this paper</p>
Reg 1	<p><i>Proposal Reg 1 is a new proposal relating to Area of Need arrangements</i></p>	<p>ADD: 'It is proposed that boards must consider applications for registration from practitioners seeking to work in an area of need identified by a State or Territory government, where the applicant is not eligible for registration in any other category of registration. This provision will apply to all regulated professions. It is further proposed that boards may develop professional standards in respect of the registration requirements to apply to area of need registration to support a nationally consistent approach.'</p>
SCOPE OF PRACTICE		
Registration arrangements consultation paper – proposal 10.3.1	<p>It is proposed that the national legislation make provision for a mechanism through which a board may identify a sub-group of practitioners within the profession who have specific training and are considered qualified to deliver a particular type of service that they would otherwise be prevented by law from delivering.</p> <p>In order to give effect to this, it is proposed that the legislation include provisions that:</p> <ol style="list-style-type: none"> a. empower a responsible board to endorse a registrant whom it considers qualified to practice in an 'approved area of practice', and to impose any conditions on an endorsement b. empower the Ministerial Council, on application from a responsible board, to approve an 'area of practice' for the purposes of endorsement of registration and, at any time, to amend, vary or revoke a notice approving an area of practice c. require the responsible board to publish a list of 'approved areas of practice' on its 	<p>ADD: Where a board is proposing to recommend to the Ministerial Council, on a matter in which another board might reasonably have an interest, then that board should be required to consult with all other boards and in submitting for Ministerial approval, draw to the attention of the Ministerial Council any contrary views.</p>

	<p>website and in a publication circulated to registrants regulated by the board, and</p> <p>d. set out the powers of boards with respect to applications for endorsement qualifications required for endorsement and powers to refuse an endorsement (in a similar manner to those provisions relating to applications, qualifications for and refusal of registration).</p>	
--	---	--

APPENDIX 1

Proposal number	Initial proposal	Proposed amendments and additions
Registration arrangements consultation paper – proposals 7.1 & 7.2	<p>General registration Applicants who hold approved qualifications (and have met any other requirements set by the responsible board). This category would include practitioners who hold approved specialist qualifications in addition to their approved general qualifications, and therefore hold a specialist endorsement on their general registration.</p> <p>Specific registration Applicants who do not qualify for general registration. This type of registration would entitle a registrant to practice, subject to a specified form of restriction. The following sub-types of specific registration would apply:</p> <p>a. Provisional – to allow an applicant to undertake an internship or other period of supervised clinical practice, following graduation from an approved course of study.</p> <p>b. Area of need – to allow an applicant to work in an area of</p>	<p>DELETE: Proposal 7.1</p> <p>INSERT: ‘It is proposed that the legislation make provision for a board to grant registration under separate heads of power, reflecting the following schema:</p> <ul style="list-style-type: none"> • General registration • Provisional registration • Limited registration <ul style="list-style-type: none"> – Post-graduate training – Teaching or research – Area of need – Specialist practice – Public interest • Student registration • Non-practising registration <p>General registration: It is proposed that the legislation provide powers for a board to grant general registration to an applicant who holds approved qualifications (and has met any other requirements set by the responsible board). This type of registration would be available to practitioners who hold approved specialist qualifications in addition to their approved primary qualifications, and therefore are granted a specialist endorsement on their general registration.</p> <p>Provisional registration: It is proposed that the legislation provide powers for a board to grant provisional registration to a person who holds approved qualifications, to undertake an approved period of internship or supervised practice that qualifies the applicant for general registration.</p> <p>Limited registration: It is proposed that the legislation provide powers for a board to grant limited registration to a person who holds relevant qualifications in the regulated health profession but those qualifications are not approved by the responsible board for general registration purposes. The legislation would empower boards to grant limited registration, subject to a condition or conditions (for example, time limits, limits on geographic location of practice, employment position or supervision arrangements, limits on scope of practice). The legislation would provide for heads of power to grant limited registration as set out below:</p>

	<p>unmet need.</p> <p>c. Post-graduate supervised practice or training – to allow an applicant to be registered on a temporary basis to undertake a period of post-graduate training approved by the responsible board.</p> <p>d. Examination candidates – to allow an applicant to undertake training in preparation for an examination approved by the responsible board.</p> <p>e. Teaching or research – to allow an applicant to fill a teaching or research position approved by the responsible board.</p> <p>f. Recognised specialist qualifications and experience – to allow an applicant with approved specialist qualifications to practise in the specialty.</p> <p>g. Internationally trained specialists – to allow an applicant with “specialist” qualifications that are not approved to undergo further training in that specialty.</p> <p>h. Temporary registration in the public interest – to allow an applicant without approved qualifications to be registered for a</p>	<ul style="list-style-type: none"> • Specialist practice – a grant of registration to enable the person to practise independently in a specialty, if the responsible board is satisfied that the person has approved specialist qualifications and training in an approved specialty. • Post-graduate training – a grant of registration on a temporary basis to enable the person to undertake a period of postgraduate training or practice approved by the responsible board, or in order to prepare to sit a board approved assessment or examination. • Area of need – a grant of registration to enable the person to work in a designated area of unmet need, if the responsible board is satisfied that the person has suitable qualifications and experience to practise in the regulated health profession in that area of need. • Teaching or research – a grant of registration to enable the person to fill a teaching or research position related to the regulated health profession, if the responsible board is satisfied the person has the qualifications necessary. • Public interest – a grant of registration to enable the person to practise for a limited period or with a limited scope of practice if the responsible board is satisfied that it is in the public interest for a person to practise with those qualifications and training. <p><u>It is proposed that ‘area of need’ registration be available as a type of registration that may be granted by any of the registration boards. However, it is intended that the legislation make provision for the responsible Minister in each participating jurisdiction to have the power to ‘designate’ a particular geographic area as an ‘area of need’ with respect to the services of a particular regulated profession. The legislation should provide that a grant of this type of registration carry a condition that the registrant work in only the identified employment position in the designated area of need.</u></p> <p>It is proposed that these types of registration be mutually exclusive, that is, an individual would not hold more than one type of registration at any one time, unless they were registered in more than one regulated profession, or in more than one division of a register, for example, as both a midwife and a nurse, or as a dental therapist and dental hygienist.</p> <p>In addition to conditions imposed at registration by virtue of the type of registration granted, it is proposed that the legislation make provision for other types of conditions to be imposed on a practitioner’s registration at first registration, or at renewal of registration, as well as at any time during the period of registration. Conditions also might be placed on registration following a process – such as performance, health or conduct management processes.’</p> <p>The categories of Student and Non-Practicing Registration may be included in addition to those categories presented above.</p>
--	--	---

	limited period if the responsible board considers it is in the public interest.	
--	---	--

Health Legislation Amendment (Podiatric Surgery and Other Matters) Act 2004

Act No. 117 of 2004 as amended

This compilation was prepared on 1 July 2005

[This Act was amended by Act No. 60 of 2005]

Amendments from Act No. 60 of 2005

[Schedule 1 (item 1) amended Schedule 1 (item 11)

Schedule 1 (item 1) commenced on 13 January 2005]

Prepared by the Office of Legislative Drafting and Publishing,
Attorney-General's Department, Canberra

Health Legislation Amendment (Podiatric Surgery and Other Matters) Act 2004

Schedule 1—Amendment of legislation relating to health

Part 1—Amendments relating to payment of benefits for hospital treatment associated with podiatric surgery

Health Insurance Act 1973

1 Subsection 3(1)

Insert:

accredited podiatrist means a podiatrist who is accredited by the Minister in writing under section 3AAA.

2 Subsection 3(1) (at the end of paragraph (a) of the definition of *professional attention*)

Add “or”.

3 Subsection 3(1) (at the end of the definition of *professional attention*)

Add:

; or (d) podiatric treatment by an accredited podiatrist.

4 After section 3

Insert:

3AAA Accreditation of podiatrists

- (1) The Minister may, in accordance with guidelines determined under subsection (2), decide whether to accredit a podiatrist.
- (2) The Minister may, by instrument in writing:
 - (a) determine guidelines for making a decision as to whether a podiatrist is to be accredited; and
 - (b) from time to time, vary or revoke any guidelines so made.

Schedule 1 Amendment of legislation relating to health

Part 1 Amendments relating to payment of benefits for hospital treatment associated with podiatric surgery

4 Health Legislation Amendment (Podiatric Surgery and Other Matters)
Act 2004

(3) A decision as to whether a podiatrist should be accredited must be made in accordance with the guidelines in force at the time the decision is made.

(4) An instrument setting out guidelines determined under subsection (2) or varying or revoking such guidelines is a disallowable instrument for the purposes of section 46A of the *Acts Interpretation Act 1901*.

(5) As soon as practicable after making a decision to accredit, or to refuse to accredit, a podiatrist, the Minister must notify the podiatrist, in writing, of that decision. If the decision is a decision to refuse to accredit, the notification must include reasons for the refusal.

3AAB Review by Administrative Appeals Tribunal

If the Minister has made a decision refusing to accredit a podiatrist, application may be made to the Administrative Appeals Tribunal for review of the decision.

Health Insurance (Accreditation of Podiatric Surgeons) Guidelines PHB23/2004

I, TONY ABBOTT, Minister for Health and Ageing, make the following Guidelines under subsection 3AAA(2) of the *Health Insurance Act 1973*.

Dated 22nd of Dec 2004

Tony Abbott
Minister for Health and Ageing

1 Name of Guidelines

These Guidelines are the Health Insurance (Accreditation of Podiatric Surgeons) Guidelines 2004.

2 Commencement

These Guidelines commence immediately after the *Health Legislation Amendment (Podiatric Surgery and Other Matters) Act 2004* commences on 13 January 2005.

3 Interpretation

(1) In these Guidelines:

Act means the *Health Insurance Act 1973*

podiatrist means a podiatrist within the meaning of subsection 3(1) of the Act

(2) For the avoidance of doubt, in these Guidelines a reference to the Act includes a reference to regulations made under the Act.

4 Eligibility Requirements

In considering whether a podiatrist should be accredited under subsection 3AAA(1), the Minister must apply the following eligibility requirements:

- (1) Current Practitioners (Australian and Overseas Trained Graduates) at commencement of the *Health Legislation Amendment (Podiatric Surgery and Other Matters) Act* must:
 - (a) be a Fellow (or eligible for Fellowship) of the Australasian College of Podiatric Surgeons; and
 - (b) have current podiatry registration or licence in an Australian State or Territory.
- (2) Persons who complete their podiatry training after the commencement of the *Health Legislation Amendment (Podiatric Surgery and Other Matters) Act 2004* must meet the following requirements:
 - (a) have obtained an undergraduate or postgraduate degree at Pass or Honours level in Podiatry from an Australian university;
 - (b) have current podiatry registration or licence in an Australian State or Territory
 - (c) have successfully completed the training program of the Australasian College of Podiatric Surgeons, for recognition by State and Territory Podiatry Registration boards for registration or licensing purposes; and
 - (d) be a Fellow (or be eligible for Fellowship) of the Australasian College of Podiatric Surgeons.
- (3) Persons who completed their podiatry training overseas and who wish to apply for accreditation as a podiatric surgeon after the commencement of the *Health Legislation Amendment (Podiatric Surgery and Other Matters) Act 2004* must meet the following requirements:
 - (a) have current podiatry registration or licence in an Australian State or Territory; and
 - (b) one of the following:
 - (i) satisfy the Australasian College of Podiatric Surgeons that there is equivalence between their overseas podiatric surgery qualification and Fellowship of the Australasian College of Podiatric Surgeons; or
 - (ii) have their overseas podiatric surgery qualification successfully evaluated by the Australasian College of Podiatric Surgeons for equivalence with Fellowship of the Australasian College of Podiatric Surgeons and successfully complete additional subjects, as directed by the Australasian College of Podiatric Surgeons; or
 - (iii) successfully complete training for Fellowship of the Australasian College of Podiatric Surgeons.

EXPLANATORY STATEMENT

Issued by Authority of the Minister for Health and Ageing

Health Insurance Act 1973

Determination for Guidelines under subsection 3AAA(2)

(PHB23/2004)

1. Subsection 3AAA(2) of the *Health Insurance Act 1973* (the Act) provides that the Minister may determine guidelines for making a decision as to whether a podiatrist is to be accredited. The Determination sets out the criteria for assessing applications for accreditation of podiatrists.
2. The purpose of Commonwealth accreditation of podiatrists is to enable private health insurance funds to offer benefits, under an applicable benefits arrangement, for hospital accommodation and nursing care costs associated with foot surgery provided by accredited podiatrists.
3. The Health Insurance (Accreditation of Podiatric Surgeons) Guidelines 2004 ('the Guidelines') allow existing podiatrists, persons who complete their podiatric training after the commencement of the *Health Legislation Amendment (Podiatric Surgery and Other Matters) Act 2004* and persons who completed their podiatry training overseas to apply for accreditation as a podiatric surgeon.
4. A clause-by-clause explanation of the Guidelines is set out in Attachment 1.
5. The Guidelines were made by the Minister for Health and Ageing on 22 December 2004 and commence immediately after the *Health Legislation Amendment (Podiatric Surgery and Other Matters) Act 2004* commences on 13 January 2005.

PRIVATE HEALTH INSURANCE BRANCH
DEPARTMENT OF HEALTH AND AGEING
11 JANUARY 2005

Attachment 1

DETERMINATION FOR GUIDELINES UNDER SUBSECTION 3AAA(2) OF THE HEALTH INSURANCE ACT 1973 (PHB23/2004)

Clause 1- Name of Guidelines

This clause names the Guidelines as the Health Insurance (Accreditation of Podiatric Surgeons) Guidelines 2004.

Clause 2 - Commencement

This clause specifies the date of commencement for the Guidelines, namely, 13 January 2005.

Clause 3 – Interpretation

This clause defines terms used in the Guidelines.

Clause 4 – Eligibility Requirements

This clause specifies the eligibility requirements to be applied when considering whether to accredit a podiatrist.

Subclause 4(1) specifies the eligibility criteria to be applied for current podiatrists. Current podiatrists must be a Fellow or eligible for Fellowship of the Australasian College of Podiatric Surgeons ('the College') and have a current podiatry registration or licence in an Australian State or Territory to be eligible for accreditation.

Subclause 4(2) specifies the eligibility criteria to be applied for persons who complete their podiatry training after 13 January 2005. A person seeking accreditation under subclause 4(2), must have obtained a university degree in Podiatry from an Australian university. The person must also have a current podiatry registration or licence in an Australian State or Territory. Finally, the person must have completed the specified training program of the College and be a Fellow (or be eligible for Fellowship) of the College.

Subclause 4(3) specifies the eligibility criteria to be applied for persons who completed their podiatry training overseas. A person seeking accreditation under subclause 4(3), must have current podiatry registration or licence in an Australian State or Territory. In addition, the person must meet any one of the three criteria specified in paragraph 4(3)(b). The first additional criterion is that the person must satisfy the College that there is equivalence between his or her overseas podiatric surgery qualification and Fellowship of the College. Alternatively, the person may have had their overseas podiatric surgery qualification successfully evaluated by the College and have successfully completed additional subjects as directed by the College. Or finally, the person must have successfully completed training for Fellowship of the College.

HEALTH INSURANCE AMENDMENT REGULATIONS 2007 (NO. 6) (SLI NO 337 OF 2007)

EXPLANATORY STATEMENT

Select Legislative Instrument 2007 No. 337

Subject: *Health Insurance Act 1973*

Health Insurance Amendment Regulations 2007 (No. 6)

*Health Insurance (Diagnostic Imaging Services Table) Regulations
2007*

Subsection 133(1) of the *Health Insurance Act 1973* (the Act) provides, in part, that the Governor-General may make regulations, not inconsistent with the Act, prescribing all matters required or permitted by the Act to be prescribed, or necessary or convenient to be prescribed for carrying out or giving effect to the Act.

The amendments to the *Health Insurance Regulations 1975* (the Principal Regulations) extend the requesting rights of podiatrists to three musculoskeletal ultrasound (MSKUS) items listed in the Medicare Benefits Schedule (MBS). The extension of requesting rights for podiatrists allow podiatrists to request the MSKUS items directly, rather than sending patients to general practitioners, and provide a more comprehensive service to patients.

The amendments to the *Health Insurance (Diagnostic Imaging Services Table) Regulations 2007* (the DIST Regulations) include:

- repealing regulation 17 Musculoskeletal ultrasound services — multiple scans;
- increasing fees for certain cardiac imaging items; and
- making minor amendments to the item descriptors of two obstetric and gynaecological services to provide consistency with the Nuchal Translucency Guidelines.

The Australian Government (as represented by the Department of Health and Ageing) manages Medicare funding for diagnostic imaging services through four agreements known as the “2003-2008 Quality and Outlays Memoranda of Understanding (MoUs)”. The MoUs cover radiology, cardiac imaging, nuclear medicine imaging and obstetric and gynaecological ultrasound services. The amendments to the DIST Regulations affect services covered by the Radiology MoU, Cardiac Imaging MoU, and Obstetric and Gynaecological (O&G) Ultrasound MoU.

Subsection 4AA(2) of the Act provides that, unless sooner repealed, regulations made under subsection 4AA(1) cease to be in force and are taken to have been repealed on the day after the 15th sitting day of the House of Representatives after the end of a period of 12 months, commencing on the day on which the regulations are notified on the Federal Register of Legislative Instruments. The 2006 Regulations were registered on the Federal

Register of Legislative Instruments on 24 October 2005 and commenced on 1 November 2006.

The purpose of the Regulations is to repeal the 2006 Regulations and to prescribe a new table of diagnostic imaging services for the 12 month period commencing on 1 November 2007. The new table effectively reproduces the table contained in the 2006 Regulations, with some amendments to the rules of interpretation and the schedule of services and fees. The Regulations set out the items of diagnostic imaging services which are eligible for Medicare benefits, the amount of fees applicable in respect of each item and rules for interpretation of the table.

Details of the Regulations are provided in the [Attachments](#).

The Department of Health and Ageing consulted with the diagnostic imaging profession about the amendments affecting the Radiology, Cardiac Imaging and Obstetric and Gynaecological MOUs. Changes to the legislation will be communicated to stakeholders as part of the 1 November distribution of the MBS book, newsletter and online subscription service. The Minister for Health and Ageing consulted with general practice groups about extending requested rights for podiatrists.

The Act specifies no conditions that need to be met before the power to make the Regulations may be exercised.

The Regulations are legislative instruments for the purposes of the *Legislative Instruments Act 2003*.

Both of the Regulations commence on 1 November 2007.

National Health Amendment (Prostheses) Act 2005

No. 31, 2005

An Act to amend legislation relating to private health insurance, and for related purposes

[Assented to 21 March 2005]

The Parliament of Australia enacts:

1 Short title

This Act may be cited as the *National Health Amendment (Prostheses) Act 2005*.

National Health Amendment (Prostheses) Act 2005 No. 31, 2005

Schedule 1—Prostheses

National Health Act 1953

1 Subsection 4(1)

5F Hospital treatment includes prostheses In this Act and the *Health Insurance Act 1973*, a reference to hospital treatment, or an episode of hospital treatment, includes a reference to a prosthesis provided as part of an episode of hospital treatment.

5G Hospital treatments by accredited podiatrists (podiatric surgeons)

- (1) Hospital costs in relation to theatre fees, bed costs and prostheses incurred by private patients treated by accredited podiatrists may be eligible for benefits provided from the applicable benefit arrangements (hospital tables) of registered health benefit organizations for persons with appropriate cover.
- (2) Benefits for professional fees of accredited podiatrists may be provided from the ancillary health benefit tables of registered health benefit organizations for persons with appropriate cover.
- (3) The role of the Private Health Insurance Ombudsman includes monitoring the operation of provisions relating to accredited podiatrists within this Act and the *Health Insurance Act 1973* and reporting and acting on complaints.

7 After section 73BD

Insert:

73BDAAA Prosthesis payments under hospital purchaser-provider agreements

When this section applies

(1) This section applies if:

- (a) a hospital purchaser-provider agreement between a registered organization and a hospital or day hospital facility deals with the payment to be made by the organization to the hospital or day hospital facility in relation to a particular episode of hospital treatment; and

(b) a no gap prosthesis, or a gap permitted prosthesis, is provided as part of that episode of hospital treatment;

and

(c) the person to whom the prosthesis is provided is a contributor to the health benefits fund conducted by the organization;

and

(d) under the terms on which the person is a contributor, the person is covered (wholly or partly) in respect of that episode of hospital treatment or of the professional service associated with the provision of the prosthesis;

and

(e) a medicare benefit is payable in respect of the professional service associated with the provision of the prosthesis, or the provision of the prosthesis is associated with podiatric treatment by an accredited podiatrist.

8A After paragraph 82ZS(1)(c)

Insert:

(ca) an accredited podiatrist;

8B At the end of section 82ZSA

Add:

; or (d) the level of hospital costs being met by registered health benefit organizations under their applicable benefit arrangements in relation to patients of accredited podiatrists;

or

(e) restrictions on access by an accredited podiatrist or the patient of an accredited podiatrist to hospital and day hospital facilities covered by an applicable hospital purchaser provider agreement or minimum benefit determination (default benefit) under paragraph (bj) of Schedule 1.

9 Paragraph (bi) of Schedule 1

11 After paragraph (bk) of Schedule 1

Insert:

(bl) This paragraph applies to a prosthesis if:

(i) the prosthesis is a no gap prosthesis or a gap permitted prosthesis; and

(ii) the prosthesis is provided as part of an episode of hospital treatment; and

(iii) a medicare benefit is payable in respect of the professional service associated with the provision of the prosthesis, or the provision of the prosthesis is associated with podiatric treatment by an accredited podiatrist; and

(iv) the person to whom the prosthesis is provided is a contributor to the health benefits fund conducted by the organization;