

RESPONSE TO THE EXPOSURE DRAFT OF THE HEALTH PRACTITIONER REGULATION NATIONAL LAW 2009

17 July 2009

1. ACCREDITATION

Page 11, Part 2, Section 10, Subsection 4 states

that “the Ministerial Council may give a National Board a direction ... only if, in the Council’s opinion, the accreditation standard will have a substantive and negative impact on the recruitment or supply of health practitioners to the workforce”.

Page 32, Part 6 Section 60 states

60 Ministerial Council may appoint external accreditation entity

(1) The Ministerial Council may appoint an entity, other than a committee established by a National Board, to exercise an accreditation function for a health profession under this Law.

61 National Agency may enter into contracts with external accreditation entities

The National Agency may enter into a contract with an external accreditation entity for the performance by the entity of an accreditation function for a health profession only if the terms of the contract are in accordance with the health profession agreement between the National Agency and the National Board established for that profession.

62 Accreditation committee

If the Ministerial Council has not appointed an external accreditation entity to exercise an accreditation function for a health profession, the National Board established for the profession may establish an accreditation committee to exercise the function.

SHPA believes that only the relevant profession National Board should approve/appoint accrediting agencies and that the National Board should decide how this takes place, whether by separate committee or via contract to an external party.

This role should reside entirely with the National Board at all times.

2. PROFESSIONAL INDEMNITY INSURANCE

Page 36, Part 7 Registration of health practitioners

Division 1 General registration

Section 69 Eligibility for general registration

(1) An individual is eligible for general registration in a health profession if:

(d) there is, or will be, in force in relation to the individual appropriate professional indemnity insurance arrangements, including a policy held, or arrangements made, by the individual’s employer that will cover the individual,

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SHPA considers that this is not strong enough.

In our experience hospital employers are unable to provide certainty that employees will be covered adequately by overarching hospital insurance. Some employers ensure that all eligible staff members are named on a corporate policy for work undertaken for that specific employer.

SHPA considers that employer insurance policies should name employees that are covered explicitly or in some way be able to provide specific advice regarding coverage. This cannot be left to employers because it is difficult to determine exact coverage from entities such as hospitals and health services.

If this cannot take place, then it is better to simply say that all health professionals need to take out individual indemnity coverage.

3. INFORMATION TO BE RECORDED IN REGISTERS (ACTUALLY AT TIME OF RENEWAL)

Page 128, Section 271 Information to be recorded in registers

(1) Subject to this Division, a register a National Board is required to keep under this Division must be kept in the way the National Agency considers appropriate.

(2) A register kept by a National Board under this Division **must include** the following information for each registered health practitioner whose name is included in the register:

A number of items are detailed in this section and SHPA suggests that one more should be included.

At the time of annual registration renewal an indication of hours/week of work undertaken within the profession should be provided, or some alternate mechanism to estimate overall workforce participation rates.

Section 271 goes a long way to provide seamless non-identified workforce data, but workforce participation measures must be added in order to provide an estimate of the available workforce per postcode etc. (as per other elements that are to be collected).

4. CONCLUSION

SHPA supports the notion of national registration for health professionals. This is a long and detailed process.

The legislation is daunting and there may be unintended consequences in a document of 187 pages.

SHPA urges ongoing dialogue and a flexibility to make adjustments as we move forward.

Similarly, SHPA urges simplicity and plain English in order to aid understanding and transparency.

Broadly, as understood by SHPA, governments are moving forward appropriately and the concept is wholeheartedly supported.

5. CONTACT FOR FURTHER INFORMATION

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