



## Australian Health Workforce Ministerial Council

### **MINISTERS CONSIDER SUBMISSIONS ON LEGISLATION ON NATIONAL REGISTRATION SCHEME**

The Australian Health Workforce Ministerial Council has considered responses received in relation to the exposure draft of the *Health Practitioner Regulation National Law 2009* (Bill B). This legislation will underpin the new National Registration and Accreditation Scheme for the Health Professions to commence on 1 July 2010.

Ministers were very grateful for the responses to the draft Bill and the level of commitment shown to ensuring the Bill in its final form is as good as possible. Ministers noted that more than 950 people had attended consultation forums in every capital city and more than 550 submissions had been received (submissions are available at [www.nhwt.gov.au/natreg.asp](http://www.nhwt.gov.au/natreg.asp)). Ministers also noted the report released by the Senate Community Affairs Legislation Committee on 6 August 2009 following its inquiry into the *National registration and accreditation scheme for doctors and other health workers*.

Ministers noted that a large number of useful matters had been raised and will be taken into account in the final draft of the Bill. In this communiqué Ministers address higher level policy issues which were raised in the submissions and consultation.

#### **Independent accreditation functions**

Ministers noted that the changes in Bill B to secure the independence of the accreditation functions had been well received. In response to further submissions, Ministers today agreed that the appointment of external accrediting bodies would rest with the Ministerial Council only at the commencement for any profession. Thereafter, the appointment would lie with the national board for each profession.

Ministers also considered feedback on the wording of the reserve power in relation to accreditation standards. They agreed to amend the Bill so that when the Ministerial Council proposes to give a direction in relation to a new or amended accreditation standard where the Council considers that the standard will have a substantive and negative impact on the recruitment and supply of health practitioners, Ministers must first consider the potential impact on quality and safety of health care.

In relation to any direction issued on an accreditation standard, Ministers confirmed that Bill B would require that Ministerial Council directions are made public and agreed that the reasons for issuing directions would also be given.

#### **Arrangements for smaller jurisdictions**

Ministers noted that the draft Bill allowed flexibility for the Ministerial Council to set the size of national boards at any time. In response to feedback received, Ministers agreed that in the 2009 round of appointments, the national boards for dental, medical, nursing and midwifery, pharmacy, physiotherapy and psychology would be expanded from nine to twelve members to enable there to be a practitioner member from each of the eight jurisdictions on boards in these larger professions.

Ministers also decided to improve arrangements for the smaller jurisdictions by allowing for State and Territory boards to be for more than one jurisdiction and requiring that lists of possible appointees to panels include representation from all jurisdictions. When panels are appointed wherever possible these should include membership from the jurisdiction where the complaint occurred.

### **Public interest protection**

Ministers confirmed their commitment to a high level of public interest protection within the new scheme. Ministers noted that the new national provisions relating to mandatory reporting, student registration, criminal history and identity checks, strong community member representation on national boards, the ombudsman arrangements and easier public access to make complaints all supported this commitment.

To provide an additional level of protection, Ministers agreed to increase the role of State and Territory health complaints bodies under Bill B in relation to the preliminary assessment of complaints received from the public. Under these new arrangements, boards and health complaints bodies would not only have to inform each other of complaints received relevant to the other, but must also consult each other on the handling of complaints. They must reach agreement on whether a complaint should be taken further by the board. If agreement cannot be reached the more serious view of the matter will prevail and the board will carry the complaint forward on that basis.

Ministers also agreed to strengthen and formalise the role of community members in State and Territory boards. Bill B will now require that there be the same ratio of community members on State and Territory boards as on national boards. This provides another element of public protection in the national scheme.

This means that after the transition period at least half, but not more than two thirds, of the members of a State or Territory board must be persons appointed as practitioner members and at least two members must be persons appointed as community members.

Given these extra public protection elements in the scheme, the Ministerial Council resolved that the Public Interest Assessor arrangements were no longer required.

### **Partially regulated professions**

Ministers had previously considered the inclusion of partially regulated professions against the criteria set out in the Intergovernmental Agreement governing the scheme. At that time they had agreed to the inclusion of Aboriginal and Torres Strait Islander health workers, Chinese medicine practitioners and medical radiation practitioners from 1 July 2012. After further considering the evidence against the criteria, Ministers decided to include occupational therapists in the scheme from the same date.

### **Transition for practitioners in occasional practice**

Ministers noted representations from practitioners in occasional practice in some professions. Ministers agreed that current occasional practice registrants will transition into a subcategory of the Limited Registration (public interest) category of registration on 1 July 2010. They will need to meet any requirements set by the relevant national board under that category of registration. They will need to meet the requirements for professional indemnity and continuing professional development commensurate with the occasional nature of their practice set by the relevant national board.

**Criminal history checks**

Ministers noted comments that there were insufficient requirements around the way the new national boards would treat information received through criminal history checks. As a result, Ministers agreed that the legislation should be amended to require boards to take into account only those matters relevant to the purposes of registration. In addition, boards would be required to include in their registration standards for Ministerial approval a statement of how relevance is to be assessed.

**Health programs for practitioners**

Ministers noted feedback received and agreed to broaden the scope of health programs that boards could support or provide to health practitioners to enable them to deliver services for education and prevention, early intervention, treatment and rehabilitation.

Ministers also noted that amendments were being made to the legislation in other areas including improvements to the complaints procedures, a mandatory reporting requirement in relation to student registrants, limiting the use of the title of “specialist” to practitioners on a specialist register and a range of other matters raised in the consultation process.

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