



Australian Health Workforce Ministerial Council

Communiqué 8 May 2009

DESIGN OF NEW NATIONAL REGISTRATION AND ACCREDITATION SCHEME

The Ministerial Council has today reached a national consensus on how the new National Registration and Accreditation Scheme for the Health Professions will work. This will deliver improvements to the safety and quality of Australia's health services through a modernised national regulatory system for health practitioners.

The Ministerial Council acknowledged and welcomed the very high level of participation by consumers, practitioners and regulatory bodies in the consultation process to date. Over 1,000 people have attended forums around the country and over 650 written submissions have been received in response to the consultation papers issued in 2008 and 2009.

As a result of the consultation process and the feedback received, the Ministerial Council has determined that a number of changes should be made to the original proposals put forward, in particular in the areas of accreditation, the role of state bodies and complaints handling. The following sections outline the main matters on which Ministers have made decisions today.

Independent accreditation functions

The Ministerial Council agreed today that the accreditation function will be independent of governments. Accreditation standards will be developed by the independent accrediting body or the accreditation committee of the board where an external body has not been assigned the function.

The accrediting body or committee will recommend to the board, in a transparent manner, the courses and training programs it has accredited and that it considers to have met the requirements for registration. The final decision on whether the accreditation standards, courses and training programs are approved for the purposes of registration is the responsibility of the national board. The accrediting body will have the ability to make its recommendations publicly available in the circumstance that agreement between the accrediting body and the national board cannot be achieved.

The Ministerial Council will have powers to act, for instance, where it believes that changes to an accreditation standard, including changes to clinical placement hours or workplace and work practice, would have a significantly negative effect.

National accreditation standards which exist prior to the commencement of the new scheme are to continue until they are replaced by new standards.

Existing external accrediting bodies such as the Australian Medical Council and the Australian Pharmacy Council are expected to continue. The specific governance arrangements for these bodies will be a matter for them, although they will be expected to meet modern governance standards.

Changes to registers

Ministers today agreed there will be both general and specialist registers available for the professions, including medicine and dentistry, where ministers agree that there is to be specialist registration. Practitioners can be on one or both of these registers, depending on whether their specialist qualification has been recognised under the national scheme. Ministers agreed specialist registers will not cover practitioners registered to practice in an area of need.

Ministers have also decided that there will now be separate registers for nurses and for midwives.

Support for continuing professional development

The Ministerial Council has agreed that there will be a requirement that, for annual renewal of registration, a registrant must demonstrate that they have participated in a continuing professional development program as approved by their national board.

Each profession's requirements will be set by the relevant board. A board may use its accrediting body to set standards for such programs and approve providers of such programs (including, in the case of medicine, specialist medical colleges) where that is the best arrangement for that profession.

Extension of scheme to other professions

The Ministerial Council also decided that, from 1 July 2012, Aboriginal and Torres Strait Islander health practitioners, Chinese medicine practitioners and medical radiation practitioners will be regulated under the scheme. These are in addition to the ten professions already agreed for inclusion in the national scheme from 1 July 2010 (chiropractors; dental (including dentists, dental hygienists, dental prosthetists and dental therapists); medical practitioners; nurses and midwives; optometrists; osteopaths; pharmacists; physiotherapists; podiatrists and psychologists).

Other improvements to quality and safety of health services

The Ministerial Council also agreed a number of other changes to registration arrangements in order to improve the quality and safety of health services being delivered to the public. These are set out below.

Mandatory reporting of registrants

The Ministerial Council agreed on 5 March 2009 that there will be a requirement that practitioners and employers (such as hospitals) report a registrant who is placing the public at risk of harm.

Ministers agreed that reportable conduct will include conduct that places the public at substantial risk of harm either through a physical or mental impairment affecting practice or a departure from accepted professional standards. Practitioners who are practising while under the influence of drugs or alcohol, or have engaged in sexual misconduct during practice must also be reported.

This requirement will deliver a greater level of protection to the Australian public.

Criminal history and identity checks

National agreement was reached on 5 March 2009 on criminal history and identity checks to apply to registered health professionals.

Mandatory criminal history and identity checks will apply to all health professionals registering for the first time in Australia. All other registrants will be required to make an annual declaration on criminal history matters when they renew their registration and these declarations will be audited on a random basis by an independent source.

Ministers also agreed that national boards will have the power to conduct ad hoc criminal history and identity checks on registrants.

Simplified complaints arrangements for the public

Assistance will be provided to members of the public who need help to make a complaint. Ministers agreed that this new arrangement will not affect the services provided by health complaints commissions across the country. However it will help make the complaints process simpler for members of the public.

Student registration

The Ministerial Council agreed that national boards will be required to register students in the health professions. Boards will decide at what point during their programs of study students will be registered, depending on the level of risk to the public.

Ministers agreed the national scheme will enable national boards to act on student impairment matters or where there is a conviction of a serious nature which may impact on public safety. This requirement will come into effect at the beginning of 2011.

Students will be registered by a deeming process based on lists of students supplied to boards by education providers

Handling of complaints

Given the diversity of arrangements in Australia at this time, Ministers have agreed to a flexible model for the administrative arrangements for handling complaints.

The National Law and/or State or Territory law, depending on each jurisdiction's choice, will provide the legislative framework for investigations and prosecutions and the definitions of offences and contraventions and outcomes will be recorded as part of a single national framework.

Where the national legislative framework is adopted, it will also be up to each State and Territory to decide whether the prosecution and investigation functions remain with the national boards or be undertaken by an existing State or Territory health complaints arrangement.

The Ministerial Council also agreed a number of other elements related to the effective functioning of the new scheme.

Appointments to national boards

Ministers confirmed the arrangements set out in the *Health Practitioner Regulation (Administrative Arrangements) National Law Act 2008* (the Act), that boards will be appointed by the Ministerial Council with vacancies to be advertised. At least half, but not more than two thirds, of the members must be practitioners and at least two must be persons appointed as community members.

Adding to the Act, Ministers have also agreed that the National Law will require all national boards to contain at least one practitioner member from each of the larger jurisdictions (Queensland, New South Wales, Victoria, South Australia and Western Australia) and at least one other practitioner member drawn from the three smaller States and Territories (Tasmania, the Australian Capital Territory or the Northern Territory). Members of existing boards and State and Territory boards under the national scheme (see below) will be eligible for appointment to national boards. Members of the Agency Management Committee may not hold an appointment to a national board.

Ministers have also agreed that each national board will have at least one member from a rural or regional area.

State and Territory boards (previously “State and Territory committees”)

Ministers agreed that the main committee of a national board in each State or Territory where a committee is appointed will be known as a State or Territory board, for example the South Australian Board of the Pharmacy Board of Australia. Each national board will need to determine where State or Territory boards will be appointed, taking into account the need to provide efficient processes in each profession.

The role of these State and Territory boards will be to oversee registration and complaints processes in that State or Territory where these functions are delegated to them by the national board. State and Territory boards will perform these functions under the national legislation for the scheme. Appointments to State boards will be made by State Ministers following an open and transparent process.

Ministers also agreed that from 1 July 2010 (and subject to the decision of a national board that there will be a State or Territory board of that national board located in a jurisdiction), members of the existing board in that jurisdiction will comprise that State or Territory board for the balance of the terms of their appointment.

New national regulation of cosmetic lenses

To protect the public from injuries arising from the misuse of cosmetic contact lenses, the Ministerial Council has agreed that the prescribing of cosmetic lenses will be restricted to optometrists and medical practitioners. These are the same restrictions that will apply to the supply of other contact lenses under the new scheme.

Area of need arrangements

The Ministerial Council agreed that national boards will be required to consider applications for registration from practitioners seeking to work in a location or position that has been declared by the relevant State or Territory Minister as an area of need. Boards will determine whether the practitioner is eligible for registration and, if registration is granted, what conditions will apply.

Privacy protections for practitioners and consumers

Ministers agreed to build on the Commonwealth's leadership and adopt under the national scheme the Commonwealth National Privacy Principles and privacy regime (or its successor). This will provide practitioners and consumers with the protection needed in relation to information collected by the national boards and the national agency.

Location of national office

Ministers agreed that the national office of the new Australian Health Practitioner Regulation Agency will be located in Melbourne.

Next steps

Ministers agreed that these decisions should be included in the exposure draft of the *Health Practitioner Regulation National Law Bill 2009*, which will provide the legal framework for the national scheme. The exposure draft of the legislation will be released by the Ministerial Council later in 2009 for a further round of public consultations.

When comments have been received on the exposure draft, the Ministerial Council will determine the final form the legislation should take.

Melbourne
8 May 2009