



**NATIONAL REGISTRATION AND ACCREDITATION SCHEME  
FOR THE HEALTH PROFESSIONS**

**Response from the Medical Practitioners Board of Victoria  
to the Consultation Paper on  
Issues Supplementary to the Intergovernmental Agreement on a National  
Registration and Accreditation Scheme for the health professions to be  
included in the first bill**

The Medical Practitioners Board of Victoria is a statutory authority established to protect the community and guide the medical profession.

The Board registers doctors, investigates complaints about doctors, monitors the health of doctors who are ill and may be unfit to practise medicine, and develops guidelines for the profession.

The Medical Practitioners Board of Victoria is pleased to be offered an invitation to respond and offer comment on matters covered by the COAG Intergovernmental Agreement which are to be included in the first Bill on the National Registration and Accreditation Scheme to be introduced in the Queensland Parliament.

Board Members and the senior management staff of the Board have given careful consideration to the consultation paper on issues supplementary to the Intergovernmental Agreement and below are the Board's thoughts and responses to the consultation paper.

The Board would also like to take the opportunity to inform the Practitioner Regulation Subcommittee the role of the Victorian Doctors' Health Program. The subcommittee may be aware of the existence of this program which supports the rehabilitation and provision of medical services to doctors with health issues. The Board has funded the VDPH for a number of years and strongly believes that it is vital for this program to continue to both exist and be funded under any national scheme. The Board is uncertain as to where this might fit within the consultation paper but wishes to draw the subcommittee's attention to the program and its need to continue. More details of the program can be found at [www.vdhp.org.au](http://www.vdhp.org.au)

<p><b>2. Australian Health Workforce Ministerial Council</b></p> <p>2.1. Publication of decisions</p>	<p>The Board sees it as critical that all interventions by the Ministerial Council must be transparent and published by the Ministerial Council at the time of decision.</p>
<p><b>3. Australian Health Workforce Advisory Council</b></p> <p>3.2. Sitting fees and allowances, and length of appointment</p> <p>3.3. Conflict of interest</p> <p>3.4. Leave of absence and acting members</p> <p>3.5. Resignation and removal</p> <p>3.8. Reporting requirements</p>	<p>The Board believes that information as to who makes appointments to the Advisory Council be included in this paragraph.</p> <p>Both potential and perceived conflicts must be disclosed.</p> <p>The Board suggests that provision for leave of absence and acting arrangements for members could be at the discretion of the Chair as is the case in clause 4.3.</p> <p>The Board questions whether the Chair of the Ministerial Council should have the sole power to terminate the appointment of an Advisory Council Member; should not the appointing authority alone have this power? The question to ask – <b><i>“Should Ministerial Council have the power of appointment and termination of its own Advisory Council?”</i></b></p> <p>Further the Board wonders if there should be additional grounds other than those noted at 3.5 that relate to the termination of appointment of an Advisory Council member. These other grounds might be serious misconduct and the like.</p> <p>The Ministerial Council should report not only on its role but on its duties, responsibilities, findings and outcomes, as soon as possible after 30 June each year.</p>

<p><b>4. National Agency</b></p>	
<p>4.2. Terms of office – length of appointments, sitting fees and allowances</p>	<p>A technical point: the Board believes that there will be the need to stagger terms of appointments initially so that not all appointees finish their term as members of the agency management committee at the same time. Alternatively the Board believes that provision might be made for half to be reappointed after the first term. Additionally re-appointment options should be communicated in 4.2.</p>
<p>4.9. Staffing arrangements – capacity to employ, set terms and conditions</p>	<p>The Board agrees with this clause and questions whether further information might be provided relating to transitional provisions for staff of existing Boards.</p>
<p>4.10. Financial provisions</p>	<p>The Board believes that there needs to be a clearer definition of “...the appropriate resources of the Registration Boards”. The Board is of the clear opinion that the resources of the Registration Boards by state and by profession need to be applied to the practitioners from that profession and from that state. This is as distinct from these resources being pooled and redistributed to practitioners of other states and from other health professions. The Board is quite clear as to how it sees this redistribution of resources occurring. The Board believes that words relating to provision of internal and external audit should be included under “Agency Funds”. In addition to “fee-setting powers” there needs to be provision for setting of fees for the provision of other services such as provision of extracts from the (National) register - which is a common fee imposed by Boards currently.</p>
<p>4.12. Reporting requirements for agency</p>	<p>The Board agrees with this clause.</p>
<p>4.13. Relationship to other bodies such as Auditor-General and Ombudsman</p>	<p>The Board believes that there will need to be specific relationships annotated where there are legislative arrangements and accountabilities which are relevant only in some jurisdictions. An example of this would be the Victorian Charter of Human Rights and Responsibilities.</p>

<p><b>5. National Boards</b></p> <p>5.1. Names of Boards</p> <p>5.3. Sitting fees and allowances, and length of appointment</p> <p>5.6. Resignation and removal</p> <p>5.7. Coverage for legal liability – indemnities and immunities</p> <p>5.8. Reporting requirements</p> <p>5.11. Responsibility for developing accreditation standards (accreditation committee or bodies)</p>	<p>The Board believes that the standards of conduct in some cases will depend on existing state and territory laws (for example – those relating to mandatory reporting of child abuse and the like).</p> <p>Section 1.23 of the IGA relating to Board composition: Registrants of the relevant profession will form the majority of each board rather than ‘members’. Similarly, 1.23 (a)...The chair must be a registrant of the relevant profession, rather than a ‘member’; and similarly for 1.23 (b).</p> <p>Section 1.24 of the IGA relating to Board members being appointed by the Ministerial Council: it is likely that there will be a need to stagger the appointment for the duration of the first or second term. In addition the Board believes that National Boards must comprise a relevant mix of generalist and specialist practitioners and an appropriate mix of states. Further the Board is of the strong opinion that a local presence is critical for success.</p> <p>The Board agrees with the name ‘Australian Medical Practitioners Board’.</p> <p>The Board strongly believes that fees should be contemporary in scale and should recognize preparation time for participation in Board activities such as meetings and hearings, either in time taken for this preparation or in the rate of remuneration. Further when it comes to appointments of a period of three years there will be a requirement to stagger the appointments as noted above.</p> <p>The Board agrees with the all aspects of this clause.</p> <p>The Board agrees with the clause.</p> <p>The Board agrees with this clause.</p> <p>The Board believes strongly that the Australian Medical Council accreditation function should be retained. Thought might be given to the AMC extending its accreditation function to include accreditation in other professions.</p>
<p><b>Structure of the New Scheme</b></p>	<p>Re the “Structure of the New Scheme” – the Board feels that the role of National Committees must be more clearly defined.</p>

