

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

Chiropractic Boards response 15 December 2008

CONSULTATION PAPER

Proposed arrangements for information sharing and privacy

Issued by the Practitioner Regulation Subcommittee
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ATTACHMENT 1: Publicly available content of current registers ... Error! Bookmark not defined.

ATTACHMENT 2: National Privacy Principles..... Error! Bookmark not defined.

1 Background

1.1 Scope of paper

This paper is one in a series of consultation papers on matters that require decision in order to prepare the second stage of legislation to establish the National Registration and Accreditation Scheme for the Health Professions.

It addresses policy with respect to the following activities of the national scheme:

- information required to operate the scheme
- information collected for various purposes
- sharing of information with other agencies, and
- privacy protection.

The paper is designed to outline and seek guidance on the range of regulatory tools that should be available in a national registration scheme to deal with information sharing and privacy.

It is recognised that at present, different jurisdictions have differing systems. This paper seeks to consolidate and take the best of these approaches for the national system. In doing so, the matters outlined by Ministers as key factors in the further development of the national scheme have also been addressed, that is the system needs to:

- ensure that public protection is paramount
- maintain a high degree of transparency
- adhere to specific related legislation, and
- be appropriately accountable.

In this paper, references to the agency and the boards relate to the entity which has the legal authority in a matter and not the entity which may, in the case of the agency, be acting under powers delegated by the boards. In addition, references to the Ministerial Council relate to the Australian Health Workforce Ministerial Council, being a statutory body with powers in relation to the national scheme.

1.2 Overview of the implementation of the national scheme

The national scheme as agreed by the Council of Australian Governments (COAG) at its meeting on 26 March 2008. On this date COAG signed the Intergovernmental Agreement (IGA) for a National Registration and Accreditation Scheme for the Health Professions. The IGA can be downloaded from the following website: www.nhwt.gov.au/natreg.asp.

To implement the new scheme, national legislation will be introduced in the Queensland Parliament in two stages. The first piece of legislation was introduced in the Queensland Parliament on 29 October 2008 and covers those aspects of the COAG Agreement that address the structural elements of the national scheme.

The second piece of legislation is expected to be introduced in the Queensland Parliament in August 2009 and will cover matters where further work and discussion is required beyond the terms of the COAG Agreement. These include:

- registration arrangements
- accreditation arrangements
- complaints, conduct, health and performance arrangements
- privacy and information sharing arrangements, and
- other matters.

Health Ministers have announced a process to ensure that professions, consumers, registration boards and education providers, as well as members of the general public, have the opportunity to contribute to the implementation of the national scheme.

When developing the national scheme legislation, Ministers will use as their guiding principles that:

- the safety of the public is paramount
- high quality health care must be protected and advanced, and
- governments should be accountable and processes transparent.

Ministers have given a commitment that consultation papers on key issues will be made available, with the opportunity for anyone to provide a submission if they wish. All submissions will be due before the end of 2008 with different dates for different topics. In the case of two main topics, complaints and disciplinary arrangements, and privacy and information sharing arrangements, two national public consultation meetings will be held, one has already been held in October and one in November 2008.

When the feedback and submissions have been analysed, Ministers will develop a final set of proposals for the overall policy directions for the second piece of legislation. These proposals will also be made available in the form of an exposure draft of the second piece of legislation for comment. A national forum and State and Territory forums will be held in mid-2009 to discuss the proposals. Further submissions will be accepted at this time, prior to finalisation of the details of the national scheme and preparation of the final legislation.

The project website www.nhwt.gov.au/natreg.asp will post all consultation papers as they are issued on the national scheme and the implementation process.

1.3 How to have your say

As described above, this paper is one in a series of consultation papers on matters that will require decisions from governments, to develop the second stage of legislation governing the national scheme.

The paper presents a number of proposals, some with alternative options, regarding the arrangements for information sharing and privacy under the new scheme. Governments are seeking comments and submissions from interested parties, particularly on those proposals highlighted in boxes within the text, prior to finalising their decisions on national laws to regulate the scheme.

If you wish to provide comments on this paper, please lodge a written submission in electronic form, marked "Information Sharing and Privacy Submission", Attention: Practitioner Regulation Subcommittee", at nraip@dhs.vic.gov.au by close of business on Monday, 15 December 2008. Please note that your submission will be placed on the website after the closing date for all submissions unless you indicate otherwise.

1.4 The Intergovernmental Agreement

There are a number of clauses in the IGA that refer to information and the public register as follows:

1.17 The role of the national agency will be to:

- (a) maintain up-to-date and publicly accessible national lists of accredited courses and registered practitioners with entries relating to individuals to include any conditions or restrictions on professional practice...*

1.18 The national office will have the following functions:

- (a) *maintain the national registers of health practitioners and lists of accredited courses...*

1.31 *The recognition of specialist qualifications (for example, medical and dental specialties) will be achieved by:*

- (a) *the relevant board being empowered to 'endorse' or 'notate' the registration of a suitably qualified practitioner, with this information entered on an integrated register against that practitioner's name;*
- (b) *public identification and communication of recognised specialties, specialist titles and approved qualifications, identified through the public registers and via guidelines issued by the relevant board (rather than via an extensive list of specialties and associated specialist qualifications listed in regulation under the legislation);*
- (c) *general statutory offences that prevent unregistered or unauthorised persons from using any title that could induce a belief that the person is endorsed as a specialist, or from holding themselves out as a specialist in one of the established specialties (rather than offences for use of the separate specialist titles); and*
- (d) *recognition of new specialties or specialty areas of practice on professional registers to be subject to the approval of the Ministerial Council.*

The chiropractic registration boards support the principles 1.17,1.18,1.31.

The IGA has not given detailed consideration to information sharing and privacy.

1.5 Principles

It is proposed that the policy framework relating to the information sharing and privacy be framed in a way that:

- (a) provides for a robust system to protect public safety
- (b) builds on the best aspects of existing schemes
- (c) balances the rights and interests of consumers with those of health practitioners
- (d) clarifies the governance of information held as part of the scheme
- (e) reflects the intent of the Intergovernmental Agreement, and
- (f) provides for information sharing necessary to meet the reasonable information requirements of a range of parties for information on the registration status, standing and authorities to practice of registered practitioners.

2 Overview of information required to operate the scheme

The new national boards and the agency will collect and process a range of information, including personal and sensitive health information about registrants, in order to successfully undertake the registration and accreditation functions. The information functions of the boards and the agency will include the following:

- the boards and agency will collect and use personal information provided by registrants when they apply for and renew registration
- the agency will develop and assign a unique identifier to each registered practitioner
- the agency will establish and maintain a public register which will include personal information about each registered practitioner

- the boards will collect and use personal and sensitive health information from complainants/ notifiers and will need to be able to disclose that information to other relevant parties and regulators
- the boards will establish information sharing protocols with a number of other Commonwealth, and State and Territory governments, the National E-Health Transition Authority (NEHTA), as well as overseas registration authorities, and
- arrangements will be made to provide de-identified health workforce data to government, and as a public resource.

The regulatory framework will need to fulfil two key functions where this relates to information sharing and privacy. First, it must facilitate the flow, on a national basis, of the personal and sensitive health information that the agency and boards need to undertake their roles. Second, it must protect against the misuse of that information.

In designing such a framework, an appropriate balance will need to be reached between enabling the flow of information for the functions of the agency and boards, and protecting the privacy of that information. Various privacy regimes operate within States and Territories and nationally. The national scheme legislation will therefore need to be clear about what information sharing and privacy regime will apply to the scheme.

The chiropractic registration boards support the principles and suggest that provision is made to allow a board to provide copies of, or extracts of, all or part of the register. Fees would be prescribed for this service.

The functions of the agency and boards.

It is proposed that the national scheme legislation confer functions on the agency and boards to authorise the collection, use and disclosure of information required to do the essential tasks assigned to each under the national scheme. Whilst the first Bill to be introduced (known as Bill A) will establish structures for the operation of the scheme, the second Bill (referred to as Bill B) will set out the functions of these structures, including the information sharing and privacy arrangements under which the agency and the boards will operate.

3 Information to be collected

3.1 Information to be collected for initial registration purposes

One of the key functions of the boards under the national scheme is to assess applicants for registration. A range of information is required for this purpose for inclusion on the public register if registration is granted or to administer the scheme.

Information will be collected in the categories described below, but only a limited set of information will be placed on the public register. Section 4.1 lists the public register data items.

Proposal 3.1.1: It is proposed that all requests for information will indicate the purposes for which it is being collected.

Proposal 3.1.2: It is proposed that the national scheme legislation provide for the following key categories of information for the registration of individuals.

a) Name and contact details	<p>Full name and all previous names (including date of name change) will need to be provided. Applicants will also need to provide sufficient contact details to enable contact by phone, email, fax or mail. Registrants may opt to receive notification of renewals by email.</p> <p>In order to properly identify the individual, home address as well as nominated contact address will be collected. The contact address may be a workplace or another address. There will be requirements to keep contact details up to date.</p>
b) Date of birth	<p>In order to properly identify an applicant, date of birth will need to be collected.</p>
c) Qualifications	<p>In order to be registered, applicants will need to provide a transcript of qualifications obtained which entitle them to registration, the year obtained and the institution that awarded the qualification. Verification of qualifications may be required from the institution issuing the award.</p> <p>In addition, proof of satisfactory completion of a requisite examination or period of supervised practice (including date of completion) will be required, where relevant.</p>
d) Overseas registration details	<p>If applicants have overseas qualifications and have previously been registered overseas, they will be expected to arrange for the relevant regulatory authority to issue a Certificate of Good Standing directly to the board or relevant assessment body. A decision will be required as to whether this is required from the initial and most recent country of registration, or from all countries in which the applicant was registered, or for a specific time period.</p> <p>Additional requirements may include a work statement, evidence of competence to practice and of English language proficiency.</p>
e) Details of recency of practice and other requirements	<p>Some boards may require evidence of recency of practice for initial registration for practitioners returning to work or commencing work in Australia. Boards will also have powers to require other information for registration, including evidence of continuing professional development and qualifications for endorsement of registration.</p>
f) Criminal record	<p>Some State and Territory legislation empowers, but does not require, criminal history checking of applicants. Options for criminal history checking in the national scheme are discussed in the <i>Consultation Paper on Proposed Registration Arrangements</i> issued 19 September 2008. If a decision supporting criminal record checking as a condition of registration is reached, this information will need to be collected and recorded.</p>
g) Professional indemnity insurance	<p>Options for professional indemnity insurance arrangements under the national scheme are discussed in the <i>Consultation Paper on Proposed Registration Arrangements</i> issued on 19 September 2008. Again, if a decision supporting professional indemnity insurance as a condition of registration is reached, this information will need to be collected and recorded.</p>
h) Registration details	<p>Once registration is granted, then registration details will be recorded including registration identifier, date of first registration, renewal date, class of registration, division, conditions on registration, specialities and other endorsements.</p>

The chiropractic registration boards support 3.1 and suggest that all practice address(s) should be collected. The chiropractic registration boards recommend that a preferred

contact address be provided for correspondence and for use as the address that is placed on the register.

There should be a requirement that it be an offence to not update these details.

The chiropractic registration boards support including a section to seek a history of any previous disciplinary matters and an explanation.

3.2Employer details

The ability to notify employers of changes in registration status or conditions on practice would help to provide significant protection for the public. However, it is not currently common practice for the name and address of employers to be collected as part of the registration process (although some practitioners may nominate a work address as their contact address).

Under current arrangements, the New South Wales Medical Board has the power to require registrants under investigation to provide to the board, employer contact information (including health care settings at which the registrant is accredited to practice).

Proposal 3.2.1: It is proposed that the national scheme legislation provide the boards with the power to collect employer details and other similar details in order to enable notification by the relevant board to employers when a practitioner's registration status changes or conditions are placed on practice.

There are two options to give effect to this arrangement:

Option 1: Require name and address of employer, public health organisations, private hospitals, day procedure centres or nursing homes at which the practitioner is accredited to be recorded on registration and updated on renewal.

Option 2: .

The chiropractic registration boards recommends that a registrants place(s) of work be recorded as part of the application process, and be updated as any changes occur.

The chiropractic registration boards support the boards having a power to require the practitioner to provide these details to the board, as necessary .

3.3The unique identifier

Proposal 3.3.1: It is proposed that the legislation require that each registered health practitioner be allocated a unique identifier in the new registration system.

The chiropractic registration boards support 3.3.1

The identifier number will be unique to the individual practitioner and may be linked to registration in multiple professions within the national scheme. For example, if the registrant is registered as a nurse and subsequently qualified for registration as a doctor, the same unique identifier would apply to the registrant. Should the practitioner's registration cease, for example, because of absence from the workforce for a period, the same unique identifier would be allocated following any re-registration process.

The format for the unique identifier will be developed in consultation with other health information bodies concerned with health practitioner identification and authentication, such as NEHTA and Medicare Australia.

The unique identifier has the capability to enable clear identification of health providers for the first time in Australia. As a result, it can deliver significant additional public benefit. Some of these benefits are discussed in the section of this paper dealing with information sharing. However, the power to adopt, use and disclose information in specific situations would need to be addressed in the national scheme legislation and in the legislation governing the bodies with whom this information is shared.

Proposal 3.3.2: It is proposed that the national scheme legislation authorise NEHTA and Medicare Australia, to adopt, use and disclose the unique identifier allocated to practitioners in order to enable e-health developments and other information sharing in the public interest. It is further proposed that the legislation governing the operation of NEHTA and Medicare Australia provide appropriate protection for the information provided to these agencies by the national scheme.

The chiropractic registration boards support a numeric identifier for a registrant. Many health professions have registrants who are issued with a medicare/health insurance commission provider number. Dept. of veterans affairs issues registrants a different number. Health Insurance funds issue provider numbers to Chiropractors / Osteopaths / Physiotherapists and others. Each health insurance fund can use a different number for the same practitioner. These numbers are usually location specific. There is merit in initiating a registration identifier that can be used for all of these circumstances. If it is important to

differentiate different locations of work then post-scripting may be useful (eg john smith #45678- a)

3.4 Identity checking on initial registration

Most jurisdictions do not currently have a legislated requirement for identity checking of applicants. However, while many do perform checks of this kind, practices can differ.

Under current registration arrangements, the number of detected cases of identity fraud is low compared to the number of registrants, due in part to the relatively small number of professionals against whom checks are made. However, with the move to a national scheme, there is an opportunity for improved identity fraud detection arrangements. Also, other bodies that rely on registration processes as a compliance check may assume that a registrant's identity has been checked as part of this process and therefore not undertake their own identity checking. Identity checking at the point of registration would minimise the burden on health practitioners as they would not need to prove their identity to other health services subsequently.

It is noted that the risk profile of applicants for registration is likely to vary not only by profession but also by sub-categories of applicants. It is assumed that any additional costs of identity checking would be charged to applicants through increased registration fees.

Proposal 3.4.1: It is proposed that the national scheme legislation provide a power for boards to require identity checking, through photo identification and a "100 point check" system.

There are three options to give effect to this arrangement:

Option 1: All boards to require identity checking on initial registration post 1 July 2010, but not for existing registrants.

Option 2: Boards to decide whether identity checking along the lines of Option 1 will be required in their profession.

Option 3: Boards to decide whether identity checking along the lines of Option 1 will be required for only some applicants for registration.

The chiropractic registration boards support that an identity test should apply to all new registrants from 1 July 2010 (option 1) and that the board be able to request confirmation of identity from any registrant should the board have reasonable grounds.

3.5 Document checking on initial registration

It is important to the integrity of the national scheme that the documents provided to the relevant board by applicants are checked for authenticity, that the documents submitted provide full evidence of the required qualifications, and that they are formally verified, if required, from the source.

The chiropractic registration boards agree

3.6 Information to be collected on renewal

At the time of renewal of registration, it would be expected that registrants will confirm current details and notify the national board of any changes to details such as name, contact details, employer details, professional indemnity insurance and criminal record, where relevant.

There may also be a requirement for registrants to notify the relevant national board of changes to contact details within a specified time, apart from at renewal. Notification of registrant contact details in the national scheme are discussed in the *Consultation Paper on Proposed Registration Arrangements* issued 19 September 2008. A decision on this matter as a condition of registration will need to be reflected in the renewal information to be collected and recorded.

The chiropractic registration boards agree. The chiropractic registration boards recommend that it is a requirement that a registrant notify the board of a change in contact details and that failure to do so within a determined period would constitute an offence.

3.7 Information to be collected when investigating complaints/notifications and dealing with performance, health and conduct matters

When the board is investigating matters related to performance, health or conduct it will need powers to collect information, documents and evidence. This may include personal information about practitioners, employers, complainants/notifiers and patients.

This information will be protected by the confidentiality provisions in the national scheme legislation and by the privacy regime also reflected in the legislation. These issues are canvassed later in this paper.

The chiropractic registration boards agree.

3.8 Information to be collected for workforce planning purposes

Note: A discussion on information to be placed on the public register follows at section 4.

A sound evidence base is required to inform policy decisions and public debate on workforce supply and demand, distribution, utilisation and design in order to meet projected health workforce requirements. This evidence base is needed as a public resource and not just for governments including the professions and other interested parties.

The current evidence base for workforce planning purposes consists of profession-specific, voluntary and paper-based labour force surveys, which are undertaken annually at the State and Territory level. Health practitioners are asked to complete their respective labour force survey concurrently with their application for renewal of registration, however, it does not form part of this renewal process. Survey results are then provided to the Australian Institute of Health and Welfare (AIHW), which collates all the information for the purposes of national, State/Territory and regional workforce planning. The AIHW also produces labour force reports with the data.

The current process of acquiring labour force data from health practitioners is unsatisfactory for a number of reasons. First, the voluntary nature of the request has seen a decline in response rates in recent years. Furthermore, as each jurisdiction is responsible for its own data items, differences in surveys have reduced data comparability across Australia. There are also problems around duplicate items in some surveys, which increases respondent burden, while multi-State registrations are poorly tracked which may lead to double counting.

It is proposed that Ministers would have the power to request workforce data from the agency and may specify mandatory and voluntary items to be provided as part of the registration process. The data collected solely for workforce planning would be managed by AIHW, rather than the agency and boards.

Proposal 3.8.1: It is proposed that the national scheme legislation provide for the Ministerial Council to specify from time to time, certain data items that must be collected as part of registration and renewal of registration processes where these data items are needed for workforce planning purposes as long as there is a clear need for the data and it is not too burdensome. Note that provision will also be made for additional data to be collected on a voluntary basis.

Proposal 3.8.2: It is further proposed that the current voluntary paper-based labour force surveys conducted by current boards on behalf of jurisdictions be discontinued.

Proposal 3.8.3: It is further proposed that information collected purely for workforce planning purposes will not be made available for board/agency purposes.

The chiropractic registration boards disagree with these proposals. COAG has determined that the boards will not participate in any research activity, sponsor directly or indirectly

such activity. Therefore, while the intent of data collection may be useful; the proposals (3.8.1-3) must not be supported.

It is also clear that with this proposal the National boards and the agency would be required to be actively involved in the data collection process which diverts funding away from their core activity. unless coag determines that Boards can support directly or indirectly such activities.

The chiropractic registration boards also suggest that unless each registrant provided express consent for such data collection that the Ministerial Advisory Council would be unable to collect or distribute data sets.

Information that is additional to that required for registration purposes would need to be provided on a voluntary basis. If a practitioner elected not to provide this information it should not render them ineligible for registration.

The Australian Health Ministers' Advisory Council (AHMAC) has established a National Minimum Data Set Project to consolidate and streamline information requirements for registrants, whilst providing a more robust data set that will enable more effective workforce planning. At this stage, the following data items are likely to be recommended to the Ministerial Council as mandatory for workforce planning purposes. A number of these items are already routinely collected for registration purposes and these are marked with an asterisk below. Note that some of this information will not be subject to change and will be collected only once on registration or first renewal (these are marked with an 'O' below). Categories and individual data items may change from time to time. To summarise, out of 18 proposed mandatory workforce data items, six are required for registration purposes and eight (including four of the six registration items) will only be required once. This leaves eight items additional to registration requirements to be provided mandatorily at each renewal of registration.

Demographics

Country or State/Territory of birth (O)
Date of birth* (O)
Sex * (O)
Indigenous status (O)
Residential postcode

Work characteristics

Labour force status (working/not working)
Field of profession and Specialty/clinical area*
Principal role (eg clinician, educator, etc)
Work sector and setting
Work postcode
Hours worked

Registration characteristics

Registration category, status and type*
Year of first registration* (O)

Qualification characteristics

Country or State/Territory of first qualification (O)
First qualification title (O)
Year of first qualification* (O)

Citizenship characteristics

Permanent resident status
Visa status

- O indicates items that will be collected only once at the point of initial registration or first renewal after commencement of the scheme
- * indicates items required as part of the registration process

Proposal 3.8.4: It is proposed that the national scheme legislation provide for the Ministerial Council to require that specified, de-identified information is provided to the Council and any of its committees for workforce planning analysis.

The chiropractic registration boards support the intent but require assurances that any data that is collected that is not relevant to “a registration” scheme will need the consent of each respective registrant.

Equally all registrants at 1.7.2010 would need to provide consent also.

Feedback received so far from stakeholders suggests that any requirement to provide workforce data as a mandatory part of registration and renewal is accompanied by a requirement that the national scheme makes this publicly available.

Proposal 3.8.5: It is proposed that the national scheme legislation requires that de-identified information relevant to workforce planning is made publicly available in a timely manner and by suitable means.

The chiropractic registration boards would support 3.8.5 assuming that publicly available means that the documents generated from the collected data would be in the public domain.

The preferred option for achieving this is via an external body such as the AIHW. Under this arrangement the external body would be the authoritative source of this workforce data.

4 Publicly available information

Under the national scheme legislation, the agency will be responsible for maintaining the public registers. The key issues for resolution are what information should be available to the public, in what form and how should it be able to be searched.

4.1 Information on the public register

Although a range of information is collected to administer the national scheme, only essential information to protect public safety needs to be provided as part of the public register.

There are currently a number of public registers provided by existing boards. Details of what is publicly available on these registers are provided at [Attachment 1](#). The following proposal draws on what might be regarded as best practice in these registers.

Proposal 4.1.1: It is proposed that the national scheme legislation specify that the following categories of information in relation to each registrant are available on the public register:

- (a) Current name
- (b) Sex
- (c) Postcode of contact address and name of postcode area
- (d) Registration identifier
- (e) Date of first registration
- (f) Renewal date
- (g) Class of registration (where relevant)
- (h) Division (where relevant)
- (i) Conditions on practice (where relevant)
- (j) Date of suspension and date suspension is to end (where relevant)
- (k) Endorsed specialities (where relevant), and
- (l) Other endorsements (where relevant).

It is proposed that the national scheme legislation only specify the categories of information in the form described above and the specific items be determined from time to time by the agency on the combined recommendation of the boards.

The chiropractic registration boards recommend that

1. **item c read 'preferred contact address'**
2. **item m read 'disciplinary history', or similar**

4.2 De-registered practitioners

Practitioners may cease to be registered for a variety of reasons including non-renewal, family responsibilities, change of career, travel overseas, death, or retirement. Practitioners may also be de-registered as a result of a tribunal decision.

If a practitioner has chosen, voluntarily, to let their registration lapse, then it can be argued there is no public policy reason to continue to show the practitioner on the public register. On the other hand, if the de-registration is a result of a tribunal decision, then it may provide important information to the public to continue to list the practitioner on the public register, but show them as de-registered for conduct reasons. However, there may be a degree of unfairness if some practitioners who are being investigated for conduct matters opt to cease registration in an effort to avoid further scrutiny and public identification.

There are four options for recording de-registered practitioners.

Option 1: De-registered practitioners could appear on the register with a status of de-registered.

Option 2: De-registered practitioners could be removed from the public register.

Option 3: Practitioners de-registered for conduct reasons could appear on a separate register of de-registered practitioners.

Option 4: Practitioners de-registered for conduct reasons could continue to be shown on the public register with the status of de-registered for conduct reasons.

Proposal 4.2.1: It is proposed that the national scheme legislation provide that Option 4 be adopted and that the names of practitioners de-registered for conduct reasons appear on the public register with an indication that they have been de-registered for conduct reasons.

If this proposal is adopted, there is an issue about how far back should the register go in showing de-registered practitioners. Options include from 1 July 2010, or from some earlier point in time.

Indeed, all practitioners currently listed by existing boards as deregistered for conduct reasons could be incorporated into the new register as de-registered for conduct reasons.

The chiropractic registration boards suggest that there be a de-registered list. That this list contain a historic record of de-registration, such as non-payment of registration fees, retired, professional misconduct. Brief additional notes pertaining to the reason for deregistration may also be included where necessary.

This would also include including those who are de-registered prior to 1.7.2010

There also needs to be a mechanism for registration boards to remove the publication of conditions/ suspension notes after they have lapsed.

4.3 Recording of conditions on practice

It is important to the protection of public safety that conditions on practice are displayed on the public register. These conditions could arise for a number of reasons including:

- the outcome of a performance assessment process
- the outcome of conduct issues
- the outcome of health assessment process, and/or
- restrictions on registration imposed at first registration or on renewal or as part of area of need registration.

More information on these situations is available from the *Consultation Paper on proposed arrangements for handling complaints, and dealing with performance, health and conduct matters*.

Conditions may limit practice of the profession (eg restrict the prescribing of drugs of addiction), or may require that the practitioner undertake particular activities (eg attend a program of drug counselling). It is important that employers can access information about restrictions on professional practice from the register.

Proposal 4.3.1: If conditions on practice relate to practitioner health or impairment issues, it is proposed that the national scheme legislation provide that the public register record that a health condition applies, with no further details appearing on the register. However, if specific restrictions on professional practice apply, they would appear on the register.

The agency could release information about health conditions in particular circumstances if it was judged to be in the public interest but the test would be a high one.

The chiropractic registration boards find the above proposal difficult in that it proposes that a health condition would be non-specific on the register; but suggests employers should be able to access the detailed info then saying the full information could be released.

The chiropractic registration boards suggest that whether a matter is conduct, performance or health impairment related that the outcomes should be published. The chiropractic registration boards would suggest that some sensitivity in the wording is used.

The chiropractic registration boards note with concern that the agency could release information.....The agency should not release personal information except that which is on the register

4.4 Online public register

There are a number of risks with online registers that need to be addressed, particularly relating to potential commercial use of the register.

It is planned to make the register available online, with certain restrictions on how the register could be searched. For example, it would not be possible to download the entire register to prevent duplication for inappropriate purposes, such as marketing. The register could, however, be searched by specific fields such as name, registration identifier or postcode. There will be no fee payable for search of the online public register.

The chiropractic registration boards agree.

4.5 Release of public register information

The agency should not be permitted to make a profit from the register.

Persons who require access to public register information may make application for its release. Fees may apply in order to recoup costs of provision of the information. It would be expected that applicants indicate the purpose for which they are seeking information. Information would not be released for commercial purposes.

Proposal 4.5.1: It is proposed that there be a general power in the national scheme legislation to allow any person to obtain a copy of, or an extract from, the register on payment of the fee determined by the agency. It is proposed that the agency would have a power to refuse to provide a copy of the register to any person unless satisfied that it is in the public interest to do so.

The chiropractic registration boards agree with the intent but are concerned that any fee for this is not determined by the agency. Fees are determined and agreed by the boards and the agency.

The chiropractic registration boards argue that it is not up to the agency to decide who should receive access to the register, but that it is a board matter(as is the case now).

4.6 Public access to the findings of formal proceedings

Under the national scheme, a tribunal in each State and Territory will hear serious disciplinary matters and appeals. (For further information see the *Consultation Paper on complaints*.) It is proposed that tribunal decisions be published on the website by the agency, unless the tribunal has ordered otherwise, in which case a confidential information notice would be published.

Proposal 4.6.1: It is proposed that the national scheme legislation provide for the publication of tribunal decisions relating to registrants where it is in the public interest to do so.

The chiropractic registration boards agree and such decisions should also reflect on the register.

Similarly, when boards or committees consider conduct matters, decisions may be made public.

Proposal 4.6.2: There is a public interest in making board or committee decisions in relation to conduct matters public. It is proposed that decisions be published on the register of decisions on the agency's website.

There are two options to give effect to this arrangement:

Option 1: All conduct decisions of boards or committees are published (with patient details de-identified).

Option 2: Boards may order that certain decisions are confidential and order that the decision register contain a confidential information notice.

The chiropractic registration boards recommend that the proposal read

- **All conduct decisions of boards or committees are published on the register and**

- **On the boards website (with patient details de-identified); and that**
- **Boards may order that certain decisions are confidential and order that the decision register contain a confidential information notice.**

When the boards and their committees or panels make performance management and health management decisions it is proposed that these not be published. These streams involve working co-operatively with the registrant to improve performance. This could be jeopardised by the publication of decisions.

The chiropractic registration boards suggest that whether a matter is conduct, performance or health impairment related that the outcomes should be published. The chiropractic registration boards would suggest that some sensitivity in the wording is permissible.

However, if there could be some educational benefit to the profession from the publication of de-identified case studies relating to performance management or health management, the board should be able to exercise discretion to do so.

It is further proposed that there be a power to remove decisions from the register of decisions at the discretion of the relevant board. This will allow old decisions to be removed when no longer relevant.

The chiropractic registration boards support this principle.

5 The privacy regime

Australian information privacy law consists of a patchwork of Commonwealth, State/Territory, and private and public sector legislation as well as, in some States, administrative arrangements or guidelines that do not have a legislative basis. In some jurisdictions there are specific laws that deal exclusively with sensitive health information but in others health information is covered by general information privacy laws.

Although all information privacy legislation can be seen as having a common intent – the regulation and control of the collection and handling of personal information – the result in practice is that each piece of legislation contains different obligations that are implemented in a variety of different ways. As the Australian Law Reform Commission (ALRC) has recently said in its report on Australian Privacy Law and Practice “Australian privacy laws are multi-layered, fragmented and inconsistent”. It also identified inconsistent regulation, particularly in the health sector, as causing complexity, significant compliance burdens and costs as well as impeding projects in the public interest such as health research.

A fragmented and inconsistent regulatory approach to the privacy of personal and health information collected and handled by the agency and the boards will significantly obstruct them in achieving the policy objectives set for the national scheme.

There are a number of ways in which a single privacy framework can be applied to the work of the national scheme but each has a common characteristic – the adoption and implementation of a single privacy law that covers all of its information collection and handling activities, including its administration of the practitioner register. Because of the various ways in which privacy principles are currently implemented nationally, it is unlikely that the adoption of a single set of privacy principles (rather than a single privacy law) would achieve this objective.

Consideration is currently being given to undertaking a Privacy Impact Assessment in 2009. This will ensure that all aspects of the scheme have been considered in relation to privacy impacts.

5.1 Legislative options

There are several options that are capable of achieving uniform privacy treatment for all of the national scheme's information practices. Each of these involves either selecting an existing privacy law and applying it to the national scheme or designing a bespoke privacy law specifically for the national scheme.

Option 1: Using an existing privacy law

There are three main options – use the private sector provisions of the *Privacy Act 1988*, use the public sector provisions of the *Privacy Act 1988* or use an existing State or Territory law.

(a) Use the private sector provisions of the *Privacy Act 1988*

Adopting this option would satisfy the key policy requirement of ensuring that the national scheme operates within a single privacy law. The private sector provisions of the *Privacy Act 1988* apply a higher standard of protection for health privacy through its use of the National Privacy Principles (NPPs) (see [Attachment 2](#)), than the equivalent Commonwealth public sector regime, which incorporates the Information Privacy Principles (IPPs). Most State and Territory privacy laws are based on the NPPs and the private sector is governed by these NPPs.

(b) Use the public sector provisions of the *Privacy Act 1988*

Although this option is capable of producing a single privacy regime, it has several disadvantages. First, the Commonwealth's public sector IPPs do not offer the same degree of privacy protection for personal health information as the NPPs. Secondly, under this option, the national scheme would operate using a different and lower standard of privacy protection than that which the private sector is required to comply with.

(c) Use an existing State or Territory law

There is no clear advantage of this option over option (a). Although most of the State and Territory privacy and information laws are based on the NPPs, there is no clear rationale for selecting one State/Territory law over another. Moreover, there is a greater degree of national familiarity in the health sector with the Commonwealth law than there is with the privacy laws of each of the States and Territories.

Option 2: A bespoke privacy law

The main disadvantage with this approach is that a purpose built privacy regime would potentially introduce more diversity and lack of consistency into the Australian patchwork of privacy provisions.

Proposal 5.1.1: It is proposed that the national scheme legislation use the private sector provisions of the *Privacy Act 1988* as the basis for the privacy arrangements in the national scheme.

The chiropractic registration boards support this.

5.2 Reference or incorporation

There are two ways in which these provisions could be applied to the national scheme. Adopting the Commonwealth privacy provisions by reference would mean that the privacy regime applying to the scheme would be subject to legislative decisions made by the Parliament of Australia. The advantage of this approach is that there would be a single parliamentary process in relation to the privacy laws for the national scheme.

Alternatively, adopting the Commonwealth privacy provisions by incorporation would mean the replication of the core privacy provisions in the national scheme legislation and the inclusion of the NPPs in a schedule to this legislation. The current NPPs are provided at [Attachment 2](#). The advantage of this approach is that the privacy requirements would be easily identified through the national scheme's legislation.

Under either of these two options, any complaints relating to the management of personal information would be considered by the Commonwealth Privacy Commissioner.

Proposal 5.2.1: It is proposed that the existing Commonwealth private sector privacy regime and National Privacy Principles are incorporated by reference into the national scheme legislation.

The chiropractic registration boards agree.

It is noted that all governments are currently reviewing national privacy provisions which may in future be subject to change.

6 Confidentiality

Officers of the agency and members of boards, committees and panels will be expected to observe confidentiality in relation to information obtained in the course of their work, unless authorised to release information in specific circumstances.

The national scheme legislation will require officers and members to observe confidentiality except in specified circumstances, such as:

- the execution of functions under the Act
- creation and maintenance of the public register as specified in the Act
- court or tribunal proceedings
- an order of a court or tribunal
- the investigation or the enforcement of a law of any State or Territory or of the Commonwealth, and
- following the written authority of the person to whom the information relates.

The chiropractic registration boards agree.

7 Information sharing

7.1 Enabling e-health developments

As outlined in section 3.3, the use of the unique identifier allocated by the national scheme for other purposes to support e-health developments is proposed, as long as appropriate legal protections are in place for the receiving body.

Legislation is currently under development to provide an appropriate regulatory framework for e-health, including healthcare identifiers to be used in e-health. NEHTA is currently developing for governments, national standards and specifications to support the electronic collection and secure exchange of health information.

The use of identifiers is common, particularly in the health sector, because they provide an accurate means of identification for clinical purposes and increase administrative efficiency. There has been wide ranging debate regarding the privacy risks that identifiers pose given they enable the linkage and aggregation of disparate sources of information about individual practitioners. For this reason, many privacy laws restrict the adoption and use of identifiers that have been assigned by government agencies. For example, under NPP 7 of the *Privacy Act 1988*, a private sector organisation cannot adopt as its own identifier of an individual, an identifier assigned by a Commonwealth agency. The equivalent protection will need to be built into the national scheme legislation to ensure that the identifier assigned to each health practitioner by the agency cannot be widely adopted.

Proposal 7.1.1: It is proposed that the national scheme legislation prevents the adoption of the scheme's health practitioner identifier for other purposes by other bodies. The legislation would

also need to exempt the adoption and use of the identifier for e-health purposes subject to legislation providing appropriate protections being in place to oversight such e-health activities.

The chiropractic registration boards support a numeric identifier for a registrant. Many health profession have registrants issued a medicare/health insurance commission provider. Dept. of veterans affairs issues registrants a different number. Health Insurance funds issue provider numbers to Chiropractors/ Osteopaths / Physiotherapists and others.

Each health insurance fund can use a different number for the same practitioner. These numbers are usually location specific.

There is merit in initiating a registration identifier that can be used for all of these circumstances. If it is important to differentiate different locations of work then post-scripting may be useful (eg john smith #45678- a)

In practical terms a single identifier for many purposes has merit, however this argues to the contrary.

Surely for the public, practitioners and Boards and other agencies LESS identifiers are beneficial.

Once e-health arrangements are in place with an appropriate legislative framework, it is envisaged that the agency would provide to the healthcare provider identifier service established by NEHTA, information relating to registrants through initial registration and when registration is de-activated, suspended or withdrawn.

7.2 Research

De-identified information falls outside privacy law as it does not constitute personal information except where the identity of the person can “reasonably be ascertained”. Release of de-identified information for research and statistical purposes could therefore occur.

Proposal 7.2.1: It is proposed that the national scheme legislation provide for de-identified information from the registration system to be available to government agencies and to appropriate classes of other persons for research and statistical purposes.

The chiropractic registration boards questions whether NRAIP is suggesting that the national registration system allows for research; where it has publically stated the contrary. The chiropractic registration boards support the proposal , however a reciprocal approach should apply.

7.3 Professional Services Review Scheme (PSR Scheme)

Part VAA of the *Health Insurance Act 1973* (Cwlth) (HIA) establishes the PSR Scheme. Under the PSR Scheme the provision of services by a health practitioner can be reviewed and investigated to determine whether the health practitioner has engaged in ‘inappropriate practice’ in the rendering or initiating of Medicare services or in prescribing or dispensing under the Pharmaceutical Benefits Scheme (PBS).

Sanctions may be imposed on a health practitioner under the PSR Scheme if the health practitioner is found to have engaged in ‘inappropriate practice’. The sanctions include: reprimand; counselling; repayment of Medicare benefits; complete or partial disqualification from the Medicare program or PBS for up to 3 years.

Currently, the HIA establishes linkages between the PSR Scheme and the health practitioner registration bodies in specific circumstances. For example, if in the course of investigation under the PSR Scheme, the PSR Committee (or the determining authority) forms the opinion that a

practitioner 'has caused, is causing, or likely to cause a significant threat to life or health of any other person', they must provide the Director of PSR with a statement of their concerns together with material or copies on which the opinion is based. The Director must forward these documents to an appropriate body, that is, the registration or licensing body of the practitioner (section 106XA of the HIA).

Another example is, if the Director of PSR forms an opinion that a practitioner is not complying with 'professional standards', a term not defined in the HIA, the Director is required to send a statement of his or her concerns together with material or copies on which the opinion is based to an appropriate body (section 106XB of the HIA). The 'appropriate body' is one prescribed in the regulations of the HIA. Currently no such bodies are prescribed in the regulations.

Under present arrangements, the finding of 'inappropriate practice' under the HIA may be a relevant consideration in some jurisdictions in relation to whether a practitioner has engaged in 'unsatisfactory professional conduct' for the purposes of the practitioner's registration.

However, apart from these prescribed circumstances, final determinations or material relevant to the making of determinations by the PSR are not generally forwarded to the relevant professional registration or regulatory body. Of note is that any such disclosure would need to comply with provisions under the *Privacy Act 1988* (the Privacy Act).

The establishment of the agency and the national register provides an opportunity to establish greater linkages between the PSR Scheme and the national registration body. Greater linkages between the two will streamline processes and ensure that relevant material in relation to a practitioner is considered when determining a practitioner's registration.

Amendments to the HIA and possibly the Privacy Act are necessary to set out the circumstances when information must be provided to the agency by the PSR.

Proposal 7.3.1: It is proposed that the national scheme legislation governing the release of information by the agency and the boards will set out the circumstances when material will be forwarded to the PSR.

The chiropractic registration boards support 7.3.1 and notes that the release of the outcomes from disciplinary procedures to "relevant bodies" has been covered in the consult paper on complaints.

Further policy considerations, in consultation with the Director of PSR and the professions will be required to clearly identify the desirable information sharing protocols.

7.4 Medicare Australia

Medicare Australia administers the Medicare program on behalf of the Commonwealth. As a matter of administrative necessity, Medicare Australia issues practitioners that can render Medicare rebateable services with 'provider numbers'. If a medical practitioner is de-registered, they cannot provide Medicare rebateable services. Creating stronger information links including electronic links between the national scheme and Medicare Australia can ensure that Medicare Australia has the most up-to-date information about a practitioner's registration status including conditions placed on registration. This has the potential to improve compliance with board and tribunal decisions affecting practitioners and quickly alert Medicare and the relevant board to any continuing risk to public safety.

Proposal 7.4.1: It is proposed that the national scheme legislation governing the release of information by the agency and the boards enables the release of information to Medicare Australia and specifies the purposes for which the information is to be released.

The chiropractic registration boards support the position 7.4.1

It may also be necessary to update the functions of Medicare Australia under the *Medicare Australia Act 1973*, to ensure that Medicare Australia has the proper authority to perform this function in relation to the use of data provided by the agency.

Further consideration is required of additional information exchanges that could occur between Medicare Australia and the boards, particularly in relation to matters under investigation where no finding has yet occurred. A case has been put that if the boards and Medicare Australia were to share information at the pre-finding stage, this might mean that a greater range of evidence is made available quickly in relation to a conduct matter.

7.5 Overseas trained practitioners

Overseas trained doctors and other health professionals make a valuable contribution within the Australian health system. A large proportion of overseas trained health professionals are in Australia on a temporary basis. Practitioners who are in Australia on temporary visas often have a number of conditions on their visa, including location of work. In addition, registration boards may, depending on the qualifications and skills of the practitioner, place conditions on the registration of a practitioner.

The sharing of information between the Department of Immigration and Citizenship (DIAC) and the agency would be of mutual benefit to the two agencies. The DIAC, with its regulatory role of visa compliance checking, would benefit from being able to receive information from the agency. Similarly, the agency would be made aware of the withdrawal of a practitioner's visa, which will affect a practitioner's registration. Also, should fraudulent documents be identified by either party there would be substantial benefit in sharing this information so that appropriate checks can be made by both agencies.

Further discussion with the DIAC is necessary to discuss the type of information it would be seeking from the agency and to establish whether amendments to the *Migration Act 1953* are required in order for it to provide information to the agency.

Proposal 7.5.1: It is proposed that the privacy framework to apply to the agency authorise the disclosure of relevant information to the DIAC for purposes under the *Migration Act 1958*.

The chiropractic registration boards support the position 7.5.1

7.6 Health complaint bodies and tribunals

The national scheme will incorporate a role for health complaint bodies and tribunals which is identified in the consultation paper on complaints, conduct, health and performance arrangements. The role specified in the national scheme legislation will authorise the sharing of information with those bodies.

In addition, there may be the need for complementary legislative provisions to be put in place to require health complaint bodies to advise the agency whenever matters are identified in the course of complaint conciliation or mediation, where these constitute unprofessional conduct by a registered practitioner, deceptive or misleading conduct by an unregistered practitioner purporting to be a registered practitioner, or ill health or incapacity that might be affecting practice.

7.7 State and Territory government health bodies

Proposals in relation to information sharing with employers have been canvassed earlier and in the complaints arrangements consultation paper (available at www.nhwt.gov.au/natreg.asp). These are likely to be the most important information sharing arrangements for State and Territory governments.

The national scheme legislation will also need to enable de-identified information sharing with a number of State and Territory public health bodies. This is particularly important in relation to

health service delivery and drugs and poisons matters. There will also need to be provisions that enable the boards to identify to the appropriate public health protection bodies, those practitioners who pose a notifiable public health risk.

Proposal 7.7.1: It is proposed that the national scheme legislation enable the sharing of de-identified information with State and Territory government bodies for specified purposes and the notification of identified practitioners who pose a public health risk.

The chiropractic registration boards support the position

7.8 Notification to Commonwealth, State and Territory health departments

It is possible that during the course of investigation of a case, a board identifies that consistently poor practice has been followed, for example, in conducting diagnostic tests or undertaking certain procedures. If that poor practice presents a potential risk to other patients, beyond the case or cases under investigation, then it is proposed that the board be given power to bring the matter to the attention of the relevant health department.

Proposal 7.8.1: It is proposed that the national scheme legislation provide that whenever a board identifies that the health of a patient who is not directly involved in a case under investigation may have been adversely affected by a practitioner, the board must notify the relevant State or Territory health department so that remedial action can be taken.

The chiropractic registration boards do not support the position as described. If there is a matter identified as a public risk the respective registration board has many powers to immediately rectify this. In some circumstances it may be allowable for the board to notify relevant authorities to remedy a situation. This may or may not include State or Territory health departments.

7.9 Law enforcement agencies

The national scheme legislation will provide a general power to share information with law enforcement bodies. This may arise as a result of a police service investigating and charging a person in relation to a breach of the national scheme legislation. It may also arise when a law enforcement agency is investigating a matter arising from the enforcement of a law of any State or Territory or of the Commonwealth.

The chiropractic registration boards support the position

7.10 Criminal record checking

If mandatory criminal record checking is agreed, there may be a case for an electronic linkage to check criminal record.

The chiropractic registration boards support the position, and mandatory criminal history checks

7.11 Universities

The national scheme legislation will provide for information sharing with universities in relation to students of the health professions covered by the national scheme, initial registration of these graduates and confirmation of the awarding of their university qualification.

The consultation paper on complaints, conduct, health and performance arrangements (available at www.nhwt.gov.au/natreg.asp) raises the issue of mandatory notification by employers.

The chiropractic registration boards support the position

7.12 Trans-Tasman Mutual Recognition

The *Trans-Tasman Mutual Recognition Act 1997* (the TTMRA) provides that a person who is registered in New Zealand for an occupation is entitled to be registered for the equivalent occupation in Australia, and vice versa, after notifying the registration authority of an Australian jurisdiction.

The TTRMA provides for the sharing of information between New Zealand and Australian registration authorities. To be effective the agreement requires the exchange of information between the two countries. It may also be important for the sharing of information with New Zealand in relation to the accreditation functions of the national scheme.

Proposal 7.12.1: It is proposed that the national scheme legislation make appropriate provisions to cover the sharing of information with New Zealand registration authorities consistent with the TTMRA.

The chiropractic registration boards support the position

7.13 Overseas regulatory authorities

There are a number of international contracts and agreements relating to cooperation with overseas health regulatory bodies. These agreements establish arrangements for information sharing and exchange. In order to honour the spirit of these agreements, boards could either:

- record all overseas jurisdictions with which the practitioner is registered and notify these jurisdictions when there is any change to registration status or conditions on practice, or
- write to any relevant professional registration authorities whenever registration status or relevant conditions on practice change.

Proposal 7.13.1: It is proposed that the national scheme legislation give boards powers to exchange information with international registration bodies.

The chiropractic registration boards support the position, when a practitioner applies for registration in a jurisdiction (Australia or Overseas) ; it is at this time that the registration body would information share.

8 Health records

Some States and Territories have provisions in their legislation to provide for registration boards to take possession of patient health records in certain circumstances. This allows for situations of negligent management of patient records to be addressed, whether these are caused by the death of the practitioner, impairment, or for some other reason.

It is proposed to make the boards the repository of last resort with the power to take possession of patient health records when a practitioner has defaulted on their obligations. The intent is that the primary obligation will still rest with the health practitioner to take responsibility for the safe and secure management of their clients' personal health records or to transfer or sell (where they are part of a business) if they retire or move or are de-registered temporarily or permanently.

Proposal 8.1: It is proposed that the national scheme legislation make the boards the repository of last resort with the power to take possession of patient health records when a practitioner has defaulted on their obligations.

The chiropractic registration boards do not support this position. The chiropractic registration boards believe that suitable mechanisms exist for archiving of patients records exists in many states .

The chiropractic registration boards do not support the boards becoming an archival service of old patient files.

The chiropractic registration boards believe that the boards will have the power to seize records under the disciplinary sections of the legislation.

Comment: I am not sure this is the case for many states. However, while it is a VERY GOOD idea it should not be a role of the Board.

9 Transitional issues

9.1 Supply of Information from existing boards to the agency

In order to establish the national scheme, it will be necessary to establish the new national database of registered practitioners. Existing boards will need to release to the national boards and the agency both public register and other information under the national scheme legislation. However, until such time as legislation is passed in a State or Territory to adopt the national law, the existing boards will not be able to share their identified registration data with the new boards and agency. In the meantime, it is proposed to appoint contractors for data cleansing who will work with existing boards to clean and prepare data for transfer ahead of the passage of national scheme legislation in the relevant State or Territory.