



***Submission on the proposed arrangements for information sharing  
and privacy***

**National Registration and Accreditation Scheme for the Health  
Professions**

**Consultation Paper issued on 3 November 2008 by the  
Practitioner Regulation Subcommittee, Health Workforce Principal Committee  
Australian Health Ministers' Advisory Council**

**December 2008**

## **Submission on the proposed arrangements for information sharing and privacy**

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### ***Introduction***

The Consumers Health Forum of Australia Inc (CHF) is the national voice for health consumers. As an independent non-government organisation, CHF helps shape Australia's health system by representing and involving consumers in health policy and program development. CHF member organisations reach millions of Australian health consumers across a wide range of health interests and health system experiences.

Current CHF priorities are safety and quality in health care, safe and appropriate use of medicines and care for people with chronic conditions. Across these priorities, consumers rely on a well trained and effectively regulated health workforce that meets the needs of the community and puts consumers and their families and carers at the centre of health care.

CHF welcomes the establishment of the National Registration and Accreditation Scheme for Health Professionals, which will set new standards for safety and quality in Australia. Consumers expect current, timely and sufficient information about the registration status of their health professionals as a key component of a robust registration and accreditation scheme that is designed to protect the public. Consumers also have very high expectations that their privacy and confidentiality will be respected and protected through any complaints, monitoring or other processes associated with the Scheme.

In this submission to the consultation paper on proposed arrangements for information sharing and privacy in the National Registration and Accreditation Scheme,<sup>1</sup> CHF seeks to balance consumers' expectations of a transparently governed Scheme that provides access to information about their health professionals with protection of privacy for consumers and professionals.

CHF has based this submission on consumers' discussions about health workforce issues in its three priority areas over a number of years, as well as recent input from members and consumer representatives about the new Scheme.<sup>2</sup> Over the next months, CHF will be consulting with consumer organisations more specifically about the Scheme to provide further input during the development of the second stage of the legislation in 2009.

### ***Background***

The Council of Australian Governments (COAG) signed the Intergovernmental Agreement for a National Registration and Accreditation Scheme for the Health Professions on 28 March 2008. Ministers outlined several guiding principles for the new national scheme including:

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

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<sup>1</sup> Practitioner Regulation Subcommittee and Health Workforce Principal Committee. Australian Health Ministers Advisory Committee. Proposed arrangements for information sharing and privacy. November 2008. <http://www.nhwt.gov.au/natreg.asp>

<sup>2</sup> This submission was developed as part of the CHF Shaping the Health Workforce Project (2008-09), funded by the Australian Government Department of Health and Ageing on behalf of the Practitioner Regulation Subcommittee of the Health Workforce Principal Committee and the National Registration and Accreditation Implementation Project team.

The first piece of national legislation addressing the structure of the new national Scheme was introduced in the Queensland Parliament on 29 October 2008.

This consultation on information sharing and privacy is part of a series of consultations about policy for a number of activities of the national scheme beyond the COAG agreement and initial legislation including:

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

CHF is participating in the consultation series and was represented at the national public consultation meeting in November 2008 on information sharing and privacy arrangements.

When the stakeholder input has been analysed, Ministers will develop a final set of proposals for the overall policy directions for the second piece of national legislation for the Scheme, in the form of an exposure draft for further submissions and input in 2009.<sup>3</sup>

### **Policy framework for information sharing and privacy**

The consultation paper provides an overview of the proposed policy framework relating to information sharing and privacy for the National Registration and Accreditation Scheme and addresses policy with respect to:

- the information required to operate the Scheme
- information collected for various purposes
- publicly available information
- privacy regime and confidentiality
- sharing of information with other agencies.

CHF supports the proposal in the consultation paper that policy relating to information sharing and privacy be framed in a way that:

- provides for a robust system to protect public safety
- builds on the best aspects of existing schemes
- balances the rights and interests of consumers with those of health practitioners
- clarifies the governance of information held as part of the Scheme
- reflects the intent of the Intergovernmental Agreement, and
- 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.

However, CHF is concerned that the policy framework should go further to acknowledge the overarching principle that information sharing and privacy arrangements for the Scheme must be designed around the consumers who use the health system, in order to meet the intentions of Ministers that the Scheme must ensure that public protection is paramount.

**Recommendation 1:** That the information sharing and privacy requirements for the National Registration and Accreditation Scheme be established under the overarching principle of a consumer-centred health care system.

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<sup>3</sup> Further information about the consultations and the National Registration and Accreditation Scheme are posted on the implementation project website at [www.nhwt.gov.au/natreg.asp](http://www.nhwt.gov.au/natreg.asp)

## **Overview of information required to operate the Scheme**

CHF acknowledges the summary in the consultation paper of the information that the new national boards and the agency will need to collect and process, including personal and sensitive health information about health professionals, in order to successfully undertake the registration and accreditation functions of the Scheme including that:

- the boards will collect and use personal information provided by health professionals when they apply for and renew registration
- the agency will develop and add a unique identifier to each registered practitioners
- 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 information and sensitive health information from complainants 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.

## **Regulatory framework**

The consultation paper identifies that the regulatory framework will need to fulfil two key functions relating to information sharing and privacy:

1. Facilitate flow on a national basis of the personal and sensitive health information that the agency and boards need to undertake their roles
2. Protect against the misuse of this information.

CHF maintains that effective privacy arrangements enable and facilitate the appropriate flow of information and are fundamental to consumer and professional confidence in the Scheme.

Based on extensive consultations with consumers about e-health, including some combined consumer and stakeholder forums, CHF commends the consumer principles for operation and oversight of any e-health network below, as a checklist for the regulation of privacy and information flow within the National Registration and Accreditation Scheme.

**Recommendation 2:** CHF recommends that the following consumer checklist for operation and oversight of any e-health network is applied to the development of the regulatory framework for the Scheme:

1. Consumers personal health information will be held and transferred securely
2. Governance of electronic health record networks will be transparent and accountable
3. Audit and monitoring systems will be in place to protect against privacy breaches
4. Consumers will be informed about any privacy breaches that occur in relation to their information
5. Consumers will have access to an independent complaints system and strong penalties will apply if a consumer's information is misused
6. The development and operation of any electronic health network will be independently evaluated including its impact on consumers.

*From CHF Consumers and E-health project principles<sup>4</sup>*

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<sup>4</sup> Consumers Health Forum of Australia. Consumers and E-health project principles. CHF, 2001; reconfirmed 2008. [http://www.chf.org.au/Docs/Downloads/273b\\_ehealthprinciples.pdf](http://www.chf.org.au/Docs/Downloads/273b_ehealthprinciples.pdf).

## **Key issues for consumers with collection and sharing of information in the Scheme**

### **Information to be collected for initial registration purposes**

CHF supports proposal 3.1.1 that all requests for information relating to the Scheme will indicate the purposes for which it is being collected. This is a consumer expectation upheld by the National Privacy Principles.

CHF also supports proposal 3.1.2 that the national scheme legislation provide for the key categories of information for the registration of individual health professionals (for the purposes explained in the table in the consultation paper):

- a) Name and contact details
- b) Date of birth
- c) Qualifications
- d) Overseas registration details
- e) Details of recency of practice and other requirements
- f) Criminal record
- g) Professional indemnity insurance
- h) Registration details.

In addition to the purposes for collecting categories of information outlined in the paper, regarding *a) name and contact details*, CHF believes that business address information will be important for consumers in identifying a particular health professional on the public register and this information should be collected on registration (if available) and updated regularly.

Under *e) details of recency of practice and other requirements*, CHF commends the inclusion of evidence of continuing professional development and qualifications for endorsements of registration. These additions will provide confidence to consumers that their health professionals are remaining current in their professional practice, while assisting in their choices of practitioners and adding to the credibility of the professions.

CHF also reinforces the following purposes for collecting certain categories of information, based on its submission regarding the proposed registration arrangements for the Scheme<sup>5</sup>:

- Under *d) overseas registration details*, people expect overseas trained professionals to be in a position to provide the same quality of care as Australian trained health professionals, including the ability to communicate in everyday language, not only medical or scientific English, and to provide advice that is directly applicable to Australian settings. Accordingly, information on the support provided for overseas trained doctors to adapt to Australian settings and culture or to improve everyday English proficiency, coupled with a record of achieving these competencies would send a positive message for consumers.
- Under *f) criminal record*, relying on declarations from health professionals is not sufficient to meet the public interest in registration of health professionals. The public expect their health professionals to meet high standards of conduct, which means that criminal record checking needs to occur at registration and be kept current. This also strengthens the reputation of health professionals.
- Under *g) professional indemnity insurance*, for public confidence in the new Scheme, registered health professionals should hold sufficient cover to compensate community members who are injured or harmed in the course of receiving health care.

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<sup>5</sup> Consumers Health Forum of Australia. Submission to the Practitioner Regulation Subcommittee on the proposed registration arrangements for the National Registration and Accreditation Scheme for the Health Professions. CHF, 2008. <http://www.chf.org.au/Docs/Downloads/493-registration-submission.pdf>

### **Employer details**

CHF supports option 1 of proposal 3.2.1 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.

In addition, recording the name and address of the practitioner's employer, public health organisations, private hospitals, day procedure centres, or nursing homes where the practitioner is accredited on the register and updating on renewal provides better safeguards for consumers because it allows consumers to more accurately identify practitioners.

### **Unique identifier**

CHF supports the development and use of a unique health practitioner identifier in consultation with other health professional bodies concerned with health practitioner identification such as Medicare and NEHTA. Consumers want to see e-health implemented in Australia in a nationally consistent way that improves the safety and quality of our health system. The adoption of a unique identifier for each health practitioner is integral to this implementation process.

### **Identity checking and document checking on initial registration**

CHF strongly supports the proposal that all boards require identity checking on initial registration of health practitioners with the establishment of the new Scheme on 1 July 2010. Consumers would expect that such checks had been carried out in the public interest to ensure that only qualified health professionals are providing health services in the community. The 100 point system for checking identity is similar to more general requirements such as obtaining a drivers licence and may need strengthening commensurate with the risk to the public of unqualified practitioners. Verification of the authenticity of documentation and qualifications would also be assumed.

### **Information to be collected on renewal**

CHF reinforces consumer expectations that under the national Scheme, the registration information about health professionals will be kept current and, as discussed in the CHF submission on the proposed registration arrangements, that each professional board will have the power and responsibility to satisfy itself of the competence and fitness to practice of a practitioner both at initial registration and on renewal.

### **Information to be collected for workforce planning purposes**

CHF supports the proposal 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. Consumer networks see the national register as providing an important opportunity to develop better coordination between health professions and a health workforce that is more responsive to emerging health challenges and changing models of health care. The data collections should be appropriate for purpose, informed by appropriate external expertise such as the Australian Institute for Health and Welfare. CHF also supports the proposal that the national scheme legislation requires that de-identified information relevant to workforce planning is made publicly available in a timely manner by suitable means. It is in the public interest that data to support effective health workforce planning is readily available for analysis to inform planning for effective delivery of health services across the various sectors of health and the wide range of health interest groups.

### **Publicly available information**

For consumers, a major benefit of the Scheme is that it will provide a central place to check health professional registrations, obtain information about the different roles and experiences of various health professionals and raise concerns about health professionals while being sure that their health care will not be compromised. To protect public safety and provide transparency for consumers, current, timely and sufficient information about the registration of their health professionals must be publicly available.

The consultation paper proposes that the national scheme legislation specify the categories of information to be provided on the public register, with the specific items to be determined from time to time by the agency on the combined recommendations of the boards. A best practice list of categories is proposed based on current state board requirements. The proposed list includes a number of 'where relevant' categories which boards may interpret as discretionary, when in fact this information should be 'where applicable'. As CHF has discussed elsewhere in this paper and in other submissions in this consultation series, it is important for consumer choice and confidence in the Scheme to have information available publicly about their health professionals' qualifications and specialties, registration status including conditions on practice, suspensions and so on.

CHF would like to see more direct requirements in the legislation on the minimum information set regarding a health professional on the public register. For example, it is important for consumers to be able to identify the health professional they are seeing from the register, which means that business locations are important for the public register, not only the postcode details of the person's home or company address. Consumers would also expect to see the qualifications of their health professionals.

Further, while CHF recognises the need to retain some flexibility for the boards to require addition of more detail or to respond to unforeseen circumstances by amending information requirements, for example, where the information is used or interpreted inappropriately, any discretion exercised by the boards should not outweigh the public interest.

**Recommendation 3:** That further consideration is given to setting more direct requirements in the legislation on the minimum information regarding a health professional that must be available on the public register.

**Recommendation 4:** That any discretion available to the boards about the information to be available on the public register should not outweigh the public interest.

### **Deregistered practitioners**

CHF supports proposal 4.2.1 in the consultation paper that the legislation for the national Scheme specifies that the names of practitioners de-registered for conduct reasons continue to be shown on the public register with an indication that they have been de-registered for conduct reasons. For public safety, CHF expects that all practitioners currently listed by existing boards as de-registered for conduct reasons would be incorporated into the new register with that indication as well.

### **Recording of conditions on practice**

As discussed in the CHF submission on proposed registration arrangements for the Scheme, consumers need to know about limitations or conditions on practice and why they are put in place so that they can make informed decisions about the care they receive. For example, conditions that mean more than one practitioner will be present during consultations as part of training or support for the professional may be acceptable to consumers when seeking some

kinds of advice but not in every situation. Consumers have the right to make an informed choice based on their own needs and any implications for their care.

CHF supports the intent of proposal 4.3.1, that if conditions on practice relate to practitioner health or impairment issues, the national scheme legislation should provide that the public register records that a health condition applies without further details, to protect the privacy of the practitioner. It is noted that 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.

Many conditions are about supporting and improving practice and sufficient public information will help to ensure that these conditions are seen in a positive light. For public safety, employers also need access to information about conditions placed on professional practice in order to support their implementation.

### **Online public register and release of public register information**

It is important that the information on the public register is readily available to consumers online and by other means for people who do not use or have access to the internet.

Online searching and application processes for the information consumers need to inform their health care choices and protect public safety must be straightforward and easy for consumers to use. Application fees and download charges would provide a significant deterrent to consumers and should not be applied to individual consumers or group of consumers for any reasonable search or request for information. The online public register must include clear explanations about the information available, how to obtain it, governance including any restrictions, how to make applications for additional information and a responsive public feedback process for any aspect of the information process or content.

However, CHF supports measures to protect against commercial misuse of the online register and accepts that more detailed compilations of information should be subject to application with a right of refusal by the agency where public interest requirements are not satisfied. Charges may be necessary to recover agency costs for processing applications and extracting information.

### **Public access to the findings of formal proceedings**

CHF agrees that to ensure public accountability and transparency, board or committee decisions relating to professional conduct matters as well as results of tribunal investigations of serious disciplinary matters and appeals must be made available to the public in ways that are timely, meaningful and accessible to consumers.

CHF supports option 2 of proposal 4.6.2 that there is a public interest in making board or committee decisions in relation to conduct matters public and that the register of decisions be available on the agency's website. CHF notes that boards may order that certain decision are confidential and order that the decision register contain a confidential information notice. CHF reinforces the confidentiality of any information which may identify the patient(s) involved.

In addition, to the register of decisions, the public register of health professionals needs to be up-to-date to remain meaningful as a way of protecting the public interest. For example, where a board places conditions on practice by a registered health professional, the resulting restrictions should be made available promptly through the public register.

**Recommendation 5:** That the public register provides current, timely and sufficient access to information for consumers about the registration status of their health professionals to protect public safety and inform consumer choices about their health care providers.

In particular, with respect to the consultation paper:

- records of *deregistered practitioners* currently listed by existing health professional boards as deregistered for conduct reasons should be incorporated into the new public register.
- where a health condition or impairment results in *conditions on practice* that may impact on patient care, the practical restrictions should appear on the public register.
- that the *online public register* is readily accessible to all consumers at no charge, both online and by other means, to provide the information they need to support their health care choices and ensure public safety.
- that *public access to board and committee decisions and tribunal investigations and appeals* relating to professional conduct matters is open, transparent and timely through a register of decisions, and further, that the implementation of the outcomes is visible promptly on the public register.

### **Privacy and confidentiality**

National consistency in privacy regulation is fundamental to the National Registration and Accreditation Scheme for the health professions, which is designed to achieve national consistency of registration and accreditation of health professionals in Australia.

Accordingly, CHF supports Proposal 5.1.1 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. In order to maintain national consistency of the privacy framework for the national Scheme over time, CHF supports proposal 5.2.1 that the existing Commonwealth private sector privacy regime and National Privacy Principles are incorporated by reference into the national Scheme. In this way, CHF anticipates that improvements adopted by the Parliament of Australia to the Commonwealth Privacy Act, for example, in response to the recent Australian Law Reform Commission review, will immediately become applicable to the national Scheme.

For consumers, another advantage of adopting these two proposals for the use of the Commonwealth privacy sector regime is that all complaints relating to the management of personal information in the Scheme would be considered by the Commonwealth Privacy Commissioner. This would provide an independent complaints system for privacy concerns about the Scheme at national level, rather than adding further state-based complexities to the complex health complaints environment that already exists.

### **Protection of consumer privacy**

CHF welcomes the consideration being given to a Privacy Impact Assessment in 2009. The current consultation paper acknowledges that information about patients through complaints and investigation processes should be de-identified, but the framework for operation and oversight that is necessary to achieve this has not been developed yet (see Recommendation 2 in this CHF submission).

The Scheme needs to address how consumer privacy will be protected when investigating health professional performance or conduct matters based on information about their treatment of patients or clients. Also given the complexity of health complaints processes, the

Scheme will need to address how confidential information will be protected and how consumer consent to transfer their complaint to another agency will be managed. The consumer issues with the complaints processes are discussed at greater length in the CHF submission on the proposed arrangements for handling complaints and dealing with performance, health and conduct matters.

It is also important that the Scheme does not rely on complaints alone but builds in audit and monitoring systems to protect against privacy breaches, informs consumers about any privacy breaches that occur in relation to their information and that penalties and sanctions for misuse of personal health information are part of the legislation for the national Scheme.

Consumer privacy must also be maintained in other functions of the Scheme such as monitoring for quality improvement and considered in developing the policy regarding any information sharing activities with other agencies or for research purposes (discussed below).

**Recommendation 6:** That a Privacy Impact Assessment for the National Scheme is conducted in 2009 which includes an assessment of its impact on consumer privacy and confidentiality, taking into account consumer expectations for operation and oversight of any e-health system outlined in Recommendation 2 (above).

### ***Information sharing***

CHF notes the potential value of sharing the information held by the Scheme to identify gaps or issues in health care or early warnings of issues and trends. It also provides an opportunity to improve and address health professional education and training gaps and share best practice between professions. Information sharing will also be important for effective linkages between registration and accreditation of health professional education and training with other components of safety and quality improvement in the health system, such as complaints arrangements and open disclosure, the National Charter of Healthcare Rights and other relevant state, national and international regulatory processes relating to the health professions.

CHF would like to see further development of the proposals in the consultation paper around information sharing to include consideration of requirements for public interest determinations, consistency of the proposed uses with the purpose for which the information was collected and appropriate governance arrangements.

Consumer representatives should be involved in the further policy considerations outlined, including consultations regarding release of de-identified information to government agencies and appropriate classes of other persons for research and statistical purposes, and the circumstances when information should be sent to the Professional Services Review Scheme, Medicare Australia, the Department of Immigration and Citizenship, health complaints bodies and tribunals or other State and Territory government health bodies.

It is essential that the community is aware of any potential transfer of their personal health information between the Scheme and other agencies or bodies. CHF would welcome further clarification of the safeguards to ensure privacy is maintained in the storage and transfer of consumer information as discussed in the privacy section above. Consumer representatives should be involved in all levels of decision making and governance and consulted in the development of information sharing protocols that are established by the Agency of the national boards.

**Recommendation 7:** That further consultations with consumers are part of the development of any information sharing protocols to be established by the Agency or the national boards.

These consultations should consider:

- requirements for public interest determination for the proposed sharing of information
- consistency of the proposed use of the information with the purpose for which it was collected
- appropriate governance arrangements.

### ***Health records***

The consultation paper canvasses the possibility of making the professional boards the repository of last resort, with the power to take possession of patient health records when a practitioner has not made provisions for handling these records, for example, due to the death or impairment of a practitioner.

Difficulties with the retrieval of their health records in these circumstances has been raised by a number of consumers in CHF discussions relating to access to medical records and the national Privacy Act for the private sector and could be considered in a future Privacy Impact Assessment for the Scheme. The Scheme itself needs to ensure that the importance consumers place on their rights to access their health records is part of education and training for all health professionals.

### ***Conclusion***

The establishment of the National Registration and Accreditation Scheme for the health professions provides an important opportunity for consumers to obtain current, timely and sufficient information about the registration status of their health professionals to inform their health choices and protect public safety.

Effective privacy arrangements enable and facilitate the appropriate flow of information and are fundamental to consumer and professional confidence in the Scheme. Consumer privacy and confidentiality is respected and protected through any complaints, monitoring or other processes associated with the Scheme. Consumer needs for information are balanced with respect for the privacy of health professionals, while recognising that the Scheme must be designed around the consumers who use the health system, to ensure that public protection is paramount.

National consistency in privacy regulation is fundamental for the National Registration and Accreditation Scheme for the health professions to achieve national consistency of registration and accreditation of health professionals in Australia.

**Recommendation 1:** That the information sharing and privacy requirements for the National Registration and Accreditation Scheme be established under the overarching principle of a consumer-centred health care system.

**Recommendation 2:** CHF recommends that the following consumer checklist for operation and oversight of any e-health network is applied to the development of the regulatory framework for the Scheme:

1. Consumers personal health information will be held and transferred securely
2. Governance of electronic health record networks will be transparent and accountable
3. Audit and monitoring systems will be in place to protect against privacy breaches
4. Consumers will be informed about any privacy breaches that occur in relation to their information

5. Consumers will have access to an independent complaints system and strong penalties will apply if a consumer's information is misused
6. The development and operation of any electronic health network will be independently evaluated including its impact on consumers.

**Recommendation 3:** That further consideration is given to setting more direct requirements in the legislation on the minimum information regarding a health professional that must be available on the public register

**Recommendation 4:** That any discretion available to the boards about the information to be available on the public register should not outweigh the public interest.

**Recommendation 5:** That the public register provides current, timely and sufficient access to information for consumers about the registration status of their health professionals to protect public safety and inform consumer choices about their health care providers.

In particular, with respect to the consultation paper:

- records of *deregistered practitioners* currently listed by existing health professional boards as deregistered for conduct reasons should be incorporated into the new public register.
- where a health condition or impairment results in *conditions on practice* that may impact on patient care, the practical restrictions should appear on the public register.
- that the *online public register* is readily accessible to all consumers at no charge, both online and by other means, to provide the information they need to support their health care choices and ensure public safety.
- that *public access to board and committee decisions and tribunal investigations and appeals* relating to professional conduct matters is open, transparent and timely through a register of decisions, and further, that the implementation of the outcomes is visible promptly on the public register.

**Recommendation 6:** That a Privacy Impact Assessment for the National Scheme is conducted in 2009 which includes an assessment of its impact on consumer privacy and confidentiality, taking into account consumer expectations for operation and oversight of any e-health system outlined in Recommendation 2 (above).

**Recommendation 7:** That further consultations with consumers are part of the development of any information sharing protocols to be established by the Agency or the national boards and that these consultations should consider:

- requirements for public interest determination for the proposed sharing of information
- consistency of the proposed use of the information with the purpose for which it was collected
- appropriate governance arrangements.

Consumers Health Forum of Australia  
December 2008



## **Background information**

The Consumers Health Forum of Australia Inc (CHF) is the national voice for health consumers. As an independent non-government organisation, CHF helps shape Australia's health system by representing and involving consumers in health policy and program development.

Health consumers have a unique and important perspective on health as the users and beneficiaries of health care and, ultimately, those who pay for it. CHF takes consumers' views to government and policy makers, providing an important balance to the views of health care professionals, service providers and industry to achieve a health system that reflects the needs of all stakeholders.

CHF member organisations reach millions of Australian health consumers across a wide range of health interests and health system experiences. Health policy is developed through wide consultation with members, ensuring a broad, representative, health consumer perspective.

Current priorities include safety and quality in health care, safe and appropriate use of medicines and health care for people with chronic conditions. CHF also facilitates the appointment of consumer representatives on over 200 national health-related committees.

CHF believes all consumers should receive affordable, safe, good quality health care at the time they need it. The best outcomes are achieved when consumers are involved in decisions about and management of their own health care. Consumers should receive health care information when they need it in a form they can understand, particularly about using medicines.

Established in 1987, CHF receives funding from the Australian Government Department of Health and Ageing and membership fees. It seeks external funding for priority projects.

With its ability to access a variety of health consumer networks and extensive knowledge of consumer issues, CHF is a respected and influential contributor to the Australian health debate.

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