



***Submission on other matters for inclusion in Bill B***

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

**Consultation Paper issued on 12 November 2008 by the  
Practitioner Regulation Subcommittee, Health Workforce Principal Committee  
Australian Health Ministers' Advisory Council**

## **Submission on the other matters for inclusion in Bill B**

**January 2008**

### ***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 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 introduction of the National Registration and Accreditation Scheme for Health Professionals, which will set new standards for safety and quality of health care in Australia and help to ensure a consumer-centred health care system.

For consumers, one of the strengths of the Scheme is the legislated requirement for three community members on the national boards to be established for each profession. Effective community membership of the boards is an important strategy for ensuring that the directions, appointments, policies and standards set by the boards meet the expectations and have the confidence of the community.<sup>1</sup>

In this submission to the consultation paper, *Other matters for inclusion in Bill B*,<sup>2</sup> CHF emphasises the importance for consumers that the operational delegations made by boards to committees maintain consumer and community participation at all levels of decision-making. Further, the processes for any appointments to board committees will need to be open, transparent and designed to ensure that the committees as well as the boards retain the confidence of consumers and the community. This CHF submission is based 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>3</sup> 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 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.

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<sup>1</sup> CHF submission to the Second invitation to National Forum participants to make a submission on matters relating to the National Registration and Accreditation Scheme for Health Professionals. September 2008. Available at <http://www.chf.org.au/Docs/Downloads/500-registration-accred-implementation-project.pdf>.

<sup>2</sup> Practitioner Regulation Subcommittee and Health Workforce Principal Committee. Australian Health Ministers Advisory Committee. Consultation paper. *Other matters for inclusion in Bill B*. November 2008. <http://www.nhwt.gov.au/natreg.asp>

<sup>3</sup> This submission is 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 (Bill A) was introduced in the Queensland Parliament on 29 October 2008.

This CHF submission on other matters for inclusion in Bill B is part of CHF input to 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.<sup>4</sup>

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.

### **Other matters consultation for the National Registration and Accreditation Scheme**

Under the National Registration and Accreditation Scheme, national boards will be established for each profession to oversee accreditation and registration and their functions will be specified in the legislation. For consumers, these changes will help to achieve national consistency across the health professions and across Australia in the way that health professionals are registered and their training is accredited.

The consultation paper explains that the new national boards for each profession will differ from the current State and Territory arrangements in terms of the national scale and in some cases, in the matters they handle, so will need to work differently. The legislation will not be prescriptive about how the boards will do their work to allow flexibility because, for example, the medical board will have many more registrants to oversee than the podiatrists board so may need to make different administrative arrangements.

The changes make it likely that the new national boards will be engaged mainly in setting directions, appointments, broader policy, and standard-setting matters and will need to establish various committees, depending on the profession, to advise them and to handle the cases. There is considerable variation in the extent to which existing State and Territory registration legislation provides for key decisions to be delegated beyond the board or a statutory committee of the board but the consultation paper notes a trend towards legislation that allows boards to delegate decision-making beyond the board to committees and/or the staff of the board.

The consultation paper discusses a proposal for delegation of decision-making by the national boards to committees and for processes for appointments to board committees. It also discusses the interaction of the national Scheme with other legislative schemes.

### **CHF submission**

CHF outlines the key consumer issues associated with the proposals in the 'Other matters' consultation paper under each of the major headings:

1. Delegation powers of national boards
2. Appointments to board (non-statutory) committees or (statutory) panels
3. Interaction of national scheme and other legislative schemes.

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<sup>4</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)

CHF draws on the consumer policy principles outlined in its submissions to other aspects of the National Registration and Accreditation Scheme to make specific recommendations regarding the proposals in the consultation paper.

**Policy Principles:**

- Health care works better when consumers are partners in decision-making
- The national system must be easy for consumers to use
- Consumer representatives should be involved in all levels of decision making and governance<sup>5</sup>
- Consumers should be involved in setting standards, accreditation and reaccreditation of health professional courses to ensure that the courses reflect community needs and produce health professionals that are able to provide culturally appropriate care<sup>6,7</sup>.

**1 Delegation powers of national boards**

The consultation paper considers the types of committees that might need to be established by the national boards for the professions and the types of key decision making powers that might be delegated to the committees to exercise in the new scheme, given the functions of the boards:

**Types of committees (Section 3.3 in the consultation paper)**

- ‘advisory’ committees to be established from time to time by a board, pursuant to its general powers to establish committees, and would operate in an advisory capacity
- ‘delegated’ committees to be established by and operate in accordance with a written delegation from a board; and
- ‘statutory’ committees to be established by a board, but constituted in accordance with the legislation, with powers conferred by legislation to make statutory decisions (such as those outlined below) on their own authority rather than under a delegation.

**Key decisions relating to the functions of the boards (Section 3.4, consultation paper)**

The national boards will need to make a number of key decisions in order to fulfil their functions which might be delegated to committees. These include but are not limited to:

- Registration function:
  - Decisions to register, refuse to register, impose conditions on registration.
  - Decisions to refuse to endorse registration or impose conditions on registration.
- Complaints handling, health and conduct management functions:
  - Decision to immediately suspend registration in response to possible risk to public health and safety
  - Decisions following preliminary assessment of a notification
  - Decision to impose conditions on registration or accept undertaking
  - Decisions following a hearing, or to refer to external tribunal for hearing

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<sup>5</sup> CHF submission on the proposed arrangements for handling complaints, dealing with performance, health and conduct matters. November 2008. Available at [http://www.chf.org.au/Docs/Downloads/498\\_complaints\\_arrangements\\_submission.pdf](http://www.chf.org.au/Docs/Downloads/498_complaints_arrangements_submission.pdf).

<sup>6</sup> CHF submission on the proposed registration arrangements. October 2008. Available at <http://www.chf.org.au/Docs/Downloads/493-registration-submission.pdf>. (Accessed December 2008)

<sup>7</sup> CHF submission on the proposed arrangements for accreditation. December 2008. Available at <http://www.chf.org.au/Docs/Downloads/501-accreditation-submission.pdf>

- Course approval function
  - Decision to approve or refuse a course of study for registration purposes.

### **Proposal for flexibility of committee arrangements**

The 'Other matters' consultation paper canvasses a proposal to allow each national board to delegate any of its functions, including any of the key decisions listed above, to committees of the board or to staff or other persons. The only power it would not be possible to delegate is the power of delegation. The board would have the discretion to determine the constraints or boundaries placed on the delegation, as well as the makeup of any committees it requires in order to make the key decisions listed above.

This differs from earlier consultation papers on complaints and registration which included multiple statutory committees established under legislation to make the various types of decisions, in response to feedback regarding the advantages of a more flexible approach.

While CHF recognises the importance of flexibility and responsiveness of decision-making by the boards and for certain decisions to be taken at the State and Territory level, the proposal to allow boards to establish 'delegated' decision-making committees may undermine some of the advantages to consumers of a nationally consistent scheme that is built around the public interest.

CHF does not want to lose the opportunity for a more consistent approach between the professions through allowing so much flexibility that each professional board sets itself up to work in different ways. The Scheme must provide an easy one-stop shop for consumers for information about the registration and training of health professionals and to raise concerns when things go wrong.

Further, CHF does not want to lose the public accountability achieved by several effective community members on the board through allowing delegation of decision-making to committees, staff or other individuals without enforceable requirements for adequate procedures to ensure community confidence and participation is maintained.

Accordingly, CHF does not support consultation paper proposal 3.5.2 'that the only statutory committees in the new scheme would be panels convened for the purposes of hearing individual matters (health, performance, conduct). CHF believes that the requirements for any hearing panels established (for considering matters regarding the health, performance or conduct of health professionals) should be included in the legislation but should be further developed and applied more broadly to other committees.

The proposal is to include statutory minimum requirements for the constitution of hearing panels, with a minimum of three members and at least 50 percent but no more than two thirds of the members being registrants from the profession concerned and at least one community member. This community membership is important to ensure that community views are considered at the hearings and for the confidence of the community in the decisions that are made. However, CHF is concerned that one community member may not be sufficient to ensure that hearing panels uphold the views of the community on larger panels and may be less than current practice, for example, in medical boards.

Further, CHF believes that community representation should be a statutory requirement of all committees relating to board registration, complaints handling and course approval functions, not just hearing panels, as this is an important strategy for ensuring that the health workforce meets the needs of the community. CHF has already recommended 'that at least two consumer representatives are included on all accreditation panels and committees to assist

with public accountability’<sup>8</sup> and ‘that community members who are able to bring forward community values must be included on all boards, committees, panels and tribunals established to investigate complaints or review registered health practitioner performance’.<sup>9</sup> Accordingly, CHF does not support proposal 3.5.5, ‘that where a board establishes any committee other than a statutory committee or panel that the composition is not prescribed in legislation but rather is a matter for the board to determine in line with any directions from the Ministerial Council.’

**Recommendation 1:** That the legislation requires that all board delegated committees include consumer representation, with two consumer representatives on larger committees, for public confidence and accountability.

### **Safeguards around delegations**

CHF supports the position taken in the consultation paper that, should more flexible delegation of board powers be enabled in the legislation, further safeguards on the operation of delegated decision-making should also be included in the legislation. However, CHF is concerned that the more flexible the legislation is in allowing powers of delegation to boards, the more complex will be the details required in the legislation to provide safeguards on the operation of delegated decision-making. This will contribute to confusion for boards and the public and allow loopholes.

For example, from a consumer perspective it is important to ensure that delegations are in writing and specific, including to whom the delegation is made, the decision(s) that may be taken under delegation, the period to which the delegation relates and any conditions the board has attached including its ability to rescind the delegation as proposed. Delegations also need to be publicly available and transparent for consumers, but a large number of specific delegations across the range of the health professional boards may result in inconsistency, confusion and lack of transparency through sheer volume.

Further, while it is important to legislate that the right of review for a person whose interests are affected by a decision made under delegation should be similar to the rights of review against decisions of the boards itself, the wording of the legislation must ensure that this right is extended to and easily accessible to consumers affected by the decision. A member of the community affected by a decision may need support from within the national agency, the professional board or from a patient advocacy group or similar in exercising their right to review of the decision.

As mentioned in earlier CHF submissions, one benefit of the national Scheme is improved protection for consumers access to and quality of health care when they raise concerns about their health professionals.<sup>9,10</sup> The proposed legislative safeguard that delegations provide general and specific provisions with respect to conflict of interest, including requiring a person to exclude themselves from decision-making in the event of a conflict, for example, where a small number of practitioners operate in a single geographical area, is very important for consumers as it may affect their access to or quality of care in their area. For similar reasons, the safeguard must extend to small specialties or sub-specialties and various other

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<sup>8</sup> CHF submission on the proposed arrangements for accreditation. December 2008. Available at <http://www.chf.org.au/Docs/Downloads/501-accreditation-submission.pdf>.

<sup>9</sup> CHF submission to the proposed arrangements for handling complaints, dealing with performance, health and conduct matters. November 2008. Available at [http://www.chf.org.au/Docs/Downloads/498\\_complaints\\_arrangements\\_submission.pdf](http://www.chf.org.au/Docs/Downloads/498_complaints_arrangements_submission.pdf).

<sup>10</sup> CHF submission to the Second invitation to National Forum participants to make a submission on matters relating to the National Registration and Accreditation Scheme for Health Professionals. September 2008. Available at <http://www.chf.org.au/Docs/Downloads/500-registration-accred-implementation-project.pdf>

examples. CHF is concerned that these conflict of interest protections for consumers may slip through in a complex system of multiple delegations to committees by the national boards for the health professions.

CHF supports the proposed safeguard to include general provisions with respect to procedural fairness, such as separation of powers between original decision making and review of decisions. In addition, CHF emphasises that the general provisions should extend to setting acceptable timeframes for committee decisions to ensure timely outcomes for consumers, as well as requirements to keep consumers informed of progress including rights of review. The outcomes of reviews and decisions that are delegated to committees must also be available in a timely way and publicly transparent as for board decisions.

**Recommendation 2:** That the legislation be as clear and simple as possible to ensure that in practice, the constitution of any committee of any board meets the guiding principles of the Scheme set by Ministers: that the safety of the public is paramount; that high quality health care must be protected and advanced; and that governments should be accountable and processes transparent and upholds the overarching principle of a consumer-centred health care system.

**Recommendation 3:** That any powers of delegation allowed to the national boards are balanced by legislated safeguards that are adequate to protect the public interest, including the rights of consumers, the transparency and national consistency of the Scheme and public access to information about the processes, progress and decisions of delegated committees.

## 2 Appointments to Board (non-statutory) committees or (statutory) panels

The Intergovernmental Agreement provides that committee members will be selected and appointed in accordance with a procedure approved by the Ministerial Council. The IGA includes a process to support smooth transition from the current arrangements to the new national Scheme, whereby all existing members of jurisdictional health professional boards and supporting hearing panels will, if they agree, be appointed to a list of persons from which national boards may form committees for a period of two years from commencement of the operation of the Scheme.

CHF notes that this transitional appointment process will not cover the increased number of community representatives and the greater expectations of community accountability for the new national Scheme, nor the ongoing appointment of community members to the panels and committees once the national boards begin to exercise their functions.

CHF confirms earlier input<sup>11</sup> that the procedure approved by the Ministerial Council should ensure appointment of community members who are able to reflect the viewpoints and concerns of consumers and be persons in whom the community has confidence. Based on the Commonwealth Consumer Affairs Advisory Council 'Principles for the appointment of consumer representatives: a process for government and industry' the following criteria should be considered:

1. Appointments must be made on merit
2. Appointees must be independent of industry (in this case the health professions) or government
3. Consumer organisations should where possible be involved in appointments

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<sup>11</sup> CHF submission to the Second invitation to National Forum participants to make a submission on matters relating to the National Registration and Accreditation Scheme for Health Professionals. September 2008. Available at <http://www.chf.org.au/Docs/Downloads/500-registration-accred-implementation-project.pdf>

4. An appropriate range of candidates should be sought
5. The appointment process must be consistent with good corporate governance and where relevant, good practice in self regulation
6. The appointment process must be transparent, accountable and cost effective.<sup>12</sup>

#### **Procedures for appointment to advisory committees**

The consultation paper proposes that the process of selection and appointment of members who sit on **statutory committees** or panels may be different to the process for other **committees that exercise powers under delegation** or **advisory committees**.

With respect to advisory committees, the consultation paper proposes (Proposal 4.1.1) that the legislation, while providing powers for boards to establish such committees, would be silent on the process through which a board might select members of its advisory committees, to afford the national boards for the health professions with maximum flexibility to determine their terms of appointment.

CHF is concerned that silence in the legislation on the process for selection and appointment of advisory committees will favour the *status quo* with respect to community membership. The boards for the various health professions are likely to establish selection processes that favour selection of people with links to the profession, or people from outside the professions who they feel comfortable with, rather than seeking nominations from relevant consumer and community groups for community members who are selected by their peers as able to represent the public interest.

**Recommendation 4.** That the procedures approved by the Ministerial Council for selection and appointment of community members to board committees should apply to all board committees including advisory committees and that this provision should be included in the legislation.

#### **Procedures for appointment of community representatives to board committees**

CHF supports further development of Option 1 proposed in the consultation paper, to ensure effective consumer and community representation on all committees, including advisory committees, committees to which board powers are delegated and statutory hearing panels.

Option 1 proposes that the Ministerial Council process requires:

- an open and transparent process where nominations are sought publicly from individuals and professional bodies for the professional positions
- minimum membership requirements for any committee delegated decision-making to ensure a balance of registrant and non-registrant members
- appointments for periods up to three years.

CHF is concerned that the community positions on board committees should be filled by nominations from consumer and community networks rather than nominations from professional bodies or individual expressions of interest. The CHF Consumer Representatives Program provides a strong example of the effectiveness of this approach, where expressions of interest are widely sought through health consumer networks and a consumer selection panel makes the selection of nominees against agreed consumer selection criteria.<sup>13,14</sup>

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<sup>12</sup> Commonwealth Consumer Affairs Advisory Council (June 2005). Principles for the Appointment of consumer representatives. Final Paper. Available at [http://www.treasury.gov.au/documents/994/PDF/consumer\\_reps.pdf](http://www.treasury.gov.au/documents/994/PDF/consumer_reps.pdf). (Accessed December 2008).

<sup>13</sup> Consumers Health Forum of Australia, 2007. Consumer representatives shape health in Australia. Position Statement [http://www.chf.org.au/Docs/Downloads/Consumer\\_representatives\\_shape\\_health\\_in\\_Australia.pdf](http://www.chf.org.au/Docs/Downloads/Consumer_representatives_shape_health_in_Australia.pdf).

<sup>14</sup> CHF Terms of Reference for Senior Consumer Representatives [http://www.chf.org.au/docs/downloads/Senior%20Consumer\\_Representative\\_Terms\\_of\\_Reference.pdf](http://www.chf.org.au/docs/downloads/Senior%20Consumer_Representative_Terms_of_Reference.pdf)

Nominated consumer representatives must demonstrate how they consult and are accountable to consumer networks in order to adequately represent the views of consumers.<sup>15</sup> Nomination of consumer representatives that have the confidence of consumer networks is an important part of best practice in consumer engagement.<sup>16</sup>

As discussed in Section 1 of this submission, CHF wants to see requirements for consumer membership of all board committees for public accountability. The outcomes of the CHF project for 2009 will provide advice to support the governance of the scheme and the development of best practice guidance for the appointment and ongoing involvement of community representatives at all levels of scheme.

**Recommendation 5:** That the legislation provides for a board to appoint community members to all of its committees according to a Ministerial Council process that is based on best practice in consumer engagement with consumer representatives nominated by relevant consumer organisations or other community networks.

**Recommendation 6:** That the Ministerial Council process is based on best practice guidelines on the appointment and ongoing involvement of community representatives that have been developed in consultation with consumer networks.

CHF anticipates the need for considerable good will and collaboration between the various professions with consumer organisations around quality improvement for board committees and panels. For consumers to contribute effectively to national boards and committees they will benefit from support in representing consumer views and networking with community members of other boards and committees. Supporting consumer representatives may include information from board secretariats and appropriate training through consumer networks, expenses and committee processes that enable the community members to engage effectively with the community and consumer groups and maintain their consumer accountability. Some specific strategies to support consumer representatives in their role are addressed in the following section in relation to the interaction of the national scheme with other legislative schemes.

### **3 Interaction of national scheme with other legislative schemes**

CHF notes the importance for consumers of ensuring that the national Scheme operates in a way that is complementary to a range of other State and Territory laws, to achieve consumer expectations of national consistency which simplifies and improves transparency and accessibility of current arrangements for consumers. CHF supports the criteria in the consultation paper to guide the deliberations about the options for determining the way that various aspects of the national Scheme interact with other legislative schemes:

- efficiency of operation
- transparency of decision making
- accountability of decision makers
- consistency and/or uniformity of application across Australia.

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<sup>15</sup> CHF (October 2008). Submission to the Practitioner Regulation Subcommittee on the proposed registration arrangements for the National Registration and Accreditation Scheme. Available at <http://www.chf.org.au/Docs/Downloads/493-registration-submission.pdf>.

<sup>16</sup> CHF (October 2008). Submission on the Australian Commission on Safety and Quality in health care consumer engagement strategy. Available at [http://www.chf.org.au/Docs/Downloads/491\\_Aust\\_Comm\\_S%26Q\\_Consumer\\_Engagement.pdf](http://www.chf.org.au/Docs/Downloads/491_Aust_Comm_S%26Q_Consumer_Engagement.pdf). (Accessed December 2008).

In particular, CHF has supported the incorporation by reference of the existing Commonwealth private sector privacy regime and the National Privacy Principles into the national Scheme legislation.<sup>17</sup>

With respect to confidentiality and lawful disclosure, CHF requests specific consideration to ensure that the applicable legislation enables consumer representatives to speak in general terms with consumer and community networks about policies and approaches as part of their responsibility to provide input that reflects community expectations.

Of course, consumer and community representatives will respect confidentiality requirements but confidentiality agreements and committee processes should be thoughtfully constructed to enable appropriate transparency and consultation. It should be made clear to all committee members which information is confidential rather than imposing blanket confidentiality requirements. The outcomes and rationale of committee decisions should be made to be available to the public in language that is understandable to the community in a timely way. Further, boards and their committees should provide professional indemnity insurance for community members who will not be covered otherwise in a professional capacity for their work on the board, so that these people can test the general views of their peers, as will the professionals, without fear of personal detriment.

**Recommendation 7:** That legislation regarding confidentiality enables community members to fulfil their responsibilities in terms of providing input that reflects the views of the community and achieves public accountability and transparency.

**Recommendation 8:** That the need for professional indemnity insurance for all community members of boards, committees and panels is considered and funded where appropriate.

### **Conclusion**

The National Registration and Accreditation Scheme provides an important opportunity to improve national consistency in the registration, handling of complaints and accreditation of training courses for the health professions. The CHF input to this submission aims to ensure best practice for consumer engagement is met in the delegations to board committees and the processes for appointment of community members so that community expectations of the Scheme are met, in line with the guiding principles outlined by Ministers in March 2008, i.e. 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.

The legislation must provide for national consistency, clarity and transparency of any decision-making that is delegated by the boards to committees and the processes for selection and appointment to these committees. Community members of board committees should be nominated through appropriate processes by relevant consumer and community networks.

The legislation and processes for board committees should ensure that community members are enabled to fulfil their accountability to wider consumer and community networks by gauging their views to inform their input to committee advice and decision-making.

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<sup>17</sup> CHF submission to the Consultation Paper on Information Sharing and Privacy Arrangements. December 2008. Available at <http://www.chf.org.au/Docs/Downloads/507-information-sharing-privacy-submission.pdf>

### ***Recommendations***

**Recommendation 1:** That the legislation requires that all board delegated committees include consumer representation, with two consumer representatives on larger committees, for public confidence and accountability.

**Recommendation 2:** That the legislation be as clear and simple as possible to ensure that in practice, the constitution of any committee of any board meets the guiding principles of the Scheme set by Ministers: that the safety of the public is paramount; that high quality health care must be protected and advanced; and that governments should be accountable and processes transparent and upholds the overarching principle of a consumer-centred health care system.

**Recommendation 3:** That any powers of delegation allowed to the national boards are balanced by legislated safeguards that are adequate to protect the public interest, including the rights of consumers, the transparency and national consistency of the Scheme and public access to information about the processes, progress and decisions of delegated committees.

**Recommendation 4.** That the procedures approved by the Ministerial Council for selection and appointment of community members to board committees should apply to all board committees including advisory committees and that this provision should be included in the legislation.

**Recommendation 5:** That the legislation provides for a board to appoint community members to all of its committees according to a Ministerial Council process that is based on best practice in consumer engagement with consumer representatives nominated by relevant consumer organisations or other community networks.

**Recommendation 6:** That the Ministerial Council process is based on best practice guidelines on the appointment and ongoing involvement of community representatives that have been developed in consultation with consumer networks.

**Recommendation 7:** That legislation regarding confidentiality enables community members to fulfil their responsibilities in terms of providing input that reflects the views of the community and achieves public accountability and transparency.

**Recommendation 8:** That the need for professional indemnity insurance for all community members of boards, committees and panels is considered and funded where appropriate.

Consumers Health Forum of Australia Inc  
PO Box 3099  
Manuka ACT 2605  
Telephone (02) 6273 5444  
Fax (02) 6273 5888  
Email [info@chf.org.au](mailto:info@chf.org.au)  
[www.chf.org.au](http://www.chf.org.au)



## **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.

© Consumers Health Forum of Australia Inc  
PO Box 3099  
Manuka ACT 2605  
Tel: 02 6273 5444  
Fax: 02 6273 5888  
Email: [info@chf.org.au](mailto:info@chf.org.au)  
[www.chf.org.au](http://www.chf.org.au)