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9 April 2010

Ms Naomi Bleeser
Committee Secretary
Community Affairs Legislation Committee
PO Box 6100
Parliament House
CANBERRA ACT 2600

Dear Ms Bleeser

Submission to the Community Affairs Legislation Committee Inquiry into Health Practitioner Regulation (Consequential Amendments) Bill 2010

The Consumers Health Forum of Australia (CHF) welcomes the opportunity to provide input into the Community Affairs Legislation Committee *Inquiry into the Health Practitioner Regulation Bill 2010*.

CHF is the national peak body representing the interests of Australian healthcare consumers. CHF works to achieve safe, quality, timely healthcare for all Australians, supported by accessible health information and systems.

CHF members and stakeholders have a strong interest in this issue. This submission is based on ongoing discussions with consumers about health practitioner regulation over a number of years, including recent input from CHF members and consumer representatives about the proposed arrangements and through our Shaping the Health Workforce project¹. It builds on the submissions that CHF has provided on the National Registration and Accreditation Scheme (NRAS), including the submission on the proposed registration arrangements for the health professions in July 2009.

This proposed Bill provides consequential amendments to recognise and support the implementation of the NRAS. The Bill also proposes to streamline the extensive processes involved in the recognition of doctors for Medicare purposes under the Health Insurance ACT 1973 (HIA) ensuring a reduction of red tape.

¹ This project gathered consumer views about the NRAS. It involved engagement and consultation with consumer networks around the legislation and governance arrangements for the NRAS; building awareness of the NRAS in consumer networks; contributing to consultations around legislation and professional standards; and developing principles for the appointment and ongoing involvement of community representatives in national registration and accreditation bodies.

CHF understands the committee is requesting submissions examining the implications for healthcare providers, particularly in relation to reserve powers held by the Ministerial Council around registration requirements. CHF argues that when considering the implications of this Bill and of the NRAS more generally, it is essential to not only look at repercussions for medical practitioners, but also for consumers. This is also true in relation to the ministerial reserve powers.

Support for the NRAS

CHF supports the implementation of a national approach to registration, accreditation and health complaints as it will address the current inconsistencies across States and Territories. We have indicated this support through our submissions to the:

- *Senate Inquiry into National Registration and Accreditation Scheme for Doctors and Other Health Workers* (July 2009)
- Australian Health Workforce Ministerial Council on the exposure draft of the *Health Practitioner Regulation National Law* (July 2009)
- *Senate Inquiry into the National Registration and Accreditation Scheme for the Health Professions* (April 2009)
- Australian Health Ministers Advisory Council on all the discussion papers on the proposed arrangements for the NRAS (six submissions in total; October 2008 to February 2009).
- *Second COAG Consultation Paper: Proposal for a national registration scheme for health professionals and a national accreditation scheme for health education and training* (February 2007).

CHF supports the passing of the Health Practitioner Regulation (Consequential Amendments) Bill 2010 as a key part of the introduction of the NRAS. However, we are concerned about the removal of the Public Interest Assessor role from Bill B, and the reduction in processes to protect consumer health and safety.

Need for Consumer Involvement

CHF's earlier submissions on the NRAS have all emphasised the importance of consumer involvement in the governance, accreditation and complaints mechanisms associated with the NRAS. We consider that consumers, as the users and funders of the health system, must be involved in decision-making about health care, and must have a key role in the governance of major health initiatives and the accreditation of the health professions.

CHF would like to reiterate the importance of consumer involvement in all elements of the NRAS.

Ministerial Reserve Powers

CHF notes that the invitation to provide a submission to this Inquiry outlined the following issue for consideration by the Committee: *To examine the implications for healthcare providers, particularly the reserve powers relating to registration requirements.*

CHF supports the notion of providing a Ministerial Committee with reserve powers to intervene should a situation require it. This system would provide an additional level of decision-making to safeguard consumers from any decisions that may impact on patient health and safety.

CHF considers that this is of particular importance in light of the removal of the Public Interest Assessor role from Bill B. CHF strongly supported the inclusion of the Public Interest Assessor role in the exposure draft of Bill B, and was disappointed to note its removal from the final version. The Australian Health Workforce Ministerial Council argued that, in the final version of the legislation, the increased role of the State and Territory health complaints bodies, and the strengthened and formalised role of community members on national boards, removed the need for the Public Interest Assessor role. CHF, however, is concerned that removal of the Public Interest Assessor has greatly reduced the rigour of the NRAS arrangements, and the processes in place to protect consumer health and safety.

Conclusion

CHF welcomes the establishment of NRAS for health professionals as it will improve safety and quality in healthcare, but argues that consumers must be involved in all aspects of the NRAS. A national approach to healthcare including registration, accreditation and health complaints will work towards reducing the existing inconsistencies occurring throughout the states and territories. CHF also supports the notion of ministerial reserve powers.

CHF supports the passing of the Health Practitioner Regulation (Consequential Amendments) Bill 2010 as a key part of the introduction of the NRAS. However, we remain concerned about the removal of the Public Interest Assessor role from Bill B, and the reduction in safeguards to protect consumers.

If you would like to discuss any aspect of this submission further, please do not hesitate to contact me.

Yours sincerely

Carol Bennett
EXECUTIVE DIRECTOR