

# Health Alert

## July 2009

### This Alert contains information on the following topics:

- > *New National Registration and Accreditation Scheme*
- > *The chance to have your say on the Productivity Commission's report on public and private hospital performance*
- > *Legislation Update*

### New National Registration and Accreditation Scheme

On 8 May 2009 the Australian Health Workforce Ministerial Council released a communiqué outlining the details of the new national registration scheme for health professionals. Particularly, the Council agreed on the following issues:

- > The accreditation standards will be developed independently of government by an independent accrediting body.
- > There will be both general and specialist registers available for professions (including medicine and dentistry). Separate registers will also be available for nurses and midwives.
- > A registrant must demonstrate that they have participated in an approved continuing professional development program before their annual registration will be renewed.
- > From 1 July 2012 Aboriginal and Torres Strait Islander health practitioners, Chinese medicine practitioners and medical radiation practitioners will be regulated by the scheme. These are in addition to the ten professions already agreed for inclusion in the national scheme from 1 July 2010 (chiropractors, dental (including dentists, dental hygienists, dental prosthetists and dental therapists), medical practitioners, nurses and midwives, optometrists, osteopaths, pharmacists, physiotherapists, podiatrists and psychologists).

- > The registration arrangements will be changed in order to improve the quality and safety of health services being delivered to the public, including:

- Mandatory reporting of registrants who are placing the public at risk of harm
- Criminal history and identity checks
- Simplified complaints arrangements for the public
- Student registration, and
- Flexible arrangements for handling of complaints.

- > National boards will be appointed by the Ministerial Council with at least half, but no more than two thirds, of the members being practitioners and at least two members being persons appointed as community members.
- > The main committee of a national board in each State or Territory where a committee is appointed will be known as a State or Territory board. Each national board will determine where State or Territory boards will be appointed, taking into account the need for efficient processes in each profession.
- > The prescription of cosmetic lenses will be restricted to optometrists and medical practitioners in an effort to protect the public from injuries from the misuse of cosmetic contact lenses.

The aim of the new scheme is to deliver improvements to the safety and quality



of Australia's health services through a modernised national regulatory system for health practitioners. It is anticipated that the scheme will make it easier for hospitals to verify a doctor's qualifications and ascertain whether a doctor has complied with the conditions of his or her registration.

### The chance to have your say on the Productivity Commission's report on public and private hospital performance

On 22 June 2009 the Productivity Commission released its issues paper on the *'performance of public and private hospital systems'*. As you will recall from our previous health alert articles which anticipated the report, the Productivity Commission was requested to examine and report on the relative performance of the public and private hospital systems, and related data issues. In particular to consider:

- > Comparative hospital and medical costs for clinically similar procedures performed by public and private hospitals
- > The rate of hospital-acquired infections, by type, reported by public and private hospitals
- > Rates of fully informed financial consent for privately insured patients treated as private patients in both public and private hospitals, and
- > Other relevant performance indicators.

If any of the above tasks proved not to be fully possible because of conceptual problems and data limitations – the Commission was to propose any developments that would improve the feasibility of future comparisons.

The Issues Paper just released covers a range of issues that the Productivity Commission is now seeking information and feedback on. Details about making submissions can be found at the [Productivity Commission's website](#) with the Productivity Commission asking that submissions be received by 27 July 2009.

The Productivity Commission is particularly seeking feedback at this stage on its suggested approaches in formulating the report. Some but not all of the approaches on which the Productivity Commission is seeking feedback include:

- > Is its suggested approach to selecting clinically similar procedures appropriate for comparing costs between public and private hospitals?
- > Are there any other factors which should be considered when compiling a list of procedures for such a comparison?
- > Are there any suggestions to take into account differences between hospitals in the fringe benefits and payroll tax regimes they face?
- > What hospital-acquired infections should the study compare between public and private hospitals?
- > Comments on the proposed disaggregation of informed financial consent data by type of provider and region.
- > Best practice examples where informed financial consent is provided for every procedure.
- > Any conceptual and data problems anticipated that will prevent the study from completing all of the tasks required in the terms of reference including how foreshadowed policy developments, including those under the National Healthcare Agreement, address the problems.

Submissions do not need to address all the issues raised in the paper and may comment on any other issue relevant to the terms of reference.

Any feedback provided as part of this step in the process may significantly impact the outcome of the Productivity Commission's report. The quality of submissions will be important to ensure the Productivity Commission takes into consideration in its results important differences between private and public hospitals including those public hospitals which are not run by state and territory governments.

It will be interesting to see how the Productivity Commission's report and the ongoing work of the National Health and Hospitals Reform Commission (NHHRC) interact, and whether they will lead to substantial reform for hospitals.

### Legislation Update

#### *Coroners Act 2009 (NSW)*

The *Coroners Act 2009* (NSW) was assented to on 19 June 2009. This Act replaces the *Coroners Act 1980* (NSW). Some of the changes introduced in the new Act are:

- > All persons appointed as coroners under the new Act must be Australian lawyers and all persons appointed as assistant coroners must be members of staff of the Attorney General's Department.
- > The position of Senior Deputy State Coroner is abolished and the Minister is authorised instead to appoint an Acting State Coroner when the State Coroner is absent from duty.
- > Confirmation that coronial jurisdiction arises regardless of whether or not a death, suspected death, fire or explosion is reported.



- > The current provisions relating to the reporting and investigation of deaths resulting from the use of anaesthetics are replaced with provisions relating to deaths that are not the reasonably expected outcomes of health procedures.
- > The current provisions that require a death to be reported (and that prohibit a death certificate being issued) if the deceased person was not attended by a medical practitioner in the 3 months preceding death are replaced with provisions that extend that period to 6 months.
- > The requirement to report a death if the deceased person died within a year and a day of an accident to which the death is attributable will no longer apply.
- > A medical practitioner is authorised to give a death certificate concerning a cause of death in respect of a deceased person aged 72 years old or older who died as a result of injuries from an accident even if the accident occurred in a hospital or nursing home.

## Dissolution of HealthQuest

The *Health Services Amendment (Dissolution of HealthQuest) Order 2009* (NSW) dissolves the statutory health corporation "HealthQuest" under section 43 of the Act, and omits its listing in Schedule 2 of the *Health Services Act 1997* (NSW) (Statutory health corporations). The Order commenced on 1 July 2009.

The *Health Services Amendment (HealthQuest) Regulation 2008* (NSW) makes amendments to the *Health Services Regulation 2008* (NSW) that are required as a result of the dissolution of HealthQuest.

## Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009 (Cth)

The *Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009* (Cth) was introduced into the Legislative Assembly and received its second reading speech on 24 June 2009.

The Bill proposes a number of amendments to the *National Health Act 1953* (Cth), such as:

- > To include authorised midwives and nurse practitioners within the definition of 'PBS prescriber'.
- > To include midwifery and nurse practitioner treatment amongst the types of treatment for which pharmaceutical benefits may be claimed under section 86.
- > To allow authorised midwives and nurse practitioners to write prescriptions (on or after 1 November 2010) for the supply of pharmaceutical benefits specified by the Minister.
- > To extend certain provisions of the National Health Act to authorised midwives and nurse practitioners (including some provisions dealing with offences).

The Bill also proposes to make a number of amendments to the *Health Insurance Act 1973* (Cth) including providing for the approval of eligible midwives and nurse practitioners as participating midwives and nurse practitioners, including the right to have a ministerial refusal reviewed by the Administrative Appeals Tribunal, and extending the application of certain provisions to midwives and nurse practitioners, including section 129AA (Private hospitals - bribery).

In addition, the Bill proposes to make minor amendments consequential to the enactment of the (proposed) *Midwife Professional Indemnity (Commonwealth Contribution) Scheme Act 2009*, such as providing that offences against that Act are a 'relevant offence' under the Medicare Australia Act 1973 (Cth).

## Human Tissue Amendment Bill 2009 (Vic)

The *Human Tissue Amendment Bill 2009* (Vic) was introduced into the Legislative Assembly on 23 June 2009. The Bill proposes to amend the *Human Tissue Act 1982* (Vic) to reduce the age at which persons can consent to the donating of blood on their own behalf from 18 to 16 years of age.

## Mental Health Act 2009 (SA)

The *Mental Health Act 2009* (SA) was assented to on 11 June 2009. On proclamation the Act will replace the *Mental Health Act 1993* (SA). The matters covered by the Act include:

- > Treatment and care plans for all patients whether voluntary, subject to an order for community treatment or subject to detention and treatment.
- > Different levels of orders within each category depending on the requirements of the patient for protection from harm and other circumstances.
- > Protections for persons with mental illness.
- > Regulation of prescribed psychiatric treatments, such as electro-convulsive therapy.
- > Reviews and appeals of decisions, including allowing appeals by a variety of relevant persons interested in the decision to grant a treatment order.



- > Arrangements between South Australia and other jurisdictions.
- > Administration, including appointing a Chief Psychiatrist to monitor the standard of psychiatric care provided in South Australia.

**Therapeutic Goods  
Amendments (2009 Measures  
No. 2) Bill 2009 (Cth)**

The *Therapeutic Goods Amendment (2009 Measures No. 2) Bill 2009* (Cth) was introduced into the House of Representatives and received its second reading speech on 24 June 2009.

The Bill proposes to amend the *Therapeutic Goods Act 1989* (Cth).

The amendments proposed by the Bill include:

- > Establishing two committees to provide advice to the Secretary on the classification and scheduling of medicines and chemicals respectively.
- > Including the right of the states and territories to nominate committee members.
- > Disbandment of the National Drugs and Poisons Schedule Committee.
- > Replacing existing processes for

the amendment or substitution of the Poisons Standard with a new exclusive power for the Secretary to do so (including by incorporating other documents).

- > Prescribing matters the Secretary must consider, and the process for an application to have the Secretary amend the Standard.
- > Allowing the Secretary to specify excluded purposes for a type of medical device, and mandate that the Secretary must not to register a type of device if satisfied that it will only be used for one or more excluded purposes.

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