



# **Review of Governance of the National Registration and Accreditation Scheme (NRAS)**

*Report - November 2017*



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## Glossary

**Accreditation Review:** the Review of Accreditation Systems under the NRAS commissioned by AHMAC in October 2016 and conducted by Independent Reviewer, Professor Michael Woods

**Agency Management Committee:** Australian Health Practitioner Regulation Agency Management Committee established by s 29 of the National Law

**AHMAC:** Australian Health Ministers' Advisory Council, consisting of Health Department Chief Executive Officers of each state and territory and the Commonwealth

**AHWAC:** Australian Health Workforce Advisory Council established by s18 of the National Law, also referred to as the Advisory Council

**AHPRA:** Australian Health Practitioner Regulation Agency established by s 23 of the National Law, also referred to as the National Agency

**COAG:** Council of Australian Governments

**HPA:** Health Profession Agreement entered into by a National Board and AHPRA, pursuant to s 26 of the National Law

**HWPC:** Health Workforce Principal Committee, previously a principal committee of AHMAC

**Issues Paper:** Review of Governance of the National Registration and Accreditation Scheme (NRAS), Issues Paper, November 2016

**JAC:** AHPRA Jurisdictional Advisory Committee

**National Boards:** the 14 National Health Practitioner Boards, constituted by s 31 of the National Law

**National Law:** the Health Practitioner Regulation National Law as in force in each state and territory

**National Scheme:** see NRAS

**NRAS:** National Registration and Accreditation Scheme constituted by the National Law, also referred to as the **National Scheme**

**Ministerial Council:** the COAG Health Council (previously defined in the legislation as the Australian Health Workforce Ministerial Council)

**Snowball Review:** Independent Review of the National Registration and Accreditation Scheme for Health Professionals by Kim Snowball, Final Report, December 2014

**ToR:** Terms of Reference



## EXECUTIVE SUMMARY

The National Registration and Accreditation Scheme (the National Scheme) was established by the Health Practitioner Regulation National Law in 2010. The Scheme introduced a national system for the registration of health professionals, and for the accreditation of courses of study leading to registration.

The National Scheme was reviewed in 2014, and the Independent Reviewer noted some issues regarding the Scheme's governance. This Review has been undertaken to further consider those issues.

An Issues Paper with consultation questions was developed and published in November 2016, and a targeted consultation process was undertaken. The findings of this Review are now presented in this report. The report considers:

- The role of each of the major Scheme entities, being the Australian Health Practitioner Regulation Agency (AHPRA), that body's Agency Management Committee, and the National Registration Boards.
- The Scheme's accountability to the COAG Health Council (CHC).
- The efficiency of the Scheme's processes in dealing with statutory approvals.
- The Scheme's ability to effectively deal with issues that might be contested or disputed.
- The Scheme's communication with jurisdictions.
- The governance of State, Territory and Regional boards.

The Review finds that the governance of the National Scheme is generally functioning well. However, there is a need to clarify the role of AHPRA as the administrator of the Scheme and, through the Agency Management Committee, as the single line of accountability from all Scheme entities to the CHC.

AHPRA's current reporting framework to the Ministerial Council and jurisdictions is sufficient, but could be enhanced by a short report on an annual basis that summarises progress made by Scheme entities in meeting each of the Scheme's statutory objectives. This could be incorporated in AHPRA's current reporting processes.

The role of the Agency Management Committee as the governing body of AHPRA could be better reflected through a change in the name of that entity.

The approval processes required for certain aspects of general Scheme business are unnecessarily bureaucratic and often involve Ministers' considering matters which are uncontroversial and/or of low policy significance. Ministers may therefore wish to consider delegating this power to AHPRA with relevant safeguards to ensure that matters that are appropriate for Ministerial Council consideration are escalated to it.

Generally, the Scheme has demonstrated an ability to resolve disputes and "contested issues" satisfactorily, and mechanisms that have been put in place by AHPRA and the National Boards since the independent review of the NRAS in 2014 have been sufficient to address any previously unmet need. The work of the Council of Board Chairs is noted in this regard. Accordingly, there does not appear to be any significant gap that could be filled by the re-activation of the Australian Health Workforce Advisory Council (AHWAC). The provisions establishing this entity, which is currently in abeyance, should be deleted from the National Law.

There is room for improved communications between jurisdictions, AHPRA and the National Boards. The Review notes the recent formation of the AHPRA Jurisdictional Advisory Committee and considers it appropriate that a watching brief is kept over this mechanism to determine its effectiveness in this regard. A brief review of the JAC arrangement should be



undertaken by its members after 12-18 months of operation.

Jurisdictions have expressed a strong preference for Ministers to continue to appoint State, Territory and Regional Board members. Accordingly, this requirement should be retained. The governance of State, Territory and Regional Boards is the responsibility of the relevant National Boards and National Boards should have processes to review the practices of their State Territory and Regional Boards, identify any variances in practice between them, and rectify these.

The Review notes the impending report of the Independent Review of the Accreditation Systems under the National Scheme. If significant changes are made to the roles and functions of any Scheme entity as a result of that Review, governance arrangements may need further consideration. It would be optimal, however, if the single line of accountability to the Ministerial Council through AHPRA and its governing body is retained.

### Recommendations

1. The National Law should explicitly provide for AHPRA's function of providing advice and information to the Ministerial Council on the operations and achievements of National Scheme entities and the achievement of the statutory objectives of the National Scheme. The current power in paragraph 25(j) of the Law should be amended to specifically articulate these functions. Relevant National Scheme entities should have the function of providing information and advice to AHPRA to enable it to exercise this function.
2. The National Law should provide for AHPRA to have a concomitant power to the power of the National Boards under paragraph 35(1)(q) of the National Law. That is, AHPRA should be given the power to "do anything else necessary or convenient for the effective and efficient operation of the National Registration and Accreditation Scheme".
3. AHPRA and the Agency Management Committee should annually provide Ministers and jurisdictions with a "short form" report on achievement of National Scheme objectives. This could be incorporated in the current reporting framework.
4. AHPRA and the Agency Management Committee should develop KPIs based on the NRAS Strategy 2015-2020.
5. The name of the Agency Management Committee should be amended to reflect its role as the governing body or "board" of AHPRA.
6. The provisions establishing the Australian Health Workforce Advisory Council should be deleted from the National Law.
7. The Ministerial Council should consider an amendment to the National Law to insert a power of delegation in relation to s12 of the National Law allowing it to delegate its powers of approval of registration standards.
8. The relevant delegate under the instrument of delegation should be AHPRA or the Agency Management Committee. The delegation should be subject to the condition that jurisdictions agree to each exercise of the delegation. In the absence of agreement, the registration standard should proceed through AHMAC to the Ministerial Council for approval.
9. The AHPRA Jurisdictional Advisory Committee should prepare advice for AHMAC and the Ministerial Council on whether the delegation should be:
  - a. total (in relation to all registration standards including amendments and withdrawals) or partial (in relation only to amendments); and
  - b. subject to any additional conditions.
10. A process should be developed for reporting back to the Ministerial Council on approvals made under the delegated power.



11. Jurisdictions should be able to refer a particular code or guideline to AHPRA's Jurisdictional Advisory Committee for endorsement prior to being made by a National Board, with the ability to escalate strong jurisdictional disagreements to AHMAC and the Ministerial Council where they cannot otherwise be resolved.
12. Members of the Jurisdictional Advisory Committee should review the Committee's effectiveness in relation to improving communications between jurisdictions, AHPRA and National Boards, after 12-18 months of the Committee's operation.
13. The responsible Minister for the participating jurisdiction should continue to appoint State, Territory and Regional Board members under s36 of the National Law.
14. National Boards that establish State, Territory or Regional Boards should have mechanisms in place to monitor their performance, including variations in practice across jurisdictions. Performance issues and variations should be managed by the relevant National Board.



## PART 1: INTRODUCTION

### 1.1 Terms of Reference

1. To examine the governance and reporting arrangements of the NRAS to examine whether:
  - (a) there is clear and direct accountability to the Ministerial Council in relation to the achievement of the statutory objectives of the NRAS;
  - (b) each of the entities forming part of the NRAS have the appropriate roles and functions (with any related necessary powers) to maximise the efficiency and effectiveness of the NRAS in achieving its statutory objectives and to be aligned with any recommendations arising from Term of Reference 1(a).
2. In light of the above, to make recommendations as to reforms to the NRAS and its entities, including recommendations for legislative change.
3. To develop a set of key performance indicators for the NRAS considering those currently available and any potential gaps.

### 1.2 Background to Review

The National Registration and Accreditation Scheme commenced operation in 2010, following the signing of an Intergovernmental Agreement (IGA) between the Commonwealth, States and Territories in March 2008. The National Scheme is established through the Health Practitioner Regulation National Law, as in force in each State and Territory (the National Law).

The IGA provided for an independent review of the National Scheme after three years of operation. The independent review was undertaken by Mr Kim Snowball (the Snowball Review) and a final report was submitted to the Ministerial Council and published in December 2014.

The Snowball Review made 33 recommendations. Its first recommendation was the establishment of a Professional Standards Advisory Council for a time-limited period to:

- Oversee the implementation of the review's recommendations;
- Establish key performance standards for National Boards, the Agency Management Committee, accreditation authorities and AHPRA;
- Inform National Boards, the Australian Health Practitioner Regulation Agency (AHPRA) and accreditation authorities on key health workforce reform priorities and health service access gaps; and
- Examine evidence on contested cross profession issues.

The Ministerial Council did not accept this recommendation, but accepted that improvements to the governance, reporting and reform arrangements of the National Scheme are necessary to enhance its transparency and accountability. These are to be achieved through existing mechanisms.

The Australian Health Ministers' Advisory Council (AHMAC) subsequently approved the document, *Implementation of the AHMAC decisions on the recommendations arising from the Independent Review of the National Registration and Accreditation Scheme for Health Professions* (the Implementation Plan). This plan sets out actions to be taken to implement the recommendations of the Snowball Review that were accepted by the Ministerial Council.

As a result of the response of the Ministerial Council to Recommendation 1 of the Independent Review, the Implementation Plan provides for a joint working group of jurisdictions and the Agency Management Committee of AHPRA to work together to develop a suite of governance and reporting reforms for Ministers' consideration, including key





performance indicators. The membership of this joint working group is set out in **Appendix A**.

An Issues Paper was produced by the working group to facilitate consultation with stakeholders regarding possible improvements to the governance of the National Scheme and reporting reforms in accordance with the Terms of Reference (ToR). Eighteen submissions were received and considered by the working group, which has now produced this report.

It's important to note that the following is not within this Review's ToR:

- The role of accreditation authorities within the National Scheme, given the further review of accreditation functions as agreed by the Ministerial Council and currently being undertaken by Professor Michael Woods.
- The operation of the co-regulatory systems: two jurisdictions, New South Wales and Queensland, have opted out of the provisions of the National Law regarding the making and investigation of notifications. These "co-regulatory" jurisdictions have passed their own legislation to govern notifications utilising two different models. Although the operation of the co-regulatory systems is an important part of the overall governance of the National Scheme, this area is outside the ToR of this Review.

However, reference is made in this report to the Accreditation Review being undertaken by Professor Woods where it is necessary to elucidate on discussions in this report.

### 1.3 Review methodology

In accordance with AHMAC's direction that this be a joint review between jurisdictions and the AHPRA Agency Management Committee, the review was conducted jointly by the New South Wales Ministry of Health, the South Australian Department of Health and Ageing and the Agency Management Committee. In the course of conducting the Review, some National Board Chairs expressed disappointment that representatives of the Boards were not appointed to the Review working group and suggested that the inclusion of the Agency Management Committee, but not the National Boards, may lead to an unbalanced report. The Review notes this concern, and attempted to address it by meeting with Board Chairs in the course of consultation.

An Issues Paper was developed by the working group and provided to targeted stakeholders (being National Boards, AHPRA, professional associations for each of the registered professions, consumer groups, jurisdictions, AHPRA's professions and community reference groups, the National Health Practitioner Ombudsman and Privacy Commissioner, and the Health Professions' Accreditation Councils' Forum. The Issues Paper set out 13 consultation questions and invited stakeholders to respond. Eighteen submissions were received. These are listed at **Appendix B**.

This report has been developed after consideration of all submissions. A small number of submissions noted the potential for any recommendations to cause an increase in registration fees, and this feedback was considered in relation to all recommendations in this Report.





## PART 2: THE GOVERNANCE FRAMEWORK OF THE NATIONAL SCHEME

### 2.1 What is the National Scheme?

The Health Practitioner Regulation National Law (the National Law) establishes the National Registration and Accreditation Scheme (the National Scheme), pursuant to a 2008 agreement between the Commonwealth, States and Territories (the COAG Agreement).

The National Law defines the Scheme as:

*“the scheme –*

- (a) referred to in the COAG Agreement; and*
- (b) established by this Law”.*

Clause 2.5 of the COAG Agreement states that COAG has agreed:

*“to establish a single national scheme, with a single national agency encompassing both the registration and accreditation functions. The national registration and accreditation scheme will consist of a Ministerial Council, an independent Australian Health Workforce Advisory Council, a national agency with an agency management committee, national profession-specific boards, committees of the boards, a national office to support the operations of the scheme, and at least one local presence in each State and Territory.”*

The National Law states the object of the Law is to establish:

*a national registration and accreditation scheme for:*

- (a) The regulation of practitioners; and*
- (b) The registration of students undertaking:*
  - (i) programs of study, that provide a qualification for registration in a health profession; or*
  - (ii) clinical training in a health profession.*

Both the COAG Agreement and the National Law set out the objectives of the National Scheme, which in summary are to:

- Provide for the protection of the public;
- Facilitate workforce mobility across Australia;
- Facilitate the provision of high quality education and training of health practitioners;
- Facilitate the rigorous and responsive assessment of overseas trained health practitioners;
- Facilitate access to services provided by health practitioners;
- Enable the continuous development of a flexible, responsive and sustainable Australian health workforce.

Section 3 of the National Law sets out the guiding principles of the Scheme which in summary are:

- The scheme is to operate in a transparent, accountable, efficient, effective and fair way;
- Fees required to be paid under the Scheme are to be reasonable having regard to the efficient and effective operation of the Scheme;
- Restrictions on the practice of a health profession are to be imposed under the Scheme only if it is necessary to ensure health services are provided safely and are



of an appropriate quality.

Under s4 of the National Law, “an entity that has a function under this Law is to exercise its functions having regard to the objectives and guiding principles” of the Scheme.

In summary, the National Scheme consists of a number of entities established under the National Law which together function to provide for the regulation of the health professions specified in the Law, including registration and accreditation functions. Each entity in the Scheme has specific statutory functions and all entities must exercise these functions with regard to the objectives and guiding principles of the Scheme. Overall, it is envisaged that the National Scheme entities will work within a cohesive structure, to enable the achievement of Scheme objectives.

## **2.2 Governance documents**

As well as the provisions of the National Law itself, the National Law provides for two other important documents underpinning the governance of the National Scheme as follows:

### **The Health Profession Agreements**

Section 26 of the National Law requires AHPRA and each National Board to enter into a Health Profession Agreement (HPA). An HPA must set out:

- The fees to be paid by registrants;
- The annual budget of the National Boards;
- The services to be provided to the National Board by AHPRA to enable the Board to carry out its functions.

Where a National Board and AHPRA cannot agree on the terms of an HPA, the Ministerial Council may give directions to both the Board and AHPRA on how the dispute should be resolved.

### **Delegations**

Under s37 of the National Law, a National Board may delegate its functions to its committee, State/Territory/Regional Boards (where constituted) or to AHPRA through its Chief Executive Officer. More detail on both the HPAs and National Law delegations are outlined in the Issues Paper.



## PART 3: THE ROLE AND FUNCTIONS OF NATIONAL SCHEME ENTITIES

The Terms of Reference require this Review to examine the roles and functions (and related powers) of the Scheme entities in the context of maximising the efficiency and effectiveness of the Scheme in achieving its objectives. This section contains a summary of roles and functions of the three major Scheme entities: the Ministerial Council, the National Boards and AHPRA (including the AHPRA Agency Management Committee).

For completeness, the Review notes that the National Health Practitioner Ombudsman and Privacy Commissioner is also a Scheme entity. However, no recommendations in this report are directed to that entity.

In addition, the National Scheme has related entities in Queensland and New South Wales, being the Queensland Health Ombudsman and the NSW Health Professional Councils. The roles and functions of these bodies are not within the scope of this Review.

### The Ministerial Council

Although it is not explicitly stated in the COAG Agreement or the National Law, it is clear that the role of the Ministerial Council is to oversee the National Scheme. This oversight role is enabled by the reporting responsibilities of the various Scheme entities as set out in the National Law. The Council's oversight role is also envisaged in Clause 7.8 of the COAG agreement which states that:

*“the Ministerial Council will not seek to insert itself into the day-to-day operations of the national agency. In particular, the Ministerial Council will not have any power to intervene in registration, examination or disciplinary decisions relating to individuals, or decisions relating to the accreditation of specific courses.”*

The Ministerial Council has limited powers of direction over National Scheme entities and these are set out in section 11 of the National Law. The Ministerial Council may give directions to AHPRA and the National Boards regarding policies that are to be applied by those entities, as well as directions about administrative processes or procedures. However, directions may not be given about a particular person, a particular qualification or a particular registration application, notification or proceeding.

The Ministerial Council may give directions to AHPRA and a National Board in the event that those bodies are unable to agree on the provisions of a proposed Health Profession Agreement.

Overlaying the statutory functions of the Ministerial Council are the Westminster conventions of Ministerial responsibility and accountability. In general, these conventions hold Ministers accountable for the actions of their respective “ministries”, or bureaucracies. This convention exists to ensure that ministers closely scrutinise the activities of these bureaucracies, and exercise their lawful powers and authority to ensure the proper administration of the bureaucracies' activities in the public interest and in accordance with government policy.

### The National Boards

There are 15 National Registration Boards in the Scheme exercising regulatory functions in respect of each of the regulated professions. Legislation recently passed to add paramedicine as the 15<sup>th</sup> regulated profession<sup>1</sup>.

The functions of National Boards are set out mainly in s35 of the National Law and include:

- Registration of practitioners;

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<sup>1</sup> Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2017, passed in the Queensland Parliament on 6 September 2017.



- Development of registration standards, codes and guidelines;
- Approval of accredited programs of study;
- Other than in the co-regulatory jurisdictions; the investigation of notifications.

The functions referred to above are described in this Report as the National Boards' "core regulatory functions". The National Boards have other functions set out in more detail in the Issues Paper.

Under Schedule 4 of the National Law, National Board members may be removed from office by the Chair of the Ministerial Council, but only in certain specified circumstances.

### **AHPRA**

The COAG Agreement variously refers to AHPRA as "supporting" the National Scheme and "administering" the National Scheme. The functions and powers of AHPRA are scattered throughout the National Law, and are set out in detail in the Issues Paper. In brief, s25 of the National Law sets out the functions of AHPRA as being to:

- Provide administrative assistance to the National Boards;
- Develop policies and procedures for the operation of the National Boards;
- Develop procedures for the development of registration standards, codes and guidelines to ensure good regulatory practice;
- Provide advice, information or assistance to the Ministerial Council in connection with the administration of the Scheme.

Schedule 3 of the National Law provides that the Chief Executive Officer of AHPRA is to be appointed by the Agency Management Committee and may be terminated for any reason by that Committee.

As Boards do not have corporate powers, such as the ability to employ staff or enter into contracts, AHPRA exercises these functions in order to support the operations of the National Boards.

### **The Agency Management Committee**

The COAG Agreement states that the National Agency (AHPRA) will "administer the Scheme and be governed by an agency management committee". Section 30 of the National Law states that the functions of the Agency Management Committee are to:

- Decide the policies of AHPRA;
- Ensure AHPRA performs its functions in a proper, effective and efficient way; and
- Control the affairs of AHPRA.

Schedule 2 of the National Law provides that members of the Agency Management Committee may be removed by the Chair of the Ministerial Council, but only in certain specified circumstances.

### **The Australian Health Workforce Advisory Council**

Part 3 of the National Law establishes the AHWAC. The function of this Council is to provide independent advice to the Ministerial Council on certain matters set out in s19 of the National Law, being any matter referred to it by the Ministerial Council and any other matter relating to the National Scheme it considers appropriate.

The Council, although originally constituted, has not provided any advice on the matters set out in s19 of the National Law and is now in abeyance.



### 3.1 Consultation

Generally, it appears that the role of the Ministerial Council is well understood, and its functions are clear. There were no submissions advocating change in the functions or role of the Ministerial Council.

Submissions agreed that the appropriate information and advice must be provided to the Ministerial Council to allow it to carry out its functions and responsibilities. The main area of discussion was in relation to the role that each of the National Scheme entities play in this regard, and whether there was a single point of accountability and advice from the National Scheme to the Ministerial Council to allow the Ministerial Council to exercise appropriate oversight. This is discussed further below.

The role and functions of AHPRA and the Agency Management Committee were described in different ways by stakeholders during the consultation phase.

The joint submission from AHPRA and 11 of the National Boards stated that “the National Scheme has a networked governance structure which provides for regulatory decision making by National Boards and corporate oversight of the National Scheme’s operational and regulatory performance by the Agency Management Committee”.

Another submission described AHPRA as “having administrative and operational functions” and the Agency Management Committee as having “accountability for the operational arm of the National Scheme”.

There were different views regarding the separation, if any, of the role of the Agency Management Committee and the role of AHPRA, in particular, whether stakeholders considered that the Agency Management Committee had distinct and separate functions in relation to the National Scheme, over and above being the governing body of AHPRA.

Some submissions noted that there was confusion and a lack of clarity on the roles and functions of AHPRA and the Agency Management Committee. One submission noted that there is an opportunity to improve governance arrangements “in particular, providing clarity to stakeholders of the National Scheme on the role and functions of the Agency Management Committee”.

However, despite the different ways in which stakeholders envisaged the role of AHPRA and the Agency Management Committee vis-à-vis the various Scheme entities, there were many areas of agreement on the Scheme’s governance structure.

Most stakeholders generally supported the current governance arrangements, and agreed that the governance of the National Scheme was working well.

Several stakeholders stressed the importance of maintaining the independence of the National Boards in relation to their core regulatory functions, and none of the submissions raised a contrary view. The majority of the submissions did not support making those regulatory functions subject to the direction and control of AHPRA (although it was stated in at least one submission that there was concern that this outcome was a sub-text or premise of the Review).

All stakeholders agreed on the need for a single and cohesive line of reporting and accountability to the Ministerial Council, and most agreed that in practice, this was undertaken by AHPRA, which reported on its own activities, and acted as a conduit of information and advice from the National Boards and other Scheme entities to the Ministerial Council.

Two submissions suggested that three Scheme entities, AHPRA, the Agency Management Committee, and the AHWAC, be dissolved and replaced with a single agency accountable to the Ministerial Council. This was submitted as the best way to ensure the Ministerial Council could exercise its responsibilities and have sufficient visibility and oversight of the National Scheme.



Several submissions noted that if changes to governance were to take place or additional functions were conferred on AHPRA, that the membership of the AHPRA Agency Management Committee would require review to ensure it had the correct mix of skills and competencies.

No submissions raised examples of fundamental failures of governance to date.

### **3.2 Discussion**

The Review did not find any disagreement between stakeholders that the core regulatory functions of the National Boards should continue to be exercised autonomously by the Boards in accordance with the current parameters set out in the National Law.

In relation to the question raised in the Issues Paper as to whether it should be clarified that AHPRA is the National Scheme administrator with final say over administrative and financial matters, there were mixed responses.

Essentially, there was broad agreement regarding AHPRA's role as a point of accountability to the Ministerial Council, but a lack of overall support for vesting any further powers in AHPRA regarding administrative and financial matters. There was concern from National Boards that any additional administrative and financial powers vested in AHPRA could encroach upon the current core regulatory functions of the National Boards, or deprive the National Boards of proper resources to enable them to robustly exercise those functions. On the other hand, there were concerns that a single National Board could unreasonably hamper decisions which were agreed by AHPRA and the majority of other Boards.

In essence, each Scheme entity was appropriately concerned that it was properly resourced and empowered to exercise its functions and to meet its responsibilities in relation to the Scheme's objectives.

### **3.3 Conclusions**

#### **Financial and corporate management**

COAG envisaged that the National Scheme entities will work in a cohesive manner and within a cohesive structure, to enable the achievement of Scheme objectives. It is incumbent upon each of the National Scheme entities to have regard to these objectives and guiding principles. The Review notes that it is reasonable to expect separate entities to have some disagreements about what is in the Scheme's best interests and the interests of the public. However, the Review was impressed that all National Scheme entities made submissions based on the best interests of the Scheme as a whole, and acknowledged the need for cooperation amongst National Scheme entities.

The Review finds that much work has been done recently in the spirit of National Scheme entities working together, and in the area of co-operative arrangements between National Scheme entities. The Scheme has matured, and entities are embedding their working relationships with each other after a time of formation and transition, which is to be expected. Work continues to be required in consolidating the lines of communication between National Scheme entities to ensure that each entity has a common understanding of each other's views as to what is necessary to achieve Scheme objectives.

The Review finds that the HPAs provide an appropriate structure for the financial and corporate governance of the National Scheme. Current HPAs run from 2016 to 2020 and have provision for annual review. There is an ultimate recourse to the Ministerial Council if agreement cannot be reached on the provisions of an HPA. The HPAs currently provide sufficient scope for both AHPRA and the National Boards to be appropriately resourced to carry out their roles and for Scheme objectives to be met. In particular, the HPA budgets provide for the allocation of funds to AHPRA for the purposes of the administration of the National Scheme, including in relation to major Scheme infrastructure and other matters related to Scheme sustainability. Under subs 210(3) of the National Law, AHPRA is





empowered to expend money allocated in the agreed budget for this purpose under an HPA, notwithstanding that a Board may disagree on priorities for, or the amount of, that expenditure.

To the extent that there are disagreements around expenditure priorities or financial management issues, the Review finds that these should continue to be resolved through the HPAs and furthering co-operative relationships between National Scheme entities.

Accordingly, the Review does not find that there is a need for any legislative amendments to clarify AHPRA's "final" authority over financial and administrative matters. Current legislative provisions are sufficient.

### **Oversight by the Ministerial Council**

It has been suggested to the Review that because National Scheme entities, particularly the National Boards and AHPRA, have separate obligations to the Ministerial Council, that there is not one "single scheme entity" that is accountable to the Ministerial Council.

*The Snowball Review of the National Scheme stated that "while each agency working within the National Scheme is accountable to the Australian Health Workforce Ministerial Council...and reports annually on its operational activities, there is neither obligation nor accountability for the performance of the National Scheme as a whole in terms of meeting its objectives"*

Two submissions suggest that three separate bodies, AHPRA, the AHPRA Agency Management Committee and the AHWAC should be merged to create a "single accountable entity" to Health Ministers.

The Review agrees that lines of accountability to the Ministerial Council need to be clear, and the Ministerial Council requires a single line of reporting and advice to ensure its oversight function can be properly exercised. The Review considers that, in practice, AHPRA fulfills the role of being the single line of accountability and advice from the National Scheme to the Ministerial Council regarding the operation of the Scheme as a whole. To the extent that the National Boards' obligations are vested independently in them, AHPRA still acts as the conduit through which the Ministerial Council is informed and advised of the carrying out of these obligations. AHPRA manages this through its co-operative arrangements with the National Boards. In practice, AHPRA is held responsible for meeting Ministerial expectations of the National Boards, other National Scheme entities, and itself. Where it is the National Boards or other National Scheme entities that have not met expectations, AHPRA communicates this to those entities on behalf of the Ministerial Council.

However, the Review finds that this role is not well articulated in the National Law. It would be appropriate for the National Law to articulate that it is AHPRA's role to provide advice and information to the Ministerial Council on the operations and achievements of the National Scheme entities and the achievement of the statutory objectives of the National Scheme. Paragraph 25(j) of the National Law, which sets out AHPRA's function of providing advice in connection with the administration of the Scheme, should be amended to explicitly incorporate this.

In turn, relevant National Scheme entities should have the function of providing information and advice to AHPRA to enable it to exercise this function.

The provisions that allow National Boards to also independently provide advice to the Ministerial Council should remain.

The Review notes that AHPRA does not have a concomitant power to that vested in National Boards under paragraph 35(1)(q) of the National Law, that is, to do anything "necessary or convenient for the effective and efficient operation" of the Scheme. The Review notes that "necessary and convenient" powers do not extend the general scope of a statutory body's





power or functions where these are specified in legislation. Rather, it is a power to do those things that are incidental or ancillary to those powers. Given the Review's conclusion that AHPRA should be recognised as the administrator of the Scheme, it is appropriate that it also have a "necessary and convenient" power.

### **The Agency Management Committee**

The role of the Agency Management Committee is to control the affairs, and be the governing body, of AHPRA. It does not have statutory functions in relation to the Scheme over and above this. The Review considers that this is clear from the current provisions of the National Law, but agrees that there are stakeholder misperceptions regarding the Committee's role.

It has been submitted that the name of the Agency Management Committee does not adequately convey its functions, which are analogous to that of a governing body or board of a company or statutory authority. The Review agrees there is merit in the submission that the name of the Agency Management Committee should be amended to properly reflect its functions.

### **The Accreditation Review**

An Independent Review of Accreditation Systems within the National Scheme is currently being undertaken (the Accreditation Review). At the time of writing, a draft report has been published. It is understood the final report is due to be provided to Health Ministers in November 2017.

In relation to the governance of accreditation functions under the National Scheme, the draft report includes three options<sup>2</sup>:

1. Enhance an existing forum or liaison committee. Under this option, a cross-professional advisory body could provide advice on common approaches to accreditation standards and processes, and develop reference and guidance documents to promote principle of consistency, efficient and transparency.
2. Enhance the Agency Management Committee. Under this option, the remit of the AHPRA Agency Management Committee could be expanded, given the role of developing rigorous cross-profession directions for the development of accreditation standards, and for these directions to be embedded within the AHPRA/Accreditation Council agreements.
3. Establish integrated accreditation governance. Under this option, a Health Education Accreditation Board would be established, which would have the functions of: assignment of accreditation committees; determination of cross profession policies, guidelines and reporting requirements; and a number of other functions related to accreditation under the National Scheme.

Although recommendations regarding accreditation are outside the scope of this Review, the adoption of Model 2 or 3 above (or a variation thereof), would have significant implications for the governance of the National Scheme overall.

Under option 2, the role of the Agency Management Committee would be significantly changed, from being the governing body of AHPRA, to having independent policy related functions. The adoption of such a model would require legislative change. It may also require re-configuration of the membership of the Agency Management Committee, and/or the creation of relevant subcommittees with independent membership.

The implications of Option 3 would depend on the new Board's statutory functions, how it would provide advice to AHPRA, and how it would report through to Ministers.

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<sup>2</sup> *Independent Review of the Accreditation Systems within the National Registration and Accreditation Scheme for health professionals, Draft Report, September 2017. Page 44.*



It is not possible to make recommendations in this Review regarding these possible outcomes. However, if there are significant reforms flowing from the adoption of Option 2 or 3, the governance arrangements of the Scheme will need to be considered further. However, it would be optimal if, at the time of that reconsideration, this Review's recommendations on having a clear single line of reporting to the Ministerial Council through AHPRA and the Agency Management Committee could be retained.

### **The AHWAC**

The Issues Paper contained a consultation question related to whether any gaps in governance arise should the AHWAC be abolished. No submissions raised any such gaps, nor did the Review identify any. The Review does not consider this Council as being necessary to the governance of the National Scheme.

### **Key Performance Indicators**

The Issues Paper posed the question of whether the current NRAS Strategy 2015-2020 provided a comprehensive basis for developing performance measures for the National Scheme as a whole. Submissions were positive regarding the Strategy and agreed that it was comprehensive. Some comments were made in relation to possible additions but generally, the Strategy was considered as the appropriate basis upon which KPIs should be developed. Some submissions noted the usefulness of current reporting measures such as the AHPRA annual report and the monthly update to the Ministerial Council. Some submissions suggested a greater input by the Ministerial Council in relation to the development of KPIs and outcome measures.

The Draft Accreditation Report contains a draft recommendation that Ministers periodically deliver a "Statement of Expectations" to the Agency Management Committee and the National Boards that encompasses: key health workforce reform directions; expectations about the role and responsibilities of National Scheme entities; and expectations of regulator performance, improvement, transparency and accountability<sup>3</sup>.

The Review finds that, given the wide support for utilising the NRAS Strategy as the basis for the development of KPIs, no further specific recommendations need to be made in relation to particular KPIs. Ministers already have the power to seek advice from AHPRA or National Boards on matters related to the National Scheme, including the achievement of Scheme objectives. A statement of Ministerial expectations may be useful, if it is able to be developed by jurisdictions through AHMAC.

In general, there is a plethora of information provided to various sources regarding the operation of the National Scheme. However, given this Report's emphasis on Scheme objectives, it would be useful if a very concise short form report could be provided to the Ministerial Council annually on the achievement of the Scheme's objectives. This could be incorporated into AHPRA's current reporting framework.

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<sup>3</sup> *Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions, Draft Report, September 2017. Recommendation 36, Page 13.*



### 3.4 Recommendations

1. The National Law should explicitly provide for AHPRA's function of providing advice and information to the Ministerial Council on the operations and achievements of National Scheme entities and the achievement of the statutory objectives of the National Scheme. The current power in paragraph 25(j) of the Law should be amended to specifically articulate these functions. Relevant National Scheme entities should have the function of providing information and advice to AHPRA to enable it to exercise this function.
2. The National Law should provide for AHPRA to have a concomitant power to the power of the National Boards under paragraph 35(1)(q) of the National Law. That is, AHPRA should be given the power to "do anything else necessary or convenient for the effective and efficient operation of the National Registration and Accreditation Scheme".
3. AHPRA and the Agency Management Committee should annually provide Ministers and jurisdictions with a "short form" report on achievement of National Scheme objectives. This could be incorporated in the current reporting framework.
4. AHPRA and the Agency Management Committee should develop KPIs based on the NRAS Strategy 2015-2020.
5. The name of the Agency Management Committee should be amended to reflect its role as the governing body or "board" of AHPRA.
6. The provisions establishing the Australian Health Workforce Advisory Council should be deleted from the National Law.



## **PART 4: CONDUCTING 'NATIONAL SCHEME BUSINESS'**

### **Changes to the landscape**

The Issues Paper described the role of the State, Territory and Commonwealth jurisdictions in the operation of the National Scheme. The National Law states that AHPRA may exercise any of its functions in co-operation with, or with the assistance of, the jurisdictions. The National Law also requires National Boards to consult widely with stakeholders in relation to the development of registration standards, codes and guidelines, and this includes consulting jurisdictions. At the time the Issues Paper was written, AHPRA's main communication and engagement with jurisdictions was through the Health Workforce Principal Committee (HWPC) of AHMAC.

Pursuant to a review of AHMAC's principal committees, the HWPC has been abolished, and most of its functions are being transferred to another principal committee (the Health Services Principal Committee), or to a new body, the AHPRA Jurisdictional Advisory Committee (JAC).

The Terms of Reference of the AHPRA JAC include providing advice on:

- Priorities set by AHMAC/Ministers relevant to the National Scheme;
- Proposals that require approval of, or a decision by, Health Ministers under the National Law;
- Significant policy and regulatory issues relevant to the operation of the National Scheme.

The terms of reference of the new Health Services Principal Committee are yet to be finalised, but it is intended that it will advise on high level national workforce planning and reform issues.

### **Approval of Registration Standards, Codes and Guidelines**

The Issues Paper discussed the process for the making of registration standards, which require approval by the Ministerial Council. In practice, this requires proposals for registration standards (including amendments and withdrawals) to be considered by AHMAC.

Submissions noted that this involved a great deal of bureaucracy and delay, particularly when the standards were minor and/or non-controversial. Submissions generally supported a more streamlined approval process.

The AHMAC review of principal committees also noted that the approval of registration standards was posing a burden on AHMAC and consuming the business of the HWPC. The review of principal committees reflected the view of some stakeholders that AHPRA and NRAS have matured sufficiently to be trusted with the administration of the National Scheme more fully, including achieving jurisdictional consensus on registration standards.

#### **4.1 Consultation**

Consultations generally supported inserting a power of delegation into the National Law to allow the Ministerial Council to delegate its approval powers in relation to registration standards. There were some differences of opinion regarding: whom the delegated body should be; the extent to which the delegation should extend; and any policies and procedures that should be put in place to guide the exercise of the delegation.

Some jurisdictions had reservations regarding the removal of Ministerial Council approval if it resulted in jurisdictional input being given less importance in the approval process.

#### **4.2 Discussion**

If a delegation is to occur, the entity exercising the delegation must be a clearly identified



individual or entity. Options considered include the following:

1. AHMAC. This option was not considered to be practical. It is inconsistent with the findings of the AHMAC review of principal committees which suggests that the AHMAC agenda is being unnecessarily “clogged” with non-strategic matters related to NRAS business. It is also inconsistent with the view that the Scheme itself is mature enough to deal with these matters.
2. AHPRA Jurisdictional Advisory Committee (JAC). This option was also considered to be impractical, given that the JAC does not have any statutory status. The JAC could be given a statutory basis, but this would entrench its role, reducing flexibility should Ministers or AHMAC wish, in future, to reconfigure principal committees or consider alternative ways of NRAS advice being provided to the Ministerial Council.
3. AHPRA or the Agency Management Committee. This is considered the most practical solution. AHPRA and the Agency Management Committee are statutory entities, giving certainty to the delegation. Delegation to AHPRA or the Agency Management Committee could be made with conditions, and could be partial or total.

National Boards also make codes and guidelines, which do not require Ministerial Council approval. These can have an impact on workforce supply, particularly where they relate to matters of training and supervision. The Snowball Review recommended that the National Law be amended to require National Boards to seek Ministerial Council approval for any codes or guidelines that raise significant workforce or other jurisdictional issues.

The Review considered whether objective parameters could be developed to determine if a code or guideline “raised significant workforce issues”. It is considered that whilst this may be difficult to articulate, members of the JAC are likely to have a good baseline understanding of matters that are appropriate for referral to the Ministerial Council and could provide advice in this regard.

In order to ensure appropriate transparency, any approvals exercised under delegation should be periodically reported back to the Ministerial Council.

### 4.3 Conclusions

The Review finds that the approval process for registration standards generates unnecessary amounts of work and bureaucracy, and agrees that the National Scheme is now mature enough to deal with these matters internally.

It is therefore recommended that, in relation to registration standards, Ministers should consider an amendment to the National Law to provide the Ministerial Council with a power of delegation in respect of its powers of approval. In line with previous processes through the HWPC, jurisdictions should agree to each exercise of the delegation.

In order to progress this, the JAC should provide advice through AHMAC to Ministers regarding:

- The advantages and disadvantages of such a power of delegation;
- Whether delegation made under such a power should be total or partial. For example, Ministers may delegate their approval power in relation to all registration standards or only in relation to amendments to registration standards (with all new standards to continue to Ministers). Delegation of amendments may be a first step, followed by a complete delegation after a period of review, and further advice from AHMAC;
- How jurisdictional agreement can be evidenced in relation to delegations, and any other conditions that should be imposed upon the delegation; and
- The processes for reporting back to the Ministerial Council on the exercise of delegated powers.



One way in which to ensure jurisdictional agreement may be obtained is through the JAC. Each standard could be considered and agreed by the JAC and where a jurisdiction strongly objects to a registration standard (or an amendment or withdrawal of a standard) that particular registration standard could be escalated through AHMAC to the Ministerial Council for approval.

The Review does not agree that codes and guidelines should be subject to Ministerial Council approval in all cases where they raise “significant workforce issues”. Such a process is likely to result in further work being escalated to the Ministerial Council through AHMAC.

Instead, contested codes and guidelines could be dealt with by the JAC. A jurisdiction could have the ability to refer a code or guideline to the JAC if, after consultation, it is of the opinion that it raises serious workforce barriers or other issues. If agreement cannot be reached at the JAC, the code or guideline could be escalated to the Ministerial Council through AHMAC. This process could be codified by AHPRA through its function of formulating procedures for the development of registration standards, codes and guidelines for the purposes of ensuring the Scheme operates in accordance with good regulatory practice, and through relevant provisions in the JAC’s terms of reference.

As strong unresolved jurisdictional objections to standards, codes and guidelines are uncommon, it is not expected that these recommendations would unnecessarily “clog” the agenda of JAC, AHMAC, or the Ministerial Council.

#### 4.4 Recommendations

7. The Ministerial Council should consider an amendment to the National Law to insert a power of delegation in relation to s12 of the National Law allowing it to delegate its powers of approval of registration standards.
8. The relevant delegate under the instrument of delegation should be AHPRA or the Agency Management Committee. The delegation should be subject to the condition that jurisdictions agree to each exercise of the delegation. In the absence of agreement, the registration standard should proceed through AHMAC to the Ministerial Council for approval.
9. The AHPRA Jurisdictional Advisory Committee should prepare advice for AHMAC and the Ministerial Council on whether the delegation should be:
  - a. total (in relation to all registration standards including amendments and withdrawals) or partial (in relation only to amendments); and
  - b. subject to any additional conditions.
10. A process should be developed for reporting back to the Ministerial Council on approvals made under the delegated power.
11. Jurisdictions should be able to refer a particular code or guideline to AHPRA’s Jurisdictional Advisory Committee for endorsement prior to being made by a National Board, with the ability to escalate strong jurisdictional disagreements to AHMAC and the Ministerial Council where they cannot otherwise be resolved.

#### 4.5 Contested issues

The Issues Paper raised the question of whether “contested issues” within the NRAS were sufficiently dealt with through existing mechanisms and procedures. Contested issues are substantial disagreements:

- (a) Between two or more National Boards;
- (b) Between one or more National Boards and one or more jurisdiction; or





(c) Between a National Board and an external agency.

Examples of (a) might be where two National Boards with a role in prescribing medicines (for example) disagree on a particular approach to prescribing a certain drug. An example of (b) may be where some jurisdictions disagree with a position taken by a National Board in a code or guideline. An example of (c) may be where a National Board makes a registration standard with which a professional organisation (either inside or outside that profession) strongly disagrees.

### **Consultation**

The submissions generally suggest that significant disputes under the National Scheme arise infrequently. Those under scenarios (a) and (b) are usually able to be resolved through consultation and negotiation. Since the Snowball Review, mechanisms to facilitate cross-professional regulatory approaches by the National Boards, such as the Forum of NRAS Board Chairs and the multi-professional Immediate Action Committee, have been significantly strengthened. Situations under scenario (c) have occurred, and are likely to occur in the future, albeit infrequently. It is noted that not all decisions of a regulatory body are likely to be accepted at first instance by all stakeholders.

Even if disputes arise infrequently, the Issues Paper raised the question of whether AHPRA should play a more formal role in resolving such disputes.

The submissions were split on their support for AHPRA to play a more formal role in the resolution of contested issues. Those that argue against AHPRA's involvement consider that decision making should remain with the National Boards and the Ministerial Council and that it would be inappropriate for the administrator of the National Scheme to be given the power of determining regulatory matters.

Other submissions support AHPRA having the function of facilitating the resolution of contested issues between two or more National Boards or between one or more National Boards and one or more jurisdictions. AHPRA could act as an intermediary between the relevant parties but would not be given the power to direct the National Boards in decision-making or to determine unresolved issues. Where issues cannot be resolved through mediation, the Ministerial Council would determine the matter.

In relation to scenario (c), most submissions were of the view that AHPRA already undertakes the role of assisting National Boards with these matters, as part of its role of supporting the Boards. Some were of the view that clarification of this role may be beneficial.

In summary, however, most of the submissions did not consider that the occurrence of contested issues has been, to date, a significant roadblock in the operations of the National Scheme.

### **Discussion**

The Review agrees that, while some contested issues provide significant challenges in themselves, the National Scheme has generally demonstrated its ability to resolve these satisfactorily. The role of mechanisms such as the Council of Board Chairs was particularly noted in this regard.

### **Conclusions**

It is not considered necessary to recommend any additional legislative mechanisms for resolving these disputes. Recommendation 2 should be sufficient to clarify AHPRA's role in assisting parties to resolve disputes. Should extreme disputes occur in the future, the matter can be referred to the Ministerial Council for consideration, in accordance with existing procedures.





## PART 5: NATIONAL SCHEME'S INTERACTION WITH JURISDICTIONS

The Issues Paper discussed the relationship between jurisdictions and National Scheme entities. A question was posed as to whether there was a need for better communication by jurisdictions and National Scheme entities regarding jurisdictional workforce priorities.

### 5.1 Consultation

Most submissions agreed that communication processes could be improved, and identified a direct and regular line of communication between jurisdictions and the National Boards in particular, as a remaining communication gap.

The majority of submissions consider this to be best addressed without legislative or governance changes, with some suggesting a regular meeting between jurisdictions and National Boards would be a good first step in this regard.

Several submissions acknowledge that jurisdictions do not always agree on issues and can therefore provide conflicting advice to the National Boards. National Boards noted that it is challenging to develop a position on matters where jurisdictions themselves are not in agreement.

### 5.2 Discussion

Since the Issues Paper and the subsequent consultation, the National Scheme's interaction with jurisdictions has been raised in other forums. The AHMAC review of principal committees noted that under the NRAS, there is no prescription for how jurisdictional engagement and agreement is achieved. It notes that, unlike other national bodies, AHPRA does not have a senior jurisdictional group integrated into its structure, and so it tends to operate bilaterally with jurisdictions. Its recommendation in this regard is that AHPRA establish a Jurisdictional Advisory Committee (JAC) with senior representatives from each of the States, Territories and the Commonwealth. In relation to major workforce issues, the review considered that these should be determined by the new AHMAC principal committee, the Health Services Principal Committee.

The Draft Accreditation Report also notes a lack of direction in relation to the articulation of workforce priorities from jurisdictions to the National Scheme. The draft Accreditation Report contains a recommendation that the CHC should oversight a policy review process to identify national health workforce directions and reform that could be communicated to the National Scheme.

### 5.3 Conclusions

The Review agrees that communication between jurisdictions and National Scheme entities could be improved. However, there are sufficient existing mechanisms for this to occur, with the establishment of the JAC, and the new Health Services Principal Committee. The JAC and AHPRA should maintain a watching brief on whether these mechanisms foster better communication over time, and should examine ways in which better communication through these mechanisms could be achieved if required.

### 5.4 Recommendations

12. Members of the Jurisdictional Advisory Committee should review the Committee's effectiveness in relation to improving communications between jurisdictions, AHPRA and National Boards, after 12-18 months of the Committee's operation.



## PART 6: APPOINTMENT OF STATE, TERRITORY AND REGIONAL BOARDS

The role of State, Territory and Regional Boards is to enable the National Boards to exercise their functions in an efficient and effective way. Currently, two National Boards (the Medical Board of Australia and the Nursing and Midwifery Board of Australia) have boards in each State and Territory, and the Psychology Board of Australia has regionally based boards. Under s36 of the National Law, the members of a State, Territory or Regional Board are to be appointed by the responsible Minister for the participating jurisdiction.

### 6.1 Consultation

The Agency Management Committee and 11 National Boards note in their joint submission that the current requirement for appointments to be made by the responsible jurisdictional Minister can result in lengthy delays, which can impact on the ability of Boards to function effectively and has also caused uncertainty for current and prospective board members. To address this issue, they propose that National Boards be given the power to appoint members to State, Territory and Regional Boards in accordance with procedures approved by Ministers.

However, appointment of State, Territory and Regional Board members by National Boards was not supported by the jurisdictions or professional associations. These stakeholders expressed the view that it is most appropriate for the responsible jurisdictional Minister to continue to appoint members.

Some submissions raised the issue of the effectiveness of State, Territory and Regional Boards, and how this is assessed and monitored. Concerns were raised regarding variances in performance across these boards and, in turn, their accountability. It was seen that having boards appointed by Ministers confused the issue of these boards' accountabilities, in that it suggested they were accountable to their appointing Ministers and not to the relevant National Board.

### 6.2 Discussion

Jurisdictions felt strongly that the role of State and Territory Ministers in appointing State, Territory and Regional Boards was important for jurisdictional involvement in the Scheme. However, it must be recognised that a State, Territory or Regional Board's accountability is to the relevant National Board.

### 6.3 Conclusions

It is recommended that the status quo is maintained in relation to the appointment of State, Territory and Regional Board members given that this approach is supported by the jurisdictions. However, National Boards should have mechanisms in place to review the performance of State, Territory and Regional Boards; to examine any variances or inconsistencies in their practice; and to rectify these. It is important that consistency is maintained in the operation of the National Scheme, so that registrants' and the public's experience is the same, regardless of their location.

### 6.4 Recommendations

13. The responsible Minister for the participating jurisdiction should continue to appoint State, Territory and Regional Board members under s36 of the National Law.
14. National Boards that establish State, Territory or Regional Boards should have mechanisms in place to monitor their performance, including variations in practice across jurisdictions. Performance issues and variations should be managed by the relevant National Board.



## Appendix A - The Review Working Group membership

Representative	Position
<b>Deborah Frew</b> HWPC Representative NSW	Director, Workforce Strategy and Culture NSW Ministry of Health (Chair)
<b>Jane Booth</b> HWPC Representative SA	Executive Director, People and Culture, SA Department of Health and Ageing
<b>Michael Gorton AM</b> AHPRA Agency Management Committee representative	Chair, Agency Management Committee
<b>Martin Fletcher</b>	CEO AHPRA



## Appendix B - List of submissions received

### Organisation

1. ACT Health Directorate
2. AHPRA Agency Management Committee and 11 National Boards (joint response). The 11 National Boards are:
  - Aboriginal and Torres Strait Islander Health Practice Board of Australia
  - Chinese Medicine Board of Australia
  - Chiropractic Board of Australia
  - Dental Board of Australia
  - Medical Board of Australia
  - Medical Radiation Practice Board of Australia
  - Nursing and Midwifery Board of Australia
  - Occupational Therapy Board of Australia
  - Optometry Board of Australia
  - Physiotherapy Board of Australia
  - Podiatry Board of Australia
3. Australasian Podiatry Council
4. Australian Dental Association
5. Australian Psychological Society
6. Australian Society of Medical Imaging and Radiation Therapy (ASMIRT)
7. The Commonwealth Department of Health
8. Department of Health and Human Services Tasmania
9. The National Health Practitioner Ombudsman and Privacy Commissioner (NHPOPC)
10. NSW Ministry of Health
11. Optometry Australia
12. The Osteopathy Board of Australia
13. The Pharmacy Board of Australia
14. The Psychology Board of Australia
15. Queensland Health
16. Robert McGregor
17. Western Australian Department of Health
18. NT Department of Health