



COAG Health Council

Communiqué

31 October - 1 November 2019

Health Ministers from the Commonwealth, each state and territory and New Zealand met in Perth today and yesterday at the COAG Health Council to discuss a range of national health issues.

The meeting was chaired by the Hon Roger Cook MLA, Western Australian Minister for Health and Mental Health.

Major items discussed by Health Ministers today included:

Tranche 2 and other reforms to strengthen public protection under the Health Practitioner Regulation National Law

Health Ministers discussed new legislative amendments to the Health Practitioner Regulation National Law. The amendments represent a second group of National Law reforms following the 2015 Independent Review of the National Registration and Accreditation Scheme for health professionals. Ministers also considered additional reforms which aim to further strengthen public protections.

The proposed reforms will improve the capacity of the national health professions regulatory scheme (the National Scheme) to protect the public. This includes increasing regulatory oversight and control of rogue and unregistered practitioners, improving the administrative operations and efficiency of the scheme, promoting better information-sharing between regulatory and other government agencies, and addressing important, stand-alone issues such as the cultural safety of Aboriginal and Torres Strait Islander peoples using services provided by registered health practitioners.

Health Ministers also agreed to progress changes to restrict the use of the title “surgeon” to provide better information for the public about the qualifications of surgeons, including those who call themselves cosmetic surgeons. The use of the title “surgeon”, including by way of “cosmetic surgeon”, by medical practitioners, non-specialist surgeons or those without other appropriate specific training can cause confusion among members of the public. Ministers agreed that further consultation should be undertaken on which medical practitioners should be able to use the title “surgeon”.

In addition, Ministers agreed in-principle to two further legislative amendments for inclusion in the package of Tranche 2 reforms, pending the outcome of targeted consultation:

- To amend the guiding principles of the National Law, to make explicit that the guiding principle for administering the Act is that public protection and confidence in the National Scheme is paramount; and

- To require the Australian Health Practitioner Regulation Agency (AHPRA) to notify an employer of a matter, during the notification or investigation process, if AHPRA reasonably believes that the conduct may pose a serious risk to public safety.

To support these reforms, Ministers agreed to issue two policy directions to AHPRA and National Boards to make clear that when administering the National Scheme public protection is paramount, and to require consultation with patient safety bodies and health care consumer bodies on new and revised registration standards, codes and guidelines.

Ministers also asked AHPRA to investigate the appropriate mix of members on National Boards in order to strengthen the consumer voice on them, and report back to the COAG Health Council.

Health Ministers have requested preparation of legislation and it is expected that a draft bill addressing the reforms will be presented to the COAG Health Council in late 2020 or early 2021. This timeframe provides scope for consultation with key stakeholders on the draft bill.

Independent review of the patient safety and quality implications and the consumer benefit of the revised Scope of Practice Registration Standard proposed by the Dental Board of Australia

At their March 2019 meeting, Health Ministers received a briefing from the Chair of the Dental Board of Australia about the Board's proposal to revise the scope of practice registration standard removing the requirement for a structured professional relationship between a dentist and dental therapists, dental hygienists or oral health therapists. Health Ministers had requested that the Australian Commission on Safety and Quality in Health Care (ACSQHC) independently assess the patient safety implications and the consumer benefit of the revised scope.

Health Ministers noted the outcomes of ACSQHC's review which found that there is no evidence that the proposed revised *Scope of Practice Registration Standard* will have an adverse effect on patient safety and quality. The review also indicated the changes may increase the capacity of the dental workforce and may provide greater access to services and reduced wait times for services for rural and remote communities.

In light of this independent report, Health Ministers approved the revised *Scope of Practice Registration Standard*.

Options for a nationally consistent approach to the regulation of spinal manipulation on children

In March 2019, Health Ministers noted community concerns about the potentially unsafe spinal manipulation on children performed by chiropractors and other health professionals and agreed that public protection was paramount in resolving this issue.

Today Health Ministers considered the independent review commissioned by the Victorian Minister for Health, undertaken by Safer Care Victoria (SCV) regarding the effectiveness and safety of chiropractic spinal manipulation of children under 12 years for any condition or symptom.

Ministers considered a number of recommendations, including increasing penalties for advertising offences under the *Health Practitioner Regulation National Law Act 2009*, where

a registered practitioner claims benefits of spinal manipulation in children that have no evidence base.

Ministers agreed to refer the findings and recommendations of this review to the Australian Health Ministers' Advisory Council (AHMAC) for further consideration and next steps.

National Medical Workforce Strategy Scoping Framework

The Commonwealth Government has developed a Scoping Framework to inform the development of the National Medical Workforce Strategy. The Scoping Framework lays the groundwork for a National Medical Workforce Strategy that will guide long-term collaborative medical workforce planning across Australia. The Strategy aims to ensure high quality health care is available to all Australians, no matter where they live, by building a medical workforce that is appropriately structured and genuinely supported to meet emerging needs - that is, the right people with the right skills where they are needed the most.

Health Ministers agreed the importance of developing a National Medical Workforce Strategy to guide long-term, collaborative medical workforce planning across Australia. The Scoping Framework was endorsed and Ministers supported the continuation of this work under the Medical Workforce Reform Advisory Committee.

The Commonwealth will continue to collaborate with state and territory governments to develop the National Medical Workforce Strategy.

Remote Area Nurse Safety – Jurisdictional approach to improving the safety and security of the remote health workforce

To provide better protection for health practitioners working in remote areas of South Australia (SA), the *Health Practitioner Regulation National Law (South Australia) (Remote Area Attendance) Amendment Act 2017*, commonly known as 'Gayle's Law', commenced in South Australia on 1 July 2019. Other jurisdictions are seeking to ensure the safety and security of their remote health workforces through the implementation of policies and procedures tailored to the unique needs of their remote health workforces. The SA Minister for Health and Wellbeing provided an update on the implementation of 'Gayle's Law' and undertook to keep the COAG Health Council informed.

Ministers discussed jurisdictional progress on improving the safety and security of the remote health workforce and acknowledged that the safety and security of the remote health workers is a concern for all governments and employees.

The Commonwealth will continue to engage with state and territory governments to improve the safety and security of the health workforce in remote areas through the COAG Health Council.

Development of a cohesive national approach to reduce the prevalence and impact of sexually transmissible infections and blood-borne viruses on Aboriginal and Torres Strait Islander peoples, especially those living in remote Australia

Aboriginal and Torres Strait Islander populations are disproportionately impacted by high rates of sexually transmissible infections (STIs) and blood-borne viruses (BBVs). The

consequences of undiagnosed and untreated STIs and BBVs include adverse impacts on reproductive ability, including infertility, chronic pelvic pain, adverse pregnancy outcomes, stigma, discrimination, mental ill health and social isolation.

Health Ministers discussed how to strengthen an equitably resourced, coordinated and sustainable national response to reduce the high incidence and impact of STIs and BBVs on Aboriginal and Torres Strait Islander peoples in Australia.

Health Ministers noted that resourcing and coordination gaps exist within and between jurisdictions that reduce the effectiveness of responses to STIs and BBVs for Aboriginal and Torres Strait Islander peoples in Australia and agreed on the need to strengthen coordination between governments through the Blood Borne Viruses and Sexually Transmissible Infections Standing Committee of the Australian Health Protection Principal Committee with Aboriginal and Torres Strait Islander representation, monitoring and attendance at meetings.

Presentation of the Research Project: Health Stores 2020 – Healthy food retailing for sugar reduction and improved diet

Health Ministers noted the results of *Healthy Stores 2020*, a research project conducted in remote community stores in the Northern Territory and northern Queensland. *Healthy Stores 2020* assessed the impact of reducing marketing and promotion of drinks and foods high in added sugar, on customer purchasing and retail business performance. The project found purchasing of unhealthy products decreased, and purchasing of healthy products increased in stores that implemented *Healthy Stores 2020* interventions.

Ministers welcomed the research findings and encouraged all retailers to consider adopting strategies that encourage consumers to purchase food and drink low in added sugar.

Supporting an improved national mental health system

It was estimated that in 2017-18, over 20 per cent of Australians had a mental health condition. The division of roles and responsibilities across Australian governments has led to a fragmented mental health system which consumers and carers find difficult to navigate when looking for the right service for their mental health needs. It is in the interests of all Australians that the mental health system should be simple, unified and integrated. Achieving this will require cooperation between all jurisdictions and cover all services from prevention to recovery.

Health Ministers agreed to establish partnerships between the Commonwealth and states and territories to clarify roles and responsibilities, strengthen shared responsibilities and improve the integration of mental health services and other services such as the National Disability Insurance Scheme and drug and alcohol services with physical health services.

Data matching

The National Health Funding Body has worked with the Commonwealth and jurisdictions to undertake a proof of concept process, matching data for services funded through the National Health Reform Agreement (NHRA) and the Medicare Benefits Schedule (MBS) for the years 2014-15 through 2016-17.

All Health Ministers agreed to work together with the National Health Funding Body to progress resolution of data collection to identify and eliminate, if any, duplicate NHRA and MBS payments going forward.

Quality Use of Medicines and Medicines Safety as a National Health Priority Area

Medicines are the most common intervention in health care and contribute to significant health gains. However, medicines can also be associated with harm. Half of all medication related harm is preventable and a coordinated national approach that identifies and promotes best practice models and measures progress towards reducing medication related harm has the potential to improve the health of Australians and create savings across the health care system.

Health Ministers agreed to make the Quality Use of Medicines and Medicines Safety the 10th National Health Priority Area.

Health Ministers agreed that AHMAC, in collaboration with relevant agencies including ACSQHC and the Australian Digital Health Agency, would prepare a national baseline report on the Quality Use of Medicines and Medicines Safety. This report would identify priority areas such as the improvement of current frameworks, new best practice models and new national standards.

National Strategic Approach to Maternity Services

Significant progress in improving Australian maternity care services was made under the National Maternity Services Plan 2010–2015, which concluded on 30 June 2016. At the AHMAC meeting on 22 September 2017 it was agreed to start a process to develop a National Strategic Approach to Maternity Services to provide overarching national strategic directions to support the current maternity care system and enable improvements in line with contemporary practice, evidence and international developments.

Today, Health Ministers endorsed the National Strategic Approach to Maternity Services as detailed in the document *Woman-centred care, Strategic Directions for Australian Maternity Services*. This Strategy covers maternity care of women from conception until 12 months after the pregnancy or birth. It aims to ensure that Australian maternity services are equitable, safe, woman-centred, informed and evidence-based with women being the decision-makers in their care and maternity care reflecting their individual needs.

Woman-centred care, Strategic Directions for Australian Maternity Services will be published on both the COAG Health Council and Commonwealth Department of Health websites.

Minimum private health insurance benefits for single-room accommodation

A private patient in a public hospital may elect to occupy a bed in a single room, however there are no benefits set for single-room accommodation. Accordingly, health funds will typically pay state and territories only the shared room rate or the shared room rate plus a nominal uplift.

Health Ministers considered whether setting minimum benefits for single-room accommodation at a public hospital is desirable.

Ministers noted the challenging environment that the current private health insurance regulatory environment creates for public hospital systems and requested that AHMAC provide advice on the higher cost of providing single-room accommodation.

Comprehensive Palliative Care in Aged Care Measure

An update was provided on the implementation of the *Comprehensive Palliative Care in Aged Care Measure*.

Ministers noted the progress of the implementation of the *Comprehensive Palliative Care in Aged Care Measure* and agreed to consider and work in partnership to improve access to palliative care in Residential Aged Care Facilities.

Potential amendment to the Medicare Benefits Schedule – Advance Care Planning

Advance Care Planning (ACP) is the process of planning for future health and personal care, taking into account people's values, beliefs, and preferences, so that they can guide decision making at a future point when they might not be able to make or communicate their decisions. Advance Care Directives (ACDs) form a part of ACP, but there is currently a low uptake of ACDs across Australia. Increased uptake of ACP and completion of ACDs is expected to reduce the disparity between treatment preferences and delivered care.

Health Ministers have agreed to request advice from the MBS Review Taskforce regarding the efficacy of introducing a specific MBS item number for undertaking ACP and preparation of ACDs with General Practitioners.

National Secondary Fracture Prevention Program

Health Ministers considered a proposal by Osteoporosis Australia to work together with the Commonwealth and state and territory governments to implement fracture liaison services to help prevent future osteoporotic fractures.

Health Ministers agreed to ask that AHMAC undertake a scoping exercise to explore the current jurisdictional level commitments to support secondary fracture prevention as well as investigate the development of a national approach.

Development of a national approach to Q fever prevention and control

Health Ministers agreed that a national approach to Q fever control is a topic of concern and have asked that AHMAC consider the development of a national approach to Q fever control.

Palliative care education for clinical staff

Health Ministers requested AHMAC to consider adopting a national approach to support the update of existing palliative care education for all clinical staff who provide care to palliative care patients.

Ban smoking in all gaming areas of Australian casinos

Health Ministers discussed a nationally consistent approach to banning smoking in all gaming areas of Australian casinos. They agreed to refer the matter to AHMAC for consideration.

Collaborative approach to procuring and providing access to online clinical resources

Health Ministers agreed to ask AHMAC to investigate a collaborative approach to procuring and providing access to online clinical resources and work with Victoria on the identification of options for a collaborative approach for Health Ministers to consider at a future meeting.

Safety of non-nicotine vaping and e-cigarettes

Ministers expressed deep concern at emerging evidence of serious health risks associated with e-cigarettes and the international evidence of e-cigarette uptake by non-smokers and, in particular, by young people. They reaffirmed their commitment to maintain existing restrictions on nicotine vaping products.

Ministers agreed to immediately refer the safety of non-nicotine vaping and e-cigarettes to Chief Medical Officers for urgent review to report back to Health Ministers.

Chairing arrangements

This meeting was the final meeting in which the Hon Roger Cook MLA was Chair of the COAG Health Council. Health Ministers elected the Northern Territory Minister for Health, the Hon Natasha Fyles MLA as the new Chair of the COAG Health Council.

Media contact:

For all items except for *Options for a nationally consistent approach to the regulation of spinal manipulation on children*, please contact the COAG Health Council Secretariat via email: HealthCHCSecretariat@sa.gov.au

For matters relating to *Options for a nationally consistent approach to the regulation of spinal manipulation on children*, please contact Professor Euan Wallace, Chief Executive Officer, Safer Care Victoria: Euan.Wallace@safecare.vic.gov.au