



# COAG Health Council

## Communiqué

12 October 2018

The Federal, state and territory Health Ministers met in Adelaide today at the COAG Health Council to discuss a range of national health issues.

The meeting was hosted by the Hon Stephen Wade MLC, the South Australian Minister for Health and Wellbeing. 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:

### **Final Report of the Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for Health Professionals**

Health Ministers released the *Final Report of the Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for the Health Professions*. Further stakeholder consultation will occur on the costs, benefits and risks of implementing the recommendations and the proposed governance models.

Health Ministers have agreed to the Australian Health Ministers' Advisory Council undertaking further analysis of the recommendations proposed by the Final Report and the development of a project plan for implementation, which will be subject to Health Ministers' agreement.

### **Nationally consistent approach to pharmacist administered vaccination**

Ministers agreed that a nationally consistent approach to pharmacist administered vaccination was desirable and have tasked the Australian Health Protection Principal Committee with establishing a working group to consider and recommend options to COAG Health Council.

### **Tranche 1A reforms to the Health Practitioner Regulation National Law, including mandatory reporting**

Following a targeted consultation on the proposed mandatory reporting amendments, Health Ministers noted the feedback from stakeholders on the draft amendments to exempt treating practitioners from mandatory reporting in certain circumstances. Health Ministers considered the different perspectives expressed by stakeholders underscored the need to establish a reporting threshold that balances the interests of consumers and registered health practitioners.

The proposed amendments, when properly explained, should give practitioners who are unwell confidence to seek treatment, while ensuring practitioners are not practising in a

way that creates a substantial risk of harm for their patients or the public. Ministers noted that the existing arrangements in Western Australia will remain unchanged.

Health Ministers approved the Health Practitioner Regulation National Law Amendment (Tranche 1A) Bill. The Bill will include the mandatory reporting provisions and amendments to increase monetary penalties and the introduction of custodial sentences of up to 3 years for offences committed by people who hold themselves out to be a registered health practitioner, including those who use reserved professional titles or carry out restricted practices when not registered.

To expedite these important reforms, Health Ministers noted that reforms to introduce interim prohibition order powers will be progressed at a later date. The Bill will now be referred for introduction in the Queensland Parliament.

### **Making of the Health Practitioner Regulation National Law Regulation 2018**

Health Ministers have approved the making of the *Health Practitioner Regulation National Law Regulation 2018*. The National Law Regulation 2018 replaces the *Health Practitioner Regulation National Law Regulation* and *Health Practitioner Regulation National Law (WA) Regulations 2010* and combines them into a single National Law Regulation that will apply in all jurisdictions.

Among other things, the National Law Regulation 2018 prescribes 1 December 2018 as the participation day for the registration of paramedics under the *Health Practitioner Regulation National Law*. This means paramedics will need to be registered under the National Law from 1 December 2018. Ministers agreed to task the Paramedicine Board of Australia with developing a nationally consistent approach to the scope of the practice, educational requirements and education provider accreditation for paramedic practitioners.

### **Rheumatic Fever Strategy**

Health Ministers received an update from the Commonwealth on the progress of the Rheumatic Fever Strategy, to address the incidence of Acute Rheumatic Fever and Rheumatic Heart Disease. The Strategy includes funding under the National Partnership Agreement; preventative funding for high-risk communities; and the further development of the Roadmap to Eliminate Rheumatic Heart Disease. Ministers discussed the importance of also addressing the social determinants of health, particularly housing, in responding to this disease.

### **Monitoring mental health and suicide prevention reform: Fifth National Mental Health and Suicide Prevention Plan, 2018**

Health Ministers received the National Mental Health Commission's first annual report on the implementation progress of the Fifth National Mental Health and Suicide Prevention Plan. The Commission's report indicates that progress has been made by all jurisdictions. Key achievements include the establishment of governance arrangements, successfully engaging with consumers and carers to inform regional plans and stepped care planning and the co-design of services with Aboriginal and Torres Strait Islander people. In addition the

introduction of education and training to service providers and consumers to improve care and support to people living with mental illness is significant, as is the introduction for new services specifically targeting young people, Aboriginal and Torres Strait Islander people and the physical health of people living with mental health illness.

Ministers agreed to release of the Monitoring report and the associated performance indicator workbook on the COAG Health Council and the National Mental Health Commission websites.

### **Increasing access to influenza antivirals for seasonal and pandemic influenza**

Ministers agreed that the public health benefits of increasing community access to antivirals against seasonal and pandemic influenza required more consideration in the Australian context. They have tasked the Australian Health Protection Principal Council with developing a discussion paper with recommendations for consideration by COAG Health Council that can deliver advancements in all states and territories while continuing to strive for herd immunity.

### **Stroke management in Victoria and opportunities for national coordination**

Health Ministers received an update from the Victorian Health Minister on system reforms to improve stroke management and outcomes for stroke patients in Victoria. These initiatives include the Victorian Stroke Telemedicine Program, which uses high-end communications technology to deliver equity of access to acute stroke care for people living in regional Victoria; a state-wide approach to endovascular clot retrieval (ECR); and the introduction of a specialist stroke ambulance operating from the Royal Melbourne Hospital.

Health Ministers discussed the opportunities for a nationally consistent and coordinated approach to stroke management and treatment in Australia. This includes leveraging learnings from Victoria and other jurisdictions in developing nationally coordinated approaches to stroke care, including through the development of the National Strategic Action Plan for Heart and Stroke commissioned by the Commonwealth Government.

### **National review of Human Tissue Acts in Australia**

It is 40 years since all Australian jurisdictions enacted laws to regulate the use of human tissue. Health Ministers agreed to ask the Attorney-General of Australia to request the Australian Law Reform Commission to review existing human tissue laws to ensure they are contemporary, based on principles that can accommodate emerging technologies, promote national consistency across Australia and are do not contribute to barriers to organ and tissue donation. This should include consideration of the current Commonwealth review. A national review is timely to ensure modernisation and harmonisation legislation across the jurisdictions to support a consistent and responsive framework for human tissue donation, transplantation, address deficiencies and use for therapeutic purposes, education and research.

## **Obesity**

Health Ministers considered a number of agenda items relating to obesity. It was agreed that a national strategy be developed on obesity with a strong focus on the primary and secondary prevention measures, social determinants of health, especially in relation to early childhood and rural and regional issues.

## **Australian Brain Cancer Mission**

The Australian Brain Cancer Mission aims to double survival rates and improve the quality of life for those impacted by brain cancer over the next decade, with the longer term aim of defeating brain cancer. To date, \$107.65 million has been committed to the Mission by philanthropy, non-government organisations and governments, including \$55 million from the Australian Government through the Medical Research Future Fund.

Health Ministers supported the work of the Australian Brain Cancer Mission, agreeing to work together towards achieving its aims.

## **Application of the Principles to Determine the Responsibilities of the National Disability Insurance Scheme (NDIS) and Other Service Systems for the NDIS**

States and Territory Health Ministers raised the differing interpretations of the Principles to Determine the Responsibilities of the NDIS and Other Service Systems.

Health Ministers noted possible options for resolving this issue require agreement between the states and territories and the Commonwealth, further work by the Australian Health Ministers' Advisory Council in conjunction with the Senior Officer's Working Group of the Disability Reform Council, or exploring reconciliation of the funding issues that arise from the differing interpretations of the Principles to Determine the Responsibilities of the NDIS and Other Service Systems.

Given the importance of this issue, Health Ministers are seeking an urgent report back on these matters in early 2019.

## **Immunotherapy treatment for leukaemia and lymphoma**

Ministers discussed a chimeric antigen receptor T-cell (CAR-T) Therapy, a new treatment for certain types of childhood leukaemia and adult lymphoma which is being considered for Australian patients.

Ministers agreed to work collaboratively to make this treatment available as soon as possible following approval by the Therapeutic Goods Administration and the Medical Services Advisory Committee.

### **Extending mandatory health insurance to all temporary visa classes**

Temporary visa holders generally do not have access to Medicare and are expected to pay directly for the health care services they receive in Australia if they do not have health insurance. Health Ministers discussed the impact of unpaid health expenses incurred by temporary visa holders on the public health system.

Health Ministers have requested that the Australian Health Ministers' Advisory Council provide advice on outstanding public health debts generated by temporary visa holders, and recommend options to ease the burden on Australia's public health system. In doing so, the benefit to public hospitals from changing conditions to temporary visa classes should be weighed against possible impacts on the tourism, education and skilled-worker sectors.

### **Aged care and ageing matters**

Ministers discussed how best to address the interface between health care and aged care matters, particularly those which would benefit from collaborative effort and combined leadership across jurisdictions. Consideration of access to care particularly in rural and remote communities, sustainability of services, the development of interim arrangements for vulnerable clients awaiting care and better monitoring of issues were key concerns. Ministers agreed to immediately initiate work to conduct a census of long stay older patients and development of a suite of system indicators that will enable monitoring of key interface issues.

In addition, Ministers requested that officials work collaboratively to consider the issues raised through the Council and the Health Services Principal Committee.

### **National Health Reform funding – 2016-17 reconciliation**

Adjustments to the 2016-17 funding model have been discussed by both the Independent Hospital Pricing Authority and the Administrator Jurisdictional Advisory Committees. All states and territories oppose the proposed adjustments by the national bodies while the Commonwealth has accepted the advice of the independent administrator.

State and territories agreed that should the Commonwealth not reconsider their 2016-17 funding determination by 26 October 2018, then the dispute resolution steps outlined in Section 23 of the National Health Reform Agreement would be invoked and the matter referred to COAG for resolution.

### **Ministerial Advisory Committee on Out-of-Pocket Costs**

The Commonwealth Ministerial Advisory Committee on Out-of-Pocket Costs continues to consider models to make information on out-of-pocket costs charged by medical specialists more transparent so that consumers can better understand these costs. Some of the challenges around making information more readily accessible were discussed. Ministers look forward to receiving more information from the Commonwealth, noting that the Committee's advice is expected to be finalised in 2018.

## **Access to Magnetic Resonance Imaging (MRI) licenses**

The Commonwealth Health Minister provided an update on the process and timeframes associated with the newly announced application process for MRI licences. Ministers discussed approaches to the most equitable allocations of new licences to areas of greatest service need. The Commonwealth Health Minister agreed to consult with state and territory Ministers about areas of need in their jurisdictions as part of the current process

## **Creation of a national dust disease register**

Ministers noted that the Australian Standard for crystalline silica was set decades ago and that jurisdictions are seeing an increase in silicosis diagnoses resulting from the use of fabricated stone bench tops. Ministers requested that the Clinical Principal Committee examine the creation of a national register. The Commonwealth also agreed to write to Safework Australia to request further examination and the updating of the Australian Standard for crystalline silica and the trading of imported stone products.

## **Other items**

Ministers also identified their intent to hold future discussions about the issues of:

- The Australian Capital Territory's recent trial of pill testing at a music festival and noted their willingness to share results with other jurisdictions.
- How to ensure that paid advertising does not include messages that are inconsistent with public health information, for example vaccination.

## **John Deeble**

On Monday 8 October 2018, Professor John Deeble AO passed away. Australian Health Ministers pay our respects to Professor Deeble and his family and acknowledge his unparalleled contribution to our health system.

A little over 50 years ago it was John, who with Dick Scotton, met with a future Prime Minister to propose a new universal health care system for the nation. As the principal architect of Medicare, John worked with successive governments through its early evolution guiding the policy framework that has given us a health system envied the world over. In addition to his role in creating our health system, in the early 1980s, John advocated strongly for an organisation to be established as a central collector of statistics on the health status and utilisation patterns of Australians. That idea became the Australian Institute of Health and John was appointed as the inaugural director of that organisation from 1985-1986. Like Medicare itself, the AIH (now AIHW) has become an integral part of our health and social welfare system. John also held many roles in research and academic institutions and organisations, and despite having so prominent and incomparable role in shaping our health system, John was notoriously modest. He was generous to a fault with his time for anyone who wanted to discuss or understand our health system and the economics of health care. More than his roles as researcher and educator, we will remember John for his persistence and commitment to build, evolve and maintain our cherished health system. Vale John Deeble.

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