



**THE HON NICOLA ROXON MP  
MINISTER FOR HEALTH AND AGEING**

Senator Claire Moore  
Committee Chair  
Senate Standing Committee on Community Affairs  
PO Box 6100  
Parliament House  
CANBERRA ACT 2600

Dear Senator Moore *Claire*

I am writing in regard to the 2009 Senate Community Affairs Committee's Inquiry into the design of the then proposed National Registration and Accreditation Scheme (NRAS) for health professions, and its Report, *National registration and accreditation scheme for doctors and other health workers*.

In particular, I wish to provide you with information on key activities which have been announced and progressed since the tabling of the Committee's Report on 6 August 2009 and which address in whole or in part the Report's recommendations, to finalise the Australian Government's consideration of the Committee's work.

I wish to acknowledge the significant and welcome interest of the Committee in examining the impact of NRAS on the training, accreditation and qualification of health workforce professionals, and in ensuring the continued delivery of quality healthcare for all Australians. The Report provided an important resource that assisted the Government's deliberations and contribution to decisions, through the Australian Health Workforce Ministerial Council (Ministerial Council), in respect of NRAS and its implementation.

The delay in the Australian Government's response to the Committee's Report is a result of a number of ongoing developments up until recently, in relation to NRAS, in particular the passage of legislation through state Parliaments and the commencement of the NRAS on 1 July 2010. National registration is now in force for practitioners in ten health professions. The professions currently regulated under NRAS are chiropractic, dental practice, medicine, nursing and midwifery, optometry, osteopathy, pharmacy, physiotherapy, podiatry and psychology. More than 529,000 health practitioners across these ten different health professions are now registered under the National Scheme. A further four professions are scheduled to enter NRAS on 1 July 2012, namely Aboriginal and Torres Strait Islander health practice, Chinese medicine practice, medical radiation practice and occupational therapy.

On 26 March 2008, the Council of Australian Governments signed an Intergovernmental Agreement (IGA) to implement NRAS by 1 July 2010 to align the previously disparate state and territory registration schemes for health practitioners. The intended benefits of NRAS include mobility for health practitioners, consistent standards for registration and professional conduct across Australia, administrative efficiency, and transparency through a national public register of health practitioners.

The legislative framework for NRAS is an applied laws model, with Queensland as the lead state. On 25 November 2008, Queensland introduced the *Health Practitioner Regulation (Administrative Arrangements) National Law Act 2008*, which established the structure and functions of the NRAS, and received Royal Assent in Queensland. On 12 June 2009, the Ministerial Council released the exposure draft of the second stage of legislation for the Scheme, the Health Practitioner Regulation National Law Bill 2009 (Bill B) for a five-week public consultation period, to 17 July 2009.

On 29 October 2009, Bill B was passed in the Queensland Parliament. On 3 November 2009, the *Health Practitioner Regulation National Law Act 2009*, known as the National Law, received Royal Assent in Queensland. Under the applied laws model, each jurisdiction enacted separate pieces of legislation (commonly referred to as Bill C) adopting the National Law, and thereby achieving the Scheme's objectives. All states and territories, with the exception of Western Australia, passed legislation to adopt and apply the National Law as a law from 1 July 2010. Western Australia passed its corresponding legislation on 18 August 2010 and subsequently joined NRAS on 18 October 2010.

All matters raised by the Committee were considered in the context of the passage of the Queensland legislation and during the development of the Commonwealth's Bill. However, the Commonwealth was not required to move legislation to introduce the National Scheme because under the Australian Constitution the power to regulate health practitioners resides with the states and territories, not with the Commonwealth. The Commonwealth introduced a Bill on 24 February 2010 (Bill C) to make consequential and transitional amendments to the *Health Insurance Act 1973* to streamline Medicare processes and align the Commonwealth legislation with the National Law.

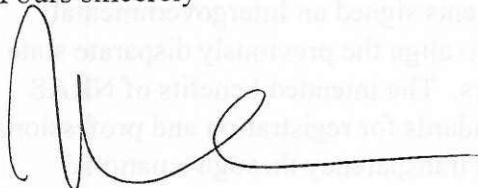
The Commonwealth's *Health Practitioner Regulation (Consequential Amendments) Act 2010* received Royal Assent on 30 March 2010. The amendments to the Commonwealth legislation (and associated regulations) will commence on a date to be proclaimed, once data processes and systems used by both the Australian Health Practitioner Regulation Agency (AHPRA) and Medicare Australia are fully aligned. Until that time, existing arrangements will continue to apply.

Following the commencement of NRAS on 1 July 2011, there were a number of transitional issues, particularly around access and registration processes within AHPRA, during the transition to the new Scheme. In response to these concerns, Health Ministers agreed at their meeting of 17 February 2011 to provide additional support and expertise to assist AHPRA in managing its registration function, to introduce additional monitoring of AHPRA, and a requirement for AHPRA to provide regular reports to future meetings of Health Ministers.

Further information and updates are available at [www.ahpra.gov.au](http://www.ahpra.gov.au)

Thank you again for the important work the Committee has undertaken.

Yours sincerely



NICOLA ROXON