OFFICIAL
Workforce and Training (Incl. Gp/Specialist)
QB23-000111

ISSUE: Four Corners allegations of sexual misconduct by health practitioners

QUESTION: What is the Government doing to ensure that Australia's health regulatory framework meets community expectations in relation to standards of professional conduct?

Topline response:

- Australians should expect their health practitioners to uphold the highest standards of professional conduct.
- The vast majority of the more than 850,000 registered health practitioners in Australia uphold these standards and deserve the public's trust.
- The Australian Government is committed to protecting the public and ensuring when health practitioners breach that trust, regulatory action is taken.
- Australia's health regulatory framework, and the decisions made under it by Ahpra, National Boards and state and territory tribunals, must meet the communities' expectations that they act in the interest of public protection.
- Recent changes to the Health Practitioner Regulation Law by state and territory parliaments have inserted a new paramount principle of protection of the public.
- Protection of the public should be foremost in all decisions and actions.
- To ensure this is implemented quickly and goes far enough in meeting community expectations, I have asked for a rapid review of the status of implementation of recommendations from former reviews, including about the management of practitioners who have engaged in sexual misconduct.
- ~~And I~~ will be discussing ~~this and~~this, and Ahpra's blueprint for reform with my Health Minister colleagues to determine what ~~whether further changes and~~ reforms are needed to ensure the public is protected.

Background

- On 6 February 2023, Four Corners ran a story investigating health practitioners subject to charges or convictions for sexual misconduct practising in the community.
- The theme of the reporting is the current regulatory framework is not equipped to meet community expectations.
- Since 2012, National Health Profession Boards have taken regulatory action in relation to over 430 health practitioners for boundary violations, including referring 316 health practitioners to tribunals.

Formatted: Font: (Default) Arial

[This document may have been modified in the Ministerial Offices (blue/green text). Departmental officers must ensure that only factual content is provided by the Department (black text). No content in blue or green text has been amended nor cleared by the Department of Health and Aged Care.]

- Under the Health Practitioner Regulation National Law (National Law), a National Board can immediately suspend a practitioner where it believes the practitioner's conduct or performance poses a significant risk to patient safety.
- National Boards can also apply practice restrictions where it believes these restrictions will addresses the patient safety risks.
- An immediate suspension applied by a Board is an interim step that must be reviewed by a relevant tribunal.
- Tribunals have the authority under the National Law in their respective state or territory jurisdiction to affirm the application of practice restrictions by the relevant Board, substitute alternative practice restrictions (more strict or less strict), or can suspend or cancel registration in the short term or permanently.
- Health Ministers are committed to ensuring the regulatory framework remains fit for purpose and that Ahpra and the National Boards meet the communities' expectations that they act in the interest of public protection.
- Ahpra has written to all health ministers to outline its ~~their~~ blueprint for reform, which includes:
  - Giving patients equal representation on state/territory and national boards
  - reviewing all existing professional misconduct complaints to ensure appropriate sanctions have been applied
  - review the criminal history standard to ensure it manages sexual misconduct appropriately
  - introduction of a Charter of Rights for patients who have experienced professional misconduct
  - ~~another~~ review of the complex national system of regulation and options for simplification
  - adopting the NSW legislation relating to tribunal review of applications for registration reinstatement of practitioners across all jurisdictions

MEDIA COVERAGE

Publication: Australian medical watchdog announces major overhaul to protect patients from sexual misconduct by doctors - ABC News
Publication date: 13 February 2023
Key Issues raised:

- Ahpra has conceded it needs to 'raise the bar' to protect patients from sexual misconduct, announcing is seeking major changes to how health professionals are regulated.
- Martin Fletcher outlined his blueprint for reform and written to all health ministers to outline his plans.
- The blueprint includes giving patients equal representation on decision-making boards and undertaking further investigation of the 933 sexual misconduct complaints, more than 400 aimed at doctors.

Publication: Doctors still allowed to practise despite being disciplined over sexual misconduct with patients - ABC News
Publication dates: 6 February 2023
Key issues raised:

Formatted: Font: (Default) Arial
Formatted: Font: (Default) Arial
Formatted: Font: (Default) Arial, 12 pt
Formatted: Font: (Default) Arial
Formatted
Formatted: Font: (Default) Arial, 12 pt
Formatted: Font: (Default) Arial
Formatted: Font: Bold
Formatted: Font: (Default) Arial, 12 pt
Formatted: Font color: Auto
Formatted: Font: (Default) Arial, 12 pt, Bold
Formatted: Font: (Default) Arial, 12 pt
Formatted: Font: (Default) Arial, 12 pt, Bold
Formatted: Font: Not Bold
Formatted: List Paragraph,Bullet point,Bullets,CV text,Dot pt,F5 List Paragraph,FooterText,L,List Paragraph1,List Paragraph11,List Paragraph111,List Paragraph2,Medium Grid 1 - Accent 21,NAST Quote,NFP GP Bulleted List,Numbered Paragraph,Recommendation,Table text,列, Bulleted + Level: 1 + Aligned at: 0.63 cm + Indent at: 1.27 cm
Formatted: Font: (Default) Arial, 12 pt
Formatted: Font: (Default) Arial, 12 pt
Formatted: Font: (Default) Arial, 12 pt
Formatted: Font: (Default) Arial, 12 pt
Formatted: Font: (Default) Arial, 12 pt

- The existing regulatory framework is falling short of protecting patient safety.
- There are examples of health practitioners subject to allegations/convictions for sexual misconduct continuing to practice.
- The report raises concerns that disciplinary decisions by National Boards and tribunals are not consistent with community expectations about management of boundary violations.

Publication: https://www.smh.com.au/national/health-minister-orders-rapid-review-of-ahpra-20230202-p5chju.html
Publication dates: 2 February 2023
Key issues raised:

- The existing regulatory framework is falling short of protecting patient safety.
- There are examples of health practitioners subject to allegations/convictions for sexual misconduct continuing to practice.
- Links to previous reporting about cultural issues within Ahpra.
- Minister Butler will raise the issue of regulatory reform with his colleagues and has requested a rapid review.

Formatted: Font: (Default) Arial, 12 pt

Formatted: Font: (Default) Arial, 12 pt

Formatted: Font: 12 pt

Date last updated by Dept:		Cleared by Adviser/date:	
Contact Officer:	Matthew Williams	Work Phone:	Mobile Phone:
First Assistant Secretary		s22	s22
Cleared by:	Penny	Work Phone:	Mobile Phone:
Deputy Secretary	Shakespeare	s22	s22

Formatted: Font: (Default) Arial, 12 pt

Formatted: Font: (Default) Arial, 12 pt

From: s22
To: BRAY, Jonathan
Cc: s22
Subject: FW: Additional dot points for HCEF re cosmetic surgery and 4C boundary violations [SEC=OFFICIAL]
Date: Monday, 13 February 2023 12:23:47
Attachments: image001.png

Jonathan,

Additional briefing notes on s22 and the Review of Ahpra regulatory settings for today's HCEF meeting

s22

s47B(b)

Immediate action	*Proposed by*	*Stage One (February 2023)*	*Stage Two (April 2023)*
s47B(b)			

s47B(b)

2. Rapid Review of previous reviews relating to management of professional misconduct			
Commonwealth to undertake a *rapid review* of the previous reviews relating to management of professional misconduct relating to boundary violations under the Health Practitioner Regulation National Law (National Law) across all jurisdictions (including co-regulatory arrangements in NSW and QLD)	Commonwealth	Approve	Review recommendations for consideration

s47B(b)

s47B(b)

Commission research to analyse the available data on the outcomes of sexual misconduct matters, looking at the key factors that determine the decisions made by regulators and tribunals, the consistency in these factors and decisions, and identify opportunities for improvement in decision making.	Ahpra	Approve - incorporate into Rapid Review	

s47B(b)

Longer term	Proposed by	Stage One	Stage Two
s47B(b)			

Regards,

s22

Director – Workforce Regulation Section

Workforce Planning and Strategies Branch

Health Workforce Division | Health Resourcing Group
Australian Government Department of Health
E: s22 @health.gov.au
T: 02 6289 s22 | M: s22
GPO Box 9848, Canberra ACT 2601, Australia

The Department of Health acknowledges the Traditional Custodians of Australia and their continued connection to land, sea and community. We pay our respects to all Elders past, present and future.

Health Chief Executives Forum – Monday 13 February 2023 – Commonwealth Executive Briefing

CURRENT RECOMMENDATIONS	COMMONWEALTH VIEW	RISKS AND SENSITIVITIES	STATES VIEWS	CRITICAL BACKGROUND
s22				s22
		• One Commonwealth paper was provided 2 business days before the meeting – 'review of responses to previous reviews of AHPRA' - this was a late addition to the agenda following the Four Corners investigation. s22	• N/A	
		s22		

Health Chief Executives Forum

Videoconference

4:30PM-6:30PM AEDT

Monday, 13 February 2023

Decisions and actions arising

ATTENDEES		
Dr David Russell-Weisz (Chair) Ms Nicole O'Keefe Ms Lauren Tait	Western Australia	Department of Health
Ms Susan Pearce Ms Deborah Willcox Ms Jacqueline Worsley	New South Wales	NSW Ministry of Health
Mr Shaun Drummond Ms Jasmina Joldic	Queensland	Queensland Health
Ms Lynne Cowan *(proxy)* Ms Skye Jacobi	South Australia	Department for Health and Wellbeing
Prof Brendan Murphy Mr Blair Exell Ms Fifine Cahill *Commonwealth Notetaker*	Commonwealth	Department of Health and Aged Care
Dr Marco Briceno Ms Catherine O'Connell	Northern Territory	NT Health
Dr Euan Wallace Ms Erin Taylor	Victoria	Department of Health
Ms Rebecca Cross	Australian Capital Territory	ACT Health
Ms Katherine Morgan-Wicks (Acting Chair) Ms Sally Badcock	Tasmania	Department of Health
APOLOGIES		
Dr Robyn Lawrence	South Australia	Department for Health and Wellbeing

SECRETARIAT		
Mr Tim Duck Mr Jack Lattimore Ms Grace Le		
GUESTS		
Ms Robyn Kruk AO	Commonwealth	Department of Health and Aged Care
Ms Rosemary Huxtable Mr Michael Walsh	Commonwealth	Department of Health and Aged Care

s22

RECOMMENDATIONS IN PAPER	OUTCOME / HANDLING	TALKING POINTS	STATES VIEWS ISSUES / SENSITIVITIES	CRITICAL BACKGROUND
s47B(b)				
s47B(b)				

nd 4.3: Health Ministers' response to reports of misconduct and boundary violations, and Review of responses to previous reviews of the Australian Health Practitioner Regulation Agency (Ahpra) [15 mins] –
monwealth / Tasmania joint lead *[Briefing cleared by Penny Shakespeare]*

s47C, s47E(d), s47B(b)

Health Ministers' Meeting

Brisbane, Queensland

8:45AM – 1.30PM AEST

Friday, 24 February 2024

Decisions and actions arising

NAME	JURISDICTION
Hon Yvette D'Ath (Chair) Mr Simon Zanatta Mr Shaun Drummond Ms Jasmina Joldic Ms Jane Virag	Queensland
Hon Mary-Anne Thomas Ms Melissa Arch Prof Euan Wallace Ms Erin Taylor	Victoria
Hon Brad Hazzard Ms Susan Pearce Ms Debra Willcox Ms Leonie Lamont Ms Jacqui Worsley	New South Wales
Hon Amber-Jade Sanderson Dr David Russell-Weisz Ms Stacey Hearn Ms Nicole O'Keefe	Western Australia
Hon Mark Butler Prof Brendan Murphy Mr Blair Exell Mr Nick Martin Ms Fifine Cahill *(Commonwealth notetaker)* Ms Mehak Vohra	Commonwealth
Hon Natasha Fyles Dr Marco Briceno Ms Gabrielle Mappas Ms Deidre Logie	Northern Territory

Hon Chris Picton Ms Robyn Lawrence Ms Gemma Paech Ms Skye Jacobi	South Australia
Hon Jeremy Rockliff Ms Kathrine Morgan-Wicks Ms Sophie Fitzgerald Ms Sally Badcock	Tasmania
Ms Rachel Stephen-Smith Ms Rebecca Cross Mr Benjamin Tomlinson	Australian Capital Territory
Mr Tim Duck Mr Jack Lattimore Ms Grace Le *[via videolink]*	National Health Secretariat
GUESTS	
The Hon. Anika Wells MP	Commonwealth Minister for Aged Care
Professor Dorothy Keefe PSM MD	CEO of Cancer Australia
Mr Martin Fletcher *[via videolink]*	CEO of Ahpra
Ms Rosemary Huxtable Mr Michael Walsh	NHRA Mid-Term Reviewers
Ms Robyn Kruk AO *[via videolink]*	Reviewer for Regulatory Settings
Professor Paul Kelly *[via videolink]*	Commonwealth Chief Medical Officer

s22 [redacted]

ACTION LOG

HMM - 24 February 2023			
Item No.	Action	Responsible	Due date
s47B(b)			
s22			

s22

From: s22
Sent: Wednesday, 2 August 2023 10:57
To: s22
Cc: s22
Subject: Boundary violations - HMM agenda item for final review [SEC=OFFICIAL]
Attachments: HMM September 2023 - boundary violations slides.pptx; Attachment B - Ahpra Blueprint update.DOCX; Attachment C - complexity review terms of reference.DOCX; Attachment A - Professional Misconduct Review.docx

Follow Up Flag: Follow up
Flag Status: Completed

s47F – attached is the slide deck and attachments for the HMM boundary violations item. I have included a slide on the options for board membership per s47F email. Can you please review it specifically (slide 5) and the other slides/attachments more broadly and let me know if you have any edits. Comments/edits by COB today please and then I will send to VIC, NSW and TAS.

Note we will add comments to our ministerial briefing on the challenges of excluding the co-regulatory jurisdictions from all the complexity review ToR per the discussion Martin had with Matt and Penny.

Thanks,
s22

s22
Director – Workforce Regulation Section
Workforce Planning and Strategies Branch
Health Workforce Division | Health Resourcing Group
Australian Government Department of Health
E: s22 @health.gov.au
T: 02 6289 s22 | M: s22
GPO Box 9848, Canberra ACT 2601, Australia

The Department of Health acknowledges the Traditional Custodians of Australia and their continued connection to land, sea and community. We pay our respects to all Elders past, present and future.

Health Ministers' Meeting

Videoconference

1:00PM-3:45PM AEST

Friday, 1 September 2023

Decisions and actions arising

NAME	JURISDICTION
Ms Rachel Stephen-Smith (Chair) Ms Rebecca Cross Mr Benjamin Tomlinson	Australian Capital Territory
Hon Shannon Fentiman Mr James Farrell Mr Michael Walsh	Queensland
Hon Mary-Anne Thomas Ms Melissa Arch Prof Euan Wallace Ms Erin Taylor	Victoria
Hon Ryan Park Ms Deb Willcox Ms Jacqui Worsley	New South Wales
Dr David Russell-Weisz *(proxy)* Ms Stacey Hearn *(proxy)*	Western Australia
Hon Mark Butler Mr Blair Comley PSM Mr Nick Martin Ms Mary Wood *(Commonwealth notetaker)*	Commonwealth
Hon Lauren Moss *(proxy)* Dr Marco Briceno	Northern Territory
Hon Chris Picton Dr Robyn Lawrence	South Australia
Hon Guy Barnett Ms Kathrine Morgan-Wicks	Tasmania
Mr Tim Duck Mr Jack Lattimore	National Health Secretariat

Ms Grace Le	
GUESTS	
Ms Robyn Kruk AO	Independent Reviewer
Mr Martin Fletcher	CEO Ahpra
Conjoint Professor Anne Duggan Ms Catherine Katz	CEO, ACSQHC
APOLOGIES	
Hon Amber-Jade Sanderson	Western Australia
Hon Natasha Fyles	Northern Territory

s22

Review of the health practitioner regulatory system for sexual misconduct violations

Terms of Reference

Background

On 3 February 2023, the Commonwealth Minister for Health, the Hon Mark Butler MP, announced he will approach Health Ministers to recommend a rapid review of the regulatory system for registered health practitioners that may be guilty of sexual misconduct violations.

The recommendation comes as a result of a six-month investigation by the Four Corners program, which reveals that Australia's health regulation system is allowing some registered health practitioners who may have sexually misconducted themselves to continue to be registered to practice.

Health Ministers from each state and territory and the Commonwealth oversee the National Registration and Accreditation Scheme (the National Scheme) under the Health Practitioner Regulation National Law (the National Law), adopted by each state and territory. The National Scheme is designed to protect public safety by ensuring that all regulated health professionals are registered against consistent, high-quality, national professional standards.

The Australian Health Practitioner Regulation Agency (Ahpra) works in partnership with 15 National Boards to implement the National Scheme, managing the registration and renewal processes for local and overseas qualified health practitioners, in accordance with the National Law.

The Objectives of the National Law include that each National Board maintain mandatory standards for criminal history and regulate health practitioners through a rigorous process of investigation, counselling, sanctioning and deregistration when required. Natural justice is provided through the state tribunal system.

Purpose

The public need to have trust in our registered health practitioners, and the regulatory system that monitors their practise. To function properly, the system must have the confidence of community member and health practitioners because it relies on individuals to notify authorities if they believe registered health practitioners have behaved in a manner that is unsafe, substandard, or inappropriate.

Ahpra, in partnership with the National Boards, has been in place since 2010 as regulator of registered health practitioners. A number of senate inquiries and reviews have been conducted on the governance and operations of Ahpra and National Boards, including a review into the use of mandatory chaperones for health professionals, commissioned after a neurologist was accused of sexual assault and re-offended after a Board decision to allow them to continue to practice.

Another review, the Snowball Review, conducted in 2014, recommended that National Board membership should include a range of skill sets, not necessarily all directly related to the profession, to enable all functions to be achieved. Each National Board should have at least two members with regulatory backgrounds and experience, two with health service experience, one legal, one business and one consumer/community representative. This review also identified that while consumers make notifications with the intention of preventing others from experiencing harm, they often feel denied by a notification system that is not transparent and does not explain its actions.

Page 1 of 2

To ensure that the trust in the regulatory system is maintained, the Commonwealth Minister for Health recognises that Health Ministers need to work together to change the National Law so that the issues of transparency are resolved.

Scope

The Review will deliver short-term recommendations for actions which can be implemented within 12 months to ensure the regulatory system for registered health practitioners provides sufficient transparency and proportional decisions.

This Review will include consideration of:

- amending the criminal history standards, including whether to increase penalties for decisions relating to sexual or other criminal misconduct,
- examining the appropriateness of the Ahpra public register and whether further information about adverse decisions against registered health practitioners should be included, and
- examine the makeup of National Boards to ensure membership provides for appropriate decision making in relation to the regulation of their profession, including the option of adding a community member.

The Review will report back to Health Ministers with initial recommendations for agreement in June 2023 and deliver final recommendations by September 2023.

Key principles

The Review will be informed by the following key principles:

1. Australia's consumers need to have trust in our registered health practitioners, and the regulatory system that monitors their practise
2. The system must have the confidence of consumers and health practitioners that notifications will be taken seriously and that decisions are made appropriately and proportionately
3. National Boards must have a suitable mix of skills to be able to make appropriate and timely regulatory decisions
4. Regulatory decisions are transparent to prevent future harm.

Review Lead and consultation

The Review will be led by the Commonwealth Department of Health and Aged Care, with legislative changes to the National Law being agreed by all Health Ministers.

The Review will require strong support by state and territory governments, which are responsible for the legislative framework for health practitioner regulation, and each government must provide appropriate support to ensure the success of the Review. The Review will regularly update and seek input from states and territories through the Health Ministers' Meeting.

The Review will consult Ahpra, the National Boards, and state tribunals.

The Review will engage with a broad range of other relevant stakeholders to ensure recommendations are practical, implementable and can deliver a regulatory system that is fair, transparent and provides consumer confidence.

Page 2 of 2

Reviews Conducted regarding aspects of practitioner regulation since commencement of Ahpra

Review Title	Review Type	Jurisdiction	Location
Senate Finance and Public Administration References Committee Inquiry into Administration of Health Practitioner Registration by Ahpra – completed in 2011.	Parliamentary Inquiry	Commonwealth	
Lost in the Labyrinth Inquity into the registration processes and support for Overseas Trained Doctors - Completed 2012	Parliamentary Inquiry	Commonwealth	
Independent assessment of the regulation of medical practitioners in Queensland (Chesterman report) – completed in 2012	Government Review	QLD	Included
Review of files held by the Medical Board of Queensland, Queensland Board of the Medical Board of Australia and the Australian Health Practitioner Regulation Agency – completed in 2013	Government Review	QLD	Included
Chesterman Report Recommendation 2 Review Panel – completed in 2013	Government Review	QLD	Included
Independent Review of the National Registration and Accreditation Scheme (NRAS) – completed in 2014	Independent Review	National	Included
Victorian Legislative Council Legal and Social Issues Legislation Committee Inquiry into the performance of the Australian Health Practitioner Regulation Agency – completed in 2014	Parliamentary Inquiry	VIC	
Statutory Review of the Health Practitioner Regulation National Law (NSW) - Completed in 2015	Government Review	NSW	Included
KPMG Review of Notification and System Processes – completed in 2015.	Independent Review	Ahpra	Included
Senate Community Affairs References Committee Inquiry into the medical complaints process in Australia – completed in 2016	Parliamentary Inquiry	Commonwealth	included
Senate Legal and Constitutional Affairs References Committee Inquiry into Establishment of a national registration system for Australian paramedics to improve and ensure patient and community safety – completed in 2016	Parliamentary Inquiry	Commonwealth	
Targeting zero, review of hospital safety and quality assurance in Victoria – completed in 2016	Government Review	VIC	
Review of the Department of Health and Human Services' management of a critical issue at Djerriwarrh Health Services - Completed 2016	Government Review	VIC	
Review of governance of the NRAS – completed in 2017	Independent Review	National	
Independent review of accreditation systems – completed in 2017	Independent Review	National	included
Senate Community Affairs References Committee Inquiry into the complaints mechanism administered under the Health Practitioner Regulation National Law – completed in 2017.	Parliamentary Inquiry	Commonwealth	included
Independent review of the use of chaperones to protect patients in Australia – commissioned by the Medical Board of Australia, completed in 2017	Independent Review	Ahpra	included
Reducing, identifying and managing vexatious complaints – completed in 2017	Independent Review	Ahpra	no recs
New South Wales Review of the regulation of cosmetic procedures – completed in 2018	Government Review	NSW	Included
Review of confidentiality safeguards for people making notifications about health practitioners - Completed 2019	Independent Review	Ahpra	included
Review of chiropractic spinal care on children under 12 years – completed in 2019	Government Review	VIC	
Three years on: changes in regulatory practice since Independent review of the use of chaperones to protect patients in Australia - Completed in 2020	Independent Review	Ahpra	included
Senate Community Affairs Committee Inquiry into Administration of registration and notifications by the Australian Health Practitioner Regulation Agency and related entities under the Health Practitioner Regulation National Law – completed in 2021.	Parliamentary Inquiry	Commonwealth	included
Vexatious notifications framework review - Not Yet Complete	Independent Review	Ahpra	unfinished
Ahpra Independent review of the regulation of medical practitioners who perform cosmetic surgery - Completed in 2022	Independent Review	Ahpra	included

Rec #	Rec Text	Response	Current Status
1	The committee recommends that AHPRA should issue a letter of apology to practitioners who were deregistered because of the problems revealed by the inquiry and, where it is established a lapse or delay in registration took place, AHPRA should reimburse practitioners for any loss of direct Medicare payments.	Deferred to Ahpra	No longer relevant
2	The committee recommends that AHPRA should rectify any situation where a practitioner is left liable due to their professional indemnity insurance lapsing, or being voided, during a period where they were deregistered by AHPRA's administrative failings.	Deferred to Ahpra	No longer relevant
3	The committee recommends that the Commonwealth Government seek the support of the Australian Health Workforce Ministerial Council to undertake a regular review of the registration of overseas trained health practitioners	Noted	While not strictly implemented, this recommendation has been met by several reviews including Lost in the Labyrinth and work of successive governments to improve Australia's rural workforce. Note impacts of Kruk Review
4	The committee recommends that AHPRA establish Key Performance Indicators in relation to the registration of overseas trained health practitioners and provide detailed information on this matter in its annual report.	Deferred to Ahpra	See snowball and Lost in the Labyrinth
5	The committee recommends that complaints processing within AHPRA be reviewed to ensure more accurate reporting of notifications and to reduce the impact of vexatious complaints on health practitioners.	Deferred to Ahpra	Developed framework in 2020 for dealing with vexatious complaints. Further inquiry was conducted in 2022. Note also Ahpra's continuous improvement focus on performance of the notifications process, including notifier confidentiality safeguards and sexual boundaries notifications.
6	The committee recommends that the Commonwealth Government seek the support of the Australian Health Workforce Ministerial Council to identify and establish mechanisms to improve the accountability of AHPRA to the parliaments of all jurisdictions and the Australian public.	Noted	Health Ministers sought quarterly reporting be provided by Ahpra on key operational aspects of the NRAS. Ahpra and the National Boards publish a significant ammount of this information in their regular newsletters for health professionals and within the news and media listings on the Ahpra website.
7	The committee recommends that AHPRA, as a matter of urgency, establish consultative groups with professional organisations and health providers.	Accepted	Ahpra has established a range of independent advisory groups in response to a range of reviews and Inquiries. These have mostly been focused on improving representation of community expectations in the regulatory process (e.g CRG, ATSIHSG and IAC) whereas professional representation is mostly limited to the PRG and Forum of National Board Chairs.
8	The committee recommends that the Commonwealth Government seek the support of the Australian Health Workforce Ministerial Council to amend the National Law to provide AHPRA with a discretion to grant a grace period where a health practitioner faces deregistration as a result of administrative error by AHPRA.	Rejected	Not implemented - Ahpra is required to afford natural justice to practitioners where it proposes action that would impact their practice. This includes allowing opportunity for a practitioner to make submissions to influence the final outcome of the process. Practitioner registration is generally not impacted until a decision is finalised unless there is significant concern for patient and public safety.
9	The committee recommends that the Commonwealth Government seek the support of the Australian Health Workforce Ministerial Council to amend the National Law to provide further practicing classifications for practitioners in academic institutions and for those who practise in a limited manner.	Noted	Many National Boards have non-practicing and teaching registration classes. Other registration types have been created and ceased over the history of the NRAS (e.g. medical public interest registration). However, Boards do not regulate scope of practice and compliance with limited capacity/scope registration is subsequently difficult to montitor

10	The committee recommends that the Commonwealth Government seek the support of the Australian Health Workforce Ministerial Council to implement a review of the mandatory notifications requirements and in particular take into account the Western Australia model of mandatory reporting.	Noted	See snowball and other Reviews making this recommendation.

https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Finance_and_Public_Administration/Completed_inquiries/2010-13/healthpractitionerregistration/index

Rec #	Rec Text	Response	Current Status
1	The Committee recommends that the Australian Medical Council (AMC), in consultation with the Medical Board of Australia and international medical graduates (IMGs), take steps to assist IMGs experiencing difficulties and delays with primary source verification, including but not limited to: a. continuing to assist IMGs who have passed all requirements of a pathway towards registration as a medical practitioner, excepting primary source verification; b. liaising with the Educational Commission for Foreign Medical Graduates to ascertain and address any barriers to achieving timely primary source verification; and c. providing IMGs with up-to-date information relevant to their application, including the anticipated timeframe for response based on their application, or options on how they might hasten the process, such as contacting the institution directly.	No response tabled	From 2017 AMC launched ECFMG's Electronic Portfolio of International Credentials (EPIC) service for the verification of medical credentials. EPIC offers IMGs additional benefits which was not available through the previous portal. The EPIC verification outcomes will be uploaded to the AMC's qualifications portal. This portal is used by the Medical Board of Australia for registration purposes, and by Australian specialist medical colleges for assessment purposes (if applicable and college is nominated by the candidate).
2	The Committee recommends that the Australian Medical Council take action to increase the availability of the Australian Medical Council Structured Clinical Examination (SCE) so that those making a first attempt at the examination be accommodated within six months of their initial application	No response tabled	To support growing candidate demand for examination placements, AMC will often add extra capacity to meet the demand by putting the next scheduled sitting on hold and using those placements to expand on placements for the upcoming exam sitting. AMC will monitor and respond as required.
3	The Committee recommends that the Australian Medical Council take action to increase the availability of the Australian Medical Council Structured Clinical Examination (SCE) so that those making a first attempt at the examination be accommodated within six months of their initial application explain prioritisation, the purpose and operation of the standby list and provide up-to-date information on waiting times for undertaking the SCE.	No response tabled	AMC publishes information on its website detailing relevant information on the SCE process including allocation of places, waiting times and and standby lists.
4	The Committee recommends that the Australian Medical Council provides a detailed level of constructive written feedback for candidates who have undertaken the Australian Medical Council's Structured Clinical Examination.	No response tabled	Not clear from publicly available information - however 2014 annual report indicates improvements were made in response to this Inquiry
5	The Committee recommends that the Council of Australian Governments include workplace-based assessment (WBA) pathway for international medical graduates on its health workforce agenda in order to extend endorsement from state and territory governments and increase the availability of host sites nationally	No response tabled	WBA pathway has been expanded with more accredited sites added. Commonwealth funding has been provided to assist with this endeavour.
6	The Committee recommends that the Medical Board of Australia in conjunction with the Australian Medical Council, commission an independent evaluation of the workplace-based assessment (WBA) model. The evaluation should incorporate a cost benefit analysis of WBA, and encompass the views of all stakeholders, including international medical graduates, clinical assessors and host institution administrators. The outcomes of the evaluation should be made public	No response tabled	Independent review completed in 2015 noted costs of administration against benefits of recruitment and retention. WBA pathway has been extended to more sites since this review and further study has been commissioned

7	The Committee recommends that the Australian Government Department of Health and Ageing and Australian Medical Council, in consultation with the Joint Standing Committee on Overseas Trained Specialists and the specialist medical colleges: a. publish agreed definitions of levels of comparability on their websites, for the information of international medical graduates (IMGs) applying for specialist registration; b. develop and publish objective guidelines clarifying how overseas qualifications, skills and experience are used to determine level of comparability; c. develop and publish objective guidelines clarifying how overseas qualifications, skills and experience are taken into account when determining the length of time an IMG needs to spend under peer review; and d. develop and maintain a public dataset detailing the country of origin of specialist pathway IMGs' professional qualifications and rates of success.	No response tabled	MBA has recently reviewed its SIMG assessment standards/guidance material. However, Colleges have not expanded published info beyond what is required by the MBA and AMC.
8	The Committee recommends that specialist medical colleges adopt the practise of using workplace-based assessment (WBA) during the period of peer review to assess the clinical competence of specialist international medical graduates (IMGs) in cases where applicants can demonstrate that they have accumulated substantial prior specialist experience overseas. As part of the WBA process the specialist medical colleges should make available the criteria used to select WBA assessors. Specialist medical college examinations should only be used as an assessment tool where specialist IMGs are recent graduates, or where deficiencies or concerns have been identified during WBA.	No response tabled	Not implemented - Specialist colleges maintain independent administration of SIMG assessment. However, note review of MBA SIMG assessment process completed in 2019 which sought to limit over-use of supervision and assessment requirements
9	The Committee recommends that all specialist medical colleges consult with the Australian Medical Council to ensure each college undertakes a consistent three-stage appeals process, incorporating the following: a. an automatic right for an international medical graduate (IMG) to undertake the next stage of appeal, following completion of each preceding appeal; b. the option for the IMG to retain an advocate for the duration of any appeal process to an Appeals Committee, including permission for that advocate to appear on the IMG's behalf at the appeal itself; and c. the capacity to expand membership of the Appeals Committee to include an IMG who holds full membership of the relevant specialist college, but has no involvement with the decision under review.	No response tabled	unsure - implementation is at college discretion and outside of influence of government
10	The Committee recommends that the specialist medical colleges undertake the following steps to ensure international medical graduates (IMGs) are aware of their right of appeal regarding their application for specialisation: a. publish information regarding their appeals process in a prominent place on their website, including information regarding each stage of the appeals process, timelines for lodging appeals and the composition of Appeals Committee membership; and b. ensure that IMGs are informed of their right to appeal when any decision is made regarding their application, with information regarding their right to appeal a particular decision provided in writing on the same document advising the IMG of the decision made regarding their application.	No response tabled	AMC accreditation standards set minimum expectations of appeals processes and mechanisms. Colleges are required to make their appeals processes available and clear to IMGs at key points as well as published on their websites.

11	The Committee recommends that the Australian Health Ministers Advisory Council, in conjunction with the Australian Government Department of Health and Ageing and the National Health Practitioner Ombudsman, develop and institute an overarching, independent appeals mechanism to review decisions relating to the assessment of clinical competence to be constituted following an unsuccessful appeal by an international medical graduate to the Appeals Committee of a specialist medical college.	No response tabled	not implemented - Tranche 2 reform to allow NHPO to consider complaints against accreditation authorities and colleges implemented instead. Considered partial in implementation as NHPO cannot overturn decisions.
12	The Committee recommends that Health Workforce Australia, in consultation with state and territory health departments, the Medical Board of Australia, specialist medical colleges and other key stakeholders, investigate options to ensure equitable and fair access to clinical supervision places for international medical graduates. Consideration should include establishing designated supervised placements for international medical graduates in teaching hospitals or similar settings.	No response tabled	The Department provides funding for postgraduate medical training and rural recruitment. Outside of this, the role of recruitment in teaching and other public hospitals is the role of state and territory governments and is not readily influenced by the Commonwealth.
13	The Committee recommends that the Australian Medical Council, the Medical Board of Australia and specialist medical colleges collaborate to develop a process which will allow semi or recently retired medical practitioners and specialist practitioners to maintain a category of registration which will enable them to work in the role of a clinical supervisor.	No response tabled	Not implemented - Clinical practice requires a form of full practicing registration. Note public interest registration was ceased under the NRAS due to concerns of practitioners providing inappropriate services to family members and friends.
14	The Committee recommends that Health Workforce Australia provide support under the Clinical Supervision Support Program to promote the innovative use of new technologies to increase clinical supervision capacity, particularly for medical practitioners who are employed in situations where they have little or no access to direct supervision.	No response tabled	Ahpra and the MBA have revised clinical supervision requirements to provide more clarity and flexibility for IMGs and supervisors. These requirements are deliberately technology-agnostic, however it should be noted that on-site supervisor presence is required for level 1 and 2 supervision.
15	The Committee recommends that prior to undertaking practise in an area of need position or regional, rural, remote position with indirect or limited access to clinical supervision, international medical graduates (IMGs) be placed in a teaching hospital, base hospital or similar setting. Within this setting IMGs could be provided appropriate supervision for a defined period to further establish their clinical competency and assist with their orientation to the Australian health care system.	No response tabled	Supervised positions in publich hospitals are limited in number and are mostly used for intern doctors with few places available to IMGs. Award of these places is the role of jurisdictional health services and is not influenced by the Australian Government.
16	The Committee recommends that Health Workforce Australia ensure aspects of cross cultural awareness and communication issues are key components in any guidelines, educational materials or training programs that are developed to support enhanced competency of clinical supervisors.	No response tabled	Ahpra and all boards have noted the importance of cultural understanding in all settings of healthcare. Further, IMG supervision courses are required for aspiring supervisors to ensure they have baseline competence in supervision.

17	The Committee recommends that the Medical Board of Australia/Australian Health Practitioners Registration Agency (MBA/AHPRA) provide more information on the Pre-Employment Structured Clinical Interview (PESCI). At a minimum this information should outline: a. the criteria used to determine the need for an IMG to undertake a PESCI assessment; and b. criteria for accreditation of PESCI providers. c. details of the PESCI assessment process including: i. the composition of the interview panel, the criteria used for selecting panel members and their roles and responsibilities; ii. the format of the interview and the aspects of skills, knowledge and experience that will be assessed; iii. criteria for assessment and mechanisms for receiving feedback; and iv. the process for lodging and determining an appeal against the findings of a PESCI assessment. This information should be easily located on the MBA/AHPRA website and provide links to relevant information on PESCIs that is available on the websites of Australian Medical Council accredited PESCI providers.	No response tabled	the MBA has specific information pages published regarding the PESCI. AMC standards set expectations of how PESCI is provided and were revised in 2014. All registered PESCI providers are required to provide relevant information on the conduct, timing and costs of PESCI interviews to applicants. This is not required to be published.
18	The Committee recommends that all Pre-Employment Structured Clinical Interview (PESCI) assessments be video-recorded and a copy of the videorecording be provided to the applicant for the purpose of providing appropriate feedback on the assessment and as a record should an international medical graduate wish to appeal the outcome of a PESCI	No response tabled	Not impemented in AMC review - standardised reporting and feedback requirements have been implemented however
19	The Committee recommends that the Medical Board of Australia, as part of its current review of the utility and portability of Pre-Employment Structured Clinical Interview, include broader consideration of its utility as an assessment tool, particularly its application to international medical graduates who have already practised in Australia for a significant period of time under Limited Registration	No response tabled	not implemented - PESCI is still a once-off interview tailored to the applicant, and the specifics of the position. Portability of PESCI outcomes is limited only to those circumstances where the practice elements and supervision is deemed comparable by the MBA
20	The Committee recommends that the Medical Board of Australia provide an opportunity for interested parties, including international medical graduates, to provide input into its current review of the utility and portability of Pre-Employment Structured Clinical Interviews. To promote transparency, the Medical Board of Australia should also provide regular updates on the review on its website, and at the conclusion of the review publish its findings.	No response tabled	No publicly available information on review of PESCI portability. Note AMC completed review of PESCI Guidelines and criteria for provider approval in 2014. MBA has process to determine if PESCI result is portable between practice locations.
21	The Committee recommends that the Medical Board of Australia review whether the current English Language Skills Registration Standard is appropriate for international medical graduates. The review should include consideration of: a. whether the International English Language Testing System and Occupational English Test scores required to meet the English Language Skills Registration Standard is appropriate; and b. the basis for requiring a pass in all four components in a single sitting.	No response tabled	MBA reg standards reveiwed every 5 years - current requirement allows for pass across 2 consecutive sittings in 6 months. Scores are consistend with other NRAS professions' ELS standards. Potential review of Standards to be recommended by Kruk review
22	The Committee recommends that the Medical Board of Australia negotiate with providers of the International English Language Testing System and Occupational English Test with a view to requiring that detailed, qualitative written feedback on each component of the English Language test be provided in writing to international medical graduates to enable identification of areas of deficiency which may be rectified.	No response tabled	Feedback provided by ELS test providers in in line with international standards and is administered equally internationally.

23	The Committee recommends that the Medical Board of Australia extend the period of validity for English language proficiency test results as prescribed by the English Language Skills Registration Standard to a minimum period of four years.	No response tabled	Not implemented - MBA has noted the potential for ELS to deteriorate in cases where a practitioners do not continue practicing or studying. Note ELS standards count tests where a practitioner has undertaken education or practice solely in English.
24	The Committee recommends that the Medical Board of Australia/Australian Health Practitioners Registration Agency provide the Australian Government Department of Immigration and Citizenship with direct access to information on its registration database as necessary to determine granting of a visa for employment purposes.	No response tabled	Ahpra does not have direct data sharing relationship with DHA - potential recommendation for Kruk review
25	The Committee recommends that the Australian Government Department of Health and Ageing produce and publish on its website a comprehensive guide detailing how District of Workforce Shortage (DWS) status is determined and how it operates to address issues of medical practitioner workforce shortages. The guide should include detailed information on the following: a. the methodology of DWS determination; b. frequency of DWS status review; and c. criteria for benchmarking of appropriate workforce levels.	No response tabled	Information about the processes and procedutrs for determining distribution status (MMM/DPA/DWS) all listed on Health website. Health Workforce Locator tool provides Google Maps overlays showing measures clearly for each medical specialty.
26	The Committee recommends that the Australian Government Department of Health and Ageing consult with state and territory government departments of health to agree on nationally consistent and transparent approach to determining Area of Need (AoN) status based on agreed criteria. Consideration should also be given to improving the alignment between the AoN and Districts of Workforce Shortage.	No response tabled	AoN is maintained by jurisdictions' governments. However, the Distribution Agvisory Group and other relevant bodies comprised of health workforce planners from all governemnts convenes regularly to consider issues relevant to all workforce distribution measures.
27	The Committee recommends that the Department of Health and Ageing, in association with Health Workforce Australia, examine options for a planned, scaled reduction in the length of the 10 year moratorium so that it is consistent with the average duration of return of service obligations that apply to Australian graduates of Bonded Medical Places. Workforce modelling should be used to determine the implications for workforce preparation, transition, training and distribution. The outcomes should be made publicly available.	No response tabled	Medicare Moratorium has not been reduced. However, exemptions apply for DPA and DWS placements and scaling credits apply for IMGs working in more rural and remote areas
28	The Committee recommends that the Medical Board of Australia/Australian Health Practitioner Registration Agency, Australian Medical Council and specialist medical colleges, publish data against established benchmarks on their websites and in their annual reports, on the average length of time taken for international medical graduates to progress through key milestones of the accreditation and registration processes. Information published on websites should be updated on a quarterly basis.	No response tabled	MBA publishes a range of reports and guides on the specialist colleges' performacne with IMGs.

29	The Committee recommends that AHPRA's annual report, with respect to the functions carried out by the MBA must also include a number of other key performance indicators providing further information to IMGs. In the Committee's view, these indicators must include (but should not be limited to): a. the country of initial qualification for each IMG applying for Limited Registration; b. the number of complaints and appeals which are made, investigated and resolved by IMGs to AHPRA, the AMC and specialist medical colleges; and c. the number and percentage of IMGs undertaking each registration pathway (including workplace-based assessment) and their respective pass and failure rates for: i. Australian Medical Council Multiple Choice Question Examination; ii. Australian Medical Council Structured Clinical Examination; iii. AHPRA's Pre-Employment Structured Clinical Interview (PESCI); iv. the MBA's English Language Skills Registration Standard; v. other MBA Registration Standards including Criminal History Registration Standard; and vi. processes of specialist medical colleges including college interviews, examinations and peer review assessments.	No response tabled	Data collected is broadly reported by AMC in its annual reports for accreditation matters. No data available on meeting standards for the MBA. Individual colleges may publish data on their interview processes independently
30	The Committee recommends that where an international medical graduate considers that the processes prescribed under the National Registration and Accreditation System have placed them at a significant disadvantage compared to their circumstances under the processes of former state and territory medical boards, that the Medical Board of Australia investigate the circumstances, and if necessary rectify any registration requirements to reduce disadvantage. The process and procedure for review should be clearly outlined. Any review should be conducted in a timely and transparent manner.	No response tabled	process no longer relevant as S&T Schemes have been disbanded over 10 years.
31	The Committee recommends that the Australian Medical Council and the Medical Board of Australia/Australian Health Practitioner Regulation Agency ensure that computer-based information management systems contain up-to-date information regarding requirements and progress of individual international medical graduate's assessment, accreditation and registration status to enable timely provision of advice	No response tabled	All entities use effective systems which capture the history of an individual's interaction with each entity and the regulatory system as a whole. Information is updated as notified and shared as required for the effective and efficient operation of the NRAS.
32	The Committee recommends that the Australian Medical Council and the Medical Board of Australia/Australian Health Practitioner Regulation Agency implement appropriate induction and ongoing training for all employees responsible for dealing with inquiries. This training should include among other things, an understanding of the overall system of accreditation and registration so that referrals to other organisations can be made where necessary.	No response tabled	Ahpra continuous improvement approach utilises feedback from complaints and the NHPO together with training modules developed in response to various review recommendations to ensure staff have access to appropriate education before commencing a role and throughout their career.
33	The Committee recommends that the Medical Board of Australia, in conjunction with the Australian Medical Council and specialist medical colleges, develop a centralised repository of documentation supplied by international medical graduates (IMGs) for the purposes of medical accreditation and registration. The central document repository should have the capacity to: a. be accessed by relevant organisations to view certified copies of documentation provided by IMGs; b. be accessed by relevant organisations to fulfil any future documentary needs for IMGs without the need for them to resubmit non time-limited documentation multiple times; c. form a permanent record of supporting documentation provided by IMGs; and d. comply with the Australian Government's Information Privacy Principles and Privacy Act 1988 (Cth).	No response tabled	Data sharing between organisations is not yet at this level - potential recommendation for Kruk Review

34	The Committee recommends that the Medical Board of Australia/Australian Health Practitioner Registration Agency, the Australian Medical Council, and specialist medical colleges consult to develop consistent requirements for supporting documentation wherever possible. These requirements should be developed with a view to further reducing duplication by preventing the need for international medical graduates (IMGs) to lodge the information more than once and in different forms and formats. This documentation should form part of an IMG's permanent record on a central document repository.	No response tabled	SIMG application process requirements are dictated by the AMC, including documentation required to be assessed by Colleges. MBA and AMC have similar documentation requirements, however, separation of entities means limited information sharing.
35	The Committee recommends that the Australian Medical Council and the Medical Board of Australia/Australian Health Practitioner Registration Agency amend requirements so that Certificates of Good Standing provided by past employers remain valid for a period of 12 months, noting the following: a. where there is a period of greater that three months since the last Certificate was issued, applicants must certify that they have not been employed in medical practice during that period; or b. where applicants have been employed in medical practice since issuing of the last Certificate, additional Certificate(s) of Good Standing must be provided. Certificates of Good Standing should also be available on a central document repository.	No response tabled	Ahpra staff have noted on numerous occasions that CoGS are a point in time and can be superseded following a single event (complaint or investigation). CoGS are sought only from registering authorities and must be as recent as possible to address risk of false or leading documentation.
36	The Committee recommends that specialist medical colleges should consult with one another to establish a uniform approach to the fee structure applied to international medical graduates (IMGs) seeking specialist accreditation in Australia. This fee structure should be justified by the provision of clear and succinct fee information published on the Australian Medical Council and relevant college's websites, itemising the costs involved in each stage of the process. IMGs should be informed about possible penalties which may be applied throughout the assessment process	No response tabled	alll entities are non-government bodies which administer their own processes with their own costs. Colleges and accreditation authorities are required to set reasonable fees for the effective administration of their legally described functions under the National Law. Fees are required to be published.
37	The Committee recommends that the Medical Board of Australia/ Australian Health Practitioner Registration Agency, the Australian Medical Council and specialist medical colleges review the administrative fees and penalties applied throughout the accreditation and assessment processes to ensure that these fees can be fully justified in a cost recovery based system	No response tabled	All entites performing a function under the National Law are required to comply with the ojectives and principles of the NRAS set out in s3 of the National Law. This requires that fees must be reasonable, with regard to the efficient and effective operation of the scheme. Specialist Colleges may not be as bound by this requirement as the MBA and AMC.
38	The Committee recommends that the Australian Medical Council and the Medical Board of Australia/Australian Health Practitioner Regulation Agency increase awareness of administrative complaints handling and appeal processes available to international medical graduates (IMGs) by: a. prominently displaying on their websites information on complaints handling policies, appeals processes and associated costs; and b. ensuring when IMGs are advised of adverse outcomes of any review, that the advice contains information on the next step in the appeal process.	No response tabled	Ahpra and the National Boards share a prominent feedback and complaints service. Any person interacting with one of these bodies is advised of the complaints process and, where relevant how to make a complaint to the NHPO. The AMC has a similar complaints area, though limited only to dealing with complaints about accreditation of programs of study and the applicaiton of standards. SIMG assessment guidance issued by the AMC requires all colleges to include information about appeals and complaints in their assessment process documentation.

39	The Committee recommends that the Medical Board of Australia extend the obligations it applies to employers, supervisors and international medical graduates in its Guidelines – Supervised practice for limited registration to include a commitment to adhere to transparent processes and appropriate standards of professional behaviour that are in accordance with workplace bullying and harassment policies	No response tabled	All registered practitioners must adhere to the code of conduct issued by their registering National Board. All codes of conduct set minimum expectations in a range of professional conduct and performance areas including bullying and harassment. In addition to this, the MBA's supervision of IMGs guidance makes explicit, the expectations on both IMGs and supervisors regarding their conduct.
40	The Committee recommends that Health Workforce Australia, in consultation with key stakeholders, develop and implement a program of orientation to be made available to all international medical graduates (IMGs) and their families to assist them with adjusting to living and working in Australia. In addition to detailed information on immigration, accreditation and registration processes, the program should include: a. accommodation options, education options for accompanying family members, health and lifestyle information, access to social/welfare benefits and services, and information about ongoing support programs for IMGs and their families; b. information on Australia's social, cultural, political and religious diversity; and c. an introduction to the Australian healthcare system including accreditation and registration processes for IMGs, state and territory health departments and systems along with Medicare. An integral part of the orientation program should be the development of a comprehensive package of information which can be accessed by IMGs and their families prior to their arrival in Australia.	No response tabled	The closure of HWA and transfer of functions has left development of this program of education to be administerdd by the Dearptment. The Department has largely utilised organisations like RWA's to support IMGs to transition to life and work in Australia. Note potential for this to be an outcome of the Kruk review
41	The Committee recommends that Health Workforce Australia, in consultation with key stakeholders, develop a nationally consistent and streamlined system of education and training supports for international medical graduates. The consultation should include specific consideration of the following: a. strategies for facilitating access for IMGs working in regional, remote and rural locations, including: i. the potential for the innovative use of new technologies including tele/video-conferencing and internet; ii. the adequacy of locum relief where IMGs need to be absentfrom their practice to access education support; and iii. the adequacy of financial assistance for IMGs who need to travel to access educational and training supports. b strategies for extending eligibility to educational and training support programs to temporary resident IMGs seeking full registration in Australia and permanent residency; and c. the financial and resource implications associated with providing wider access to educational and training supports.	No response tabled	The closure of HWA and transfer of functions has left development of this program of education to be administerdd by the Dearptment. The Department has largely utilised organisations like RWA's to support IMGs to transition to life and work in Australia. Note potential for this to be an outcome of the Kruk review
42	The Committee recommends that Health Workforce Australia, in consultation with key stakeholders, develop a cohesive and comprehensive system of ongoing support options for IMGs and their families as an integral part of its National Strategy for International Recruitment. Such a system should include at a minimum, a particular emphasis on the educational needs of children, along with support and employment prospects for spouses.	No response tabled	The closure of HWA and transfer of functions has left development of this program of education to be administerdd by the Department. The Department of Home Affairs has also established a pilot Smart Move Australia website which aims to address some benefits of moving to Australia. Note potential for this to be an outcome of the Kruk review

43	The Committee recommends that Health Workforce Australia (HWA), as part of its National Strategy for International Recruitment program, examine options for establishing a one-stop shop for international medical graduates (IMGs) seeking registration in Australia. Serious consideration should be given to the feasibility of providing an individualised case management service for IMGs. In developing the most suitable model for such a service, HWA should consider the proposed scope of this service and the range of assistance provided, having regard to available resourcing	No response tabled	The closure of HWA and transfer of functions has left development of this program of education to be administerdd by the Department. The Department of Home Affairs has also established a pilot Smart Move Australia website which aims to address some benefits of moving to Australia. Ahpra assigns case managers to registration applications to ensure practitioners receive consistent support and information Note potential for this to be an outcome of the Kruk review
44	The Committee recommends that the Australian Government Department of Health and Ageing expand the DoctorConnect website to include a register of support services available to IMGs in the various agencies around Australia, including information on: a. details of location; b. eligibility; c. duration and timing; d. cost; and e. whether the program is available electronically/remotely.	No response tabled	DoctorConnect was streamlined into the Department's website in 2018 - information presented on the website was revised to link to authoritative sources rather than seek to recreate information. Links are provided to Rural Workfroce Agencies and other organisations (including state and territory governemtns).
45	The Committee recommends that the Australian Government Department of Health and Ageing provide a telephone help line to answers questions and provide clarification on information provided on the DoctorConnect website	No response tabled	All enquiries regarding any matter are directed to the Department's online enquiries form in the first instance. This allows for appropriate triage to the right area of the Department and for appropriate advice to be provided in and unambiguous written format. A specific email contact is also provided in relation to the DoctorConnect initiative.

Rec #	Rec Text	Response	Current Status
	Appears QLD did not release report based on sensitive nature of content		

Rec #	Rec Text	Response	Current Status	Location in report draft
1	A legal practitioner with extensive experience in criminal law and a reputation for sound judgement be appointed to examine MBQ, QBMBA and Ahpra's files in all cases in which, in the last five years, a disciplinary sanction of some kind has been imposed on a medical practitioner in relation to circumstances in which a patient died or suffered serious bodily harm to determine whether in any such case criminal charges should be laid. QBMBA presently has a legal practitioner as one of its members. I intend and imply no criticism of that practitioner whose expertise is not criminal law.	Accepted	Fully Implemented - review conducted by Jeffrey Hunter SC and provided to QLD Government in Feb 2013 Review does not appear to have been made public	Skills of those handling notification
2	That there be a review of all the cases of misconduct or alleged misconduct by medical practitioners, dealt with by QBMBA or in which Ahpra has recommended disciplinary action against a medical practitioner, including cases in which the Notification Advisory Committee and/or QBMBA rejected a recommendation by Ahpra to take disciplinary action. The review should be undertaken by a panel of three comprising a legal practitioner, a medical practitioner, and someone who has served on regulatory boards and has a reputation for decisiveness. The purpose of the review should be to determine whether QBMBA has made timely and appropriate responses to the complaints and recommendations and whether it is achieving the objectives of the *Health Practitioners (Professional Standards) Act 1999* , set out in s 6 to protect the public, uphold standards of medical practice and maintain public confidence in the medical profession.	Accepted	Implemented as Chesterman Rec 2 Review Panel	Design, operation and performance of NRAS
3	That when appointments are made to QBMBA, the number of medical practitioners on the Board be reduced and the number of other practitioners be increased. These would include members with similar qualification to the third member of the review panel in recommendation (2); and a legal practitioner with a criminal practice to bring the Board the experience and knowledge mentioned in recommendation (1). Section 36(5) and (6) provide that at least half of the members of QBMBA must be medical practitioners and at least two must be community members, so there is scope to make the recommended appointments.	Accepted	Recommended to HM's by the Hon Lawrence Springborg for consideration and amendment to the National Law. Ultimately included in Snowball	Procedural fairness

4	Section 150 of the National Law provides for the exchange of information about notifications between (relevantly) QBMBA and HQCC. Each must notify the other of a complaint received if it relates to the authority of the other with respect to the complaint. By subsection 3, QBMBA and HQCC 'must attempt to reach agreement about how the notification or complaint is to be dealt with...' subsection (4) provided that if QBMBA and HQCC cannot reach agreement 'the most serious action proposed by either must be taken.' There is, I was told, a degree of uncertainty between Ahpra and HQCC as to the meaning of subsection (4). In particular it is thought to be unclear whether HQCC can insist that QBMBA take disciplinary action when HQCC think it is appropriate by QBMBA does not. The words of the subsection suggest to me at least, that HQCC may insist upon firmer action in cases where they think it is appropriate. But because there is doubt about the HQCC's powers I recommend that the opinion of the Solicitor General be obtained as to the construction of section 150(4) of the National Law. If the opinion is to the effect that HQCC may not insist upon a sanction more serious than QBMBA considers appropriate, then the National Law be amended to give this power.	Accepted	QLD parliament enacted Health Ombudsman Act 2013 as a consequence of perceived difficulty in uniform and acceptable regulation of medical complaints. QLD now a cor-regulatory jurisdiction with first-pass consideration of ALL notifications	Skills of those handling notification

Rec #	Rec Text	Response	Current Status	Location in report draft
1	Ahpra and the MBA should consider: a. appointing one or more experienced and senior investigators to conduct "triage" on notifications, fast tracking investigations and Board decisions in matters which raise immediate concern about the safety of the public based on the nature of the notification, the source and detail of the notification and the nature of prior notifications (if any) concerning the practitioner; b. introduction of a defined "triage" process so as to ensure that appropriate priority is given to notifications from entities which have undertaken some initial form of investigation and have experience in assessing the conduct and behaviour of practitioners. Examples of such entities to include the Office of the State Coroner, Queensland Health and private health care institutions; c. establishing a more effective case management system whereby: i. timelines for assessment, investigations and decisions are established; ii. overview systems are put in place so deviations from timelines are identified and managed to ensure that the timeline is met or, when necessary modified to take into account unpredicted developments; iii. any such modifications to the established timeline should be subject to being overruled by the Board; d. simplifying the process whereby the multiple internal referrals of decisions between committees and the Board are streamlined and endorsed by the Board rather than the existing process whereby the Board is required to endorse each individual decision	Not made as formal recommendation	Ahpra has a triage and complaints assessment matrix in place	Design, operation and performance
2	In relation to the appropriateness of decisions, the panel concluded that there was clear evidence that the processes followed by AHPRA and the QBMBA to reach decisions based on notifications, were not adequately protecting the public. In particular: a. the decision making processes for the progression of a notification from receipt to final decision did not appear to be consistent in application across notifications of a similar nature; b. practitioners who were identified by expert opinions, Investigation Report findings (and recommendations) and the Boards own Reasons for Decision as having demonstrated a lower standard of professional behaviour, skill and competence often faced little or no sanctions. This was the outcome for a significant number of complaints/notifications based on clinically significant allegations. A matter of great concern to the panel was the disproportionately high level of Board decisions to take NFA in response to complaints/notifications, which on their face, evidence the basis for significant concern, have been referred by the State Coroner after an Inquest or by Queensland Health or private sector health facilities after internal investigations.	Not made as formal recommendation	Note that QLD established the OHO following this review. The establishment of the OHO has meant QLD has retained first-pass consideration of all notificaitons in that jurisdiction and can monitor and control for consistency	Strengthening Reg Framework

3	Having reviewed the decisions made by the QBMBA in relation to the "non-legacy" files, the panel came to the view that consideration should be given to the following changes: a. to ensure and improve consistency of decisions, a formal process should be put in place whereby prior decisions of the Board and/or of QCAT, in relation to similar matters, are formally reviewed by the Board prior to a new decision being taken to ensure that subsequent matters are in range and consistent over time; b. this review of decisions should include decisions taken for similar notifications and findings in relation to other regulated health professionals such as nurses, pharmacists and dentists; c. to ensure that the process is transparent and that the decisions of the Board are subject to public scrutiny, summaries of the decisions of the board, suitably de-identified, should be released on a regular basis; d. to ensure consistency across the various regulated professions, the membership of the Board should be changed promptly so that a majority of its members are not medical practitioners. It is suggested that: i. the chair of the Board is not a medical practitioner; ii. a proportion of the new members includes practitioners other than medical practitioners who have served on boards which regulate other practitioners (such as nurses, dentists and pharmacists); and iii. a higher percentage of community members.	Not made as formal recommendation	see partly rec 2 and recs from other review regarding composition of national boards	Procedural fairness, transparency and privacy

Rec #	Rec Text	Response	Current Status	Location
9	Measures to be taken within the National Registration and Accreditation Scheme (the National Scheme) to ensure the following principles are met within the design and operation of the complaints and notifications process, in particular: a.Establish a process where complaints and notifications involve a shared assessment of the appropriate means of investigating and addressing the issues between AHPRA and HCEs. Complainants whose issue is referred to a National Board as a notification are to be interviewed to determine their expectation and be advised of the relevant processes. b.Investigations and reports to be shared between National Boards, AHPRA and HCEs as required. c.Establish benchmark timeframes for completion of key aspects of notification management. d.Rationale for deliberations and progress reports to be routinely and quarterly conveyed to notifiers and health practitioners in plain English. e.National Boards to be authorised to refer matters for Alternative Dispute Resolution to HCEs. f.Any adverse findings and disciplinary decisions to include the timeframe for inclusion of the decision or finding on the registrants' record. These decisions should be supported by strengthened monitoring of practitioner compliance with restrictions on registration, including adequacy of supervision. g.The Health Practitioner Regulation National Law 2009 (the National Law) to be amended so that notifiers personally impacted by practitioner conduct can be informed in confidence by the National Board about the process, decision and rationale for the decision regarding their case. This complements the amendments to the National Law approved by Ministerial Council in 2011 as detailed in Appendix 11. h.National Boards and AHPRA to review correspondence standards with notifiers to ensure improved clarity and sensitivity in communication. i.HCEs to file complaints so practitioners can be searched according to their AHPRA registration number to allow authorised persons to access data for research into the predictability of professional misconduct.	Accepted	Amendments to the National Law **(including to section 151)** and administrative provesses of Ahpra allow for matters to be referred to appropriate other entities by National Boards while an investigation is still underway. Information sharing between bodies take place under formal agreements or informally as necessary. **Amendments to the National Law also occurred for notifiers to be provided with reasons for decisions related to notifications they made in the first tranche of amendments.** **Ahpra has reviewed its correspondence with notifiers on multiple occasions since 2014.** Ahpra has KPIs in place regarding the management of notifications including target times to progress to key steps. Notifier and practitioner communication is embesdded in these precesses and there has been continuous improvement in the clarity of communication with notifiers.	Design and Operation, procedural fairness
10	The Health Practitioner Regulation National Law 2009 (the National Law) to be amended to reflect the same mandatory notification exemptions for treating practitioners established in the Western Australian law.	Not Accepted	**recommendation considered following numerous practitioner groups raising concerns. Ultimately, the National Law was amended to limit the circumstances in which a practitioner would be expected to make a mandatory notificaiton.**	Procedural Fairness
26	That the Health Practitioner Regulation National Law 2009 be amended to enable the Australian Health Workforce Ministerial Council to appoint either a practitioner member or a community member of a National Board as Chairperson	Accepted	concerns raised by practitioner stakeholders saw this matter deferred for public consultation and ultimately not adopted	Procedural Fairness
28	That the Australian Health Practitioner Regulation Agency conduct specific education and training programs for investigators. These should be designed in consultation with National Boards, Tribunals and Panel members to develop more consistent and appropriate investigative standards and approaches, consistent with the requirements of the Health Practitioner Regulation National Law 2009, including the primacy of public safety over other considerations within the matters.	Deferred to Ahpra	**Ahpra has implemented a standard training program for all its investigators.** Ahpra has implemented a host of operational changes since the completion of this review covering the consistency of response to notificaitons, risk assessment and management of notifications, many of which have been in response to other reviews.	Skills and Qualifications
29	That the Health Practitioner Regulation National Law 2009 prohibition order powers be amended to provide the means for Tribunals to prohibit the person from providing any type of health service, to establish an offence for breaching a prohibition order and to provide for mutual recognition of prohibition orders issues by jurisdictions.	Deferred for consultation	Prohibition order powers were amended as part of tranche 2 reforms and include increased penalties.	Powers of Parties and Performance

2	The National Law to be amended to provide the Australian Health Ministerial Council (the Ministerial Council) with the power to consolidate National Boards. This will enable the establishment of the Health Professions Australia Board.	Deferred for consultation	Tranche 1 reforms provided Ministers with the ability to designated boards, including combining and ceasing, by making regulation.	Irrelevant- Relevant to Structural Review
3	The Australian Health Practitioner Regulation Agency, in conjunction with the National Boards of Aboriginal and Torres Strait Islander health practice; Chinese medicine; chiropractic; medical radiation practice; occupational therapy; optometry; osteopathy; podiatry and physiotherapy, to develop an implementation plan for the merger of these nine low-regulatory-workload professions into the Health Professions Australia Board and submit to the Australian Health Workforce Ministerial Council for approval.	Deferred for consultation	not implemented - No boards have been merged	Irrelevant- Relevant to Structural Review
4	Once approved by the Australian Health Workforce Ministerial Council, the Health Professions Australia Board will be required to plan the consolidation of functions including formation of a consolidated fee structure, registration processes, consolidated accreditation and notification management within the first 12 months	Deferred for consultation	not implemented - No boards have been merged	Irrelevant- Relevant to Structural Review
5	Each of the nine health professions to be represented on the HPAB, together with three community members	Deferred for consultation	not implemented - No boards have been merged	Irrelevant- Relevant to Structural Review
6	The consolidation of the regulatory functions to be completed in a manner that ensures effective and ongoing professional input from the nine professions into standard setting, accreditation and notification management activities	Deferred for consultation	not implemented - No boards have been merged	Irrelevant- Relevant to Structural Review
7	Any savings generated by the consolidation of the nine boards and their associated functions to be returned to registrants in the form of reduced fees, to the effect that no professional group will be financially worse off from the consolidation.	Deferred for consultation	not implemented - No boards have been merged	Irrelevant- Relevant to Structural Review
30	That the regulation of Aboriginal and Torres Strait Islander Health Practitioners be continued by a merger into the Health Professions Australia Board, with continued involvement of Aboriginal and Torres Strait Islander Health Practitioners on issues covering that profession.	Deferred for consultation	not implemented - No boards have been merged	Irrelevant- Relevant to Structural Review
31	The Health Professions Australia Board establish a committee involving Aboriginal and Torres Strait Islander health (ATSI) leaders to assist the National Scheme to better respond to ATSI health and cultural issues	Not Accepted	not implemented. **However, Ahpra and National Boards has subsequently implemented an Aboriginal and Torres Strait Islander Health and Cultural Strategy**	Irrelevant- Relevant to Structural Review
14	Through the contractual arrangements between Australian Health Practitioner Regulation Agency and the Accreditation Authorities, no fee increases levied on either National Boards or higher education institutions beyond the Consumer Price Index rate will be allowed without the express approval of the relevant National Board	Deferred to ASR	Matter referred for consideration. Not implemented.	Irrelevant- Relevant to Structural Review - Absorbed into ASR
15	Through contractual arrangements between the Australian Health Practitioner Regulation Agency and Accreditation Authorities, standardised accreditation protocols and fee structures must be established within 12 months so that common accreditation processes can be adopted between all regulated health professions. These should be focused on education outcomes relevant to the outcomes of the National Registration and Accreditation Scheme not prescriptive education inputs	Deferred to ASR	Matter referred for consideration. Not implemented.	Irrelevant- Relevant to Structural Review - Absorbed into ASR
16	The standardised accreditation protocols should be the subject of consultation with higher education policy makers and providers to streamline accreditation processes and avoid duplication with existing university accreditation processes. This consultation should be sponsored by the Australian Health Practitioner Regulation Agency	Deferred to ASR	Matter referred for consideration. Not implemented.	Irrelevant- Relevant to Structural Review - Absorbed into ASR
17	Amend the Health Practitioner Regulation National Law 2009 to provide that the National Health Practitioner Ombudsman has jurisdiction over accreditation functions within the National Registration and Accreditation Scheme.	Deferred to ASR	Amendment made to the Health practitioner Regulation National Law Regulation 2018 as part of Tranche 2 reforms to include acceditation authorities and specialist medical colleges under ombudsman oversight in the NRAS.	Irrelevant- Relevant to Structural Review - Absorbed into ASR

18	A standing committee is needed within the National Registration and Accreditation Scheme involving the education sector, National Boards, Accreditation Authorities and representation from employers and jurisdictions to: a.discuss the means by which health workforce reform and health service access gaps can be best addressed in the education and training of health professionals b.consider the evidence and value of alternative innovations in the delivery of health education and training. (An example is that simulated learning is accepted by some but not all accreditors) c.share an understanding of workforce distribution and projected workforce need. d.ensure that education opportunities exist for students to meet the minimum standard of entry	Deferred to ASR	**Whilst deferred to the ASR, through the recommendations of the ASR, the Ahpra Board has established an independent Accreditation Committee to advise the National Scheme.**	Irrelevant- Relevant to Structural Review - Absorbed into ASR
19	The fee structures for the accreditation functions associated with standard setting and assessment of overseas-trained health professionals and the accreditation of university programs of study should be clear and transparent as to which functions are funded by the National Boards from registrant fees and which are being met by the higher education sector	Deferred to ASR	Boards and Ahpra have included the requirement for compliance with the principles of the NRAs in accreditation agreements. The expectation of fee transparency has been noted and implemented by all accreditation authorities and most, if not all, medical colleges	Irrelevant- Relevant to Structural Review - Absorbed into ASR
20	The UK approach to accreditation should be explored to examine whether the significant cost difference between the UK and Australia results in better education outcomes in Australia. If this is the case, then the UK approach to accreditation should be considered for application	Accepted	**Ahpra and National Board explored this issue and costing of accredtation was also considered at length by the ASR.**	Irrelevant- Relevant to Structural Review - Absorbed into ASR
1	The Australian Health Ministerial Council (the Ministerial Council) to establish the Professional Standards Advisory Council (PSAC) for a period of three years to: a.facilitate the implementation of accepted recommendations of the Review b.establish key performance standards, including financial standards, to be reported to Ministerial Council and individual Health Ministers by National Boards, Accrediting Authorities and the Australian Health Practitioner Regulation Agency (AHPRA) in delivering the objectives of the Health Practitioner Regulation National Law 2009 (the National Law); c.inform National Boards, AHPRA and Accreditation Authorities on key health workforce reform priorities and health service d.access gaps as identified by Australian Health Ministers Advisory Council (AHMAC) standing committee structure and processes, and requiring action by the regulators; e.examine evidence on contested cross –profession issues that arise from time to time within or between professions; f.undertake reviews or audits at the direction of Ministerial Council where safety Issues or concerns are raised Page 19 of the Final Report notes that the council will comprise of 7 members with at least 2 from regulatory backgrounds, 2 with health service experience, one legal, one business and one consumer/community representative.	Not Accepted	Ahpra was instructed to include this function in its existing governance framework rather than establish a new committee	Irrelevant- Relevant to Structural Review- Not Accepted already Implimented by aphra
11	Make amendments to the Health Practitioner Regulation National Law 2009 provision preventing the use of testimonials on platforms and sites that are managed or controlled by the practitioner or business.	Not Accepted	This matter was considered as part of Tranche 2 - however, Ahpra noted that it would be difficult to monitor and potentially impossible to enforce. Ultimate decision was made following consultation to remove the prohibition on testimonials entirely which was met by strong opposition from the practitioner community and was repealed before implementation.	Irrelevant

13	That the Australian Health Workforce Ministerial Council charge the Australian Health Ministers' Advisory Council, its Health Workforce Principal Committee and the Commonwealth Department of Health (where it carries previous functions of Health Workforce Australia) with articulating the health workforce priorities and health service access gaps to the Professional Standards Advisory Council (PSAC) for action by the National Registration and Accreditation Scheme.	Not Accepted	Ahpra was instructed to include this function in its existing governance framework rather than establish a new committee	Irrelevant- Relevant to Structural Review - Reconsidered
21	The National Boards and the Australian Health Practitioner Regulation Agency (AHPRA) to complete a review within 12 months of the 60 Committees supporting the National Boards, the 20 State and Territory or Regional Boards, and their 78 supporting committees to: consolidate committee functions; remove committees duplicating the AHPRA corporate support role (for example, finance committees); review and revise delegation instruments to remove double handling of operational matters; and report to Australian Health Workforce Ministerial Council on the outcomes	Accepted	Ahpra **and National Boards regularly review their committee structures to improve the quality and efficiency of decision making. Since the review there has been a focus on nationalising committee structures eg the Physiotherapy Board and Psychology Board has removed their State/Territory Boards, the Medical Board has implemented the National Special Issues Committee to manage notificaitons related to sexual boundary violations etc.**	Design and Operation
22	Amend the Health Practitioner Regulation National Law 2009 to require National Boards to seek Australian Health Workforce Ministerial Council approval for changes to qualification standards for registration purposes if the proposed standard could have a substantive and adverse impact on the recruitment or supply of health practitioners to the workforce	Accepted	Matter has not been progressed - change to ministerial role would have presented a significant increase in administrative burden for Ministers and require technical understanding and advice that is not readily available in current processes.**These issues were considered further by the Accreditation Services Review.**	Irrelevant- Relevant to Structural Review - Absorbed into ASR - Reconsidered
23	Amend the Health Practitioner Regulation National Law 2009 to require National Boards to seek Australian Health Workforce Ministerial Council approval for any codes or guidelines that might impose new competition restrictions or regulatory burdens, to ensure that these are in the broader public interest	Accepted	Matter has not been progressed - change to ministerial role would have presented a significant increase in administrative burden for Ministers and require technical understanding and advice that is not readily available in current processes.	Irrelevant- Relevant to Structural Review - Reconsidered
24	The performance of the Medical Board of Australia and the Australian Health Practitioner Regulation Agency, in the implementation of changes to the International Medical Graduate assessment process arising out of the Lost in the Labyrinth report, form part of the key performance standards to report to the Australian Health Workforce Ministerial Council	Accepted	the MBA and AMC have invested significant resources to improve the IMG experience. **Since the conduct of the Review, all codes and guidelines are considered through the OBPR process.**	Irrelevant- Relevant to Structural Review
25	The Medical Board of Australia to evaluate and report on the performance of specialist colleges in applying standard assessments of International Medical Graduate applications and apply benchmarks for timeframes for completion of assessments	Accepted	Ahpra and the Medical Board reporting includes statistical information on the performance of specialist medical colleges and comparison against benchmarks set by the MBA	Irrelevant- Relevant to Structural Review
27	That the Health Practitioner Regulation National Law 2009 be amended to reflect and recognise that nursing and midwifery are two professions regulated by one National Board	Accepted	Change reflected in Tranche 1 amendments to the Health Practitioner Regulation National Law and Regulation	Irrelevant

8	The Australian Health Workforce Ministerial Council to ensure that health professionals not included in the National Scheme should not be excluded or disadvantaged professionally by either: a.issuing a communiqué stating that the National Registration and Accreditation Scheme (the National Scheme) is for the purpose of additional regulation of specified professions only and is not to be used for any other purpose b.making amendments to the Health Practitioner Regulation National Law 2009 (the National Law) to state that the National Scheme is for the purpose of additional regulation of specified professions only and is not to be used for any other purpose c.establish a system of quality assurance for voluntary registers of self-regulated professions	Accepted in Part	Health Ministers have issued a communique and guidance regarding inclusion of new professions into the NRAS which establishes baseline features of a profession and its regulatory needs that lead to consideration for regulation. Health Ministers have also endorsed the establishment of a national code of conduct for non-registered health professions.	Irrelevant
12	The protection of the practice of birthing services to be adopted nationally, consistent with the South Australian amendment	Not Accepted	Practice protections for birthing services have not been considered outside of SA - likely linked to a lack of evidence of increased additional harm presented by certain people or groups of people providing the service.	Strengthening Reg Framework
32	That the Health Practitioner Regulation National Law 2009 be amended to reflect provisions endorsed by the Australian Health Workforce Ministerial Council in 2011	Accepted	Changes to include amendments to privacy, ombudsman and FOI legislation included in remake of the National Law Regulation in 2018, Inclusion of tabling and disallowance provisions not included as jurisdictions have power to modify the National Law through their own legislation, protection provisions for health practitioners provided more generally through information suppression of the National Registers under Tranche 2 and replacement of AHWMC changed to a reference to the Ministerial Council comprised of all Health Ministers.	Procedural Fairness
33	That the amendments proposed by the National Boards and the Australian Health Practitioner Regulation Agency (AHPRA) be further considered by the formation of a small working group with representatives from AHPRA and jurisdictions with suitable legal and policy expertise to review the list of proposed amendments to the Health Practitioner National Law 2009 and make recommendations to the Australian Health Workforce Ministerial Council	Accepted	Legislation Committee established in 2016 to scope, consult and develop policy proposals to implement additional reforms to the National Law. Legislation Committee still operational as at 9 March 2013 having held 125 meetings.	Irrelevant- Relevant to Structural Review

Rec #	Rec Text	Response	Current Status
1	That the Victorian Minister for Health recommend to the Australian Health Workforce Ministerial Council that the three-year review of the National Registration and Accreditation Scheme include consideration of the following: a. The need for enhanced AHPRA accountability and performance reporting mechanisms to State and Territory Parliaments; b. the need to streamline the functions of the separate accreditation authorities; and c. the need for greater flexibility in the composition of National Boards, eligibility requirements and appointment of Chairs. In particular, the review should consider the merits of increased non-practitioner membership and flexibility to appoint non-practitioner chairs to National Boards.	NIL	parts of this recommendation were considerd in other reviews (Snowball, Governance and ASR)
2	That the Victorian Minister for Health recommend to the Australian Health Workforce Ministerial Council that the three-year review of the National Scheme includes a thorough examination of AHPRA's response to the 2011 Senate Committee's recommendations and stakeholder input into any implementation concerns that remain outstanding.	NIL	Snowball Review conducted in 2014
3	Victoria remains committed to the registration and accreditation components of the National Scheme and that the Victorian Government remains a signatory to the Intergovernmental Agreement.	NIL	Implemented in Full, NRAS remains NATIONAL
4	That the Victorian Minister for Health advise the Australian Health Workforce Ministerial Council that there remain a number of issues concerning the performance of AHPRA that must be addressed including: a. time delays with health complaints processes; b. inadequate communication and responsiveness; c. lack of transparency and accountability; d. inconsistent decision making; and e. need for greater cost efficiencies.	NIL	parts of this recommendation were considerd in other reviews (Snowball, Governance and ASR). Some of these may have been addressed through implementation of Tranche 2 reforms and administrative improvements completed by Ahpra (e.g. transparency and timeliness of notifications processes)
5	That the Victorian Minister for Health recommend to the Australian Health Workforce Ministerial Council that future annual reports of the Australian Health Practitioner Regulation Agency include additional information relating to the financial statements including: a. total staff employed by the Agency including a breakdown of staff allocation for each office and broad function/unit; b. a breakdown of the number of meetings held for each National, State and Territory Boards and their committees; c. detailed income and expenditure breakdown for each National Board; and d. cost analysis of the Agency Management Committee, the Australian Health Workforce Advisory Council and each State and Territory AHPRA office.	NIL	Fully implemented - Annual reports include comprehensive financial statements and are audited by the VIC Auditor General.

6	That the Victorian Minister for Health recommend to the Australian Health Workforce Ministerial Council that health practitioner registration fee increases be no greater than CPI increases and that such be enshrined in the National Law	NIL	partially implemented - registration fee increases are limited to CPI without approval of a business case submitted to Health Ministers
7	That the Victorian Minister for Health recommend to the Australian Health Workforce Ministerial Council that AHPRA should be required to provide on-going funding for the continued operation of the Victorian Doctors Health Program and the Nursing and Midwifery Health Program to support Victorian registered practitioners in these professions. That such funding be provided without increasing health practitioner registration fees in real terms.	NIL	**Both the Medical Board of Australia and the Nursing and Midwifery Board of Australia have established nationally based programs for practitioners and these are funded via practitioner fees.**
8	That the Victorian Minister for Health recommend to the Australian Health Workforce Ministerial Council that it undertake a review to ascertain the appropriate ratio of supervisors to IMGs.	NIL	Ahpra and the MBA have invested significant resources into improving the IMG experience and supports with relation to supervision. Guidance has been reviewed and updated in line with Ahpra's review policies
9	That the Victorian Minister for Health recommend to the Australian Health Workforce Ministerial Council that mandatory notification provisions under the National Law be specifically considered in the forthcoming three-year review of the National Scheme with the aim of achieving greater national consistency.	NIL	Mandatory Notifications reform was recommended by Snowball.
10	That the Minister for Health advise the Australian Health Workforce Ministerial Council that there are numerous problems with the existing health complaints process in Victoria including: a. confusion and inconsistencies with the mandatory notification process throughout Australia; b. time delays and inadequate communication during investigations; c. delays associated with, and confusion with respect to, the roles of AHPRA, the Boards and the Health Services Commissioner; c. inadequate rights of notifiers; lack of consistency across all jurisdictions with New South Wales and Queensland now managing their complaints processes independent to the National Scheme; and d. inadequate ministerial and parliamentary accountability and oversight	NIL	Recommendation concerns referred to Snowball
11	That the Minister for Health advise the AHWMC that Victoria will consider amending the Health Practitioner Regulation National Law (Victoria) Act 2009 to become a co-regulatory jurisdiction for Part 8 (health, conduct and performance matters) of the National Law.	NIL	Not implemented.

12	That the Victorian Department of Health examine the co-regulatory models of New South Wales and Queensland and consult with key stakeholders when reviewing a complaints process for the Victorian public which would ensure that: a. rights of notifiers to appeal decisions are enshrined in legislation; c. the Minister for Health has overall responsibility for the system; c. performance is monitored by Parliament; and d. time frames for dealing with complaints are set out in legislation.	NIL	not implemented

VIC Parliament Ahpra Report Paper
http://classic.austlii.edu.au/au/journals/MonashULawRw/2014/34.pdf

Rec #	Rec Text	Response	Current Status	Location
1	The objectives of the Health Practitioner Regulation National Law (NSW) remain appropriate, valid and no changes are required.	N/A	No change required	Irrelevant
2	In principle support is given to the Health Practitioner Regulation National Law {NSW) being amended to require regulations or a Governor's order to be made before any changes to the Schedule of Health Practitioner Regulation National Law Act 2009 {Qid) take effect in NSW. The Ministry will work to address any issues in relation to the interaction between the Health Practitioner Regulation National Law {NSW) and the Queensland Law.	N/A	NSW included this amendment and acted on it in 2022 following assent of the Health Practitioner Regulation National Law and Other Legislation Amendment Act 2022.	Irrelevant- Relevant to structural review
3	The Ministry supports in principle a consolidation of all, or some, of the smaller professions or an amalgamation of some of the functions of the Councils. However, there should be further consideration of the issues and engagement with le before a final decision is made. The Ministry will consider the issue further following receipt of advice to Health Ministers regarding the issue of consolidation of the National Boards.	N/A	See Snowball Rec 2	Irrelevant- Relevant to structural review
4	That the Health Practitioner Regulation National Law (NSW) should be amended to create a regulation making power allowing regulations to be made to modify the complaints handling processes, administrative or other processes for a particular profession in the event that a Council is not financially viable. In respect of the Aboriginal and Torres Strait Islander Health Practice Council, this regulation making can be used to respond to the financial constraints of the Council.	N/A	Not relevant to other jurisdictions	Irrelevant- Relevant to structural review
5	There should be no change to the current complaints model of three different and distinct streams of health, conduct and performance.	N/A	No change required – the recommendation was to take no action Note – Health Performance and Conduct is the model set out in the General National Law. It is likely that NSW deviating from this model would cause more issues in the long term.	Design and Operation
6	The Ministry consider and consult further on making changes to the Health Practitioner Regulation National Law (NSW) to extend PSCs, or some of the transparency provisions relating to conduct matters, to the larger professions of dentistry, pharmacy and psychology, in addition to medicine and nursing and midwifery.	N/A	Professional Standards Committees (PSCs) are established by the Medical and Nursing and Midwifery Councils (NSW State Boards) to consider matters of professional conduct. Committee's have the same powers to take action as a National Board in other states for conduct matters and must refer cancellation and suspension to NCAT. This recommendation was not implemented	Procedural Fairness
7	The Health Practitioner Regulation National Law (NSW) should be amended to: a. Allow, for a Council that has more than 3 members, a Council inquiry to be conducted with 3 or more members, b. Give the Chairperson of the PSC the power to make interlocutory decisions and the deciding vote if members split 2:2 in relation to a decision, and c. Require PSCs to be audio recorded.	N/A	It appears all aspects of this recommendation have been implemented – all matters relating to Part 8 are recorded as discussed by relevant bodies and chairs have powers to make interlocutory decisions. Note – deciding vote may have been included in regs or administrative documents.	Procedural Fairness
8	Section 152F of the Health Practitioner Regulation National Law (NSW) should be amended to provide that the Panel can continue to investigate or take action in respect of a matter that the HCCC is investigating but only if the HCCC consents.	N/A	Fully implemented – HCCC can consent to an impaired registrants panel continuing an investigation or other action.	Powers of Parties

9	Performance Review Panels should be retained. However, sISSC of the Health Practitioner Regulation National Law should be amended to allow a Council to impose conditions, with the consent of the practitioner, following the receipt of an assessors report.	N/A	Fully implemented Note – imposition of conditions with consent is effectively the same as an enforceable undertaking. If you want detail on the difference between an Undertaking in the general National Law and this provision	Powers of Parties
10	That the Health Practitioner Regulation National Law {NSW} be amended to require members of an Assessment Committee to be appointed by the Council rather than the Minister.	N/A	Fully Implemented	Powers of Parties
11	Section 147B{1}{b} should be removed from the Health Practitioner Regulation National Law {NSW}	N/A	ss147-147E deal with how complaints are assessed by a committee established by a Council. S147B(1)(b) mandated a reasonable attempt from the assessment committee to seek settlement by consent between the complainant and practitioner. It appears this was a replication of the HCCC's function as a health services complaints body and has since been rectified in line with this recommendation.	
12	No changes to s150 are required.	N/A	ss150-150J set out the powers of a Council to protect the public and obligations it has in exercising these powers. S150 specifically spells out when a council may consider or must take action regarding a suspension or imposing conditions.	
13	The legislation should be amended to give the Tribunal a power to make an interim suspension order where a complaint has been proven but before final orders are imposed and that the Tribunal considers the order is necessary to protect the public.	N/A	Appears that this rec was not implemented NOTE: Interim prohibition orders introduced in Tranche 2 legislation to be exercised by Ahpra or a National Board in certain circumstances (see Part8 Division 7A of the National Law) Commencement of these provisions is scheduled for May 2023	Powers of Parties
14	The legislation should be clarified to provide that the Tribunal can hold an inquiry if a complaint has been admitted.	N/A	Not implemented – s165H specifically allows for a tribunal to not conduct an inquiry if a matter has been admitted in writing without indicating a tribunal may still wish to conduct an inquiry.	Powers of Parties
15	The Tribunal should be required to provide written reasons when making orders following a practitioner admitting a complaint.	N/A	Fully implemented – subject to secrecy or privacy concerns a tribunal may have, decisions for orders must be published wherever an order has been made under s165M	Procedural Fairness
16	Section 163A should be amended to provide that the HCCC or a health professional Council has a right to appear as a party to a review.	N/A	Not implemented - however may be of interest to 2023 legislative reform to establish Tribunal review of cancellations.	Procedural Fairness
17	Schedule SD clause 12 should not be amended to give a list of mandatory factors a PSC or Tribunal must consider in determining whether it is not in the public interest for an inquiry or appeal to continue.	N/A	Schedule 5D sets out how tribunals and PSCs may conduct their inquiries and limitations to certain actions or powers. Clause 12 of this schedule sets out whether an inquiry or appeal should/may be terminated. No change required – the recommendation was to take no action	Design and Operation
18	The Ministry should continue to monitor and review the arrangements for dealing with practitioners who change their place of residence to determine if further action is required.	N/A	Unclear as recommendation was to observe and report. Note – this issue arises from the different administrative requirements for monitoring conditions and compliance between NSW and Ahpra. Refer to Nick/Kym and Gemma for detail.	Powers of Parties

19	The Ministry at this time does not support any changes to the mandatory reporting requirements for treating practitioners. However, the Ministry will consider the matter further upon the receipt on any additional advice provided to Health Ministers.	N/A	See 2011 Senate Inquiry, Snowball et al for response to potential changes to mandatory reporting. Note – discussion/debate on implementation occurred as part of T1A. NSW did not want to relax requirements as far as WA and was a significant player in the compromise implemented in 2018.	Procedural Fairness
20	Section 151 should be amended to only require a report in respect of a detained mental health patient if a patient is found to be a mentally ill person or a mentally disordered person after the examinations in section 27 of the Mental Health Act.	N/A	ss151-151B set out requirements for reporting of serious mental health matters to Councils. s27 of the Mental Health Act 2007 (NSW) sets out the process for assessment and examination for ongoing detention of a person in a mental health facility. The change seems to have been made following concerns raised by come Councils and other stakeholders that admission as an inpatient to a mental health facility was too low for a reporting threshold and that real risk to public safety would still be captured as part of mandatory notifications. Fully implemented.	?? Procedural Fairness
21	The Ministry consult with AHPRA on the best way to ensure that a register of disqualified practitioners is kept in NSW	N/A	Ahpra maintains separate registers alongside the National Health Practitioner Registers for those practitioners qho have had their registration cancelled, disqualified or are subject to a prohibition order. Not applicable in NSW, however, there is a separate register for practitioners who have given an undertaking to not practice.	Procedural Fairness
22	The minor amendments set out in Appendix A should be made.	N/A	Appendix A to the report sets out a range of minor and technical amendments recommended to the NSW National Law. None of these apply in other jurisdictions and all recommendations are rationalised within the appendix.	Irrelevant
23	As part of progressing the amendments proposed in this Report, the Ministry will consider what changes can be made to make Part 8 more user friendly.	N/A	This is a catch-all rec following from 22 – based on the suggestion to make the NSW National Law more consistent internally. No specific suggestions were made and NSW would have to comment on whether it considered other changes for "user friendliness"	Irrelevant
24	The Health Practitioner Regulation National Law (NSW) should be amended to require the fees in relation to pharmacy licences and registration to be set out in the Regulation.	N/A	Pharmacy licensing is not applicable to the broader national law. Similar to facilities accreditation for surgery or GP practice accreditation, it has its uses but is NOT about practitioner regulation. Implementation is irrelevant to improving the National Law.	Irrelevant
25	The terminology used in Schedule 5F should be updated to reflect current usage.	N/A	Schedule 5F of the NSW National Law relates to the regulation of pharmacies in NSW. Similar to facilities accreditation for surgery or GP practice accreditation, it has its uses but is NOT about practitioner regulation. Implementation is irrelevant to improving the National Law.	Irrelevant

https://www.parliament.nsw.gov.au/tp/files/10598/Final%20Report%20on%20the%20Statutory%20Review%20of%20the%20Health%20Practitioner%20Regulati.pdf

Rec #	Rec Text	Response	Current Status	Location
1	Drive an open and transparent organisational culture with a clear balance between the interests of patients, public safety and the practitioner.	Accepted	Ahpra has a specialist role in it's notifications teams to improve liason and communication with notifiers and practitioners. Processes regarding communication with notifiers and pratitioners have been improved significantly and include update timeframes. Tranche 2 amendments have also included statutory powers for Ahpra to provide informaiton about the outcome of a notification to a notifier. Ahpra has a focus on continuous improvement and regularly seeks feedback from notifiers and practitioenr regarding the conduct of a matter and works closely with the NHPO to improve its service delivery	Irrrelevant - relevant to structural review
2	Adopt a more systematic, risk based approach to assessment and management of Victorian notifications. This should utilise a structured, data informed approach to triaging notifications, including consideration of broader factors which may impact risk rating, to enhance the overall effectiveness and efficiency of the Victorian notifications process.	Accepted	**Ahpra has implemented a risk management framework for the management of notifications. It has also introduced a national structure and approach to drive consistency in notifications management.** Notifications which may be of higher risk are directed to specialised teams for assessment and action. This has been implemented across all jurisdictions. Ahpra has also implemented a risk monitoring approach where a practitioner's notification history may influence the risk rating attached to a particular notification. See also SBNC and IA implementation from chaperone review.	Design and Operation
3	Revisit methodology relating to management of Victorian notifications, using a risk based approach to implement a formal process which prioritises and tailors investigations based on risk rating, and encourages intensity of activity to promote the earliest possible resolution of the matter.	Accepted	see rec 2	Design and Operation
4	Implement a system to enhance and facilitate transparency of the Victorian notifications process, including reciprocal information sharing with key stakeholders to inform a risk based approach to managing notifications.	Accepted	Ahpra has continued to invest in its information sharing roles including establishing an MoU with the Victorian Department of Health and many health complaints entities to share and manage information in public interest. Ahpra has also invested in education for employers regarding the importance of mandatory reproting to public safety.	Procedural Fairness

Rec #	Rec Text	Response	Current Status	Location
1	The committee recommends that all parties with responsibility for addressing bullying and harassment in the medical profession, including governments, hospitals, specialty colleges and universities: • acknowledge that bullying and harassment remains prevalent within the profession, to the detriment of individual practitioners and patients alike; • recognise that working together and addressing these issues in a collaborative way is the only solution; and • commit to ongoing and sustained action and resources to eliminate these behaviours.	Accepted	All National Board codes of conduct contain reference material for bullying and harassment including: - respect for collegues and other practitioners - Teamwork and collaboration - Discrimination, bullying and Harrassment - Delegation, referral and handover example in shared code for most professions: https://www.ahpra.gov.au/Resources/Code-of-conduct/Shared-Code-of-conduct.aspx **The Medical Board has worked with Ahpra and stakeholders to introduce an annual survery of doctors in training, which covers matters that impact upon the quality and safety of training, including unacceptable behaviours, professional culture and poor supervision**	Strengthening Reg Framework
2	The committee recommends that all universities adopt a curriculum that incorporates compulsory education on bullying and harassment.	Accepted in principle	Noted as not within scope of Ahpra or Health Ministers to influence directly.	Irrelevant
3	The committee recommends that all universities accept responsibility for their students while they are on placement and further adopt a procedure for dealing with complaints of bullying and harassment made by their students while on placement. This procedure should be clearly defined and a written copy provided to students prior to their placement commencing.	Accepted in principle	Noted as not within scope of Ahpra or Health Ministers to influence directly.	Irrelevant
4	The committee recommends that all hospitals review their codes of conduct to ensure that they contain a provision that specifically states that bullying and harassment in the workplace is strictly not tolerated towards hospital staff, students and volunteers	Accepted in principle	Deferred to Health Ministers individually as operations of state and territory health services is a matter for each jurisdiciton individually	Strengthening Reg Framework
5	The committee recommends that all specialist training colleges publicly release an annual report detailing how many complaints of bullying and harassment their members and trainees have been subject to and how many sanctions the college has imposed as a result of those complaints.	Noted	Specialist colleges are non-government organisations. Implementation is not within scope of government.	Irrelevant

6	The committee recommends that a new inquiry be established with terms of reference to address the following matters: a. the implementation of the current complaints system under the National Law, including the role of AHPRA and the National Boards; b. whether the existing regulatory framework, established by the National Law, contains adequate provision for addressing medical complaints; c. the roles of AHPRA, the National Boards and professional organisations – such as the various Colleges – in addressing concerns within the medical profession with the complaints process; d. the adequacy of the relationships between those bodies responsible for handling complaints; e. whether amendments to the National Law in relation to the complaints handling process are required; and f. other improvements that could assist in a fairer, quicker and more effective medical complaints process.	Not Accepted	See Complaints Inquiry 2017	Irrelevant - Relevant to Structural Review - Reconsider

Senate Legal and Constitutional Affairs References Committee Inquiry into Establishment of a national registration system for Australian paramedics to improve and ensure patient and community safety – completed in 2016

Rec #	Rec Text	Response	Current Status
1	The committee recommends that the paramedic profession be nationally registered and accredited throughout Australia, and that such a scheme give consideration to 'grandparenting' arrangements for current paramedics, while ensuring that they meet the agreed professional standards.	Noted	Ministers had agreed to include national registration of paramedics as part of Tranche 1 amendments. The Commencement date of regulation was the only outstanding matter at the time this report was tabled.
2	The committee recommends the establishment of a paramedic board, operating in conjunction with the National Registration and Accreditation Scheme (NRAS) and administered by the Australian Health Practitioner Regulation Agency (AHPRA).	Noted	See rec 1
3	The committee recommends that all Australian states and territories participate in a national registration and accreditation system for paramedics.	Noted	See rec 1

https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Legal_and_Constitutional_Affairs/Paramedics

Rec #	Rec Text	Response	Current Status
1	Safety and quality improvement must be a core goal of the department and health system. To achieve this, we have recommended that: a. the Secretary and Minister each make clear public statements about the very high value they place on safety and quality b. the Minister seeks to amend the Health Services Act 1988 to ensure the Act's objectives reflect this ambition and expectation c. the Secretary makes a clear public statement about the role of the department in the oversight of the health system and her statutory functions d. the Secretary establishes a specialist Office for Safety and Quality Improvement (OSQI) with responsibility for coordinating the efforts of clinical networks and relevant consultative councils and programs to drive system-wide improvement in safety and quality e. the department's clinical networks set clear and measurable statewide safety and quality improvement goals, with the department publicly reporting on the system's progress against them f. the department sets clear expectations for boards of all hospitals to have safety and quality as a core focus, with all boards setting and reporting on their progress against local improvement goals g. the department adopts national pricing reforms to strengthen executive focus on reducing hospital-acquired complications h. the department develops a detailed plan and timeline for implementing this report's recommendations, and reports on progress against it to the Minister on a quarterly basis, with the Victorian Auditor-General's Office conducting an audit of implementation by 2020	Accepted	Not relevant to NRAS
2	All boards must be highly skilled, independent and effective. To achieve this, we have recommended that: a. the Minister pursues legislative change to extend public health service term-limit requirements and other appointment processes to public hospital boards b. the Minister establishes a Board Appointments Advisory Commission with responsibility for ensuring there is an adequate mix of skills (including substantive clinical governance and consumer representation) on every public hospital and health service board c. the Board Appointments Advisory Commission ensures board skill adequacy by evaluating applicants against an objective and transparent skills assessment framework, by requiring clinical governance training and ongoing development for board directors, by recommending that the Minister supply short-term delegates to boards where the skill mix is inadequate, and by recommending board amalgamation where long-term adequacy of skills cannot be achieved.	Accepted	Not relevant to NRAS

3	All hospitals should be held to account for improving safety and quality of care, regardless of their size or sector. To achieve this, we have recommended that: a. the Minister pursues legislative change to extend the statutory obligations for safety and quality in public health services to public hospitals b. the department monitors sentinel events and a common set of broader safety and quality performance indicators across public and private hospitals c. the Minister pursues legislative change to ensure an appropriate level of regulation for private services that are currently unregistered but provide care that carries a risk to patient safety.	Accepted	Public safety ultimately included in National Law - VIC Minister (Mikakos) also introduced Ministerial policy directions **with the support of all Health Ministers** in 2019 (PD2019-01 and 02)
4	The flow of information in the health system must ensure deficiencies in care are identified and focus attention on opportunities for improvement. To achieve this, we have recommended that: a. the government establishes the Victorian Health Performance Authority – an independent specialist safety and quality reporting body with responsibility for managing the department's health data collections, developing the quality of clinical performance indicators, and improving access to clinical data by clinicians, boards, departmental staff and academic researchers b. the department develops a next-generation incident reporting policy and incident management system that significantly reduces the reporting burden for health workers while facilitating improved identification, follow-up and learning from serious patient safety incidents c. the department makes better use of routine data, registries and complaints data to facilitate and expedite identification and investigation of potential deficiencies in care d. the department streamlines its safety committees to improve information flows between hospitals, committees and the department, reduce duplication of functions, and ensure effective and improvement-focused follow-up of identified deficiencies in care e. the department invests in modern data management systems by expediting the development of a statewide patient identifier and the transition to electronic patient record systems in hospitals f. the Minister establishes a statutory Duty of Candour requiring any person harmed while receiving care to be informed and apologised to g. the department strengthens requirements for boards to report on harm, improvement plans and progress against them in annual quality reports h. the department works to improve voluntary reporting, including by	Accepted	Duty of Candour established formally and published - overlays code of conduct requirements for registered heatlh professionals working in VIC - remainder not relevant to NRAS

5	All hospitals should have access to independent clinical expertise to help identify deficiencies in care and focus attention on opportunities for improvement. To achieve this, we have recommended that: a. the department reinstates Limited Adverse Occurrence Screening so that all smaller hospitals have access to reliable and independent information on safety and quality performance b. all small hospitals develop ongoing partnerships with larger health services to ensure they receive adequate expert support for case audit and other clinical governance activities in all their major clinical streams c. larger health services consider initiating a cycle of regular external reviews of all their clinical units to maintain a focus on continuously improving performance d. all health services be required to recruit an independent expert to sit on their root cause analysis panel when investigating a sentinel event.	Accepted	Not relevant to NRAS
6	Risk should be managed across the system so that hospitals only offer care that is within their capabilities, with high-risk care concentrated in the centres where it is safest. To achieve this, we have recommended that: a. for all major areas of hospital clinical practice, the department develops and monitors compliance against capability frameworks delineating, for each hospital, which patients and treatments it has the capability to safely care for b. the clinical networks identify those procedures or treatments for which there is evidence of a material volume–outcome relationship, and the department acts to concentrate delivery of these public and private hospitals' 'minimum volume' procedures and treatments within a designated set of 'high-volume' centres.	Accepted	Not relevant to NRAS
7	There must be robust assessment of clinical governance and hospital safety and quality performance in the department. To achieve this, we have recommended that: a. the department reduces reliance on hospital accreditation while working through national processes to evolve the accreditation process to a more rigorous one b. the department overhauls its performance assessment framework to ensure there is robust monitoring of safety and quality of care, incorporating risk assessment of hospital governance, as well as culture and patient outcomes c. the department pursues legislative change to make strong performance in safety and quality a standalone requirement of health services rather than something that can be traded off against performance under access and financial dimensions of performance d. the department establishes a formal panel of clinical reviewers who can be called on to undertake clinical reviews where indicated in the revised safety and quality monitoring framework.	Accepted	Part a - appears to have not been fully implemented

8	Mental health services must be adequately funded to allow delivery of timely, safe and high-quality care. To achieve this, we have recommended that: a. the department ensures there is robust reporting and public discussion regarding indicators pertaining to safety, quality and pressure on mental health services b. the department develops a forensic mental health infrastructure sub-plan with a clear timeline to expand medium-security forensic bed capacity and to address other needs including those of adolescent and high-security patients.	Accepted	Not relevant to NRAS
9	Clinical leaders must be engaged to strengthen, direct and lead efforts to improve safety and quality of care. To achieve this, we have recommended that: a. the department establishes a Victorian Clinical Council to obtain the collective advice of clinicians on strategic issues b. the department rebuilds the clinical networks to lead safety and quality improvement work, with the network activities and priorities coordinated by the newly formed OSQI and each network accountable for improve statewide safety and quality outcomes on relevant dimensions of hospital care c. the department invests in system-wide clinical leadership by establishing, in partnership with Better Care Victoria, a clinician leadership training strategy that incorporates training in contemporary quality improvement methods for all leaders of significant clinical departments d. the clinical networks work to reduce clinical practice variation in all hospitals, including by developing or sharing best practice protocols for common use e. the CEO of OSQI should have authority to issue best-practice guidelines and protocols on the advice of the clinical networks and the clinical council, and clinicians should be held accountable locally for their appropriate application.	Accepted	Not relevant to NRAS
10	The system must have a stronger focus on improving patients' experience of care. To achieve this, we have recommended that: a. the department holds hospitals accountable for managing care transitions, providing professional interpreter services when required and monitoring progress against goals set by the hospital for continuous improvement of the patient experience b. the department works with the Health Services Commissioner to identify hospitals that are underperforming on dimensions of patient experience including management of complaints c. the OSQI adopts improvement of patient engagement and patient experience as a priority improvement goal for the hospital system.	Accepted	Not relevant to NRAS

Rec #	Rec Text	Response	Current Status
1	The department strengthen its performance review role of local health services by enhancing and strengthening its monitoring of clinical governance including auditing the effectiveness of, and compliance with, the Clinical Governance Framework in health services. As in the Djerriwarrh Health Services case, rural regional departmental staff are currently responsible for monitoring performance, including safety and quality. Consideration should be given to ensuring they have both the capability and management reporting lines consistent with this responsibility	Accepted	Not relevant to NRAS
2	The department continue to develop the framework, procedures, tools and information available to regional offices for monitoring clinical safety and quality in local health services, including reporting by local health services to their boards of management as detailed under the performance framework to the department.	Accepted	Not relevant to NRAS
3	The department improve its capacity to meaningfully interrogate reports of incidents with Incident Severity Ratings (ISR) 1 and 2, and consider reviewing its list of sentinel events to include unexpected intra-partum stillbirth, term or near term perinatal deaths where the cause was unexpected and other serious adverse clinical outcomes were involved.	Deferred to existing projects	Not relevant to NRAS
4	The department review the effectiveness of its incident reporting system including the nature of incidents required to be reported and investigated, and investigate its options to strengthen its information systems so that, as far as possible, incident reports can be systematically analysed and relevant clinical information be appropriately disseminated.	Deferred to existing projects	Not relevant to NRAS
5	The department provide the Gestation Standardised Perinatal Mortality Ratio to all health service boards as recommended by Professor Euan Wallace in his Report of an Investigation into Perinatal Outcomes at Djerriwarrh Health Services, 31 May 2015, page 13, paragraph 5.2.	Accepted	Not relevant to NRAS
6	As part of strengthening its role in monitoring and auditing clinical governance in local health services in accord with recommendations 1 and 2, the department could consider developing guidelines on its powers to monitor the performance of health services and the circumstances where their exercise is appropriate.	Accepted	Not relevant to NRAS

https://www.health.vic.gov.au/publications/review-of-the-department-of-health-and-human-services-management-of-a-critical-issue

Rec #	Rec Text	Response	Current Status
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.	Accepted	Ahpra enabled to provide advise to Ministers on any issue relating to the National scheme under s25(j), further power to 'do anything necessary or convenient' for the operation of the NRAS included in Tranche 2.
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"	Accepted	See rec 1
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.	Accepted	Ahpra and the Agency Board provide quarterly reports to Ministers on the operations of the NRAS and work towards improvement of the NRAS. Similarly, the Board provides an overview of highlights within these reports and the Ahpra Annual report each year for Ministers' consideration as well as a presentation for jurisdictions on the annual report.
4	AHPRA and the Agency Management Committee should develop KPIs based on the NRAS Strategy 2015-2020	Accepted	Ahpra's strategic and corporate documents are reported against in Ahpra's Annual reports. Key work undertaken to deliver or meet objectives in strategic documents are also reported in quarterly reports to Ministers.
5	The name of the Agency Management Committee should be amended to reflect its role as the governing body or "board" of AHPRA	Deferred to Consultation	Implemented in Tranche 2 changes to the National Law.
6	The provisions establishing the Australian Health Workforce Advisory Council should be deleted from the National Law	Accepted	Implemented in Tranche 2 changes to 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.	Deferred for consultation	Considered as part of Tranche 2 consultation. It was noted at the time that Ministerial interest in the operation and effectiveness of Ahpra meant a delegation power would likely need to be excercised on a case by case basis and would not deliver any efficiencies.
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.	Deferred for consultation	See rec 7 - note that delegation was considered to a range of bodies and was best determined to be put in the power of Ministers' to designate the appropriate entity to exercise delegation noting that Ahpra and the Agency Board are still established independently of governments.
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.	Deferred for consultation	see rec 7

10	A process should be developed for reporting back to the Ministerial Council on approvals made under the delegated power.	Deferred for consultation	see rec 7
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.	Accepted	Not implemented - it is noted that Ahpra and the National boards undertake rigorous consultation with government, public and practitioner stakeholders on the development of any new standard, code or guideline before it is implemented. If concerns the instrument will not deliver benefits, but may cause confusion and potential for harm to patients, it will not be implemented (e.g. MBA clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments).
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.	Accepted	Review of operation and membership of the JAC was conducted at the end of the first year of operation and a Review of its ToR in 2022.
13	The responsible Minister for the participating jurisdiction should continue to appoint State, Territory and Regional Board members under s36 of the National Law.	Accepted	No action required
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.	Accepted	Q for Ahpra

Rec #	Rec Text	Response	Current Status	Location
1	Funding principles should be developed to guide accreditation authorities in setting their fees and charges. The funding principles should: a. be founded on transparency, accountability, efficiency and effectiveness b. establish the full cost of accreditation functions performed by National Scheme entities (including the development of standards, policy advice, joint cross-professional accreditation activities, accreditation and assessment functions) c. include a cost recovery policy and cost allocation methodology to guide the allocation of costs between registrants (through National Boards) and education providers d. establish a consistent (accrual) accounting methodology and business principles to enable comparison across professions e. require the development of a proportionately scaled Cost Recovery Implementation Statement when setting or reviewing fees and charges for accreditation activities.	Accepted	2018 - Agency Managemant Committee established an Independent Accreditation Committee (IAC) to lead and oversee accreditation, governance, accountability and transparency. Subsequently, new contemporary accreditation agreements and terms of reference, key performance indicators to measure progress on high-priority accreditation issues, and initial principles for accreditation funding and fee setting were developed as a basis for further reform. Ahpra's reviews of the Procedures for the development of registration standards and Procedures for the development of accreditation standards completed in late 2019.	Irrelevant
2	The funding principles should be subject to wide stakeholder consultation, be submitted to the Australian Health Workforce Ministerial Council for approval and form the basis of funding agreements	Accepted	IAC developed principles and considered by jurisdicions through the JAC.	irrlevenant
3	A set of clear, consistent and holistic performance and financial indicators for the National Scheme should be developed for approval by Australian Health Workforce Ministerial Council. They should be both quantitative and qualitative and reported on a regular and formal basis to promote continuous improvement.	Accepted	Ahpra worked with National Boards, with input from accreditation authorities, to develop new KPIs for accreditation, reflecting most of the themes in the review. In June 2019, Ahpra signed new five year accreditation agreements with the 10 external accreditation councils. In July 2019, National Boards approved new terms of reference - started in July 2019 and include new KPIs that reflect agreed priorities such as addressing cultural safety, reducing regulatory burden and duplication, and responding to health and workforce priorities. Reporting requested for inclusion in Annual reports from 2019/20	Irrelevant - relevant to structural review
4	Cross-profession policies and guidelines for the development of accreditation standards and the conduct of assessment processes should be established to require: a. Standardised terminology and definitions across the accreditation process b. Agreed cross-professional domains and elements, in addition to existing profession-specific requirements, for inclusion within standards c. A common reporting framework that sets out uniform requirements for education providers and includes consistent risk indicators, standardised data collection and collaborative use of information technology approaches.	Accepted	Agency Management Committee's Accreditation Advisory Committee is currently overseeing a review of the Procedures for the development of the accreditation standards established by AHPRA under section 25(c) of the National Law. This review provides an opportunity to progress reforms related to accreditation standards including Recommendation 4 AHPRA is collaborating with TEQSA and ASQA to identify and reduce duplication	Irrelevant

5	Clarification of academic and professional accreditation should be agreed between education sector regulators, institutional academic governance bodies and health profession accreditation authorities. Implementation should be achieved through mutual recognition of the respective roles and responsibilities of regulators, adoption of accreditation findings and outcomes from recognised regulatory processes, appropriate sequencing of accreditation processes and improved data sharing.	Accepted	Matter was referred to Ahpra IAC for consideration and implementation as necessary	Irrelevant
6	Cross-profession policies and guidelines should be established to improve the quality and performance of accreditation assessment teams through: a. a standardised approach to their training and preparation b. a self-assessment or peer review process for monitoring their performance c. a common approach to their remuneration.	Accepted	Matter was referred to Ahpra IAC for consideration and implementation as necessary	Irrelevant
7	Accreditation standards should include a consistent requirement that education providers demonstrate the involvement of consumers in the design of education and training programs, as well as demonstrate that the curricula promote patient-centred health care.	Accepted	Matter was referred to Ahpra IAC for consideration and implementation as necessary	Irrelevant
8	AHPRA should expand the Terms of Reference for the AHPRA Community Reference Group to include accreditation functions and enable accreditation authorities to refer issues to the Group for advice	Accepted	Terms of Reference for the AHPRA Community Reference Group to explicitly enable accreditation authorities to refer issues to the Group for advice have been developed.	irrelevant
9	Accreditation authorities should focus on outcome-based approaches when developing new, or revising existing, accreditation standards. Where input or process based indicators are deemed necessary, they should be justifiable, non-restrictive and consistent with achieving the National Law objectives.	Accepted	Matter was referred to Ahpra IAC for consideration and implementation as necessary	Irrelevant - relevant to structural review
10	National Boards should develop, and recommend to the Australia's Health Workforce Ministerial Council, profession-specific competency standards formally under the National Law in accordance with the legislative provisions established for the development of registration standards. Competency standards should be developed cooperatively through wide-ranging consultation to achieve: a. standardised definitions and terminology b. agreement on those competencies that are common to all health professions and profession-specific performance criteria and indicators c. inclusion of specific and consistent references to: i. NSQHS Standards for quality and safety, including collaborative practice and team-based care, developed in partnership with the Australian Commission on Safety and Quality in Health Care ii. cultural safety and Aboriginal and Torres Strait Islander health developed in partnership with the National Scheme's Aboriginal and Torres Strait Islander Health Strategy Group d. alignment with service models and responsiveness to national health workforce priorities that best serve evolving community health care needs.	Accepted	Matter was referred to Ahpra IAC for consideration and implementation as necessary While establishing procedures for the development of professional competency frameworks could be helpful, National Boards/AHPRA do not agree professional competency frameworks should be developed in accordance with the same legislative provisions for the development of registration standards. Standardised terminology and definitions documents were published in late 2022. Most Boards have revised professional capabilities documents in alignment with the CANMeds framework. This has assisted to align capabilities and competencies between professions.	Strengthening Reg framework

11	Accreditation authorities in their development of accreditation standards, and National Boards in their development of competency standards, should use agreed definitions for interprofessional learning and practice. This should be supported by guidance material, developed through broad consultation, which clarifies expectations of education providers and outlines a competency-based assessment approach that focuses on facilitating team-based practice and collaborative care	Accepted	Matter was referred to Ahpra IAC for consideration and implementation as necessary	Strengthening Reg Frame
12	Accreditation authorities should, within an outcome-based approach to accreditation standards and assessment processes, encourage: a. clinically-relevant placements to occur in a variety of settings, geographical locations and communities, with a focus on emerging workforce priorities and service reform b. evidence-based technological advances in the curricula and pedagogical innovations in the delivery of programs of study.	Accepted	Matter was referred to Ahpra IAC for consideration and implementation as necessary	Irrelevant
13	National Boards that wish to set requirements for general registration additional to domestic qualification attainment should: a. demonstrate the requirements of postgraduate competencies required at profession-entry level that can be differentiated from normal and expected progressive work experience b. provide evidence that the approved accreditation standard is unable to ensure delivery of the knowledge, skills and professional attributes necessary to practise the profession, even after amendment c. establish and document whether there is a requirement for supervised practice or vocational training and specify the expected learning outcomes and how they will be assessed d. specify if the supervised practice or vocational training warrants a category other than general registration and the limitations of that registration.	Accepted	Update of registration standard requirements deferred until such a time as each board commences review of its registration standards (rolling five-year schedule for all Boards). National Boards/AHPRA have noted concerns about the focus of this recommendation on registration, rather than accreditation.	Irrelevant - relevant to structural review
14	If National Boards set requirements for general registration additional to domestic qualification attainment that require further vocational or academic education, these requirements should be defined as programs of study and accredited by accreditation authorities.	Accepted	Update of registration standard requirements deferred until such a time as each board commences review of its registration standards (rolling five-year schedule for all Boards). National Boards/AHPRA have concerns this Recommendation would broaden the definition of program of study in the National Law	Irrelevant - relevant to structural review
15	Governments should separate responsibility for the regulation of the accreditation functions under the National Law from that of the regulation of individual practitioners. The governing entities of the two functions should operate collaboratively to achieve all objectives of the National Scheme.	Not Accepted	Rejected, noting that Boards can choose to engage an independent entity to deliver its accreditation functions.	Irrelevant - relevant to structural review

16	A health profession accreditation body for each regulated profession (being the current accreditation authority for at least the first five years) is to be assigned to undertake the accreditation functions described in s42 of the National Law as amended as follows: a. Development of accreditation standards for approval (see Recommendation 19) b. Approval of programs of study and education providers which meet approved accreditation standards and provide a qualification for the purposes of registration c. Approval of any action required as identified in the monitoring of programs of study and providers which meet approved accreditation standards d. Approval of authorities in other countries which conduct examinations for registration in a health profession, or accredit programs of study and approval of those which would provide a practitioner with the knowledge, clinical skills and professional attributes necessary to practise the profession in Australia e. Approval of the knowledge, clinical skills and professional attributes of overseas health practitioners whose qualifications are not approved qualifications for the health profession, and advice of the assessment outcome to the relevant National Board.	Not Accepted	Rejected, noting that implementation of desired reforms could be achieved administratively through oversight of the IAC and maintenance of contracts between Boards and accreditation authorities	Irrelevant - relevant to structural review
17	The governance of a health profession accreditation body should be structured to ensure the body achieves the following in the accreditation of health profession education: a. It must place the public interest foremost and apply professional and other expert input to decision-making that is in accordance with National Scheme objectives b. It exercises its decision-making independently of regulated parties and other interested stakeholders c. Its decisions should be transparent and subject to the same grievance and appeals requirements as decisions made by other National Scheme entities (as described in Recommendation 31) d. The governance structure of an accreditation body must enable it to operate effectively in either an external private entity or under the auspices of AHPRA, the statutory agency, but not have its decisions subject to approval or undue influence by their governing bodies.	Accepted	Matter was referred to Ahpra IAC for consideration and implementation as necessary	Strengthening Reg Framework
18	Governance arrangements must be designed to be able to support potential future amalgamation of health profession accreditation bodies for efficiency and effectiveness purposes should such amalgamation be agreed.	Accepted	Recommendation accepted in principle noting this mechanism already exists and implementation is a matter for Boards to negotiate and decide.	Irrelevant - relevant to structural review

19	Governments should establish in the National Law a national health education accreditation body with the following responsibilities: a. Assignment of accreditation functions to health profession accreditation bodies either individually or, where agreed, to amalgamated bodies, in accordance with Recommendations 16,17 & 18 b. Collaboration with other National Scheme entities to design and implement the operational interface between accreditation and registration c. Determination of policies, principles, guidelines and reporting requirements, as appropriate, in relation to Recommendations 1, 3, 4, 5, 6 & 7 d. Approval of fees and charges proposed by health profession accreditation bodies in accordance with Recommendation 1 e. Development and management of the overall relationships with TEQSA (and the academic boards of self-accrediting higher education institutions) and ASQA, in accordance with Recommendation 5, including agreements with those regulators that encompass the following parameters: i. Institutional academic accreditation to be undertaken by TEQSA-approved structures for higher education providers or ASQA-approved structures for Registered Training Organisations. ii. Professional accreditation to be undertaken by accreditation authorities f. Approval of the cross professional elements of accreditation standards developed in accordance with its policies and guidelines g. In partnership with the ACSQHC, determination of the elements of the NSQHS Standards that should be incorporated into the	Not Accepted	Rather than an additional statutory body, Ministers agreed to establish the IAC to provide advice to National Boards on accreditation reform. Membership of the IAC was determined in consultation with the public and professional stakeholders	Irrelevant - relevant to structural review
20	If Governments determine that the functions of the national health education accreditation body should be conducted by the Agency Management Committee, they should ensure that: a. Any decision should not be made in isolation of consideration of other broader governance matters and should ensure there is clarity in roles assigned across all National Scheme entities. b. Enhanced and comprehensive reporting systems and measures are put in place to provide a transparent platform for performance monitoring and continuous improvement. c. The configuration and skill mix of the Agency Management Committee is reviewed to reflect the enhanced role and, if the model to be adopted is one where the Agency Management Committee delegates this role to a standing committee: i. the process for selecting members for that committee should be transparent and the committee must provide decision making based on the expertise of individuals rather than representing the interests of any particular stakeholders ii. the committee must place the public interest foremost and provide complete transparency in decision making.	Not Accepted	Rather than an additional statutory body, Ministers agreed to establish the IAC to provide advice to National Boards on accreditation reform. Membership of the IAC was determined in consultation with the public and professional stakeholders	Irrelevant - relevant to structural review

21	A National Board may request a health profession accreditation body to review a decision to accredit a program of study as follows: a. The request for review must be based on the National Board's opinion that the program of study would not deliver practitioners with the necessary knowledge, skills and professional attributes in accordance with formally approved profession-specific competency standards. In seeking that review, the National Board must specify where in the program of study it considers there are deficiencies. b. The health profession accreditation body must review that program of study against the deficiencies identified by the National Board and either confirm, change its decision or require changes to the program of study to rectify any deficiencies. The health profession accreditation body must provide a report back to the National Board on its assessment and how any deficiencies identified by the National Board have been dealt with.	Not Accepted	Existing mechanisms for accreditation and review were determined to be adequate.	Irrelevant - relevant to structural review
22	The national health education accreditation body should invite current accreditation authorities to establish health profession accreditation bodies for the initial five-year period.	Not Accepted	Rather than an additional statutory body, Ministers agreed to establish the IAC to provide advice to National Boards on accreditation reform. Membership of the IAC was determined in consultation with the public and professional stakeholders	Irrelevant
23	Following the initial five-year period, the national health education accreditation body should seek expressions of interest and assign profession specific accreditation functions for periods of five years.	Not Accepted	Rather than an additional statutory body, Ministers agreed to establish the IAC to provide advice to National Boards on accreditation reform. Membership of the IAC was determined in consultation with the public and professional stakeholders	irrelevant
24	Governments should ensure the National Law does not prohibit the future limited participation of unregistered health and social care professions through access to the skills and expertise of the accreditation regime and operation of their accreditation activities with its support, subject to the following conditions: a. Participation should be subject to COAG Health Council approval and consultation with stakeholders b. Unregistered professions participating in the accreditation provisions of the National Law would be identified as being in a separate category to the registered professions. c. Accreditation activities undertaken by unregistered professions would have no implications for the registration of that profession. All applications for registration would continue to be dealt with through established COAG Health Council processes and in accordance with the COAG agreed criteria.	Not Accepted	It was noted that un-registered professions are regulated by entities outside of the NRAS and encouragement of common approaches to accreditation can be undertaken without necessity to include professions in NRAS either partially or fully.	Irrelevant - relevant to structural review
25	AHPRA, in partnership with the national health education accreditation body, health profession accreditation bodies and National Boards, should lead discussions with the Department of Education and Training and the Department of Immigration and Border Protection to develop a one-step approach to the assessment of overseas trained practitioners for the purposes of skilled migration and registration and pursue other opportunities to improve system efficiencies.	Accepted	There is ongoing discussion about streamlining immigration procedures however it hasn't yet happened. Note: may have been challenges to commencing this work due to COVID-19 response	Irrelevant - relevant to structural review

26	The national health education accreditation body, in collaboration with National Boards, health profession accreditation bodies and specialist colleges, and other stakeholders should establish policies and guidelines for: a. international course accreditation b. qualification assessments and supervised practice requirements for overseas trained practitioners, aligned with Australian trained practitioner knowledge, skills and professional attributes requirements.	Accepted	Most Boards had some form of assessment/accreditation for internationally qualified health practitioners prior to the report and recommendation. These have since been enhanced.	Irrelevant - relevant to structural review
27	The Australian Medical Council should undertake all monitoring and reporting on specialist medical colleges in relation to the assessment of overseas trained practitioners. This includes working in partnership with the Medical Board of Australia on the development of agreed performance indicators and reporting metrics that are appropriate, comparable and aligned with other relevant National Scheme reporting regimes, in terms of time periods, cost effectiveness and the ability to trace assessment pathways from application to registration.	Accepted	Implementation referred to MBA as part of it's response to the Deloitte External review of the specialist medical colleges' performance – specialist international medical graduate assessment process	Irrelevant - relevant to structural review
28	Specialist colleges should ensure that the two pathways to specialist registration, namely: • being assessed by a specialist college and passing the requirements for the approved qualification, or • being awarded a fellowship of a specialist college are documented, available and published on specialist college websites and the necessary information is made available to all prospective candidates.	Accepted	Referred to AMC for implementation. Anecdotally, most colleges now have SIMG landing pages easily accessible from their home page which outline pathways and programs to specialisation and fees charged for assessment services.	Irrelevant - relevant to structural review
29	Accreditation entities and their functions should be subject to the same requirements as all other decision-making entities specified under the Health Practitioner Regulation National Law Regulation 2010. These encompass privacy, FOI and the role of the National Health Practitioner Ombudsman and Privacy Commissioner in reviewing administrative actions relating to: a. health profession accreditation bodies in relation to programs of study and education providers of those programs b. postgraduate medical councils and specialist colleges in relation to the accreditation of training posts/sites c. any designated entity undertaking an assessment of the qualifications of an overseas trained practitioner (including specialist colleges).	Partially accepted	Accreditation entities and specialist medical colleges were included in ombudsman oversight of the NRAS in 2022 (under Tranche 2 reforms). As these entities are not statutory bodies, FOI provisions do not apply.	Irrelevant - relevant to structural review
30	The National Health Practitioner Ombudsman and Privacy Commissioner should review the grievances and appeals processes of entities as defined in Recommendation 29, with the view to making recommendations for improvement by each entity where it considers the processes to be deficient.	Accepted	Accreditation entities and specialist medical colleges were included in ombudsman oversight of the NRAS in 2022 (under Tranche 2 reforms).	Irrelevant - relevant to structural review

31	The COAG Health Council should oversight a policy review process to identify national health workforce directions and reform that: a. aims to align workforce requirements with broader health and social care policies that respond to evolving community needs b. engages regulators, professions, consumers, service providers and educators. c. is approached in a robust, formalised and evidence-based manner in a regular cycle to ensure currency and continuous improvement.	Accepted	Reform opportunities sought through implementation of the National Medical Workforce Strategy and the Aboriginal and Torres Strait Islander Health and Medical Workforce Plan among others. Realisation of these initiatives is expected to address this recommendation.	Powers of Parties
32	The Australian Health Workforce Ministerial Council should periodically deliver a Statement of Expectations encompassing all entities within the National Scheme that covers: a. key health workforce reform directions, including policies and objectives relevant to entities in the National Scheme b. expectations about the role and responsibilities of National Scheme entities, the priorities expected to be observed in conducting operations and their relationships with governments c. expectations of regulator performance, improvement, transparency and accountability.	Accepted	Ministers expressed their shared intent that the responses to all previous recommendations and implementation of various reforms would address this recommendation.	Powers of Parties

Rec #	Rec Text	Response	Current Status	Location
1	The Committee recommends that AHPRA review and amend the way it engages with notifiers throughout the process to ensure that all notifiers are aware of their rights and responsibilities and are informed about the progress and status of the notification.	Noted	**Amendments to the National Law were passed in 2017 enabling notifiers to be provided with reasons for decisions taken by National Boards.** Ahpra has implemented significant reform of the notifications process including information pages and videos ans well as supportive documentation. **Ahpra commenced a Notifier Support Service in 2021 for victim survivors of sexual boundary notifications**	Procedual Fairness
2	The Committee recommends that AHPRA and the national boards develop and publish a framework for identifying and dealing with vexatious complaints.	Ahpra	Ahpra commissioned independent research into vexatious complaints in 2017 - report identified lack of truly vexatious complaints. **In 2018, the Medical Board of Australia undertook public consultation on a revised code of conduct for registered medical practitioners (Good medical practice: A code of conduct for doctors in Australia). The revised Code of Conduct introduced a section on vexatious complaints. The revised code was**	Procedural Fairness
3	The Committee recommends that the COAG Health Council consider whether recourse and compensation processes should be made available to health practitioners subjected to vexatious claims.	Not Accepted	Rejected on the basis that NRAS is fully cost recovered and compensation would have to be sourced from practitioner fees for each profession.	Procedural Fairness
4	The Committee recommends that AHPRA and the national boards institute mechanisms to ensure appropriate clinical peer advice is obtained at the earliest possible opportunity in the management of a notification.	Ahpra	Ahpra has significant processes in place to identify where profession specific clinical input is required. **Ahpra employs registered health practitioner to provide clinical input during the consideration of notifications. Since 2018 all notifications concerning registered medical practitioners are routinely screened by a medical advisor. Other** relevant consultants are engaged on a case-by-case basis to support investigation.	Design Operation
5	The Committee recommends that AHPRA immediately strengthen its conflicts of interest policy for members of boards and that the Chair of the board should make active inquiries of the other decisions makers about actual or potential conflicts of interest prior to consideration of a notification.	Ahpra	**In November 2018, Ahpra advised Health Ministers that Ahpra and the National Boards had procedures in place to manage actual or potential conflicts of interest for members of any Board or delegated committee that makes regulatory decisions on behalf of the National Board. In 2019, Ahpra reviewed its COI policies and procedures had been reviewed and updated.**	Skills Qualifications
6	The Committee recommends that AHPRA develop a transparent independent method of determining when external advice is obtained and who provides that advice.	Ahpra	**Ahpra's 5 August 2020 correspondence to the Committee advised of the publication of the Regulatory Guide to set out how the National Boards manage notifications about the health, performance and conduct of practitioners under Part 8 of the National Law; and the improvements that were made to obtaining clinical input across all professions regulated under the National Scheme.**	Procedural Fairness
7	The Committee recommends that AHPRA consider providing greater remuneration to practitioners called upon to provide clinical peer advice.	Ahpra	**In November 2018, Ahpra advised Ministers that the National Boards and Ahpra have taken a consistent approach to remunerating practitioners when providing clinical advice on matters. Where external clinical advice is sought, practitioners are usually remunerated in accordance with an agreed range of fees. There are circumstances where higher fees will be paid, according to the type and complexity of opinion sought.**	Irrelevant

8	The Committee recommends that AHPRA formally induct and educate board members on the way the regulatory powers of the board can be used to achieve results that both manages risk to the public and educates practitioners	Ahpra	**In November 2018, Ahpra confirmed there are induction processes in place that cover the roles, responsibilities and powers of National Board members and that additional induction processes for State and Territory Board members were being rolled out. New members firstly receive an orientation to the National Scheme and then undertake the 'Governance and decision-making in the NRAS' program.**	Skills Qualifications
9	The Committee recommends that AHPRA conduct additional training with staff to ensure an appropriately broad understanding of the policies it administers and provide staff with ongoing professional development related to the undertaking of investigations.	Ahpra	**In November 2018, Ahpra advised Ministers that Ahpra had significantly boosted the resources for professional development and training for staff who with responsibilities to manage notifications. This included the establishment of a learning and development hub that includes guidance and resources for professional development planning and the establishment of a training catalogue for Ahpra staff.** **Ahpra's 5 August 2020 correspondence to the Committee confirmed implementation of national training for investigators, consistent with Recommendation 28 from the Independent Review of the National Registration and Accreditation Scheme for Health Professions.**	Skills Qualifications
10	The Committee recommends that the COAG Health Council consider amending the National Law to reflect the Psychology Board of Australia's policy on single expert witness psychologists acting in family law proceedings.	Deferred to Ahpra	**This recommendation was about NL amendments which is a matter for Ministers. Ahpra advised Ministers that the PsyBA policy on single expert witness was sufficent action to manage the regulation of single witness psychologists in family law proceedings.**	Skills Qualifications
11	The Committee recommends that the COAG Health Council consider making a caution an appellable decision.	Deferred to consultation	Matter considered as potential reform in Tranche 2 - not implemented as a caution **is the lowest level of regulatory action that can be taken.**	Design Operation
12	The Committee recommends that the COAG Health Council consider whether notifiers should be permitted to appeal board decisions to the relevant tribunal.	Deferred to consultation	Matter considered as potential reform in Tranche 2 - not implemented as notifiers are not considered a party to a regulaotry action and reform would require significant changes to law.	Design Operation
13	The Committee recommends that AHPRA take all necessary steps to improve the timeliness of the complaints process and calls on the Australian Government to consider avenues for ensuring AHPRA has the necessary additional resources to ensure this occurs.	Deferred to Ahpra	**Ahpra has invested signifcant resources into improving its notification handling process. This has included triage, more readily available clinical input and a host of ongoing improvement processes.** **In 2021-22, Ahpra undertook significant work to reduce the number of notifications that were required formal investigation as per Part 8 of the National Law.** **Ahpra and National Boards publish data on notifications in each Annual Report and provide regular updates to Ministers on perfomance.**	Irrelevant - relevant to structural review
14	The Committee recommends that AHPRA institute a practice of providing monthly updates to complainants and medical professionals whom are the subject of complaints.	Noted	Ahpra has implemeted a number of mechanisms to provide regular updates to health practitioners, registration applicants or notifiers at regular intervals or at key milestones in a process.	Procedural Fairness

Complaints mechanism administered under the Health Practitioner Regulation National Law, dated May 2017. (nla.gov.au)

Notifications | AHPRA Annual Report 2017/18
Highlights | AHPRA Annual Report 2016/17
https://www.ahpra.gov.au/search.aspx?q=dealing%20with%20vexatious%20notifications

Rec #	Rec Text	Response	Current Status	Location	
1	The use of mandated chaperones as an interim restriction in response to allegations of sexual misconduct be abandoned.	Accepted	**The use of Chaperones has been discontinued by the Medical Board in all new decisions since 2017.**	Strenghtening Reg Framework	
2	The use of chaperones be replaced by other immediate action conditions (including greater use of gender-based prohibitions or prohibitions on patient contact) and suspensions.	Accepted	**Other immediate actions are now used where required - such as gender based, age based or complete restrictions (suspensions)**	Strenghtening Reg Framework	
3	AHPRA develop highly specialised staff and investigators for handling sexual misconduct cases, who can establish rapport and deal with victims empathetically, invest in specialist training and skills, and prioritise the investigation of allegations of sexual misconduct.	Accepted	Ahpra has established a dedicated role and teams to handle investigations regarding sexual misconduct which has recruited expertise from policing roles. The MBA's **Special Issues Committee** works with this team to address **sexual boundary violation allegations** with sensitivity. **Specialised investigation training sessions have been completed for Ahpra staff (including investigators and intake and assessment officers) who deal with sexual boundary matters.**	Skills and Qualifications	
4	AHPRA revise the guidance for National Boards on relevant factors in the exercise of immediate action powers, including the threshold for taking immediate action and the appropriate level of intervention.	Accepted	**Comprehensive advice about immediate action has been provided to the MBA and other National Boards.** Ahpra's immediate action team works directly with Board members across all Boards to provide training and support on the use and application of immediate action powers. These powers have also been updated as part of Tranche 1 reforms to allow Boards to take action in the public interest.	Design Operation	
5	The MBA develop highly specialised delegated decision-makers for regulatory decision-making about sexual misconduct cases.	Accepted	MBA established its **Special Issues Committee** as a subcommittee which has specific links to dedicated areas in Ahpra responsible for managing sexual boundaries notifications.	Skills and Qualifications	
6	The MBA undertake an audit of all sexual misconduct immediate action decisions, to ensure they are adequately protecting the public.	Accepted	The MBA commissioned an audit of all notificatons containing a sexual misconduct allegation in 2017/18. The Audit revealed that, of 101 considered notifications, immediate cation was considered on 4 total occasions and taken only once.	Skills and Qualifications	
7	AHPRA implement operational changes to improve communication with notifiers who report sexual misconduct, in particular notifiers personally affected by practitioner conduct.	Accepted	Ahpra staff responsible for handling sexual misconduct notifications receive specific training on communicating with notifiers who are directly affected by sexual misconduct including referring them to appropriate support services. **In 2021, Ahpra commenced the Notifier Support Service for victim survivors of sexual boundary violations by registered health practitioners.**	Procedural fairness	
8	AHPRA develop procedural guidance to clarify when staff should notify police and progress work, including possible Memoranda of Understanding (MOUs) with police, to ensure good communication and information sharing between AHPRA and police.	Accepted	Ahpra has engaged in MOUs with WA and VIC police agencies and has established formal relationships for information sharing purposes with all police agencies, **and work has commenced on an MOU with Tasmanian Police**. Ahpra has also established internal policies on information sharing with police agencies and how to escalate requests for information where police responses are not timely.	Procedural fairness	
9	All interim restrictions and suspensions be reviewed at least every six months, and earlier if there are triggers for review; and not remain in place more than 12 months, except in exceptional cases of delay necessitated by external decision-makers (police, tribunals or courts).	Accepted	Ahpra has commenced a policy for review of interim restrictions and prohibition on a six monthy basis or where the agency has evidence of: •confirmed non-compliance; •suspected non-compliance, where the risk posed by the nature of the non-compliance is considered moderate or high; •the risk posed by the practitioner has altered. This may or may not be related to monitoring or risk management activity. Specific actions that will trigger review include: - an investigation is commenced by police - charges are laid by the police - the Practitioner is committed to stand trial in relation to any charges - there is an outcome from any hearing in relation to the charges, or - the police close an investigation into the conduct without laying charges •receipt of any new notification.	Procedural fairness	
10	The public Register of practitioners include web links to published disciplinary decisions and court rulings.	Accepted	**The public register of each National Board** has included links to published adverse tribunal decisions since 2018 where the identity of the practitioner is not suppressed. Ahpra also maintains a register of all tribunal decisions on a separate part of its website	Procedural fairness	

11	Chaperone conditions only be considered where: (a) the allegation of sexual misconduct involves only a single patient, and (b) the allegation, if proven, would not constitute a criminal offence, and (c) the health practitioner has no relevant notification or complaint history.	Accepted	Ahpra no longer uses chaperone conditions for any notificaitons management. Rather, practice restrictions are put in place with a stricter monitoring protocol.	Strenghtening Reg Framework	**Change implemented** Recommendations 11 to 28 have been achieved by Ahpra updating its processes to reflect the requirements of the recommendations. A new practice monitor restriction and related protocol is now in place that includes all of the changes recommended in the report. The practice monitor restriction and protocol are also supported by an operational policy and guideline for monitoring of the restriction. The new protocol will be used only in exceptional cases by Ahpra and MBA.
12	Chaperones not be imposed in the context of: (a) psychotherapeutic practice such as by psychiatrists, or (b) allegations that a health practitioner has engaged or sought to engage in a sexual relationship with a patient, where no criminal offending is alleged.	Accepted	Ahpra no longer uses chaperone conditions for any notificaitons management. Rather, practice restrictions are put in place with a stricter monitoring protocol.	Strenghtening Reg Framework	
13	3. Chaperone conditions not specify: (a) the type of clinical examination permitted to be performed by a practitioner, or (b) any limit on the age of the patients for whom a chaperone is required.	Accepted	Ahpra no longer uses chaperone conditions for any notificaitons management. Rather, practice restrictions are put in place with a stricter monitoring protocol.	Strenghtening Reg Framework	
14	Chaperone conditions only be imposed where the practitioner commits to work in no more than three locations, with no more than four chaperones to be approved for each of the practitioner's workplaces.	Accepted	Ahpra no longer uses chaperone conditions for any notificaitons management. Rather, practice restrictions are put in place with a stricter monitoring protocol.	Strenghtening Reg Framework	
15	The term 'chaperone' be replaced with 'practice monitor'.	Accepted	Ahpra no longer uses chaperone conditions for any notificaitons management. Rather, practice restrictions are put in place with a stricter monitoring protocol.	Strenghtening Reg Framework	
16	Patients be told that the National Board requires that their practitioner practise with a chaperone due to allegations of misconduct, and given fuller details (ie, disclosing that sexual misconduct has been alleged) if they seek more information.	Accepted	**In June 2017, a Practice monitor protocol was implemented by Ahpra for the management of practice monitor restrictions on the registration of a health practitione**r. The practice limitation requires a senior staff member at each place of practice to be nominated at each place of practice. This contact person is made aware of the conditions, their obligations and any other necessary information relevant to the Board's action.	Strenghtening Reg Framework	
17	The above information be given to the patient: (a) at the time of booking an appointment or, in the case of an unbooked appointment, at the time of presenting at a health facility and seeking an appointment, and (b) by someone other than the doctor subject to the chaperone condition, such as a receptionist or the chaperone, who should be fully informed as to reasons for the chaperone condition and properly trained.	Accepted	**The Practice monitor protocol requires that patients must be told of the requirement for a practice monitor at the time of booking the appointment or, in the case of an unbooked appointment, at the time of presenting at the practice seeking an appointment.**Senior practice staff are made aware of their obligation to advise patients of any restriction of practice for individual practitioners. Ahpra requires the staff member is not a relative or friend of the subject practitioner and is a registered practitioner with at least 5 years' practice experience and does not have any conditions or restrictions on their registration. Ahpra has a rigorous process in place to determine in nominated senior practice staff are appropriate to be designated practice monitors	Strenghtening Reg Framework	
18	The patient be asked to sign and date an acknowledgement of having been told of the chaperone requirement and agreeing to the chaperone's presence.	Accepted	Chaperone conditions are no longer used in practice.	Strenghtening Reg Framework	
19	Patients be told that AHPRA may contact them in order to monitor compliance with the conditions imposed on the practitioner's registration, and that any objection will be noted and notified to AHPRA.	Accepted	Chaperone conditions are no longer in use.	Strenghtening Reg Framework	
20	The National Law be amended as necessary to allow a National Board to require a practitioner to disclose the reasons for a restriction to patients and to permit chaperones to be fully briefed as to those reasons.	Accepted	This change addressed administratively through reporting and monitoring conditions used by Ahpra. Elements relating to chaerone conditions not relevant as these measures are no longer used.	Procedural fairness	
21	Subject to implementation of recommendations 16-20, the requirement for a practice sign be discontinued.	Accepted	practice staff generally manage patient advisory statements at the time of booking where a practitioner is restricted from seeing them as patients. Signs are not used		
22	Only a registered health practitioner, who does not have a pre existing employment, contractual or financial relationship with the practitioner, may be approved as a chaperone.	Accepted	**Underway. Changes to protocols and procedures have included requirements for chaperones including changes to who can be nominated as a chaperone, what information needs to be provided to a chaperone, what needs to be in place before a chaperone can begin and how chaperone conditions are monitored.**	Skills and Qualifications	
23	A patient-nominated chaperone may not be approved as a chaperone.	Accepted	As above	Skills and Qualifications	

24	The chaperone be provided with full information about the nature of the allegations made against the practitioner and a full copy of the conditions that have been imposed on the registration of the practitioner.	Accepted	As above	Skills and Qualifications	
25	Chaperones be fully briefed and provided with training about the functions and requirements of the chaperone role before commencing duty as a chaperone.	Accepted	As above	Skills and Qualifications	
26	A practitioner subject to chaperone conditions not be permitted to practise until all practice locations are known and chaperones are approved, briefed and trained.	Accepted	As above	Strenghtening Reg Framework	
27	The monitoring of chaperone conditions be the responsibility of a national specialist team within AHPRA.	Accepted	As above	Skills and Qualifications	
28	Any breach of chaperone conditions be brought promptly to the attention of the National Board delegate and consideration given to the need to suspend the practitioner, with a low threshold for imposition of a more onerous interim restriction or suspension if more information emerges indicating a higher risk to patients or to the public interest, or evidence of breach of a chaperone condition.	Accepted	As above	Strenghtening Reg Framework	

Rec #	Rec Text	Response	Current Status
	NIL		used in 2022 Review of the Ahpra framework for ID and management of Vexatious notifiactions

Rec #	Rec Text	Response	Current Status
1	The committee recommends that all parties with responsibility for addressing bullying and harassment in the medical profession, including governments, hospitals, speciality colleges and universities: acknowledge that bullying and harassment remaines prevalent within the profession recognise that working together and addressing these issues in a collaborative way is the only solution, and commit to ongoing and sustained action an dresources to eliminate these behaviours		**In 2019, the Medical Board of Australia undertook the first annual survey of doctors in training. The survey aims to provide a better understanding of the quality of medical training in Australai, and identify with potential issues that could impact on patient and trainee safety, including the culture of medicine, unacceptable behaviours and poor supervision. The survey is conducted annually and provides valuable information on bullying and harassment in the profession.**
2	The committee recommends that all universities adopt a curriculum that incorporates compulsory education on bullying and harassment		
3	The committee recommends that all universities accept responsibility for their students while they are on placement and further adopt a procedure for dealing with complaints of bullying and harassment made by their students while on placement. This procedure should be clearly defined and a written copy provided to students prior to their placement commencing		
4	The committee recommends that all hospitals review their codes of conduct to ensure that they contain a provision that specifically states that bullying and harassment in the workplace is strictly not tolerated towards hospital staff, students and volunteers		
5	The committee recommends that all specialist training colleges publicly release an annual report detailing how many complaints of bullying and harassment their members and trainees have been subject to and how many sanctions the college has imposed as a result of those complaints		

New South Wales Review of the regulation of cosmetic procedures – completed in 2018

Rec #	Rec Text	Response	Current Status	Location
1	The Private Health Facilities Regulation is amended to create an offence for a medical practitioner to provide prescribed services and treatments in an unlicensed facility.	Accepted	Not relevant to NRAS	Irrelevant
2	The Ministry consult with stakeholders regarding whether any non-surgical cosmetic procedures should be required to take place in a licensed facility.	Accepted	Not relevant to NRAS	Irrelevant
3	The Ministry keep the definition of cosmetic surgery under consideration to ensure that it continues to remains appropriate.	Accepted	incorporated in MBA guidance for medical practitioners	Irrelevant
4	The Minister raise the issue of protecting the title "cosmetic surgeon" with the COAG Health Council.	Accepted	Fully implemented - referred to Tranche 2 consult and consequently investigated under separate RIS and consultation process. Final implementation of immediate NRAS reforms to be complete by Mid 2023	Irrelevant
5	That additional regulation be imposed for extreme body modification procedures relating to informing clients about the risks of the procedure, the measures taken to mitigate the risks and preventing body modification procedures being undertaken on minors.	Accepted	Not relevant to NRAS - however, consideration was given to requiring counselling and GP referral for National Cosmetic reform	Strengthening Reg Frame
6	The Minister write to NSW Fair Trading to raise consumer protection relating to cosmetic procedures.	Accepted	Not relevant to NRAS	Strengthening Reg Frame
7	That a new subclass of S4 medicines used in non-surgical cosmetic procedures in the Act should be created. This would allow regulations to tailor rules relating to the storage, use and administration of the medicines, as well as requiring additional consumer protections. This subclass could also apply to other S4 medicines that are prone to misuse or supplied outside of normal medical models of care.	Accepted	Not relevant to NRAS	Irrelevant
8	That consultation occurs with stakeholders before the regulatory rules for the new subclass of S4 medicines are made.	Accepted	Not relevant to NRAS	Irrelevant
9	That the penalties for breaches of the Poisons and Therapeutic Goods Act and Regulation be increased.	Accepted	Not relevant to NRAS	Irrelevant

https://www.health.nsw.gov.au/patients/cosmetic/Publications/review-cosmetic-procedures.pdf

Rec #	Rec Text	Response	Current Status	Location
1	Ahpra considers possible confidentiality safeguards for the notifier when assessing each new notification it receives. This could include assessing whether it is necessary to disclose the notifier's identity to the practitioner.	Accepted	Fully implemented - changes include: 1) assessing whether release of a notifier's name or other identifiable informantion is necessary to enable the practitioner to respond; and 2) implementation of a review process which will allow subject practitioners to apply to have the notifier's name released.	Design Operation
2	Ahpra reviews its privacy policy and collection statement in relation to notifications to ensure these documents are up to date and contain comprehensive information regarding the use and disclosure of personal information, particularly in cases of confidential and anonymous notifications.	Accepted	Fully implemented - new privacy policy and collection statement includes: 1) clarified intent of when patient naes will be disclosed; and 2) inclusion of feedback from the professions reference group and community reference group on revised policies around releasing notifiers' names	Design Operation
3	Ahpra strengthens guidance for its staff regarding confidentiality safeguards for notifiers. Topics should include: a. what information should be redacted from a confidential notification to protect a notifier's identity b. when Ahpra may be compelled to disclose identifying information about a notifier c. when a practitioner will not be provided with notice of the receipt of a notification, or the commencement of an investigation, due to a reasonable belief about a risk to health and safety, or a risk of intimidation or harassment.	Accepted	Fully implemented - Ahpra now has staff resources and guidance addressing: 1) how and when identifiable notifier information is to be redacted; 2) when Ahpra may be compelled to release information about a norifier to a practitioner; and 3) circumstances where it is appropriate to withold information from a notification from a practitioner and how to document this occcurence	Skills and Qualifications
4	Ahpra improves how confidential and anonymous notifications are recorded in its electronic case management system (Pivotal).	Accepted	Fully implemented - Changes made to Ahpra's database to address the consent requirements for notifier's information to remain confidential or anonymous. All notifications staff have received guidance on the changes.	Design Operation
5	Where possible, Ahpra automates processes for managing confidential and anonymous notifications, including by introducing system-enabled prompts to remind staff of a notifier's confidential status when working on files.	Accepted	Fully implemented - Ahpra's notifications management system now includes reminders and prompts for staff when dealing with confidential and anonymous notifications	Design Operation
6	Ahpra reviews all existing communications about notifications and makes necessary amendments to ensure consistency in messaging about a notifier's privacy. This messaging should be clear and prominent, and should include: a. clarity about the meaning of personal information using consistent terminology b. pathways for people to make confidential or anonymous notifications and an explanation of how these notifications will be dealt with c. guidance about what information notifiers should include in a notification, particularly anonymous notifications d. warnings about circumstances in which Ahpra may be compelled to disclose identifying information about a notifier.	Accepted	Fully implemented - Ahpra's comunications have been reviewed and include more information about the information and pathways available to notifiers (see notifications nortal) and guidance on the notifications process	Procedural Fairness
7	Ahpra requires staff to have a verbal discussion with notifiers about how their personal information will be used and disclosed during the notifications process.	Accepted	Fully implemented - new guidance and training has been implemented and reviewd for staff to ensure consistent approaches to conversations about consent and the information that must be provided to notifiers.	Procedural Fairness

8	Ahpra develops guidance for its staff regarding how to deal with information that suggests a practitioner has sought to harm, threaten, intimidate, harass or coerce a notifier.	Accepted	Fully implemented - New guidance has been published to assist staff to identify and flag harassment and intimidation concerns from practitioners directed at notifiers. Materials were developed in consultation with the Professions Reference Group and the Community Reference Group as well as PII Insurers	Skills and Qualifications
9	Ahpra seeks an amendment to the Health Practitioner Regulation National Law to make it an offence for a registered health practitioner to harm, threaten, intimidate, harass or coerce a notifier.	Deferred to consultation	Matter was deferred to tranche 2 reforms for consultation but was not included in agreed reforms.	Powers of Parties
10	Ahpra develops and publishes a framework for identifying and dealing with vexatious notifications.	Accepted	fully implemented - the framework was establised in 2021 and has been subject to a first review conducted by the NHPO in 2022. Ahpra is expected to publish the review report and it's response in 2023	Procedural Fairness

https://www.nhpo.gov.au/safeguarding-confidentiality-review
https://www.ahpra.gov.au/News/2020-06-17-NHPOPC.aspx

Rec #	Rec Text	Response	Current Status
1	Spinal manipulation, as defined in Section 123 of National Law, should not be provided to children under 12 years of age, by any practitioner, for general wellness or for the management of the following conditions: developmental and behavioural disorders, hyperactivity disorders, autism spectrum disorders, asthma, infantile colic, bedwetting, ear infections, digestive problems, headache, cerebral palsy and torticollis. Section 123 of National Law defines spinal manipulation as "moving the joints of the cervical spine beyond a person's usual physiological range of motion using a high velocity, low amplitude thrust." This recommendation is based on the lack of evidence of effectiveness for these conditions and the current statement on advertising regarding inappropriate claims of benefit, made by the Chiropractic Board of Australia.	Deferred to AHMAC - Not finalised	COVID-19 pandemic emergence in 2020 saw the cessation of regular COAG activities
2	All national boards of the health practitioners permitted to perform spinal manipulation (chiropractic, osteopathy, medical and physiotherapy) should consider Recommendation 1 when reviewing their current policies, if any, on spinal manipulation of children	Deferred to AHMAC - Not finalised	COVID-19 pandemic emergence in 2020 saw the cessation of regular COAG activities
3	Prior to treatment, practitioners offering spinal manipulation for children should provide parents or guardians with written information about the proposed benefits and possible risks of care. In their statement on paediatric care, the Chiropractic Board of Australia already expects practitioners to provide parents such information. This recommendation would require that the information is provided in written form.	Deferred to AHMAC - Not finalised	COVID-19 pandemic emergence in 2020 saw the cessation of regular COAG activities
4	The national boards should periodically review notification data to identify any trends or evidence of harm that may require changes in policy, in line with the principles of riskbased regulation.	Deferred to AHMAC - Not finalised	COVID-19 pandemic emergence in 2020 saw the cessation of regular COAG activities
5	Given the lack of Australian-based clinical trial evidence, the practitioner groups permitted to provide spinal manipulation (chiropractic, osteopathy, medical and physiotherapy) urgently undertake research to develop an evidence base for spinal manipulation on children, ceasing practice where the evidence shows no benefit. Health Ministers should consider whether relevant funding bodies (e.g. NHMRC, MRFF) specifically allocate funding for a priority targeted research call to address this evidence gap.	Deferred to AHMAC - Not finalised	COVID-19 pandemic emergence in 2020 saw the cessation of regular COAG activities
6	Practitioner groups that provide spinal manipulation (chiropractic, osteopathy, medical and physiotherapy) must lead on developing evidence-based guidance on spinal manipulation of children for both practitioners and consumers, using National Health and Medical Research Council endorsed methods. Such guidance material should form the basis of written information for parents, advising them of proposed benefits and potential risks of intended care (see Recommendation 3).	Deferred to AHMAC - Not finalised	COVID-19 pandemic emergence in 2020 saw the cessation of regular COAG activities

7	Consideration should be given by the Chiropractic Board of Australia to various models of advanced training in paediatric chiropractic care, particularly in spinal manipulation. In the longer term, the post registration training on offer to chiropractors with a special interest in paediatric care should be assessed against the evidence-based guidelines.	Deferred to AHMAC - Not finalised	COVID-19 pandemic emergence in 2020 saw the cessation of regular COAG activities
8	The Australian Health Practitioner Regulation Agency (AHPRA) and the national boards should continue to audit practitioners in the application of their guidance regarding advertising.	Deferred to AHMAC - Not finalised	COVID-19 pandemic emergence in 2020 saw the cessation of regular COAG activities
9	The national boards should consider whether explicitly prohibitive advertising statements are issued regarding spinal manipulation in children where there is evidence of no benefit, as detailed in Recommendation 1.	Deferred to AHMAC - Not finalised	COVID-19 pandemic emergence in 2020 saw the cessation of regular COAG activities
10	Health Ministers should consider increasing penalties for advertising offences under Section 133 of the National Law, where a registered practitioner claims benefits of spinal manipulation in children that have no evidence base (see Recommendation 1). The current penalty for advertising offenses under Section 133 of the National Law is a maximum of $5000 for an individual and $10,000 for a corporation. These are substantially lower than penalties allowable under the National Law for falsely claiming to be a registered practitioner ($60,000 for an individual and $120,000 for a corporation) or for misleading advertising under Australian consumer law ($220,000 for an individual).	Deferred to AHMAC - Not finalised	COVID-19 pandemic emergence in 2020 saw the cessation of regular COAG activities

https://www.safercare.vic.gov.au/sites/default/files/2019-10/20191024-Final%20Chiropractic%20Spinal%20Manipulation.pdf

Rec #	Rec Text	Response	Current Status	Location
1	that Ahpra require all staff involved in handling sexual boundary matters to undertake the three-day sexual boundaries training course; offer periodic, refresher courses for investigators; and develop a shorter sexual boundaries training course available to all staff.	Not formal recommendation	**We continue to train investigators using the three day program, which is offered twice a year. More broadly, for all regulatory advisors, we have also moved to a more formal, general training program - Cert IV Government investigations.**	Skills and Qualifications
2	Better communication with notifiers: a. Training with an emphasis on taking a humane approach during the intake and management of sexual boundary notifications b. Further guidance on updates and communication of no further action (NFA) decisions c. Support for notifiers (and patients, in the case of third party notifications), particularly when a case proceeds to a tribunal hearing.	Not formal recommendation	Ahpra has established a service to support notifiers making sexual boundaries notifiticaitons, established a joint project to identify araeas for improving the service experience of notifiers, comitted to maintaining contact with notifiers and practitioners, expanded the notificaitons process information and support material available to practitioners and notifiers.	Skills and Qualifications
3	that Ahpra staff and Board or Committee members dealing with sexual boundary matters receive specialised support to address the risks of vicarious trauma	Not formal recommendation	**Ahpra has established an extensive well being and support program for staff working in its notifications area. Board and Committee members have options to access support where needed**	Skills and Qualifications
4	that Ahpra prepare and implement an action plan, to address the problem of delays in completion of sexual boundary notifications	Not formal recommendation	**In February 2023, Ahpra released a blueprint for reforms related to managing professional misconduct including sexual boundary violations**	Design Operation
5	that the model of a single, specialised delegate committee handling sexual boundary notifications be rolled out across other registered health professions. In my view, a multi-profession SBNC would ensure a reasonable volume of cases and enable consistency of practice.	Not formal recommendation	**Currently, this model will be considered further by Ahpra and National Boards as part of the work balance practitioner members with community members on decision making committees.**	Skills and Qualifications
6	that Ahpra publish case studies drawn from these cases, to be used for educational purposes, and disseminated to Medical Defence Organisations, medical schools and colleges.	Not formal recommendation	**We have developed some case studies. There has been some ad hoc use of them with medical students\, and we are in the process of finalising an educational package for use within medical schools. We are planning further development and publishing of case studies.**	Procedural fairness

Senate Community Affairs Committee Inquiry into Administration of registration and notifications by the Australian Health Practitioner Regulation Agency and related entities under the Health Practitioner Regulation National Law – completed in 2021.

Rec #	Rec Text	Response	Current Status	Location
1	The committee recommends that proposed reforms to the National Law to regulate the use of the title 'surgeon' undergo broad consultation and be progressed as a priority by the Ministerial Council.	Not yet tabled	Implemented per Health Ministers's decision at 2 September 2022. Note that public consultation had been completed at time report was published.	Irrelevant
2	The committee recommends that AHPRA and the national boards introduce a more flexible re-registration model across professions that would enable health practitioners to more easily re-enter the workforce after a period of absence	Not yet tabled	Return to practice registration requirements under consideration as part of Nat Cab established rapid review of practitioner regulation.	Irrelevant - relevant to structural review
3	The committee considers there is a substantial case for regulation of currently unregulated professions including social workers, aged care workers and personal care workers and recommends the Ministerial Council consider whether these professions should be included in the National Regulation and Accreditation Scheme.	Not yet tabled	Matter not yet considered by HM's - COVID response implementation and Other workforce issues have taken priority	Irrelevant - relevant to structural review
4	The committee recommends that AHPRA undertakes urgent and immediate action in relation to supervisory failures and ensure that individual cases are not indicative of a systemic failure.	Not yet tabled	**Ahpra gave evidence at the hearings that we did not consider this was a systemic failure. Ahpra is taking steps to improve the information provided to supervisors.National Boards and Ahpra published in February 2022, the new Supervised practice framework to create a responsive and risk-based approach to supervised practice across the National Scheme**	Irrelevant - relevant to structural review
5	The committee recommends that all supervisors should have a direct point of contact within AHPRA and that this point of contact should be made available prior to any contractual arrangements being made, as well as throughout the entire supervisory period.	Not yet tabled	**See response to recommendation 4. Ahpra is taking steps to improve the information provided to supervisors**	Irrelevant - relevant to structural review
6	The committee recommends AHPRA reviews and simplifies its published information about notifications and other complaint pathways.	Not yet tabled	**Ahpra has published updated information about notifications (targeted at both notifiers and practitioners) on its website. It is undertaking a joint project with the Australian Commission for Safety and Quality in Healthcare on improving the notifier experience of complaints**	Procedural Fairness
7	The committee recommends that AHPRA and the national boards undertake education and awareness activities, explaining notifications and other complaints pathways, with health practices and services.	Not yet tabled	**Ahpra has published a series of interview videos and other media supporting practitioners and the public to better understand the complaints process. See above. In addition, we also undertake regular engagement with employers, health services and their forums, as well as professional bodies, regarding the notifications process.**	Procedural Fairness
8	The committee recommends that the Ministerial Council considers reforms to the National Law to enable health practices and services to be referred low risk notifications to be dealt with in the first instance, and that AHPRA and the national boards have discretion to refuse these matters on that ground.	Not yet tabled	Matter not yet considered by HM's - COVID response implementation and Other workforce issues have taken priority	Powers of Parties
9	The committee recommends that notifications accepted by AHPRA be limited to clinical issues relating to patient safety.	Not yet tabled	Not likely to be implemented - Health Performance and Conduct are broadly defined in Part 8 of the National Law and are the basis of grounds on which Ahpra and the Boards may take action. Ministers have shown no intent to restrict this scope.	Design Operation
10	The committee recommends that AHPRA and the national boards consider improving the notifications data it collects and publishes to better understand where protracted timeframes are experienced and the reasons for any delays.	Not yet tabled	Ahpra collects **and publishes** significant data on all of its operations. **In January 2023, Ahpra undertook extensive public consultation on its data strategy and the use of its data.The Ahpra Board has an established Regulatory Performance Committee that examines Ahpra's performance, including its data.**	Procedural Fairness & Design Operation

11	The committee recommends that AHPRA and the national boards undertake an analysis of the cause of protracted notifications timeframes and identify ways to further improve timeliness. Consideration should be given to: a. what further decision-making powers of the national boards can be delegated to AHPRA; b. the allocation of resources to deal with increasing volumes of notifications; and c. establishing timeframes for aspects of the notifications process.	Not yet tabled	**Ahpra and National Boards have ongoing work on regulatory performance and timefrmes. We hold a quarterly review on all aged notifications. In 2021, we undertook a major project to improve the use of investigations as a way to improve notifications timeliness. We continue to increase resourcing to address notification volumes. We are also undertaking a major business transformation program to improve our operating plaform for regulatory operations including notifications.**	
12	The committee recommends that AHPRA and the national boards develop and publish a strategy for identifying systemic issues and working with stakeholders to proactively address areas of concern.	Not yet tabled	**Ahpra has commenced project work to support professional practise, as a strategy to proactively address systemic issues that commonly lead to notifications and regualtory action to protect the public. We meet regularly with practitioner groups, employers, jurisdictions, medical indemnity bodies and consumer groups to address issues of concerns.**	Procedural Fairness
13	The committee recommends that the Ministerial Council agrees to remove the current mandatory reporting requirements and align the approach with the Western Australian model.	Not yet tabled	not implemented - the Tranche 1A amendment to remove requirements for mandatory notifications where a practitioners conduct or health does not impact patient care (e.g. intoxication in a social environment or a managed health condition) was decided as the most appropriate middle-ground to ceasing mandatory reporting.	Procedural Fairness
14	The committee recommends that AHPRA and the national boards develop and fund a comprehensive strategy for providing tailored support for the notifications process to practitioners in all regulated professions.	Not yet tabled	**We have recently released findings on our reseach into the distress practitioners experience when subject to regulatory processes. We are working through the recommendations from this work and will be implementing strategies to reduce the distress of practitioners.**	Procedural Fairness

Rec #	Rec Text	Response	Current Status

https://www.nhpo.gov.au/vexatious-notifications-framework-review

Rec #	Rec Text	Response	Current Status	Location
1	The Medical Board seek to establish an area of practice endorsement for cosmetic surgery.	Accepted	Partially implemented - HM's requested implementation as part of broader cosmetic reforms due by March 2023	Irrelevant
2	If an area of practice endorsement is approved for cosmetic surgery, Ahpra and the Medical Board, in consultation with other stakeholders, undertake a public education campaign to assist consumers to understand the significance of an endorsement.	Accepted	Partially implemented - HM's requested implementation as part of broader cosmetic reforms due by March 2023	Strengthening Reg Framework
3	Ahpra and the Medical Board continue their joint work with the Australian Commission on Safety and Quality in Health Care on improving the consumer experience of making health notifications in Australia.	Accepted	**This work is actively progressing.**	Procedural Fairness
4	Ahpra and the Medical Board consider: a) producing notifier educational material (with case examples) tailored specifically to cosmetic surgery matters including providing advice about: i. Ahpra and the Medical Board's role and the limit of their powers ii. pathways to HCEs and other complaint agencies that offer dispute resolution b) providing more specific advice (on the above matters) in initial correspondence to consumers who have made a notification about a cosmetic surgery matter c) making public their position in relation to practitioners' use of NDAs as a means to prevent consumers making a notification.	Accepted	Partially implemented - Ahpra has improved it's overview and of the notification process and links to HCEs . Further work is underway to improve Ahpra's digital presence and information Ahpra has also established a public information page on its Cosmetic Surgery Hub which provides an overview of the key information patients should consider about cosmetic surgery and other services. Ahpra **continues** to strengthen its relationship with other regulatory entities and address concerns regarding adertising and NDA aspects of cosmetic surgery.	Procedural Fairness
5	Ahpra and the Medical Board review its educational material that is available to practitioners about mandatory and voluntary notifications and include more information about: a) notifications involving concerns that a practitioner may have placed the public at risk of harm because the practitioner has practised the profession in a way that constitutes a significant departure from accepted professional standards and is placing the public at risk of harm b) protections for notifiers and the ability to make a confidential mandatory notification or anonymous voluntary notification.	Accepted	Ahpra has established a dedicated **hotline** line for cosmetic surgery concerns and a dedicated **cosmetic surgery hub on its website, which includines information** for practitioners which addesses criteria to consider when deciding to make a mandatory notification as well as links to relevant resources practitioners need to be aware of.	Procedural Fairness
6	Ahpra and the Medical Board undertake a targeted education campaign in relation to making mandatory and voluntary notifications aimed at the cosmetic surgery sector and also the classes of practitioners/employers outside the sector who may subsequently treat cosmetic surgery patients (including emergency departments and their employees).	Accepted	Ahpra has established a dedicated tip-off line for cosmetic surgery concerns and a dedicated page for practitioners which addesses criteria to consider when deciding to make a mandatory notification as well as links to relevant resources practitioners need to be aware of.	Procedural Fairness

7	Ahpra and the Medical Board: a) develop training and guidance material (for example, a manual) specifically about the management of cosmetic surgery notifications to supplement and support the current assessment/investigation processes (which may include what other open source enquiries should be made and when). This should be directed towards ensuring that any specific key issues raised by the notification (either directly or indirectly) are consistently and appropriately considered and the risk assessment methodology is rigorously applied b) take further steps to enhance consistency in the management of issues raised in cosmetic surgery notifications, including for example, building up the specialist expertise of staff managing these notifications (whether in one team or across teams) c) ensure that where necessary key claims in a practitioner's submissions are scrutinised, including seeking corroborative evidence (for example, medical notes or GP records) and attempts are made to resolve key factual disputes (including seeking clarification from the notifier or other witnesses).	Accepted	**See above**	Skills and Qualifiations
8	Building on the work undertaken by the review: a) Ahpra identify and clearly map the roles, responsibilities and powers of each regulator in the cosmetic surgery sector (including on a state-by-state basis) and produce a corporate document available to relevant staff; and b) Once the mapping exercise is completed, Ahpra identify where any improvements are required to enhance the flow of information between these relevant regulators, including for example, identifying key contacts and/or where necessary entering into a memorandum of understanding or other agreement.	Accepted	**Work is underway**	Design and Operation & Irrelevant - Relevant to structural review
9	Ahpra obtain legal advice specifically about the application of section 133(1)(e) to cosmetic surgery and the extent to which it may effectively prohibit forms of advertising of cosmetic surgery.	Accepted	**Ahpra has obtained this advice and it has been fed into the guidance of National Boards and Ahpra regarding advertising**	Irelevant
10	Ahpra and the Medical Board review their regulatory approach to advertising in the cosmetic surgery sector including by: a) ensuring that the risks posed by advertising in this sector are appropriately categorised within the risk framework set out in the Advertising compliance and enforcement strategy for the National Scheme so that stronger enforcement action is taken about high-risk matters (including, where appropriate, taking prosecutorial action in some matters) b) undertaking an industry-specific audit which should, among other things, inform the future proactive monitoring/auditing of activities in this space.	Accepted	**Work is underway**	Strengthening Reg Framework

11	Ahpra and the Medical Board revise the Advertising Guidelines, the Cosmetic Guidelines and/ or produce additional material specifically about cosmetic surgery to clarify the standards expected of practitioners (including specific examples of inappropriate content or approaches) by addressing such areas as: a) avoiding the glamorisation and trivialisation of procedures including the downplaying of risk b) avoiding the use of images of models who have not undergone a cosmetic procedure(s) to promote a cosmetic procedure c) avoiding the promotion of procedures through the use of social media influencers d) avoiding the use of content that implies cosmetic surgery should be utilised to obtain an acceptable/ideal body type e) promoting the use of disclaimers f) limiting benefit statements to those that are objectively demonstrable/provable (that is, the physical changes – not claimed psychological or social benefit) g) limiting the filming and use of content that shows surgical procedures to educational purposes only and not for entertainment h) strengthening procedures for informed consent on the use of and storage of patients' before and after photos i) preventing the targeting of young or otherwise vulnerable groups with advertising (including through algorithms and other marketing technology).	Accepted		Strengthening Reg Framework
12	Ahpra and the Medical Board consider the use of technology to assist in the monitoring/auditing of advertising in the sector	Accepted		Powers of parties
13	The Medical Board review, consult on and update its Guidelines for medical practitioners who perform cosmetic medical and surgical procedures to clarify expectations, including amending the following sections as detailed in 'Chapter 4 – Influencing Practice': a) Definition b) Section 2 – Patient assessment (including preoperative screening, cooling-off period, video consultations) c) Section 4 – Consent (including informed financial consent) d) Section 5 – Patient management (including sedation and anaesthesia, and postoperative care) e) Section 8 – Training and experience f) Section 11 – Facilities g) Section 12 – Financial arrangements.	Accepted	**Consultation has been undertaken and updated guidance was finalised by the Medical Board in February 2023.**	Procedural Fairness
14	The Medical Board strengthen the Cosmetic Guidelines by reviewing where 'should' is used and consider using 'must' to make expectations clearer.	Accepted	**as Above**	Procedural Fairness

15	The Medical Board and Ahpra take on a role in seeking to facilitate reform in areas outside its powers and responsibilities where patient safety issues have been identified (for example, writing to the Ministerial Council recommending work be undertaken to develop a standardised national approach to health facility licensing and accreditation, including what types of cosmetic procedures can be done in each type of facility).	Accepted	partially implemented - Health Minsiters have tasked the ACSQHC with conducting this review.	Powers of parties
16	The Medical Board consider periodically publishing lessons learned in cosmetic surgery using deidentified data, outcomes of notifications and other information sources as an educative tool for practitioners and to further inform consumers	Accepted		Procedural Fairness

https://www.ahpra.gov.au/documents/default.aspx?record=WD22%2f32104&dbid=AP&chksum=QaLwY8fSb9nKeU5WqCFnHw%3d%3d

Title	Timeline Date	Expected Completion Date	Contact/ Lead	Progress / Milestone Achieved	Brief Status Update	Theme
Independent assessment of the regulation of medical practitioners in Queensland (Chesterman 2012), Review of files held by Medical Board of Queensland (MBQ), Queensland Board of the Medical Board of Australia (QBMBA) and Ahpra, and Chesterman Report Recommendation 2 Review Panel (2013) – Government Review (QLD)						
2012- Recommendation 3 - The number of medical practitioners on the QBMBA be reduced and the number of other practitioners with legal qualifications or someone who has served on regulatory boards be increased. At least half of the members of QBMBA must be medical practitioners and at least two must be community members.				accepted	2012 Rec 3 - included in the Snowball review.	Skills of those handling notifications
2013- Recommendation 3 - To ensure and improve consistency of decisions, for all regulated health professions including nurses, pharmacists and dentists, a formal process should be put in place whereby prior similar decisions of the Board and/or Queensland Civil and Administrative Tribunal are formally reviewed by the Board prior to a new decision being taken to ensure that subsequent matters are in range and consistent over time. To ensure that the process is transparent and that Board decisions are subject to public scrutiny, suitably de-identified decision summaries should be released on a regular basis. To ensure consistency across the regulated professions, the membership of Boards should be changed so that a majority of its members are not medical practitioners (the chair of the Board is not a medical practitioner, proportion of new members includes practitioners other than medical practitioners who have served on boards which regulate other practitioners (such as nurses, dentists, and pharmacists) and a higher percentage of community members.				partially implemented	2013 Rec 3 - was accepted although not a formal recommendation. **Find recs in other reviews re composition of national boards.**	Procedural fairness, transparency, privacy
National independent review of the National Registration and Accreditation Scheme (NRAS) (Snowball 2015)						
Recommendation 10 - The National Law to be amended to reflect the same mandatory notification exemptions for treating practitioners established in the Western Australian law.				not accepted	Rec 10 was not accepted due to numerous practitioner groups raising concerns. The National law was amended to limit the circumstances in which a practitioner would be expected to make a mandatory notification. Although this rec was not accepted, **it appears it may have been partially implemented.**	Procedural fairness, transparency, privacy
Recommendation 12 - The protection of the practice of birthing services to be adopted nationally, consistent with the South Australian amendment				not accepted	Rec 12 was not accepted because practice protections for birthing services have not been considered outside SA, perhaps linked to lack of evidence of increased harm.	Strengthening the regulatory framework
Recommendation 26 - The National Law be amended to enable the AHWMC to appoint either a practitioner or community member of a National Board as Chairperson.				not implemented	Rec 26 was accepted but not implemented. Concerns were raised by practitioner stakeholders and saw this matter deferred for public consultation and not adopted.	Procedural fairness, transparency, privacy

Recommendation 32 - That the National Law be amended to reflect provisions endorsed by the AHWMC in 2011.				not implemented	Rec 32 was accepted but not implemented. Changes to include amendments to privacy, ombudsman and FOI legislation included in remake of the National Law Regulation in 2018, Inclusion of tabling and disallowance provisions not included as jurisdictions have power to modify the National Law through their own legislation, protection provisions for health practitioners provided more generally through information suppression of the National Registers under Tranche 2 and replacement of AHWMC changed to a reference to the Ministerial Council comprised of all Health Ministers.	Procedural fairness, transparency, privacy
Statutory review of the Health Practitioner Regulation National Law (NSW) (2015) – Government review						
Recommendation 6 - Consider and consult on making changes to the National Law (NSW) to extend PSCs, or some of the transparency provisions relating to conduct matters, to the professions of dentistry, pharmacy and psychology, in addition to medicine, nursing and midwifery.				not implemented	Rec 6 was not a formal recommendation and was accepted but not implemented. PSCs are established by the Medical and Nursing and Midwifery Councils (NSW State Boards) to consider matters of professional conduct. PSCs have the same powers to take action as a National Board in other states for conduct matters and must refer cancellation and suspension to NSW Civil and Administrative Tribunal.	Procedural fairness, transparency, privacy
Recommendation 13 - The legislation should be amended to give the Tribunal a power to make an interim suspension order where a complaint has been proven but before final orders are imposed and that the Tribunal considers the order is necessary to protect the public.				not implemented	Rec 13 was not a formal recommendation and although accepted, it appears it was not implemented. NOTE: Interim prohibition orders introduced in Tranche 2 legislation to be exercised by Ahpra or a National Board in certain circumstances scheduled to commence in May 2023	Design, operation, and performance
Recommendation 14 - The legislation should be clarified to provide that the Tribunal can hold an inquiry if a complaint has been admitted.				not implemented	Rec 14 was not a formal recommendation and although accepted, was not implemented. s 165H specifically allows for a Tribunal to not conduct an inquiry if a matter has been admitted in writing without indicating a Tribunal may still wish to conduct an inquiry.	Design, operation, and performance
Recommendation 16 - National Law (NSW) amended to provide that the HCCC or a health professional council has a right to appear as a party to a review.				not implemented	Rec 16 was not a formal recommendation and although accepted, was not implemented. However, may be f uninterest to the 2023 legislative reform to establish Tribunal review of cancellations.	Procedural fairness, transparency, privacy
Recommendation 19- No change to the mandatory reporting requirements for treating practitioners. However, will consider the matter further upon the receipt of any additional advice provided to Health Ministers. (Note discussion on implementation occurred as part of Tranche 1. NSW did not want to relax requirements as far as WA and was a significant player in the compromise implemented in 2018.)				not implemented	Rec 19 was not a formal recommendation and although accepted, was not implemented as part of the Statutory review of the Health Practitioner Regulation National Law (NSW) (2015) – Government review. Refer to the Snowball Review or response to mandatory reporting changes.	Procedural fairness, transparency, privacy
KPMG Review of notification and system processes (2015) – Independent review commissioned by Ahpra						
All recommendations accepted and implemented						

Commonwealth Senate community affairs reference committee inquiry into the medical complaints process in Australia (2016)				
Recommendation 4 - All hospitals review their codes of conduct to ensure that they contain a provision that specifically states that bullying and harassment in the workplace is strictly not tolerated towards hospital staff, students and volunteers.			partially implemented	Rec 4 - Deferred to Health Ministers individually as operations of state and territory health services is a matter for each jurisdiction.	Strengthening the regulatory framework
Independent National review of accreditation systems (2017)				
Recommendation 10 - National Boards should develop profession-specific competency standards formally under the National Law in accordance with the legislative provisions established for the development of registration standards. Competency standards should be developed cooperatively through wide-ranging consultation to achieve the following - a. standardised definitions and terminology, b. agreement on those competencies that are common to all health professions and profession-specific performance criteria and indicators, c. inclusion of specific and consistent standards for quality and safety, including collaborative practice and team-based care, developed in partnership with the Australian Commission on Safety and Quality in Health Care and cultural safety and Aboriginal and Torres Strait Islander health developed in partnership with the National Scheme's Aboriginal and Torres Strait Islander Health Strategy Group, and d. alignment with service models and responsiveness to national health workforce priorities that best serve evolving community health care needs.			partially implemented	Rec 10 - was accepted and partially implemented. While establishing procedures for development of professional competency frameworks may be helpful, Ahpra and National Boards do not agree they should be developed in accordance with the same legislative provisions for the development of registration standards. Standardised terminology and definitions documents were published in late 2022. Most Boards have revised professional capabilities documents in alignment with the CANMeds framework, which has assisted to align competencies between professions.	Strengthening the regulatory framework
Recommendation 11 - Accreditation authorities in their development of accreditation standards, and National Boards in their development of competency standards, should use agreed definitions for interprofessional learning and practice. This should be supported by guidance material, developed through broad consultation, which clarifies expectations of education providers and outlines a competency-based assessment approach that focuses on facilitating team-based practice and collaborative care.			partially implemented	Rec 11- was accepted and partially implemented. Matter referred to Ahpra for consideration and implementation as necessary.	Strengthening the regulatory framework
Recommendation 17 - The governance of a health profession accreditation body should be structured to ensure the body achieves the following in the accreditation of health profession education: a.It must place the public interest foremost and apply professional and other expert input to decision-making that is in accordance with National Scheme objectives b.It exercises its decision-making independently of regulated parties and other interested stakeholders c.Its decisions should be transparent and subject to the same grievance and appeals requirements as decisions made by other National Scheme entities (as described in Recommendation 31) d.The governance structure of an accreditation body must enable it to operate effectively in either an external private entity or under the auspices of Ahpra, the statutory agency, but not have its decisions subject to approval or undue influence by their governing bodies.			partially implemented	Rec 17- was accepted and partially implemented. Matter referred to Ahpra for consideration and implementation as necessary.	Strengthening the regulatory framework
Senate Community Affairs References Committee Inquiry into the complaint mechanism administered under the Health Practitioner Regulation National Law (2017)				

Recommendation 3 - COAG Health Council to consider whether recourse and compensation processes should be made available to health practitioners subjected to vexatious claims.				not accepted	Rec 3 - was not accepted on the basis that NRAS is fully cost recovered and compensation would have to be sourced from practitioner fees for each profession.	Procedural fairness, transparency, privacy
Recommendation 10 - COAG Health Council to consider amending the National Law to reflect the Psychology Board of Australia's (PsyBA's) policy on single expert witness psychologists acting in family law proceedings.				partially implemented	Rec 10 - was deferred to Ahpra who advised the PsyBA policy on single expert witness was considered sufficient to manage the regulation of single witness psychologists in family law proceedings	Skills of those handling notifications
Recommendation 11 - COAG Health Council consider making a caution an appealable decision.				not implemented	Rec 11 - was deferred for consultation and the matter considered as potential reform in Tranche 2 - not implemented as a caution is the lowest level of regulatory action that can be taken.	Design, operation, and performance
Recommendation 12 - COAG Health Council consider whether notifiers should be permitted to appeal board decisions to the relevant tribunal.				not implemented	Rec 12- was deferred for consultation and the matter considered as potential reform in Tranche 2 - not implemented as notifiers are not considered a party to a regulatory action and reform would require significant changes to law.	Design, operation, and performance
Independent review of the use of chaperones to protect patients in Australia (2017) - Medical Board of Australia (MBA) commissioned						
Recommendation 8 - Ahpra develop procedural guidance to clarify when staff should notify police and progress work, including possible Memoranda of Understanding (MOUs) with police, to ensure good communication and information sharing between Ahpra and police.				partially implemented	Rec 8 - was accepted and is partially implemented. Ahpra has engaged in MOUs with WA and VIC police agencies and has established formal relationships for information sharing purposes with all police agencies, and work has commenced on an MOU with Tasmanian Police. Ahpra has also established internal policies on information sharing with police agencies and how to escalate requests for information where police responses are not timely.	Procedural fairness, transparency, privacy
Recommendation 9 - All interim restrictions and suspensions be reviewed at least every six months, and earlier if there are triggers for review; and not remain in place more than 12 months, except in exceptional cases of delay necessitated by external decision-makers (police, tribunals, or courts).				partially implemented	Rec 9 was accepted and is partially implemented. Ahpra has commenced a policy for review of interim restrictions and prohibition on a six-monthly basis or where the agency has evidence of confirmed non-compliance, suspected non-compliance, where the risk posed by the nature of the non-compliance is considered moderate or high, or when the risk posed by the practitioner has altered. This may or may not be related to monitoring or risk management activity. Specific actions that will trigger review include when an investigation is commenced or charges are laid by police, the Practitioner is committed to stand trial in relation to any charges, there is an outcome from any hearing in relation to the charges, the police close an investigation into the conduct without laying charges, or the receipt of any new notification.	Procedural fairness, transparency, privacy

Recommendation 22 - Only a registered health practitioner, who does not have a pre-existing employment, contractual or financial relationship with the practitioner, may be approved as a chaperone.				partially implemented	Rec 22 - was accepted and partially implemented because some elements relating to chaperone conditions are no longer relevant as these measures are no longer used. Changes to protocols and procedures have included requirements for chaperones including changes to who can be nominated as a chaperone, what information needs to be provided to a chaperone, what needs to be in place before a chaperone can begin and how chaperone conditions are monitored.	Skills of those handling notifications
Recommendation 23 - A patient-nominated chaperone may not be approved as a chaperone.				partially implemented	Rec 23 - was accepted and partially implemented because some elements relating to chaperone conditions are no longer relevant as these measures are no longer used. Changes to protocols and procedures have included requirements for chaperones including changes to who can be nominated as a chaperone, what information needs to be provided to a chaperone, what needs to be in place before a chaperone can begin and how chaperone conditions are monitored.	Skills of those handling notifications
Recommendation 24 -The chaperone be provided with full information about the nature of the allegations made against the practitioner and a full copy of the conditions that have been imposed on the registration of the practitioner.				partially implemented	Rec 24 - was accepted and partially implemented because some elements relating to chaperone conditions are no longer relevant as these measures are no longer used. Changes to protocols and procedures have included requirements for chaperones including changes to who can be nominated as a chaperone, what information needs to be provided to a chaperone, what needs to be in place before a chaperone can begin and how chaperone conditions are monitored.	Skills of those handling notifications
Recommendation 25 -Chaperones be fully briefed and provided with training about the functions and requirements of the chaperone role before commencing duty as a chaperone.				partially implemented	Rec 25 - was accepted and partially implemented because some elements relating to chaperone conditions are no longer relevant as these measures are no longer used. Changes to protocols and procedures have included requirements for chaperones including changes to who can be nominated as a chaperone, what information needs to be provided to a chaperone, what needs to be in place before a chaperone can begin and how chaperone conditions are monitored.	Skills of those handling notifications
New South Wales Review of the regulation of cosmetic procedures (2018)						
Recommendation 5 - That additional regulation be imposed for extreme body modification procedures relating to informing clients about the risks of the procedure, the measures taken to mitigate the risks and preventing body modification procedures being undertaken on minors.				partially implemented	Rec 5 - was accepted and partially implemented. Although not relevant to NRAS - consideration was given to requiring counselling and GP referral for National Cosmetic reform	Strengthening the regulatory framework

Recommendation 6 - The Minister wrote to NSW Fair Trading to raise consumer protection relating to cosmetic procedures.				partially implemented	Rec 6 - was accepted and partially implemented. Although not relevant to NRAS - consideration was given to requiring counselling and GP referral for National Cosmetic reform	Strengthening the regulatory framework
Review of confidentiality safeguards for people making notifications about health practitioners (2019) – Ahpra commissioned						
Recommendation 9 - Ahpra to seek an amendment to the National Law to make it an offence for a registered health practitioner to harm, threaten, intimidate, harass, or coerce a notifier.				not implemented	Rec 9 - was deferred to tranche 2 reforms for consultation but was not included in agreed reforms.	Design, operation, and performance
Three years on: changes in regulatory practice since the independent review of the use of chaperones to protect patients in Australia - Completed in 2020						
Recommendation 4 - Ahpra prepare and implement an action plan, to address the problem of delays in completion of sexual boundary notifications.				partially implemented	Rec 4 was accepted and partially implemented. In February 2023, Ahpra released a blueprint for reforms related to managing professional misconduct including sexual boundary violations.	Design, operation, and performance
Recommendation 5 - The model of a single, specialised delegate committee handling sexual boundary notifications be rolled out across other registered health professions. A multi-profession sexual boundary notification committee would ensure a reasonable volume of cases and enable consistency of practice.				partially implemented	Rec 5 - was accepted and is partially implemented. Ahpra and National Boards will consider this recommendation as part of the work to balance practitioner members with community members on decision making committees.	Skills of those handling notifications
Recommendation 6 - Ahpra publish case studies drawn from these cases, to be used for educational purposes, and disseminated to Medical Defence Organisations, medical schools, and colleges.				partially implemented	Rec 6 - was accepted and is partially implemented. Ahpra has developed some case studies, which have had some ad hoc use with medical students. Ahpra is the process of finalising an educational package for use within medical schools and are planning further development and publishing of case studies.	Skills of those handling notifications
Senate Community Affairs Committee Inquiry into the administration of registration and notifications by Ahpra and related entities under the National Law (2021)						
Recommendation 6 - Ahpra to review and simplify its published information about notifications and other complaint pathways.				implemented	Rec 6 - **not yet tabled** but has been implemented. Ahpra has published updated information about notifications (targeted at both notifiers and practitioners) on its website. It is undertaking a joint project with the Australian Commission for Safety and Quality in Healthcare on improving the notifier experience of complaints.	Procedural fairness, transparency, privacy
Recommendation 7 - Ahpra and the national boards undertake education and awareness activities, explaining notifications and other complaints pathways, with health practices and services.				implemented	Rec 7 - **not yet tabled** but has been implemented. Ahpra has published a series of interview videos and other media supporting practitioners and the public to better understand the complaints process. In addition, engagement with employers, health services and their forums, as well as professional bodies, regarding the notifications process is undertaken regularly.	Procedural fairness, transparency, privacy
Recommendation 8 - Ministerial Council to consider reforms to the National Law to enable health practices and services to be referred low risk notifications to be dealt with in the first instance, and that Ahpra and national boards have discretion to refuse these matters on that ground.				not implemented	Rec 8 - **not yet tabled** . Matter not yet considered by Health Ministers, due to the COVID-19 response implementation and other workforce issues taking priority	Design, operation, and performance

Recommendation 9 - Notifications accepted by Ahpra be limited to clinical issues relating to patient safety.				not implemented	Rec 9 - **not yet tabled.** Ministers have shown no intent to restrict this scope. Health performance and conduct are defined in Part 8 of the National Law and are the basis of grounds on which Ahpra and the Boards take action.	Design, operation, and performance
Recommendation 10 - Ahpra and the national boards to consider improving the notifications data it collects and publishes to better understand where protracted timeframes are experienced and the reasons for any delays.				implemented	Rec 10 - **not yet tabled** but has been implemented. Ahpra collects and publishes significant data on all of its operations. In January 2023, Ahpra undertook extensive public consultation on its data strategy and the use of its data. Ahpra has a Regulatory Performance Committee that examines Ahpra's performance, including its data.	Procedural fairness, transparency, privacy
Recommendation 11 - Ahpra and the national boards to undertake an analysis of the cause of protracted notification timeframes and identify ways to further improve these, with consideration given to what further decision-making powers of the national boards can be delegated to Ahpra, the allocation of resources to deal with increasing volumes of notifications, and establishing timeframes for aspects of the notifications process.				implemented	Rec 11 - **not yet tabled** but has been implemented**.** Ahpra and National Boards have ongoing work on regulatory performance and timeframes. They hold a quarterly review on all aged notifications. In 2021, Ahpra undertook a major project to improve the use of investigations to improve timeliness. Ahpra continues to increase resourcing to address notification volumes and are undertaking a major business transformation program to improve their operating platform for regulatory operations including notifications.	Design, operation, and performance
Recommendation 12 - Ahpra and the national boards develop and publish a strategy for identifying systemic issues and working with stakeholders to proactively address areas of concern.				implemented	Rec 12 - **not yet tabled** but implemented. Ahpra has commenced project work to support professional practise, as a strategy to proactively address systemic issues that commonly lead to notifications and regulatory action to protect the public. Ahpra meet regularly with practitioner groups, employers, jurisdictions, medical indemnity bodies and consumer groups to address concerns.	Procedural fairness, transparency, privacy
Recommendation 13 - The Ministerial Council to agree to remove the current mandatory reporting requirements and align the approach with the Western Australian model.				not implemented	Rec 13 - **not yet tabled**. Tranche 1A amendment to remove requirements for mandatory notifications where a practitioners' conduct, or health does not impact patient care (e.g. intoxication in a social environment or a managed health condition) was decided as an appropriate middle-ground to ceasing mandatory reporting.	Procedural fairness, transparency, privacy
Recommendation 14 - Ahpra and the national boards develop and fund a comprehensive strategy for providing tailored support for the notifications process to practitioners in all regulated professions.				partially implemented	Rec 14 - **not yet tabled** but partially implemented. Ahpra has recently released findings on research into the distress practitioners experience when subject to regulatory processes. Recommendations from this work will inform the implementation of strategies to reduce the distress of practitioners.	Procedural fairness, transparency, privacy

Recommendation 2 - If an area of practice endorsement is approved for cosmetic surgery, Ahpra and the Medical Board, in consultation with other stakeholders, undertake a public education campaign to assist consumers to understand the significance of an endorsement.				partially implemented	Rec 2 - was accepted and is partially implemented. Health Ministers requested implementation as part of broader cosmetic reforms due by March 2023	Strengthening the regulatory framework
Recommendation 3 - Ahpra and the Medical Board continue their joint work with the Australian Commission on Safety and Quality (ACSQHC) in Health Care on improving the consumer experience of making health notifications in Australia.				under implementation	Rec 3 - has been accepted and the work is actively progressing	Procedural fairness, transparency, privacy
Recommendation 4 - Ahpra and the Medical Board consider: a) producing notifier educational material (with case examples) tailored specifically to cosmetic surgery matters including providing advice about: i. Ahpra and the Medical Board's role and the limit of their powers ii. pathways to Health Complaints Entities (HCEs) and other complaint agencies that offer dispute resolution b) providing more specific advice (on the above matters) in initial correspondence to consumers who have made a notification about a cosmetic surgery matter c) making public their position in relation to practitioners' use of non-disclosure agreements to prevent consumers making a notification.				partially implemented	Rec 4 - was accepted and is partially implemented. Ahpra has improved its notification process and links to HCEs. Further work is underway to improve Ahpra's digital presence and information. Ahpra has also established a public information page on its Cosmetic Surgery Hub which provides an overview of the key information patients should consider about cosmetic surgery and other services. Ahpra continues to strengthen its relationship with other regulatory entities and address cosmetic surgery advertising concerns.	Procedural fairness, transparency, privacy
Recommendation 5 - Ahpra and the Medical Board review its educational material that is available to practitioners about mandatory and voluntary notifications and include more information about: a) notifications involving concerns that a practitioner may have placed the public at risk of harm because the practitioner has practised the profession in a way that constitutes a significant departure from accepted professional standards and is placing the public at risk of harm b) protections for notifiers and the ability to make a confidential mandatory notification or anonymous voluntary notification.				partially implemented	Rec 5 - was accepted and is partially implemented. Ahpra has established a dedicated hotline for cosmetic surgery concerns and a dedicated cosmetic surgery hub on its website, which includes information for practitioners which addresses criteria to consider when deciding to make a mandatory notification as well as links to relevant resources practitioners need to be aware of.	Procedural fairness, transparency, privacy
Recommendation 6 - Ahpra and the Medical Board undertake a targeted education campaign in relation to making mandatory and voluntary notifications aimed at the cosmetic surgery sector and the classes of practitioners/ employers outside the sector who may subsequently treat cosmetic surgery patients (including emergency departments and their employees).				partially implemented	Rec 6 - was accepted and is partially implemented. Ahpra has established a dedicated hotline for cosmetic surgery concerns and a dedicated webpage for practitioners which addresses criteria to consider when deciding to make a mandatory notification as well as links to relevant resources practitioners need to be aware of.	Procedural fairness, transparency, privacy
Recommendation 7 - Ahpra and the Medical Board of Australia: a) develop training and guidance material specifically about the management of cosmetic surgery notifications to supplement and support the current assessment/investigation processes (which may include what other open-source enquiries should be made and when). This should be directed towards ensuring that any specific key issues raised by the notification (either directly or indirectly) are consistently and appropriately considered and the risk assessment methodology is rigorously applied b) take further steps to enhance consistency in the management of issues raised in cosmetic surgery notifications, including for example, building up the specialist expertise of staff managing these notifications (whether in one team or across teams) c) ensure that where necessary key claims in a practitioner's submissions are scrutinised, including seeking corroborative evidence (for example, medical notes or GP records) and attempts are made to resolve key factual disputes (including seeking clarification from the notifier or other witnesses).				**Check status**	Rec 7 - unsure if this has been implemented	Skills of those handling notifications

Recommendation 8 - Building on the work undertaken by the review: a) Ahpra identify and clearly map the roles, responsibilities and powers of each regulator in the cosmetic surgery sector (including on a state-by-state basis) and produce a corporate document available to relevant staff; and b) Once the mapping exercise is completed, Ahpra identify where any improvements are required to enhance the flow of information between these relevant regulators, including for example, identifying key contacts and/or where necessary entering into a memorandum of understanding or other agreement.				partially implemented	Rec 8 - was accepted and work is underway	Design, operation, and performance
Recommendation 10 - Ahpra and the Medical Board review their regulatory approach to advertising in the cosmetic surgery sector including by: a) ensuring that the risks posed by advertising in this sector are appropriately categorised within the risk framework set out in the Advertising compliance and enforcement strategy for the National Scheme so that stronger enforcement action is taken about high-risk matters (including, where appropriate, taking prosecutorial action in some matters) b) undertaking an industry-specific audit which should, among other things, inform the future proactive monitoring/auditing of activities in this space.				partially implemented	Rec 10 - was accepted and work is underway	Strengthening the regulatory framework
Recommendation 11 - Ahpra and the Medical Board revise the Advertising Guidelines, the Cosmetic Guidelines and/ or produce additional material specifically about cosmetic surgery to clarify the standards expected of practitioners (including specific examples of inappropriate content or approaches) by addressing such areas as: a) avoiding the glamorisation and trivialisation of procedures including the downplaying of risk b) avoiding the use of images of models who have not undergone a cosmetic procedure(s) to promote a cosmetic procedure c) avoiding the promotion of procedures using social media influencers d) avoiding the use of content that implies cosmetic surgery should be utilised to obtain an acceptable/ideal body type e) promoting the use of disclaimers f) limiting benefit statements to those that are objectively demonstrable/provable (that is, the physical changes – not claimed psychological or social benefit) g) limiting the filming and use of content that shows surgical procedures to educational purposes only and not for entertainment h) strengthening procedures for informed consent on the use of and storage of patients' before and after photos i) preventing the targeting of young or otherwise vulnerable groups with advertising (including through algorithms and other marketing technology).AcceptedWork is underway				partially implemented	Rec 11 - was accepted and work is underway	Strengthening the regulatory framework
Recommendation 12 - Ahpra and the Medical Board consider the use of technology to assist in the monitoring/auditing of advertising in the sector				**Check status**	Rec 12 - was accepted.	Design, operation, and performance
Recommendation 15 - The Medical Board and Ahpra take on a role in seeking to facilitate reform in areas outside its powers and responsibilities where patient safety issues have been identified (for example, writing to the Ministerial Council recommending work be undertaken to develop a standardised national approach to health facility licensing and accreditation, including what types of cosmetic procedures can be done in each type of facility).				partially implemented	Rec 15 - was accepted and is partially implemented. Health Ministers have tasked the ACSQHC with conducting this review.	Design, operation, and performance
Recommendation 16 - The Medical Board consider periodically publishing lessons learned in cosmetic surgery using deidentified data, outcomes of notifications and other information sources as an educative tool for practitioners and to further inform consumers				**check status**	Rec 16 - was accepted	Procedural fairness, transparency, privacy

Appendix B: Implementation status of recommendations from past reviews

Reviews are listed in chronological order of release.

Key

Response column		Status column	
	Accepted, accepted in principle, or not formal recommendation		Fully implemented
	Deferred to Ahpra or for consultation, or not yet tabled		Work underway or partially implemented
	Not accepted		Not implemented

Independent assessment of the regulation of medical practitioners in Queensland (Chesterman 2012), Review of files held by Medical Board of Queensland (MBQ), Queensland Board of the Medical Board of Australia (QBMBA) and Ahpra, and Chesterman Report Recommendation 2 Review Panel (2013) – Government Review (QLD)

Recommendation		Response	Status
Theme: Skills of those handling notifications			
2012 - 4	Section 150 of the National Law provides that QBMBA and Health Quality and Complaints Commission (HQCC) must notify the other of a complaint received if it relates to the authority of the other with respect to the complaint and must attempt to agree how the notification is to be dealt with. If they cannot reach agreement 'the most serious action proposed by either must be taken.' It is unclear whether HQCC can insist that QBMBA take disciplinary action when HQCC think it is appropriate by QBMBA does not. The opinion of the Solicitor General should be obtained to determine if HQCC may insist upon a sanction more serious than QBMBA considers appropriate, and if not, amend the National Law to give this power.	Accepted	QLD Health Ombudsman Act 2013 was enacted because of perceived difficulty in uniform regulation of medical complaints. QLD is now a co-regulatory jurisdiction with first-pass consideration of all notifications.
Theme: Design, operation, and performance			
2012 - 1	A legal practitioner with extensive experience in criminal law be appointed to examine the last five years' MBQ, QBMBA and Ahpra cases in which a disciplinary sanction has been imposed on a medical practitioner in circumstances in which a patient died or suffered serious bodily harm to determine whether in any such case criminal charges should be laid.	Accepted	Fully Implemented. Review conducted by Jeffrey Hunter SC and provided to QLD Government in Feb 2013. Review does not appear to have been made public.
2012 - 2	Review all cases of misconduct or alleged misconduct by medical practitioners dealt with by QBMBA or in which Ahpra has recommended disciplinary action against a medical practitioner, including cases in which the Notification Advisory Committee and/or QBMBA rejected a recommendation by Ahpra to take disciplinary action, to determine whether QBMBA has made timely and appropriate responses to the complaints and recommendations and whether it is achieving the objectives to protect the public, uphold standards of medical practice and maintain public confidence in the medical profession.	Accepted	Implemented as "Chesterman Report Recommendation 2 Review Panel"

2013 -1	Ahpra and the Medical Board of Australia (MBA) to consider appointing senior investigators to conduct triage on notifications, fast tracking investigations and Board decisions in matters which raise immediate concern about the safety of the public based on the nature of the notification, the source and detail of the notification and the nature of prior notifications, introducing a triage process to ensure that priority is given to notifications from entities including the Office of the State Coroner and private health care institutions and establishing a more effective case management system whereby timelines for assessment, investigations and decisions are established, systems are put in place so deviations from timelines are identified and managed to ensure that the timeline is met or, when necessary modified to consider unpredicted developments, and any such modifications to the established timeline should be subject to being overruled by the Board. Ahpra also to consider simplifying the process whereby multiple internal referrals of decisions between committees and the Board are streamlined and endorsed by the Board rather than the Board being required to endorse each individual decision.	Not formal recommendation		Ahpra has a triage and complaints assessment matrix in place	
Theme: Procedural fairness, transparency, privacy					
2012 - 3	The number of medical practitioners on the QBMBA be reduced and the number of other practitioners with legal qualifications or someone who has served on regulatory boards be increased. At least half of the members of QBMBA must be medical practitioners and at least two must be community members.	Accepted		Included in Snowball Review	
2013 -3	To ensure and improve consistency of decisions, for all regulated health professions including nurses, pharmacists and dentists, a formal process should be put in place whereby prior similar decisions of the Board and/or Queensland Civil and Administrative Tribunal are formally reviewed by the Board prior to a new decision being taken to ensure that subsequent matters are in range and consistent over time. To ensure that the process is transparent and that Board decisions are subject to public scrutiny, suitably de-identified decision summaries should be released on a regular basis. To ensure consistency across the regulated professions, the membership of Boards should be changed so that a majority of its members are not medical practitioners (the chair of the Board is not a medical practitioner, proportion of new members includes practitioners other than medical practitioners who have served on boards which regulate other practitioners (such as nurses, dentists, and pharmacists) and a higher percentage of community members.	Not formal recommendation		Find recs in other reviews re composition of national boards	
Theme: Strengthening the regulatory framework					
2013 -2	In relation to the appropriateness of decisions, the panel concluded that there was clear evidence that the processes followed by Ahpra and the QBMBA to reach decisions based on notifications, were not adequately protecting the public. In particular, the decision-making processes for the progression of a notification from receipt to final decision did not appear to be consistent in application across notifications of a similar nature, and practitioners who were identified by expert opinions, investigation report findings (and recommendations) and the Boards own Reasons for Decision as having demonstrated a lower standard of professional behaviour, skill and competence often faced little or no sanctions. This was the outcome for a significant number of complaints/notifications based on clinically significant allegations. A matter of great concern to the panel was the disproportionately high level of Board decisions to take NFA in response to complaints/notifications, which on their face, evidence the basis for significant concern, have been referred by the State Coroner after an Inquest or by Queensland Health or private sector health facilities after internal investigations.	Not formal recommendation		QLD established the Office of Health Ombudsman (OHO) following this review, which meant QLD has retained first-pass consideration of all notifications in that jurisdiction and can monitor and control for consistency.	

National independent review of the National Registration and Accreditation Scheme (NRAS) (Snowball 2014)					
Recommendation		Response		Status	
Theme: Skills of those handling notifications					
28	Ahpra conduct specific education and training programs for investigators, designed in consultation with National Boards, Tribunals and Panel members to develop more consistent and appropriate investigative standards and approaches, consistent with the requirements of the National Law, including the primacy of public safety over other considerations.	Deferred to Ahpra		Ahpra has implemented a standard training program for all investigators, and operational changes covering risk assessment, management, and consistency of response to notifications.	
9	Measures to be taken within the NRAS to ensure the design and operation of the complaints and notifications process: a. involves a shared assessment of the appropriate means of investigating and addressing the issues between Ahpra and Health Complaints Entities (HCEs). Complainants whose issue is referred to a National Board as a notification are to be interviewed to determine their expectation and be advised of the relevant processes. b. ensures investigations and reports are shared between National Boards, Ahpra and HCEs as required. c. has benchmarked timeframes for completion. d. conveys rationale for deliberations and progress to notifiers and health practitioners in plain English. e. authorises Boards to refer matters for Alternative Dispute Resolution to HCEs. f. include timeframe for inclusion of adverse findings and disciplinary decisions on the registrants' record and strengthened monitoring of practitioner compliance with restrictions on registration, including adequacy of supervision. g. ensures the National Law is changed so that notifiers personally impacted by practitioner conduct can be informed in confidence about the process, decision, and rationale for the decision regarding their case. h. reviews correspondence standards to ensure improved clarity and sensitivity. i. ensures HCEs file complaints so practitioners can be searched according to their Ahpra registration number to allow authorised persons to access data for research into the predictability of professional misconduct.	Accepted		Amendments to the National Law and administrative processes allow for matters to be referred to appropriate other entities while an investigation is still underway. Information sharing between bodies take place under formal agreements or informally as necessary. Amendments to the National Law also occurred for notifiers to be provided with reasons for decisions related to notifications they made. Ahpra has KPIs in place regarding the management of notifications including target times to progress to key steps. Notifier and practitioner communication is embedded in these processes and there has been continuous improvement in the clarity of communication with notifiers.	
Theme: Design, operation, and performance					
21	National Boards and Ahpra complete a review within 12 months of the 60 Committees supporting National Boards, the 20 State and Territory or Regional Boards, and their 78 supporting committees to consolidate committee functions, remove committees duplicating the Ahpra corporate support role (for example, finance committees), review and revise delegation instruments to remove double handling of operational matters, and report to Australian Health Workforce Ministerial Council (AHWMC) on the outcomes.	Accepted		Ahpra and National Boards regularly review committee structures to improve quality and efficiency of decision making. Since this review there has been a focus on nationalising committee structures (Physiotherapy and Psychology Boards have removed State and Territory Boards, and the Medical Board implemented the National Special Issues Committee to manage notifications related to sexual boundary violations).	
Theme: Procedural fairness, transparency, privacy					

10	The National Law to be amended to reflect the same mandatory notification exemptions for treating practitioners established in the Western Australian law.	Not accepted		Numerous practitioner groups raised concerns - the National Law was amended to limit the circumstances in which a practitioner would be expected to make a mandatory notification.	
26	The National Law be amended to enable the AHWMC to appoint either a practitioner or community member of a National Board as Chairperson.	Accepted		Concerns raised by practitioner stakeholders saw this matter deferred for public consultation and not adopted	
32	That the National Law be amended to reflect provisions endorsed by the AHWMC in 2011.	Accepted		Changes to include amendments to privacy, ombudsman and FOI legislation included in remake of the National Law Regulation in 2018, Inclusion of tabling and disallowance provisions not included as jurisdictions have power to modify the National Law through their own legislation, protection provisions for health practitioners provided more generally through information suppression of the National Registers under Tranche 2 and replacement of AHWMC changed to a reference to the Ministerial Council comprised of all Health Ministers.	
Theme: Strengthening the regulatory framework					
12	The protection of the practice of birthing services to be adopted nationally, consistent with the South Australian amendment	Not accepted		Practice protections for birthing services have not been considered outside of SA, perhaps linked to a lack of evidence of increased harm.	
29	National Law prohibition order powers be amended to provide the means for Tribunals to prohibit the person from providing any type of health service, to establish an offence for breaching a prohibition order and to provide for mutual recognition of prohibition orders issues by jurisdictions.	Deferred for consultation		Prohibition order powers were amended as part of Tranche 2 reforms including increased penalties.	

NSW Government Statutory review of the Health Practitioner Regulation National Law (NSW) (2015)					
Recommendation		Response		Status	
Theme: Design, operation, and performance					
5	There should be no change to the current complaints model of three different and distinct streams of health, conduct and performance	Not a formal recommendation		No change required – recommendation was to take no action. Note performance and conduct is the model set out in the General National Law. It is likely that NSW deviating from this model would cause more issues in the long term.	
8	Section 152F of the Health Practitioner Regulation National Law (NSW) should be amended to provide that the Panel can continue to investigate or take action in respect of a matter that the Health Care Complaints Commission (HCCC) is investigating but only if the HCCC consents.	Not a formal recommendation		Fully implemented – HCCC can consent to an impaired registrant's panel continuing an investigation or other action.	
9	Performance Review Panels should be retained. However, section 155C of the Health Practitioner Regulation National Law should be amended to allow a Council to impose conditions, with the consent of the practitioner, following the receipt of an assessors' report.	Not a formal recommendation		Fully implemented. Imposition of conditions with consent is effectively the same as an enforceable undertaking.	
10	That the Health Practitioner Regulation National Law (NSW) be amended to require members of an Assessment Committee to be appointed by the Council rather than the Minister.	Not a formal recommendation		Fully implemented	
11	Remove Section 147B(1)(b) from the National Law (NSW). Section 147B deals with how complaints are assessed by a committee established by a Council. Section 147B(1)(b) mandated a reasonable attempt from the assessment committee to seek settlement by consent between complainant and practitioner.	Not a formal recommendation		There appears to be duplication between the HCCC's functions as a health service complaints body and the National Law. Implemented.	
12	No changes to section 150 (that sets out the powers of a Council to protect the public, specifically when a council must take action regarding a suspension or imposing conditions).	Not a formal recommendation		No action required.	
13	The legislation should be amended to give the Tribunal a power to make an interim suspension order where a complaint has been proven but before final orders are imposed and that the Tribunal considers the order is necessary to protect the public.	Not a formal recommendation		Appears that this recommendation was not implemented. NOTE: Interim prohibition orders introduced in Tranche 2 legislation to be exercised by Ahpra or a National Board in certain circumstances scheduled to commence in May 2023	
14	The legislation should be clarified to provide that the Tribunal can hold an inquiry if a complaint has been admitted.	Not a formal recommendation		Not implemented – s 165H specifically allows for a tribunal to not conduct an inquiry if a matter has been admitted in writing without indicating a tribunal may still wish to conduct an inquiry.	
17	No change to Schedule 5D (which sets out how tribunals and Professional Standards Committees (PSCs) may conduct their inquiries, and whether it should be terminated), so that it is not necessary to provide mandatory factors a PSC or Tribunal must consider in determining whether it is not in the public interest for an inquiry or appeal to continue.	Not a formal recommendation		No change required. Schedule 5D sets out how tribunals and PSCs may conduct their inquiries and limitations to certain actions or powers. Clause 12 of this schedule sets out whether an inquiry or appeal should/may be terminated.	

18	Continue to monitor and review the arrangements for dealing with practitioners who change their place of residence to determine if further action is required. (Note this issue arose from the different administrative requirements for monitoring conditions and compliance between NSW and Ahpra).	Not a formal recommendation		Unclear as recommendation was to observe and report.	
Theme: Procedural fairness, transparency, privacy					
6	Consider and consult on making changes to the National Law (NSW) to extend PSCs, or some of the transparency provisions relating to conduct matters, to the professions of dentistry, pharmacy and psychology, in addition to medicine, nursing and midwifery.	Not a formal recommendation		PSCs are established by the Medical and Nursing and Midwifery Councils (NSW State Boards) to consider matters of professional conduct. PSCs have the same powers to take action as a National Board in other states for conduct matters and must refer cancellation and suspension to NSW Civil and Administrative Tribunal. This recommendation was not implemented	
7	The National Law (NSW) should be amended to allow for a Council inquiry to be conducted with 3 or more members, give the PSC chair the power to make interlocutory decisions and the deciding vote if members split, and require PSCs to be audio recorded.	Not a formal recommendation		It appears all aspects of this recommendation have been implemented.	
15	The Tribunal should be required to provide written reasons when making orders following a practitioner admitting a complaint.	Not a formal recommendation		Fully implemented, subject to any secrecy or privacy concerns, decisions for orders must be published wherever an order has been made.	
16	National Law (NSW) amended to provide that the HCCC or a health professional council has a right to appear as a party to a review.	Not a formal recommendation		Not implemented, however may be of interest to 2023 legislative reform to establish Tribunal review of cancellations.	
19	No change to the mandatory reporting requirements for treating practitioners. However, will consider the matter further upon the receipt of any additional advice provided to Health Ministers. (Note discussion on implementation occurred as part of Tranche 1. NSW did not want to relax requirements as far as WA and was a significant player in the compromise implemented in 2018.)	Not a formal recommendation		See Snowball for response to mandatory reporting changes.	
20	Section 151 (that set out requirements for reporting of serious mental health matters to Councils) should be amended to only require a report in respect of a detained mental health patient if a patient is found to be a mentally ill person or a mentally disordered person after the examinations in section 27 of the Mental Health Act.	Not a formal recommendation		Fully implemented. Section 27 of the Mental Health Act 2007 (NSW) sets out the process for assessment and ongoing detention of a person in a mental health facility.	

21	NSW consult with Ahpra on the best way to ensure that a register of disqualified practitioners is kept in NSW	Not a formal recommendation		Ahpra maintains separate registers alongside the National Health Practitioner Registers for those practitioners who have had their registration cancelled, disqualified or are subject to a prohibition order. Not applicable in NSW, however, there is a separate register for practitioners who have given an undertaking to not practice.

KPMG Review of notification and system processes (2015) – Independent review commissioned by Ahpra				
Recommendation		Response		Status
Theme: Design, operation, and performance				
2	Adopt a more systematic, risk-based approach to assessment and management of notifications, utilising a structured, data informed approach to triaging notifications, including consideration of broader factors which may impact risk rating, to enhance the overall effectiveness and efficiency of the notifications process.	Accepted		Ahpra has implemented a risk management framework for notifications, and a national structure and approach to drive consistency in notifications management. Notifications which may be of higher risk are directed to specialised teams for assessment and action. This has been implemented across all jurisdictions.
3	Revisit methodology relating to management of notifications, using a risk-based approach to implement a formal process which prioritises and tailors investigations based on risk rating, and encourages intensity of activity to promote the earliest possible resolution of the matter.	Accepted		Ahpra has implemented a risk monitoring approach where a practitioner's notification history may influence the risk rating attached to a particular notification. See also Sexual Boundary Notifications Committee and IA implementation from chaperone review.
Theme: Procedural fairness, transparency and privacy				
4	Implement a system to enhance and facilitate transparency of the notifications process, including reciprocal information sharing with key stakeholders to inform a risk based approach to managing notifications.	Accepted		Ahpra has continued to invest in its information sharing roles including establishing a memorandum of understanding with the Victorian Department of Health and many health complaints entities to share and manage information in public interest. Ahpra has also invested in education for employers regarding the importance of mandatory reporting to public safety.

Commonwealth Senate community affairs reference committee inquiry into the medical complaints process in Australia (2016)			
Recommendation		Response	Status
Theme: Strengthening the regulatory framework			
1	All parties with responsibility for addressing bullying and harassment in the medical profession, including governments, hospitals, specialty colleges and universities: • acknowledge that bullying and harassment remains prevalent within the profession, to the detriment of individual practitioners and patients alike • recognise that working together and addressing these issues in a collaborative way is the only solution and • commit to ongoing and sustained action and resources to eliminate these behaviours.	Accepted	All National Board codes of conduct contain reference material for bullying and harassment, including - respect for colleagues and other practitioners - teamwork and collaboration - discrimination, bullying and harassment The Medical Board has worked with Ahpra and stakeholders to introduce an annual survey of doctors in training, which covers matters that impact upon the quality and safety of training, including unacceptable behaviour, professional culture and poor supervision.
4	All hospitals review their codes of conduct to ensure that they contain a provision that specifically states that bullying and harassment in the workplace is strictly not tolerated towards hospital staff, students and volunteers.	Accepted in principle	Deferred to Health Ministers individually as operations of state and territory health services is a matter for each jurisdiction.

Independent National review of accreditation systems (2017)			
Recommendation		Response	Status
Theme: Design, operation, and performance			
31	The Council of Australian Governments (COAG) Health Council should oversight a policy review process to identify national health workforce directions and reform that aims to align workforce requirements with broader health and social care policies that respond to evolving community needs, engages regulators, professions, consumers, service providers and educators and is approached in a regular, robust, formalised and evidence-based manner to ensure currency and continuous improvement.	Accepted	Reform opportunities through implementation of the National Medical Workforce Strategy, the Aboriginal and Torres Strait Islander Health and Medical Workforce Plan among others is expected to address this.
32	The Australian Health Workforce Ministerial Council should periodically deliver a Statement of Expectations encompassing all entities within the National Scheme that covers: a. key health workforce reform directions, including policies and objectives relevant to entities in the National Scheme b. expectations about the role and responsibilities of National Scheme entities, the priorities expected to be observed in conducting operations and their relationships with governments c. expectations of regulator performance, improvement, transparency and accountability.	Accepted	Ministers expressed their shared intent that the responses to all previous recommendations and implementation of various reforms would address this recommendation.

Theme: Strengthening the regulatory framework				
10	National Boards should develop profession-specific competency standards formally under the National Law in accordance with the legislative provisions established for the development of registration standards. Competency standards should be developed cooperatively through wide-ranging consultation to achieve a. standardised definitions and terminology, b. agreement on those competencies that are common to all health professions and profession-specific performance criteria and indicators, c. inclusion of specific and consistent standards for quality and safety, including collaborative practice and team-based care, developed in partnership with the Australian Commission on Safety and Quality in Health Care and cultural safety and Aboriginal and Torres Strait Islander health developed in partnership with the National Scheme's Aboriginal and Torres Strait Islander Health Strategy Group, and d. alignment with service models and responsiveness to national health workforce priorities that best serve evolving community health care needs.	Accepted		While establishing procedures for development of professional competency frameworks may be helpful, Ahpra and National Boards do not agree they should be developed in accordance with the same legislative provisions for the development of registration standards. Standardised terminology and definitions documents were published in late 2022. Most Boards have revised professional capabilities documents in alignment with the CANMeds framework, which has assisted to align competencies between professions.	
11	Accreditation authorities in their development of accreditation standards, and National Boards in their development of competency standards, should use agreed definitions for interprofessional learning and practice. This should be supported by guidance material, developed through broad consultation, which clarifies expectations of education providers and outlines a competency-based assessment approach that focuses on facilitating team-based practice and collaborative care.	Accepted		Matter referred to Ahpra for consideration and implementation as necessary.	
17	The governance of a health profession accreditation body should be structured to ensure the body achieves the following in the accreditation of health profession education: a. It must place the public interest foremost and apply professional and other expert input to decision-making that is in accordance with National Scheme objectives b. It exercises its decision-making independently of regulated parties and other interested stakeholders c. Its decisions should be transparent and subject to the same grievance and appeals requirements as decisions made by other National Scheme entities (as described in Recommendation 31) d. The governance structure of an accreditation body must enable it to operate effectively in either an external private entity or under the auspices of Ahpra, the statutory agency, but not have its decisions subject to approval or undue influence by their governing bodies.	Accepted			

Senate Community Affairs References Committee Inquiry into the complaint mechanism administered under the Health Practitioner Regulation National Law (2017)				
Recommendation		Response		Status
Theme: Skills of those handling notifications				
5	Ahpra to immediately strengthen its conflicts of interest policy for members of Boards and that the Chair of the Board should make active inquiries of the other decisions makers about actual or potential conflicts of interest prior to consideration of a notification.	Deferred to Ahpra		Ahpra and the National Boards implemented procedures in 2018 to manage actual or potential conflicts of interest for members of any Board or delegated committee that makes regulatory decisions on behalf of the National Board.
8	Ahpra to formally induct and educate board members on the way their regulatory powers can be used to achieve results that both manages risk to the public and educates practitioners.	Deferred to Ahpra		Ahpra confirmed induction processes are in place that cover the roles, responsibilities and powers of National Board and State and Territory Board members. New members receive an orientation to the National Scheme and then undertake the 'Governance and decision-making in the NRAS' program.
9	Ahpra to conduct additional training with staff to ensure an appropriately broad understanding of the policies it administers and provide staff with ongoing professional development related to the undertaking of investigations.	Deferred to Ahpra		In 2018, Ahpra reported implementing boosted resources for professional development and training for staff with responsibilities to manage notifications, including establishment of a learning and development hub that includes guidance and resources for professional development planning and a training catalogue for Ahpra staff. In 2020, Ahpra implemented national training for investigators, consistent with Recommendation 28 from the Independent Review of the NRAS for Health Professions.
10	COAG Health Council to consider amending the National Law to reflect the Psychology Board of Australia's (PsyBA's) policy on single expert witness psychologists acting in family law proceedings.	Deferred to Ahpra		Ahpra advised that the PsyBA policy on single expert witness was considered sufficient to manage the regulation of single witness psychologists in family law proceedings.
Theme: Procedural fairness, transparency, privacy				

1	Ahpra review and amend the way it engages with notifiers throughout the process to ensure that all notifiers are aware of their rights and responsibilities and are informed about the progress and status of the notification.	Noted		Amendments to the National Law were passed in 2017 enabling notifiers to be provided with reasons for decisions taken by National Boards. Ahpra has implemented significant reform of the notifications process including information pages and videos as well as supportive documentation. Ahpra commenced a Notifier Support Service in 2021 for victim survivors of sexual boundary notifications	
2	Ahpra and National Boards to develop and publish a framework for identifying and dealing with vexatious complaints.	Deferred to Ahpra		Independent research into vexatious complaints in 2017 identified lack of truly vexatious complaints. In 2020, the Medical Board of Australia released a revised code of conduct for medical practitioners (Good medical practice: A code of conduct for doctors in Australia), that introduced a section on vexatious complaints.	
3	COAG Health Council to consider whether recourse and compensation processes should be made available to health practitioners subjected to vexatious claims.	Not Accepted		Rejected on the basis that NRAS is fully cost recovered and compensation would have to be sourced from practitioner fees for each profession.	
6	Ahpra to develop a transparent independent method of determining when external advice is obtained and who provides that advice.	Deferred to Ahpra		In 2020, Ahpra published a Regulatory Guide which sets out how National Boards manage notifications about the health, performance and conduct of practitioners under Part 8 of the National Law, and the improvements that were made to obtaining clinical input across all professions regulated under the NRAS.	
Theme: Design, operation, and performance					

4	The Committee recommends that Ahpra and the national boards institute mechanisms to ensure appropriate clinical peer advice is obtained at the earliest possible opportunity in the management of a notification.	Deferred to Ahpra		Ahpra has processes in place to identify where profession specific clinical input is required. Ahpra employs registered health practitioners to provide clinical input during the consideration of notifications. Since 2018 all notifications concerning registered medical practitioners are routinely screened by a medical advisor. Other relevant consultants are engaged on a case-by-case basis to support investigation.	
11	COAG Health Council consider making a caution an appealable decision.	Deferred for consultation		Matter considered as potential reform in Tranche 2 - not implemented as a caution is the lowest level of regulatory action that can be taken.	
12	COAG Health Council consider whether notifiers should be permitted to appeal board decisions to the relevant tribunal.	Deferred for consultation		Matter considered as potential reform in Tranche 2 - not implemented as notifiers are not considered a party to a regulatory action and reform would require significant changes to law.	

Independent review of the use of chaperones to protect patients in Australia (2017) - Medical Board of Australia (MBA) commissioned					
Recommendation		Response		Status	
Theme: Skills of those handling notifications					
3	Ahpra develop highly specialised staff and investigators for handling sexual misconduct cases, who can establish rapport and deal with victims empathetically, invest in specialist training and skills, and prioritise the investigation of allegations of sexual misconduct.	Accepted		Ahpra has established dedicated teams to handle investigations regarding sexual misconduct. The MBA's Special Issues Committee works with this team to address sexual boundary violation allegations with sensitivity. Specialised investigation training sessions have been completed for Ahpra staff (including investigators and intake and assessment officers) who deal with sexual boundary matters.	
5	The MBA develop highly specialised delegated decision-makers for regulatory decision-making about sexual misconduct cases.	Accepted		MBA established its Special Issues Committee as a subcommittee which has specific links to dedicated areas in Ahpra responsible for managing sexual boundaries notifications.	

22	Only a registered health practitioner, who does not have a pre-existing employment, contractual or financial relationship with the practitioner, may be approved as a chaperone.	Accepted		Underway. Changes to protocols and procedures have included requirements for chaperones including changes to who can be nominated as a chaperone, what information needs to be provided to a chaperone, what needs to be in place before a chaperone can begin and how chaperone conditions are monitored.	
23	A patient-nominated chaperone may not be approved as a chaperone.	Accepted			
24	The chaperone be provided with full information about the nature of the allegations made against the practitioner and a full copy of the conditions that have been imposed on the registration of the practitioner.	Accepted			
25	Chaperones be fully briefed and provided with training about the functions and requirements of the chaperone role before commencing duty as a chaperone.	Accepted			
27	The monitoring of chaperone conditions be the responsibility of a national specialist team within Ahpra.	Accepted			
Theme: Design, operation, and performance					
6	The MBA undertake an audit of all sexual misconduct immediate action decisions, to ensure they are adequately protecting the public.	Accepted		The MBA commissioned an audit of all notifications containing a sexual misconduct allegation in 2017/18, which revealed that, of 101 notifications, immediate action was considered on four occasions and taken only once.	
4	Ahpra revise the guidance for National Boards on relevant factors in the exercise of immediate action powers, including the threshold for taking immediate action and the appropriate level of intervention.	Accepted		Comprehensive advice about immediate actions has been provided to the MBA and other National Boards. Ahpra's immediate action team works directly with all Boards to provide training and support on the use and application of immediate action powers. These powers have also been updated as part of Tranche 1 reforms to allow Boards to take action in the public interest.	
Theme: Procedural fairness, transparency, privacy					
7	Ahpra implement operational changes to improve communication with notifiers who report sexual misconduct, in particular notifiers personally affected by practitioner conduct.	Accepted		Ahpra staff responsible for handling sexual misconduct notifications receive specific training on how to communicate with notifiers directly affected by sexual misconduct including referring them to appropriate support services. In 2021, Ahpra commenced the Notifier Support Service for victim survivors of sexual boundary violations by registered health practitioners.	

Commented [GM1]: How can this be underway if chaperones were scrapped. Might be useful to add words at the end such as 'Elements relating to chaperone conditions no longer relevant as these measures are no longer used.'

Commented [ETH2]: Been removed?

8	Ahpra develop procedural guidance to clarify when staff should notify police and progress work, including possible Memoranda of Understanding (MOUs) with police, to ensure good communication and information sharing between Ahpra and police.	Accepted		Ahpra has engaged in MOUs with WA and VIC police agencies and has established formal relationships for information sharing purposes with all police agencies, and work has commenced on an MOU with Tasmanian Police. Ahpra has also established internal policies on information sharing with police agencies and how to escalate requests for information where police responses are not timely.	
9	All interim restrictions and suspensions be reviewed at least every six months, and earlier if there are triggers for review; and not remain in place more than 12 months, except in exceptional cases of delay necessitated by external decision-makers (police, tribunals, or courts).	Accepted		Ahpra has commenced a policy for review of interim restrictions and prohibition on a six-monthly basis or where the agency has evidence of confirmed non-compliance, suspected non-compliance, where the risk posed by the nature of the non-compliance is considered moderate or high, or when the risk posed by the practitioner has altered. This may or may not be related to monitoring or risk management activity. Specific actions that will trigger review include when an investigation is commenced or charges are laid by police, the Practitioner is committed to stand trial in relation to any charges, there is an outcome from any hearing in relation to the charges, the police close an investigation into the conduct without laying charges, or the receipt of any new notification.	
10	The public Register of practitioners include web links to published disciplinary decisions and court rulings.	Accepted		The public register of each National Board has included links to published adverse tribunal decisions since 2018 where the identity of the practitioner is not suppressed. Ahpra also maintains a register of all tribunal decisions on a separate part of its website	

20	The National Law be amended as necessary to allow a National Board to require a practitioner to disclose the reasons for a restriction to patients and to permit chaperones to be fully briefed as to those reasons.	Accepted		This change addressed administratively through reporting and monitoring conditions used by Ahpra. Elements relating to chaperone conditions not relevant as these measures are no longer used.	
Theme: Strengthening the regulatory framework					
1	The use of mandated chaperones as an interim restriction in response to allegations of sexual misconduct be abandoned.	Accepted		The use of Chaperones has been discontinued by the Medical Board in all new decisions since 2017.	
2	The use of chaperones be replaced by other immediate action conditions (including greater use of gender-based prohibitions or prohibitions on patient contact) and suspensions.	Accepted		Other immediate actions are now used where required - such as gender based, age based or complete restrictions (suspensions)	
11	Chaperone conditions only be considered where: (a) the allegation of sexual misconduct involves only a single patient, and (b) the allegation, if proven, would not constitute a crimicomminal offence, and (c) the health practitioner has no relevant notification or complaint history.	Accepted		Ahpra no longer uses chaperone conditions for any notifications management. Rather, practice restrictions are put in place with a stricter monitoring protocol.	
12	Chaperones not imposed in the context of: (a) psychotherapeutic practice such as by psychiatrists, or (b) allegations that a health practitioner has engaged or sought to engage in a sexual relationship with a patient, where no criminal offending is alleged.	Accepted			
13	Chaperone conditions do not specify: (a) the type of clinical examination permitted to be performed by a practitioner, or (b) any limit on the age of the patients for whom a chaperone is required.	Accepted			
14	Chaperone conditions only be imposed where the practitioner commits to work in no more than three locations, with no more than four chaperones to be approved for each of the practitioner's workplaces.	Accepted			
15	The term 'chaperone' be replaced with 'practice monitor'.	Accepted			

Commented [GM3]: Should Rec 26 and 28 be included?

16	Patients be told that the National Board requires that their practitioner practise with a chaperone due to allegations of misconduct, and given fuller details (ie, disclosing that sexual misconduct has been alleged) if they seek more information.	Accepted		Ahpra has implemented a practice monitor protocol for the management of practice monitor restrictions on the registration of a health practitioner. The practice limitation requires a senior staff member at each place of practice to be nominated, made aware of the conditions, their obligations and any other necessary information relevant to the Board's action.	
17	The above information be given to the patient: (a) at the time of booking an appointment or, in the case of an unbooked appointment, at the time of presenting at a health facility and seeking an appointment, and (b) by someone other than the doctor subject to the chaperone condition, such as a receptionist or the chaperone, who should be fully informed as to reasons for the chaperone condition and properly trained.	Accepted		The Practice monitor protocol requires that patients must be told of the requirement for a practice monitor at the time of booking the appointment or, in the case of an unbooked appointment, at the time of presenting at the practice seeking an appointment. Senior practice staff are made aware of their obligation to advise patients of any restriction of practice for individual practitioners. Ahpra requires the staff member is not a relative or friend of the subject practitioner and is a registered practitioner with at least 5 years' practice experience and does not have any conditions or restrictions on their registration. Ahpra has a rigorous process in place to determine the most appropriate practice staff to be designated practice monitors.	
18	The patient be asked to sign and date an acknowledgement of having been told of the chaperone requirement and agreeing to the chaperone's presence.	Accepted		Chaperone conditions are no longer used in practice.	
19	Patients be told that Ahpra may contact them in order to monitor compliance with the conditions imposed on the practitioner's registration, and that any objection will be noted and notified to Ahpra.	Accepted			
21	Subject to implementation of recommendations 16-20, the requirement for a practice sign be discontinued.	Accepted		Practice staff generally manage patient advisory statements at the time of booking where a practitioner is restricted from seeing them as patients. Signs are not used	

New South Wales Review of the regulation of cosmetic procedures (2018)				
Recommendation		Response		Status
Theme: Strengthening the regulatory framework				
5	That additional regulation be imposed for extreme body modification procedures relating to informing clients about the risks of the procedure, the measures taken to mitigate the risks and preventing body modification procedures being undertaken on minors.	Accepted		Not relevant to NRAS - however, consideration was given to requiring counselling and GP referral for National Cosmetic reform
6	The Minister wrote to NSW Fair Trading to raise consumer protection relating to cosmetic procedures.	Accepted		

Review of confidentiality safeguards for people making notifications about health practitioners (2018) – Ahpra commissioned				
Recommendation		Response		Status
Theme: Skills of those handling notifications				
3	Ahpra strengthens guidance for its staff regarding confidentiality safeguards for notifiers. Topics should include: a. what information should be redacted from a confidential notification to protect a notifier's identity b. when Ahpra may be compelled to disclose identifying information about a notifier c. when a practitioner will not be provided with notice of the receipt of a notification, or the commencement of an investigation, due to a reasonable belief about a risk to health and safety, or a risk of intimidation or harassment.	Accepted		Ahpra has implemented staff resources and guidance addressing how and when identifiable notifier information is to be redacted, when Ahpra may be compelled to release information about a notifier to a practitioner and circumstances where it is appropriate to withhold information from a notification from a practitioner and how to document this occurrence.
8	Ahpra develops guidance for its staff regarding how to deal with information that suggests a practitioner has sought to harm, threaten, intimidate, harass, or coerce a notifier.	Accepted		Ahpra has developed guidance for its staff, in consultation with the Professions Reference Group and with PII insurers, on how to deal with information that suggests a practitioner has sought to harm, threaten, intimidate, harass or coerce a notifier.
Theme: Design, operation, and performance				
1	Ahpra considers possible confidentiality safeguards for the notifier when assessing each new notification it receives. This could include assessing whether it is necessary to disclose the notifier's identity to the practitioner.	Accepted		Ahpra has implemented safeguards that assesses whether release of a notifier's name or other identifiable information is necessary to enable the practitioner to respond, and a review process which will allow subject practitioners to apply to have the notifier's name released.

2	Ahpra reviews its privacy policy and collection statement in relation to notifications to ensure these documents are up to date and contain comprehensive information regarding the use and disclosure of personal information, particularly in cases of confidential and anonymous notifications.	Accepted		Ahpra has implemented a new privacy policy and collection statement which includes clarified intent of when patient names will be disclosed and the inclusion of feedback from the professions reference group and community reference group on revised policies around releasing notifiers' names	
4	Ahpra improves how confidential and anonymous notifications are recorded in its electronic case management system (Pivotal).	Accepted		Ahpra has changed its database to address the consent requirements for notifier's information to remain confidential or anonymous. All notifications staff have received guidance on the changes.	
5	Where possible, Ahpra automates processes for managing confidential and anonymous notifications, including by introducing system-enabled prompts to remind staff of a notifier's confidential status when working on files.	Accepted		Ahpra's notifications management system now includes reminders and prompts for staff when dealing with confidential and anonymous notifications	
9	Ahpra to seek an amendment to the National Law to make it an offence for a registered health practitioner to harm, threaten, intimidate, harass, or coerce a notifier.	Deferred to consultation		Matter was deferred to tranche 2 reforms for consultation but was not included in agreed reforms.	
Theme: Procedural fairness, transparency, privacy					
6	Ahpra reviews all existing communications about notifications and makes necessary amendments to ensure consistency in messaging about a notifier's privacy. This messaging should be clear and prominent, and should include: a. clarity about the meaning of personal information using consistent terminology b. pathways for people to make confidential or anonymous notifications and an explanation of how these notifications will be dealt with c. guidance about what information notifiers should include in a notification, particularly anonymous notifications d. warnings about circumstances in which Ahpra may be compelled to disclose identifying information about a notifier.	Accepted		Ahpra has reviewed its communications and now include information and pathways available to notifiers (see notifications portal) and guidance on the notifications process.	
7	Ahpra requires staff to have a verbal discussion with notifiers about how their personal information will be used and disclosed during the notifications process.	Accepted		Ahpra has implemented new guidance and training for staff to ensure consistent approaches to conversations about consent and the information that must be provided to notifiers.	
10	Ahpra develops and publishes a framework for identifying and dealing with vexatious notifications.	Accepted		Ahpra established a framework in 2021 which has been reviewed by the National Health Practitioner Ombudsman and is expected to be published in 2023.	

Three years on: changes in regulatory practice since the independent review of the use of chaperones to protect patients in Australia (2020)			
Recommendation		Response	Status
Theme: Skills of those handling notifications			
1	Ahpra require all staff involved in handling sexual boundary matters to undertake the three-day sexual boundaries training course, offer periodic refresher courses, and develop a shorter sexual boundaries training course for all staff.	Not formal recommendation	Ahpra continues to train investigators using the three-day program, which is offered twice a year. More broadly, for all regulatory advisors, Ahpra has moved to a more formal, general training program - Cert IV Government investigations.
2	Better communication with notifiers: a. Training with an emphasis on taking a humane approach during the intake and management of sexual boundary notifications b. Further guidance on updates and communication of no further action decisions c. Support for notifiers (and patients, in the case of third-party notifications), particularly when a case proceeds to a tribunal hearing.	Not formal recommendation	Ahpra has established a service to support notifiers making sexual boundaries notifications, established a joint project to identify areas for improving the service experience of notifiers, committed to maintaining contact with notifiers and practitioners, expanded the notifications process information and support material available to practitioners and notifiers.
3	Ahpra staff and Board or Committee members dealing with sexual boundary matters receive specialised support to address the risks of vicarious trauma.	Not formal recommendation	Ahpra has established an extensive well-being and support program for staff working in its notifications area. Board and Committee members have options to access support where needed.
5	The model of a single, specialised delegate committee handling sexual boundary notifications be rolled out across other registered health professions. A multi-profession sexual boundary notification committee would ensure a reasonable volume of cases and enable consistency of practice.	Not formal recommendation	Ahpra and National Boards will consider this recommendation as part of the work to balance practitioner members with community members on decision making committees.
Theme: Procedural fairness, transparency, privacy			
6	That Ahpra publish case studies drawn from these cases, to be used for educational purposes, and disseminated to Medical Defence Organisations, medical schools, and colleges.	Not formal recommendation	Ahpra has developed some case studies, which have had some ad hoc use with medical students. Ahpra is the process of finalising an educational package for use within medical schools and are planning further development and publishing of case studies.
Theme: Design, operation, and performance			
4	That Ahpra prepare and implement an action plan, to address the problem of delays in completion of sexual boundary notifications.	Not formal recommendation	In February 2023, Ahpra released a blueprint for reforms related to managing professional misconduct including sexual boundary violations.

Senate Community Affairs Committee Inquiry into the administration of registration and notifications by Ahpra and related entities under the National Law (2021)				
Recommendation		Response		Status
Theme: Design, operation, and performance				
8	Ministerial Council to consider reforms to the National Law to enable health practices and services to be referred low risk notifications to be dealt with in the first instance, and that Ahpra and national boards have discretion to refuse these matters on that ground.	Not yet tabled		Matter not yet considered by Health Ministers, due to the COVID-19 response implementation and other workforce issues taking priority
9	Notifications accepted by Ahpra be limited to clinical issues relating to patient safety.	Not yet tabled		Ministers have shown no intent to restrict this scope. Health performance and conduct are defined in Part 8 of the National Law and are the basis of grounds on which Ahpra and the Boards take action.
11	Ahpra and the national boards to undertake an analysis of the cause of protracted notification timeframes and identify ways to further improve these, with consideration given to what further decision-making powers of the national boards can be delegated to Ahpra, the allocation of resources to deal with increasing volumes of notifications, and establishing timeframes for aspects of the notifications process.	Not yet tabled		Ahpra and National Boards have ongoing work on regulatory performance and timeframes. They hold a quarterly review on all aged notifications. In 2021, Ahpra undertook a major project to improve the use of investigations to improve timeliness. Ahpra continues to increase resourcing to address notification volumes and are undertaking a major business transformation program to improve their operating platform for regulatory operations including notifications.
Theme: Procedural fairness, transparency, privacy				
6	Ahpra to review and simplify its published information about notifications and other complaint pathways.	Not yet tabled		Ahpra has published updated information about notifications (targeted at both notifiers and practitioners) on its website. It is undertaking a joint project with the Australian Commission for Safety and Quality in Healthcare on improving the notifier experience of complaints.

7	Ahpra and the national boards undertake education and awareness activities, explaining notifications and other complaints pathways, with health practices and services.	Not yet tabled		Ahpra has published a series of interview videos and other media supporting practitioners and the public to better understand the complaints process. In addition, engagement with employers, health services and their forums, as well as professional bodies, regarding the notifications process is undertaken regularly.	
10	Ahpra and the national boards to consider improving the notifications data it collects and publishes to better understand where protracted timeframes are experienced and the reasons for any delays.	Not yet tabled		Ahpra collects and publishes significant data on all of its operations. In January 2023, Ahpra undertook extensive public consultation on its data strategy and the use of its data. Ahpra has a Regulatory Performance Committee that examines Ahpra's performance, including its data.	
12	Ahpra and the national boards develop and publish a strategy for identifying systemic issues and working with stakeholders to proactively address areas of concern.	Not yet tabled		Ahpra has commenced project work to support professional practise, as a strategy to proactively address systemic issues that commonly lead to notifications and regulatory action to protect the public. Ahpra meet regularly with practitioner groups, employers, jurisdictions, medical indemnity bodies and consumer groups to address concerns.	
13	The Ministerial Council to agree to remove the current mandatory reporting requirements and align the approach with the Western Australian model.	Not yet tabled		Tranche 1A amendment to remove requirements for mandatory notifications where a practitioners' conduct, or health does not impact patient care (e.g. intoxication in a social environment or a managed health condition) was decided as an appropriate middle-ground to ceasing mandatory reporting.	
14	Ahpra and the national boards develop and fund a comprehensive strategy for providing tailored support for the notifications process to practitioners in all regulated professions.	Not yet tabled		Ahpra has recently released findings on research into the distress practitioners experience when subject to regulatory processes. Recommendations from this work will inform the implementation of strategies to reduce the distress of practitioners.	

Ahpra Independent review of the regulation of medical practitioners who perform cosmetic surgery (2022)				
Recommendation		Response		Status
Theme: Skills of those handling notifications				
7	Ahpra and the Medical Board of Australia: a) develop training and guidance material specifically about the management of cosmetic surgery notifications to supplement and support the current assessment/investigation processes (which may include what other open-source enquiries should be made and when). This should be directed towards ensuring that any specific key issues raised by the notification (either directly or indirectly) are consistently and appropriately considered and the risk assessment methodology is rigorously applied b) take further steps to enhance consistency in the management of issues raised in cosmetic surgery notifications, including for example, building up the specialist expertise of staff managing these notifications (whether in one team or across teams) c) ensure that where necessary key claims in a practitioner's submissions are scrutinised, including seeking corroborative evidence (for example, medical notes or GP records) and attempts are made to resolve key factual disputes (including seeking clarification from the notifier or other witnesses).	Accepted		Unsure if implemented
Theme: Procedural fairness, transparency, privacy				
3	Ahpra and the Medical Board continue their joint work with the Australian Commission on Safety and Quality (ACSQHC) in Health Care on improving the consumer experience of making health notifications in Australia.	Accepted		This work is actively progressing
4	Ahpra and the Medical Board consider: a) producing notifier educational material (with case examples) tailored specifically to cosmetic surgery matters including providing advice about: i. Ahpra and the Medical Board's role and the limit of their powers ii. pathways to Health Complaints Entities (HCEs) and other complaint agencies that offer dispute resolution b) providing more specific advice (on the above matters) in initial correspondence to consumers who have made a notification about a cosmetic surgery matter c) making public their position in relation to practitioners' use of non-disclosure agreements to prevent consumers making a notification.	Accepted		Ahpra has improved its notification process and links to HCEs. Further work is underway to improve Ahpra's digital presence and information. Ahpra has also established a public information page on its Cosmetic Surgery Hub which provides an overview of the key information patients should consider about cosmetic surgery and other services. Ahpra continues to strengthen its relationship with other regulatory entities and address cosmetic surgery advertising concerns.

Commented [GM4]: Should rec 14 be included?

5	Ahpra and the Medical Board review its educational material that is available to practitioners about mandatory and voluntary notifications and include more information about: a) notifications involving concerns that a practitioner may have placed the public at risk of harm because the practitioner has practised the profession in a way that constitutes a significant departure from accepted professional standards and is placing the public at risk of harm b) protections for notifiers and the ability to make a confidential mandatory notification or anonymous voluntary notification.	Accepted		Ahpra has established a dedicated hotline for cosmetic surgery concerns and a dedicated cosmetic surgery hub on its website, which includes information for practitioners which addresses criteria to consider when deciding to make a mandatory notification as well as links to relevant resources practitioners need to be aware of.	
6	Ahpra and the Medical Board undertake a targeted education campaign in relation to making mandatory and voluntary notifications aimed at the cosmetic surgery sector and the classes of practitioners/ employers outside the sector who may subsequently treat cosmetic surgery patients (including emergency departments and their employees).	Accepted		Ahpra has established a dedicated hotline for cosmetic surgery concerns and a dedicated webpage for practitioners which addresses criteria to consider when deciding to make a mandatory notification as well as links to relevant resources practitioners need to be aware of.	
13	The Medical Board review, consult on and update its Guidelines for medical practitioners who perform cosmetic medical and surgical procedures to clarify expectations, including amending the following sections as detailed in 'Chapter 4 – Influencing Practice': a) Definition b) Section 2 – Patient assessment (including preoperative screening, cooling-off period, video consultations) c) Section 4 – Consent (including informed financial consent) d) Section 5 – Patient management (including sedation and anaesthesia, and postoperative care) e) Section 8 – Training and experience f) Section 11 – Facilities g) Section 12 – Financial arrangements.	Accepted		Consultation has been undertaken and updated guidance was finalised by the Medical Board in February 2023.	
16	The Medical Board consider periodically publishing lessons learned in cosmetic surgery using deidentified data, outcomes of notifications and other information sources as an educative tool for practitioners and to further inform consumers	Accepted		Check status	
Theme: Design, operation, and performance					
8	Building on the work undertaken by the review: a) Ahpra identify and clearly map the roles, responsibilities and powers of each regulator in the cosmetic surgery sector (including on a state-by-state basis) and produce a corporate document available to relevant staff; and b) Once the mapping exercise is completed, Ahpra identify where any improvements are required to enhance the flow of information between these relevant regulators, including for example, identifying key contacts and/or where necessary entering into a memorandum of understanding or other agreement.	Accepted		Work is underway	
12	Ahpra and the Medical Board consider the use of technology to assist in the monitoring/auditing of advertising in the sector	Accepted		Check status	

15	The Medical Board and Ahpra take on a role in seeking to facilitate reform in areas outside its powers and responsibilities where patient safety issues have been identified (for example, writing to the Ministerial Council recommending work be undertaken to develop a standardised national approach to health facility licensing and accreditation, including what types of cosmetic procedures can be done in each type of facility).	Accepted		Health Ministers have tasked the ACSQHC with conducting this review.	
Theme: Strengthening the regulatory framework					
2	If an area of practice endorsement is approved for cosmetic surgery, Ahpra and the Medical Board, in consultation with other stakeholders, undertake a public education campaign to assist consumers to understand the significance of an endorsement.	Accepted		Health Ministers requested implementation as part of broader cosmetic reforms due by March 2023	
10	Ahpra and the Medical Board review their regulatory approach to advertising in the cosmetic surgery sector including by: a) ensuring that the risks posed by advertising in this sector are appropriately categorised within the risk framework set out in the Advertising compliance and enforcement strategy for the National Scheme so that stronger enforcement action is taken about high-risk matters (including, where appropriate, taking prosecutorial action in some matters) b) undertaking an industry-specific audit which should, among other things, inform the future proactive monitoring/auditing of activities in this space.	Accepted		Work is underway	
11	Ahpra and the Medical Board revise the Advertising Guidelines, the Cosmetic Guidelines and/ or produce additional material specifically about cosmetic surgery to clarify the standards expected of practitioners (including specific examples of inappropriate content or approaches) by addressing such areas as: a) avoiding the glamorisation and trivialisation of procedures including the downplaying of risk b) avoiding the use of images of models who have not undergone a cosmetic procedure(s) to promote a cosmetic procedure c) avoiding the promotion of procedures using social media influencers d) avoiding the use of content that implies cosmetic surgery should be utilised to obtain an acceptable/ideal body type e) promoting the use of disclaimers f) limiting benefit statements to those that are objectively demonstrable/provable (that is, the physical changes – not claimed psychological or social benefit) g) limiting the filming and use of content that shows surgical procedures to educational purposes only and not for entertainment h) strengthening procedures for informed consent on the use of and storage of patients' before and after photos i) preventing the targeting of young or otherwise vulnerable groups with advertising (including through algorithms and other marketing technology).	Accepted		Work is underway	