Health Ministers Meeting
Charter

The Commonwealth, State and Territory governments have a shared intention to work in partnership to improve health outcomes for all Australians and ensure the sustainability of the Australian health system.	
Purpose	The Health Ministers Meeting (HMM) provides leadership and facilitates joint decision-making on health issues of national importance. Its key objectives are to: • collaborate, cooperate and enable consistency on enduring national strategic issues as per agreed priorities • identify and respond to emerging issues that impact health services for all Australians in a timely manner • escalate issues of national importance that require consideration by First Ministers • address issues requiring cross-border collaboration • set regulatory policy and set standards relevant to health services • direct Health Chief Executives Forum (HCEF) in the implementation of decisions by HMM. The HMM work plan will focus on priority matters and include any items tasked by National Cabinet. The arrangements reflected in this Charter will apply unless otherwise agreed by Health Ministers.
Scope of responsibility	HMM will provide an opportunity for continued cooperation on national health issues outside of the National Cabinet remit. Close engagement with Treasurers and First Ministers will be required in the development and negotiation of future funding agreements. Matters tasked through National Cabinet will be given priority. HMM will: • progress a limited number of agreed national strategic priorities in line with an agreed annual work plan (noting some issues may require consideration over multiple years) • fulfil legislative, regulatory and governance obligations that fall within the health portfolio, including in the areas of national registration and accreditation of health practitioners where not otherwise delegated to HCEF. A summary is provided at **Annexure 1**. • Deliver and progress other responsibilities as delegated by First Ministers or the Council on Federal Financial Relations (CFFR) • collaborate on cross portfolio priorities with other relevant ministers (for example, disability / aged care / housing). This scope of responsibility includes the oversight of national health reform as outlined in the 2026-31 Addendum to the National Health Reform Agreement (NHRA).

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	HMM may: • direct HCEF as, and when, required to undertake tasks • delegate responsibility to HCEF as required and appropriate. The current scope of HMM responsibility for other bodies (including those reporting through the HCEF) is demonstrated at **Annexure 1**. HMM may direct relevant sub-entities to report in an alternative manner as required (for example, the Australian Health Protection Committee (AHPC) reported directly to National Cabinet during the COVID pandemic). HMM will ensure arrangements are reviewed regularly.
Chair	The HMM Chair and Deputy Chair will be elected in-session and will serve for a term of two years, unless otherwise decided by HMM or they resign from their role. The Chair and Deputy Chair will assume their respective roles on the date decided by the HMM. The Chair and Deputy Chair positions will be agreed by a consensus of members. Where consensus cannot be achieved, the Chair and Deputy Chair will be elected by a majority vote of members.
Membership	Members of the group will be senior Ministers with responsibility for health matters in the Commonwealth and each State and Territory. Where the Commonwealth, States and Territories have a separate minister with responsibility for a matter of substantive discussion at a meeting, these ministers will be invited by the Chair, as appropriate. At the discretion of members, the Chair may invite guests to facilitate discussion on specific issues. The Chair may extend an invitation to the relevant New Zealand minister to participate where appropriate and mutually beneficial.
Attendance	All members agree to be present at each meeting or arrange to be represented by a proxy. Proxies must have decision-making authorisation if attending on behalf of a member. The Chair must be advised of all proxies in advance of a meeting. When a jurisdiction is in a period of caretaker government, the member from that jurisdiction will absent themselves from meetings and the Health Chief Executive of that jurisdiction shall attend any meetings with observer status only. Attendance at meetings is to be limited to Ministers, their Chiefs of Staff and Health Chief Executives and those other key personnel determined by the Chair to be required for effective discussion and decision making. The Chair will not unreasonably limit additional attendees if requested by members.

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	Jurisdictions must seek Chair approval for any additional attendees by contacting the NHS with Chief Executive approval to attend. A quorum for a meeting will be constituted by 6 members (including the Commonwealth) or their proxy (notified to the Chair before the meeting).
Meeting preparation	HMM will meet at least four per year, either in person or remotely, with additional meetings as needed and agreed by members. The structure and operation of meetings will reflect the principles of transparency, collegiality, collaboration, timeliness and efficiency consistent with the First Secretaries Group Review of Ministerial Councils 2022[1] and the Department of the Prime Minister and Cabinet Guidance for Intergovernmental Meetings[2]. The Chair will be responsible for leading the development of the agenda and providing final approval. The Chair, through the National Health Secretariat (NHS), will call for agenda item nominations from jurisdictions prior to each meeting for consideration. Matters may be progressed either in formal sessions or out of session, as determined by the Chair, in consultation with members. Agenda items will focus on agreed key priorities, National Cabinet taskings and emerging issues in Health. Other matters will be progressed out of session, as determined by the Chair, in consultation with members.
Decision making principles	Decisions should be: • principles-based and allow individual jurisdictions to determine the best way to achieve any agreed outcomes • consensus based, noting that some decision -making and voting arrangements are set out in legislation. Where consensus or resolution cannot be reached on an agenda item in the established timeframe, consideration should be given to progressing an item through further discussion out of session between a smaller number of members and, where appropriate, the Chair, or by accepting a majority vote. Any decision made when a member is absent, or where a decision is taken by a majority of members, does not commit that jurisdiction to a specific course of action (unless that jurisdiction's formal agreement is subsequently obtained).

[1] https://federation.gov.au/ministerial-councils/first-secretaries-groups-review-ministerial-councils

[2] https://federation.gov.au/ministerial-councils/guidance-ministerial-councils

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Priority setting and work plan	HMM will agree an annual work plan and endorse key priorities for the forward year.
Review and reporting	HMM will receive regular progress reports from HCEF on agreed actions, key priorities and other projects or work, as requested. HMM may require the work plans of national bodies to be submitted for review and/or set reporting requirements for progress against those work plans, or as required by legislation or other national agreements. The Chair will provide an overview of the group's achievements during the previous year and a summary of the top priorities for the upcoming year to National Cabinet annually.
Secretariat	HMM will be supported by the NHS hosted by one of the member jurisdictions and administered by HCEF. The NHS will provide secretariat services for both HMM and HCEF to ensure efficiency and reduce duplication of functions.
Record keeping and communications	Draft decisions and actions arising will be agreed in the meeting where possible. A record of the decisions and actions from meetings will be developed by the NHS and provided to all members for review. Decisions and actions will be endorsed at the following HMM. Members will consider whether any public communication of meeting outcomes is required. If required, that communication will be developed in consultation with members and authorised by the Chair, facilitated by the NHS. The endorsed communique will be published on the HMM website.

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Annexure 1

Legislative or other obligations under:

- *Healthcare Identifiers Act 2010*
- Health Practitioner Regulation National Law (as in force in participating State and Territory jurisdictions)
- *My Health Records Act 2012*
- National Health Reform Agreement (NHRA)
- National Blood Authority
    - National Blood Agreement 2003
    - Australian Red Cross Blood Service Deed of Agreement 2006

Policy responsibility for:

- Australian Commission on Safety and Quality Health Care (ACSQHC)
- Australian Digital Health Agency (ADHA)
- Australian Health Practitioner Regulation Agency (Ahpra)
- National Health Practitioner Ombudsman (NHPO)

Policy monitoring of:

- Administrator of the National Health Funding Pool (NHFP)
- Australian Institute of Health and Welfare (AIHW)
- Independent Health and Aged Care Pricing Authority (IHACPA)
- National Blood Authority (NBA)
- National Health Funding Body (NHFB)
- Organ and Tissue Authority (OTA)