

NATIONAL PARTNERSHIP AGREEMENT ON E-HEALTH

Council of
Australian
Governments

An agreement between

- the **Commonwealth of Australia** and
- the **States and Territories**, being:
 - ◆ The State of New South Wales
 - ◆ The State of Victoria
 - ◆ The State of Queensland
 - ◆ The State of Western Australia
 - ◆ The State of South Australia
 - ◆ The State of Tasmania
 - ◆ The Australian Capital Territory
 - ◆ The Northern Territory of Australia

This Agreement will contribute to an improved health system for all Australians by transforming the way health information is used to plan, manage and deliver healthcare services through the development of a world class electronic health capability.

National Partnership Agreement on E-Health

INTERGOVERNMENTAL AGREEMENT ON FEDERAL FINANCIAL RELATIONS

PRELIMINARIES

1. This National Partnership Agreement (the Agreement) is created subject to the provisions of the *Intergovernmental Agreement on Federal Financial Relations* and should be read in conjunction with that Agreement and subsidiary schedules. In particular, the schedules include direction in respect of performance reporting and payment arrangements.
2. This Agreement will contribute to an improved health system for all Australians by transforming the way information is used to plan, manage and deliver healthcare services through the development of a world class electronic health capability.
3. In this Agreement, E-Health means information and communications technologies used to improve the coordination and integration of healthcare delivery to individuals.

PART 1 – FORMALITIES

Parties to this Agreement

4. In entering this Agreement, the Commonwealth and the States and Territories (the States) recognise that they have a mutual interest in improving the adoption and effectiveness of electronic health technology and need to work together to achieve greater health information exchange across geographic and health sector boundaries.

Term of the Agreement

5. This Agreement will commence as soon as the Commonwealth and one other Party signs the Agreement and will expire on 30 June 2012, unless terminated earlier or extended as agreed in writing by the Parties.

Delegations

6. The Minister for Health and Ageing is authorised to agree or amend Schedules to this Agreement on behalf of the Commonwealth.
7. Respective State Health Ministers are authorised to agree or amend Schedules to this Agreement on behalf of their State.

PART 2 – OBJECTIVES, OUTCOMES AND OUTPUTS

Objectives

8. The Parties aspire to enable a safer, higher quality, more equitable and sustainable health system for all Australians by transforming the way information is used to plan, manage and deliver healthcare services.

Outcomes

9. The Agreement will facilitate:
 - (a) improvements in Australia's E-Health that deliver tangible benefits to healthcare consumers, healthcare providers and healthcare managers.

Outputs

10. The objectives and outcomes of this Agreement will be achieved by implementing the E-Health initiatives outlined in the Schedules of this Agreement.

PART 3 – ROLES AND RESPONSIBILITIES OF EACH PARTY

11. To realise the objectives and commitments in this Agreement, each Party has specific roles and responsibilities, as outlined below and in the Schedules to this Agreement.

Role of the Commonwealth

12. The Commonwealth agrees to be accountable for the following roles and responsibilities:
 - (a) providing a financial contribution to support the implementation of this Agreement; and
 - (b) establishing legislation as detailed in the Schedules to this Agreement.

Role of the States

13. The States agree to be accountable for the following roles and responsibilities:
 - (a) providing a financial contribution to support the implementation of this Agreement; and
 - (b) establishing legislation as detailed in the Schedules to this Agreement.

Shared roles and responsibilities

14. The Commonwealth and the States share the following roles and responsibilities:
 - (a) participating in consultations as appropriate regarding the implementation of this Agreement;
 - (b) contributing to the development and implementation of standards for the use of electronic health information;

- (c) negotiating new or revised schedules to this Agreement;
- (d) conducting evaluations and reviews of services and outputs as agreed in the Schedules to this Agreement; and
- (e) coordination of regulators and input to any national implementation of a uniform privacy framework to support national E-Health initiatives.

PART 4 – PERFORMANCE BENCHMARKS AND REPORTING

15. The Commonwealth and States agree to meet the performance benchmarks set out in the Schedules to this Agreement.

PART 5 – FINANCIAL ARRANGEMENTS

16. The Commonwealth and the States agree to make a financial contribution to the operation of the National E-Health Transition Authority below.

TABLE 1: FINANCIAL CONTRIBUTION OF EACH JURISDICTION

| Financial contribution (\$ million) | 2009-10 | 2010-11 | 2011-12 |
|-------------------------------------|---------|---------|---------|
| Commonwealth | 28.70 | 39.17 | 40.96 |
| New South Wales | 9.36 | 12.77 | 13.35 |
| Victoria | 7.11 | 9.70 | 10.15 |
| Queensland | 5.75 | 7.84 | 8.20 |
| Western Australia | 2.90 | 3.96 | 4.14 |
| South Australia | 2.15 | 2.94 | 3.07 |
| Tasmania | 0.67 | 0.92 | 0.96 |
| Australian Capital Territory | 0.46 | 0.63 | 0.66 |
| Northern Territory | 0.29 | 0.40 | 0.42 |

This contribution is based on the AHMAC Cost sharing formula set in 2009/10, and is subject to change. Should the formula change, the above funding proportions will also change.

PART 6 – GOVERNANCE ARRANGEMENTS

Dispute resolution

17. Any Party may give notice to other Parties of a dispute under this Agreement.

18. The relevant Ministers will attempt to resolve any dispute in the first instance.
19. If a dispute cannot be resolved by the relevant Ministers, it may be referred by a Party to COAG for consideration.

Review of the Agreement

20. The Agreement will be reviewed by 30 June 2011 with regard to progress made by the Parties in respect of achieving the agreed outcomes.

Variation of the Agreement

21. The Agreement may be amended at any time by agreement in writing by all the Parties.
22. A Party to the Agreement may terminate their participation in the Agreement at any time by notifying all the other Parties in writing.

The Parties have confirmed their commitment to this agreement as follows:

Signed for and on behalf of the Commonwealth of Australia by



The Honourable Kevin Rudd MP
Prime Minister of the Commonwealth of Australia

7 December 2009

Signed for and on behalf of the State of New South Wales by



The Honourable Kristina Keneally MP
Premier of the State of New South Wales

7 December 2009

Signed for and on behalf of the State of Victoria by



The Honourable John Brumby MP
Premier of the State of Victoria

7 December 2009

Signed for and on behalf of the State of Queensland by



The Honourable Anna Bligh MP
Premier of the State of Queensland

7 December 2009

Signed for and on behalf of the State of Western Australia by



The Honourable Colin Barnett MLA
Premier of the State of Western Australia

7 December 2009

Signed for and on behalf of the State of South Australia by



The Honourable Mike Rann MP
Premier of the State of South Australia

7 December 2009

Signed for and on behalf of the State of Tasmania by



The Honourable David Bartlett MP
Premier of the State of Tasmania

7 December 2009

Signed for and on behalf of the Australian Capital Territory by



Jon Stanhope MLA
Chief Minister of the Australian Capital Territory

7 December 2009

Signed for and on behalf of the Northern Territory by



The Honourable Paul Henderson MLA
Chief Minister of the Northern Territory of Australia

7 December 2009

Governance arrangements for the national healthcare identifier service

NATIONAL PARTNERSHIP AGREEMENT ON E-HEALTH

Objective

The key objective of the National Healthcare Identifier Service (defined below as the “HI Service”) is to provide a national capability to accurately and uniquely identify individuals and healthcare providers to enable reliable healthcare-related communication between individuals, providers and provider organisations. The HI Service will underpin the development of a nationally consistent electronic health system by removing technological and organisational impediments to the effective sharing of health information, resulting from poor patient and provider identification.

Interpretation

In this Schedule:

AHMAC means the Australian Health Ministers’ Advisory Council which provides strategic and operational support to AHMC.

AHMC means the Australian Health Ministers’ Conference.

COAG means the Council of Australian Governments.

Directory Service means the healthcare provider directory service that will enable authorised users to search for and locate healthcare providers, and facilitate communications and information exchange between them, such as referrals, test orders and results.

Healthcare Identifiers means the IHI, HPI-I and HPI-O identifiers. It is proposed that each of the three types of identifiers will be a unique 16-digit number that complies with International Organization for Standardization requirements and Australian Standards for healthcare identifiers.

HI Act means the Commonwealth legislation that will establish the HI Service and regulate related matters, currently proposed to be:

- (a) called the Healthcare Identifiers Service Act; and
- (b) enacted in the first half of 2010.

HI Service means the services of:

- (a) assigning, issuing and maintaining Healthcare Identifiers; and
 - (b) establishing and operating the Directory Service,
- and undertaking incidental tasks.

HI Service Operator means the body that will operate the HI Service.

HPI-I (Healthcare Provider Identifier - Individual) means the unique identifier that will be assigned to individuals who provide healthcare services in Australia.

HPI-O (Healthcare Provider Identifier - Organisation) means the unique identifier that will be assigned to organisations that provide healthcare services in Australia.

Individual Electronic Health Record or IEHR means a secure, electronic summary record of a person's health history, stored and shared in a network of connected systems. An IEHR will bring key health information together from a number of different systems.

IHI (Individual Healthcare Identifier) means the unique identifier that will be assigned to each individual consumer of healthcare services in Australia.

Ministerial Council means the Ministerial Council of Health Ministers to be tasked by COAG with certain functions in connection with the HI Service and Healthcare Identifiers. The Ministerial Council might consist of the Health, Ageing, Community and Disability Services Ministerial Council, or be based on AHMC or another grouping of Health Ministers.

NEHTA means the National E-Health Transition Authority.

NRAS means the COAG approved national professional registration and accreditation scheme for health practitioners, which will allow doctors, nurses and other health professionals to practice across State and Territory borders.

Trusted Data Source or TDS means a specific type of data source external to Medicare Australia which is used to provide and update information within the HI Service. Some TDS may generate Healthcare Identifiers. TDS will be authoritative sources, and the data they supply must meet formatting standards and have the highest standards of quality and accuracy.

The HI Service

The HI Service Operator's activities will be governed by legislation enacted by the Commonwealth, contractual arrangements and policy guidance from the Ministerial Council and regulators as outlined in this Schedule. As well as the HI Service Operator being subject to provisions in the HI Act, NEHTA will be responsible for entering into a service level agreement with the HI Service Operator, governing the provision of the HI Service.

Outline of the HI Service

As part of providing the HI Service, the HI Service Operator will:

- (a) assign IHIs to individuals;

- (b) collect and adopt HPI-Is that are issued to healthcare providers by Trusted Data Sources;
- (c) assign HPI-Is to other healthcare providers where no Trusted Data Source exists;
- (d) assign HPI-Os to healthcare provider organisations;
- (e) maintain the IHI, HPI-I and HPI-O datasets and infrastructure;
- (f) disclose IHIs and HPI-Is for authorised purposes to authorised users;
- (g) establish, operate and maintain the Directory Service that will enable authorised users to search for and locate healthcare providers and facilitate communications and information exchange between them, such as referral, test orders and results;
- (h) educate, train and inform healthcare providers and consumers about how the HI Service operates;
- (i) manage relationships with participants in the HI Service and relevant data sources;
- (j) provide advice, information and reports to the Ministerial Council and other organisations as directed, on the performance of the HI Service;
- (k) seek advice and direction from the Ministerial Council on key issues facing the HI Service, and on issues which have implications more broadly for the introduction of electronic health services in Australia;
- (l) respond to initial inquiries and complaints about the HI Service (complainants not satisfied with the response they receive from the HI Service Operator may raise their complaint with the relevant regulator); and
- (m) undertake tasks incidental to those listed above,

in accordance with legislative and regulatory obligations, contractual arrangements and national policies and priorities issued by the Ministerial Council.

Identity of the HI Service Operator

Until a different HI Service Operator is appointed, the CEO of Medicare Australia will be the HI Service Operator.

Commencement of the HI Service

It is anticipated that the HI Service will commence operation on 1 July 2010.

HPI-Is common between HI Service and NRAS

Each individual healthcare practitioner will be assigned a single HPI-I that will be used:

- (a) for registration under NRAS for health practitioners, which will allow doctors, nurses and other health professionals to practice across State and Territory borders; and
- (b) in relation to the HI Service.

Principles to align the development and operation of HPI-Is for these purposes are set out in Attachment A.

Process for changing the HI Service Operator

If, following the review of the HI Service Operator, a decision is made to appoint a new HI Service Operator, the Ministerial Council will determine a process for transition.

Directory Service

Healthcare provider individuals and organisations will not be included in the Directory Service until they have consented to being listed. Individuals and organisations will be permitted to withdraw their consent to be included in the Directory Service.

Individual Electronic Health Records

Healthcare Identifiers are intended to form part of IEHRs in the future. IEHRs will provide a secure, electronic record of a person's health history, stored and shared in a network of connected systems. However, at this stage IEHRs:

- (a) do not form part of the HI Service; and
- (b) are not established under this Schedule.

The legislative scheme

Implementation of the HI Service and agreement as to its provisions

The HI Service will be implemented by the HI Act, which is anticipated to commence no later than 1 July 2010. The Commonwealth will obtain the agreement of the other Parties, via the Ministerial Council, to the legislative proposals before the Bill to enact the HI Act is introduced in the Federal Parliament.

HI Act and State and Territory legislation will contain safeguards against, and penalties for, misuse of Healthcare Identifiers

In addition to the ongoing protections available under privacy legislation or related laws as specified below, in all jurisdictions:

- (a) the HI Act will contain generally applicable safeguards against, and penalties for, the unauthorised adoption, use or disclosure of Healthcare Identifiers by:
 - (i) Commonwealth agencies and private sector organisations and individuals; and
 - (ii) State and Territory public health systems and agencies, which will apply to those entities on an interim basis until the legislation referred to in paragraph (b) below comes into effect in the relevant State or Territory (subject to the agreement of Cabinet in the relevant State or Territory being obtained, where required); and

- (b) State and Territory legislation will contain safeguards and penalties to the same effect specific to their public health systems and agencies against the unauthorised adoption, use or disclosure of Healthcare Identifiers.

Enactment and amendment of State and Territory legislation

New State and Territory legislation may be required, or amendments may be necessary to existing State and Territory legislation, to allow the implementation and operation of the HI Service in connection with public health systems as contemplated under this Schedule. The States and Territories will obtain the prior agreement of the Ministerial Council for any legislative proposals in support of the introduction and/or implementation of the HI Service. The Parties will use their best endeavours to enact any necessary new or amended laws in a timely manner to enable the introduction and operation of the HI Service as contemplated by this Schedule.

Amendment of the HI Act

The Commonwealth will not amend the HI Act without first consulting with, and obtaining the agreement of the Ministerial Council to the legislative proposals.

Decision making in relation to the legislative scheme

Where the Ministerial Council is required to agree on arrangements under the legislative scheme, the agreement will be by consensus amongst the members of the Ministerial Council. In circumstances where the Ministerial Council is unable to reach a consensus and a decision must be made, the dispute process in Part 6 of the National Partnership Agreement on E-Health will be followed.

Operation of the HI Act and State and Territory laws

On the issue of conflict between Commonwealth and State or Territory legislation:

- (a) subject to clause (c) below, it is not intended that the HI Act will exclude the operation of any State or Territory law, to the extent that the State or Territory law:
 - (i) is capable of operating concurrently with the HI Act; and
 - (ii) furthers the objects of the HI Act,
- (b) regulations made under the HI Act may prescribe State or Territory laws only if the State or Territory law purports to:
 - (i) regulate any aspect of the HI Service or the HI Service Operator other than in relation to the public health system or agencies of the State or Territory in question; or
 - (ii) establish an "authorised by or under law" exception to the HI Act or other Commonwealth laws which are relevant to the HI Service; and
- (c) as contemplated above, certain safeguards and penalties in the HI Act will apply to the State and Territory public health systems and agencies on an interim basis until appropriate State or Territory legislation is introduced.

Privacy and related laws

HI Service to operate within privacy laws

The HI Service is to operate within the scope of privacy and related laws. Pending agreement by all parties on the implementation of a uniform national privacy framework, including health information provisions, across Australia:

- (a) existing privacy and related laws in all jurisdictions will apply to the HI Service and Healthcare Identifiers, subject to clause (b) below. The protections under these laws will be in addition to the specific protections related to Healthcare Identifiers that will be enacted by the Commonwealth as part of the HI Act;
- (b) there may be a need to amend some State and Territory legislation, or to pass new State or Territory legislation, to ensure that the HI Service is able to operate as intended within the States' and Territories' public health systems. Parties agree to use their best endeavours to enact the necessary new or amended laws in a timely manner to enable the introduction and operation of the HI Service as contemplated by this Schedule; and
- (c) Commonwealth privacy laws will apply to private healthcare organisations, and individual healthcare providers working in private healthcare provider organisations, in relation to the HI Service.

Adoption of nationally consistent privacy laws

Uniform national health privacy arrangements are required to support national electronic health initiatives. It is proposed that uniform national health privacy arrangements be established under a national privacy framework that provides a high level of protection for health information. It is envisaged that key elements include:

- (a) national implementation of a uniform privacy framework; and
- (b) coordination of the Parties' regulators to support uniform implementation and enforcement of health privacy arrangements.

The Ministerial Council will be the forum for providing input, and is to have a decision-making role, in relation to the health aspects of privacy legislation and regulation.

The development of a national privacy framework will be considered through appropriate fora.

Compliance and enforcement

Outline of compliance and enforcement activities

The Commonwealth Privacy Commissioner, and State and Territory privacy or related regulators, will undertake independent and transparent compliance and enforcement activities in connection with the HI Service as described below. These activities will include:

- (a) a system(s) for responding to complaints in connection with the legislation or the HI Service (including, where appropriate, initial handling of complaints by the HI Service Operator);

- (b) monitoring the handling of Healthcare Identifiers, including by the HI Service Operator and users of the HI Service;
- (c) conducting investigations into certain acts and practices;
- (d) applying or bringing an action before the relevant court or other body seeking a range of sanctions or penalties commensurate with the seriousness of a breach;
- (e) developing, issuing and monitoring compliance with codes, guidelines and directions; and
- (f) providing feedback and advice to the Ministerial Council.

Independent compliance and enforcement - general responsibility

The Commonwealth Privacy Commissioner will be tasked under the HI Act or related legislation with undertaking the compliance and enforcement activities outlined above in relation to:

- (a) the HI Service and HI Service Operator; and
- (b) the adoption, use and disclosure of Healthcare Identifiers by private sector healthcare providers and other parties not covered by the compliance and enforcement activities to be conducted by State and Territory regulators as described below.

Independent compliance and enforcement - public sector health services

State and Territory privacy or related regulators are to be made responsible for undertaking the compliance and enforcement activities outlined above in relation to their respective public sector health services. In undertaking compliance and enforcement activities, States and Territories agree that:

- (a) it is important to ensure nationally consistent compliance and enforcement of privacy and related laws, and the provisions of the HI Act; and
- (b) they will ensure that their regulators are required to take into account any relevant codes, guidelines or directions, which will be developed in consultation with the States and Territories, issued by the Commonwealth Privacy Commissioner in relation to the HI Service or Healthcare Identifiers.

Funding

Current arrangements

The HI Service is funded until 30 June 2012 as part of the \$218 million (50:50 cost shared between the Commonwealth and the States and Territories in accordance with the standard AHMAC cost-sharing formula) allocated by COAG to NEHTA in November 2008. Of that \$218 million, \$52.02 million has been allocated through NEHTA to fund the operation of the HI Service by the initial HI Service Operator.

Each Party will be responsible for funding the cost of the legislative changes required in its jurisdiction, the cost of undertaking compliance and enforcement activities within its

jurisdiction, and the implementation of Healthcare Identifiers more broadly within its jurisdiction.

Future funding

No later than 30 June 2011, the Parties, via the Ministerial Council (with the support of AHMAC), will agree funding requirements for the HI Service:

- (a) while the operation of the HI Service and HI Service Operator is being reviewed in accordance with this Schedule; and
- (b) following the completion of the review.

The Ministerial Council is to seek and consider the views of the HI Service Operator about funding requirements before making a decision.

Basis of future funding

The basis of future funding for the HI Service after 30 June 2012 will need to be determined in discussions between the Commonwealth, States and Territories.

Oversight of the HI Service

Oversight

Oversight of the HI Service will be as follows:

- (a) the Ministerial Council, with assistance from AHMAC, will have oversight of the HI Service and the HI Service Operator;
- (b) in providing oversight, the Ministerial Council will:
 - (i) give guidance and policy direction in relation to the HI Service;
 - (ii) seek advice as necessary from the Commonwealth Privacy Commissioner and State and Territory regulators in relation to the HI Service;
 - (iii) establish the criteria for eligibility of individuals and organisations in connection with the HI Service;
 - (iv) establish the criteria against which proposed Trusted Data Sources will be considered, and determine the identity of individual Trusted Data Sources;
 - (v) propose legislative amendments, whether to the HI Act or other legislation in any jurisdiction, which are necessary or convenient to ensure the HI Service is implemented, and may operate, as contemplated by this Schedule;
 - (vi) where it is considered necessary or desirable, taking into account applicable legislative requirements, direct the HI Service Operator to enter into consultations or contractual relationships with other parties, on specified terms, for purposes related to the operation of the HI Service;

- (vii) decide funding requirements for the HI Service in accordance with relevant clauses in this Schedule;
- (viii) make decisions and undertake other tasks as are necessary or convenient to ensure the effective and efficient operation of the HI Service; and

Decision making in relation to oversight

Where the Ministerial Council is required to agree on arrangements for oversight of the HI Service, the agreement will be by consensus amongst the members of the Ministerial Council. In circumstances where the Ministerial Council is unable to reach a consensus and a decision must be made, the dispute process in Part 6 of the National Partnership Agreement on E-Health will be followed.

Reporting

Reports by the HI Service Operator

The HI Service Operator will be required under the HI Act to report:

- (a) to the Ministerial Council by 30 September each year on its activities, finances and the operation of the HI Service in the preceding financial year; and
- (b) as directed by the Ministerial Council to other bodies responsible for developing electronic health standards and other key infrastructure.

Reports by the Commonwealth Privacy Commissioner

The Commonwealth Privacy Commissioner will be required under the HI Act or related legislation to report to the Ministerial Council by 30 September each year on compliance and enforcement activities in relation to the HI Service in the preceding financial year.

Reports by the States and Territories

Each State and Territory is to report to the Ministerial Council by 30 September each year on compliance and enforcement activities in the preceding financial year in their publicly funded health services in relation to the HI Service. The Ministerial Council will decide the required form and content for reports.

Review of the HI Service and HI Service Operator

Two year review to be conducted

An independent review is to be conducted, and a written report produced, on:

- (a) the HI Act; and
- (b) the implementation, operation, performance and governance of:

- (i) the HI Service (including, without limitation, the operation of legislative and regulatory obligations in all jurisdictions that impact on the operation of the HI Service); and
- (ii) the HI Service Operator,

covering the period 1 July 2010 to 30 June 2012.

Timing of review and report

The review is to commence on 1 July 2012. The independent reviewer is to report to the Minister responsible for the HI Act, and provide a copy of their report to the Ministerial Council, no later than 30 June 2013.

Reviewer

The Minister responsible for the HI Act, in consultation with the Ministerial Council, is to appoint a suitable person, or persons, to conduct the review of the HI Service and HI Service Operator.

Process while review being conducted and subsequently

Until a new HI Service Operator is appointed, the initial HI Service Operator will continue to be the HI Service Operator. All other arrangements in connection with the HI Service will continue:

- (a) while the review is in progress; and
- (b) after the review has been completed,

unless amended under the direction of the Ministerial Council.

Recommendations following the review

The Ministerial Council will be responsible for:

- (a) considering the report; and
- (b) recommending to the Parties, and to the Minister responsible for the HI Act:
 - (i) any changes to the operation of the HI Service and the identity of the HI Service Operator;
 - (ii) any changes to legislation or regulatory rights or obligations in any jurisdiction in connection with the HI Service; and
 - (iii) any other changes,

that it considers are necessary or desirable. The Ministerial Council is to make its recommendations within six months of receiving the report on the review of the HI Service and the HI Service Operator.

Decision about the identity of the HI Service Operator

The Minister responsible for the HI Act must make a decision about which organisation will be the HI Service Operator, following a review, after taking into account all relevant considerations, including the Ministerial Council's recommendations in response to any report. The Minister responsible for the HI Act must:

- (a) not make a decision about which organisation will be the HI Service Operator without first consulting with the Ministerial Council; and
- (b) must make a decision within six months of receiving a report from the Ministerial Council in response to a review.

Future reviews and recommendations about the identity of the HI Service Operator

The Ministerial Council may, at any time after 1 July 2015, appoint a person, or persons, to review the operation and performance of HI Service and the HI Service Operator. Reviews under this clause should not be conducted more frequently than once in each two year period. Any report prepared as part of such a review:

- (a) may recommend changes to the HI Service, the HI Act, the identity of the HI Service Operator and/or legislation or regulatory rights or obligations in any jurisdiction in connection with the HI Service; and
- (b) must be considered by the Ministerial Council, and a copy of the report and the Ministerial Council's response to the report must be given to each of the Parties and the Minister responsible for the HI Act.

ATTACHMENT A

POLICY PRINCIPLES - HEALTHCARE IDENTIFIERS FOR REGISTERED HEALTH PRACTITIONERS

These policy principles aim to align development of unique identifiers for health practitioners for registration and healthcare information management and communication purposes.

The purpose of the principles is to:

- guide development of the schemes
- set out the basis on which information is to be shared between the schemes, and
- form agreement for the basis for their ongoing operation.

These policy statements are subject to the passage of enabling legislation and will apply within the framework provided by that legislation.

A SINGLE IDENTIFIER FOR HEALTH PRACTITIONERS

POLICY 1: A healthcare provider identifier (HPI-I) will be issued for the professional life of every health practitioner.

POLICY 2: The HPI-I will be allocated and used for identification of healthcare practitioners for registration and healthcare information management and communication purposes.

POLICY 3: One HPI-I will be allocated for practitioners with multiple registered professions.

LEGISLATION

POLICY 4: The collection, use and disclosure of information for registration and healthcare information management and communication purposes will be enabled by legislation and protected by an appropriate privacy regime.

GOVERNANCE

POLICY 5: Strategic oversight and direction of the management and sharing of information for registration and healthcare provider identifiers purposes will be provided by the relevant Ministerial Council.

POLICY 6: The National Health Practitioner Boards (national boards) and the Australian Health Practitioner Regulation Agency (AHPRA) will be the custodian of all data associated with registration and will have responsibility for managing and sharing registration information.

POLICY 7: The Healthcare Identifiers Service (HI Service) will have responsibility for management and sharing of healthcare provider identifier information for healthcare information management and communication purposes.

POLICY 8: A HPI-I may be given to a health practitioner through a national board or the AHPRA as part of the registration process.

POLICY 9: National boards and AHPRA will be a trusted data source and will be the authoritative source for information they supply to the HI service.

INFORMATION SHARING

POLICY 10: An agreed set of information will be shared between the agencies responsible for registration and for healthcare provider identifiers.

POLICY 11: Only information that is necessary to enable an agency to perform its functions will be shared.

POLICY 12: Where an applicant already has a HPI-I allocated, that number will be used for identification of the individual healthcare practitioner for registration purposes.

POLICY 13: The allocation of HPI-Is and the sharing of information by agencies for registration and healthcare information management and communication purposes will be undertaken in accordance with legislative requirements and handled in accordance with applicable information privacy requirements.

POLICY 14: Data items to be exchanged will meet agreed national standards.