Dr William Adams  
Secretary to the Senate  
Senate of the University of Sydney  
The University of Sydney  
NSW 2006

Dear Dr Adams

Discussion Paper on the composition of the Health Professional Councils

As you will be aware, the national registration and accreditation scheme for health professionals commenced in July 2010. Under the scheme, registration of health professionals occurs at the national level.

In contrast to all other jurisdictions NSW retained a state based approach to dealing with conduct, health and performance issues. This state based approach involves the independent Health Care Complaints Commission as the investigator and prosecutor of complaints and has required the establishment of a health profession Council for each profession to undertake those complaints management functions previously undertaken by the various state health professional registration boards.

When the councils were established, the compositions and memberships of the previous boards were carried over to the Councils. The sizes of these Councils ranged from 7 members (chiropractic, optometry, osteopathy and podiatry) through to 20 members (medicine). The Councils for the smaller professions were restructured with effect from 1 January 2011 to reduce their memberships to 4 members each. Restructuring of the large Councils is still to occur.

A range of issues arise in the restructuring of the large Councils and therefore the Department has prepared a discussion paper to discuss the issues and seek stakeholder feedback on issues relating to the composition of the Councils. A copy of the discussion paper is attached. Submissions on the discussion paper should be made to:

Legal and Legislative Services Branch  
NSW Department of Health  
Locked Bag 961  
NORTH SYDNEY 2059

Submissions may also be made via email to legalmail@doh.health.nsw.gov.au. Submissions must be received by 7 October 2011.

If you have any queries in relation to this matter, please contact me at gbrod@doh.health.nsw.au or on (02) 9391 9626.

Yours sincerely

Gemma Broderick  
A/Assistant Director, Legal

6/9/11

NSW Department of Health  
ABN: 92 697 899 630  
73 Miller Street North Sydney NSW 2060  
Locked Mail Bag 961 North Sydney NSW 2059  
Telephone (02) 9391 9000  Facsimile (02) 9391 9101  
Website www.health.nsw.gov.au
NSW Health Discussion Paper on the Composition of the Health Profession Councils
1. INTRODUCTION

1.1 Background
On 1 July 2010 the national registration and accreditation scheme for health professionals (NRAS) commenced. NRAS involved the establishment of 10 health professional registration boards to register and regulate the health professions on a national basis.

Health Ministers recognised that notwithstanding the creation of national boards and the implementation of nationwide registration there would, for the larger professions, remain a significant amount of work most effectively and efficiently undertaken at a local level. The Health Practitioner Regulation National Law (the National Law) therefore provides that a national board may choose to establish a local presence (a state or territory board) in one or more jurisdictions and delegate certain functions to the local level. In NSW there are currently state boards for the following professions:

- dental;
- medical;
- nursing and midwifery;
- physiotherapy; and
- psychology.

The other professions, chiropractic; optometry; osteopathy, pharmacy and podiatry have determined that they will not have state and territory boards. The Dental Board of Australia has also recently announced that as of after 30 June 2011 it will no longer have state and territory boards.

In adopting the national scheme NSW elected to not adopt the national arrangements for managing complaints about practitioners, and notifications about poor performance and impairment issues. Accordingly NSW has retained the previous co-regulatory system which includes the Health Care Complaints Commission as the independent investigator and prosecutor of serious complaints. The co-regulatory system requires that there be a professional regulation body, akin to the former state boards, to receive and manage complaints in conjunction with the HCCC. Therefore the Health Practitioner Regulation National Law (NSW) (the NSW Law) establishes a regulatory council for each profession to undertake these functions.

NSW will therefore have a three tiered regulatory structure for 4 professions and a two-tiered regulatory structure for the other 6 professions.

1.2 The national and state boards
The national boards are appointed by the Australian Health Workforce Ministerial Council and are self-funding from the registration and other fees that they charge. State and territory boards are appointed by the Health Minister in the relevant state or territory and are funded by the national board. The NSW councils are appointed by the Governor and funded from the co-regulatory fees collected by the national boards on behalf of the councils.
1.3 The health professional councils
The health professional councils have much more limited responsibilities than those of the former health professional registration boards. While the boards were responsible for the full scope of the registration and regulation of practitioners (including in some cases the accreditation of educational programs) the councils’ functions are limited to dealing with health, performance and conduct matters and administering any education and research funds.

The NSW Law provides that the former state health professional registration boards established under the repealed NSW laws are the state Councils. This transitional arrangement for the Councils operated until 1 January 2011 for the following professions:
- chiropractic;
- optometry;
- osteopathy; and
- podiatry.

From 1 January 2011 the council for each of these professions constitutes 4 members appointed by the Minister in accordance with clause 4 of the Health Practitioner Registration (New South Wales) Regulation 2010 (the Regulation).

For the remaining six professions, that is:
- dental;
- medical;
- nursing and midwifery;
- pharmacy;
- physiotherapy; and
- psychology
the transitional arrangement operates until 1 July 2012 or until such time as a regulation dealing with the composition of the councils is made. If no regulation is made by 1 July 2012 each of the 6 councils is required to be appointed in accordance with Part 1 of Schedule 5C of the NSW Law. Part 1 of Schedule 5C of the NSW Law carries over the relevant provisions of the repealed NSW laws without modification, other than a minor change to include a dental prosthodontist on the Dental Council.

Five of these 6 professions have established a state board of the national board and the sixth (pharmacy) has a range of state specific regulatory functions to do with premises registration and ownership restrictions that may justify the retention of a larger state council. (As noted above the NSW State Board of the Dental Board of Australia will cease to operate on 30 June 2011.)

1.4 Purpose of this review
There are a number of reasons for this review:
- to review the composition of the councils in line with the different responsibilities of councils when compared to the responsibilities of the former state boards;
- to review and if possible reduce costs associated with the NSW councils including the costs of member fees and the costs of the nomination and appointment processes; and
• to consider and take into account any changes that the national boards may wish to see implemented in respect of the state boards.

The review will focus on the composition of the councils for the 6 larger professions for the simple reason that new structures for the other 4 professions have already been agreed and incorporated in the Regulation.

2. CURRENT COUNCIL COMPOSITIONS

The current composition of each of the NSW councils is as follows:

Dental Council

The Dental Council comprises 13 members:
• 5 dentists elected by dentists
• 1 dentist involved in conducting approved programs of study for the dental profession nominated by the Minister for Health;
• 1 dentist nominated by the Minister for Health;
• 1 dental prosthetist nominated by the Minister for Health;
• 1 dental auxiliary nominated by the Minister for Health;
• 1 officer of the Department of Health or an employee of a public health organisation nominated by the Minister for Health;
• 2 people nominated by the Minister to represent the community; and
• 1 Australian lawyer nominated by the Minister.

Medical Council

The Medical Council comprises 20 members:
• 1 medical practitioner who is an officer of the Department of Health or an employee of a public health organisation;
• 2 medical practitioners nominated by the Australian Medical Association (NSW) Limited;
• 1 medical practitioner nominated jointly by the Senate of the University of Sydney, the Council of the University of New South Wales and the Council of the University of Newcastle;
• 1 medical practitioner nominated by the Royal Australasian College of Physicians, New South Wales State Committee;
• 1 medical practitioner nominated by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, New South Wales Regional Committee;
• 1 medical practitioner nominated by the Royal Australasian College of Surgeons, New South Wales State Committee;
• 1 medical practitioner nominated by the Royal Australian College of General Practitioners, New South Wales and Australian Capital Territory Faculty;
• 1 medical practitioner nominated by the Royal Australasian College of Medical Administrators, New South Wales State Committee;
• 1 medical practitioner nominated by the Royal Australian and New Zealand College of Psychiatrists, New South Wales Branch;
• 1 medical practitioner nominated by the Royal College of Pathologists of Australasia;
• 1 medical practitioner nominated by the Royal College of Australian and New Zealand Radiologists; and
• 6 people nominated by the Minister, not less than 4 of whom are to be persons who, in the Minister's opinion, are conversant with the interests of patients as consumers of medical services.
• 1 person nominated by the Community Relations Commission; and
• 1 Australian lawyer nominated by the Minister.

Nursing and Midwifery Council

The Nursing and Midwifery Council comprises 16 members:
• 3 registered nurses elected by registered nurses;
• 1 midwife elected by midwives;
• 1 enrolled nurse elected by enrolled nurses;
• 2 nurses or midwives engaged in the tertiary or pre-enrolment education of nurses or midwives in NSW nominated by the Minister, (at least one of these is to be a registered nurse);
• 1 registered nurse or midwife nominated by the New South Wales Nurses' Association;
• 1 registered nurse or midwife nominated by the College of Nursing;
• 1 registered nurse who is nominated by the Minister and who practises nursing in the area of mental health;
• 1 enrolled nurse nominated by the Minister;
• 1 registered nurse nominated by the Minister who is an officer of the Department of Health or an employee of the public health system;
• 3 persons nominated by the Minister as representatives of the community; and
• 1 Australian lawyer nominated by the Minister.

Pharmacy Council

The Pharmacy Council comprises 10 members:
• 5 pharmacists elected by pharmacists;
• 1 pharmacist nominated by the Minister, being a pharmacist involved in conducting approved programs of study for the pharmacy profession;
• 1 person nominated by the Minister, being an officer of the Department of Health or an employee of the public health system;
• 2 persons, who are not pharmacists, nominated by the Minister to represent the community; and
• 1 Australian lawyer nominated by the Minister.

Physiotherapy Council

The Physiotherapy Council comprises 11 members:
• 3 physiotherapists elected by physiotherapists;
• 1 physiotherapist nominated by the Minister from a panel of physiotherapists nominated by the Australian Physiotherapy Association New South Wales Branch, and any other body representing physiotherapists decided by the Minister;
• 1 physiotherapist nominated by the Minister, being a physiotherapist involved in conducting approved programs of study for the physiotherapy profession;
• 1 physiotherapist nominated by the Minister;
• 3 people nominated by the Minister, at least 2 of whom are not physiotherapists and are nominated to represent the community;
• 1 person nominated by the Minister, being an officer of the Department of Health or an employee of the public health system; and
• 1 Australian lawyer nominated by the Minister.

Psychology Council

The Psychology Council comprises 9 members:
• 3 psychologists nominated by the Minister from a panel of psychologists nominated by the Australian Psychological Society Limited and other bodies the Minister may decide;
• 1 psychologist nominated by the Minister, being a member of the teaching staff of an educational institution that is involved in conducting approved programs of study for the psychology profession in NSW;
• 1 psychologist nominated by the Minister;
• 1 person nominated by the Minister, being an officer of the Department of Health or an employee of the public health system;
• 2 people who are not psychologists, nominated by the Minister to represent the community; and
• 1 Australian lawyer nominated by the Minister.

3. WHY IS CHANGE DESIREABLE?

When the NSW councils were established the Department of Health indicated that as far as practicable the membership of any state boards and the councils would be consistent. The reasons for advocating this approach were that it was expected to assist in controlling costs and in simplifying administration; it would facilitate effective communication between national and state systems; and it would allow for the retention within the councils and the state boards of as much expertise and corporate knowledge as possible. However, it is important to acknowledge that the first 8 months of operation of the new system have indicated that a complete alignment of state board and council numbers and membership may not be appropriate in all cases.

As already noted the National Law provides that State and Territory Health Ministers are to appoint the members of state and territory boards. Because individual Ministers are to appoint the members they are also free to determine the size and composition of those local boards, subject to the provisos that at least half but not more than two-thirds of the members of a state/territory board are to come from the relevant profession, that at least two members of a board must be appointed to represent the community, and that all vacancies on a state board must be publicly advertised before they are filled.

However as the national boards delegate functions to the state boards and are responsible for their funding the views of the national boards as to size and
composition of the state boards are important. In December 2009, the national boards recommended the following preferred size for state boards in NSW:

*Medical Board*
12 members

*Nursing and Midwifery Board*
8 members

*Physiotherapy Board*
9 members

*Psychology Board*
9 members

(The Dental Board of Australia and the Pharmacy Board of Australia have determined that they will not have state and territory boards and therefore there is no recommendation.)

If the Minister for Health decides to comply with the national boards' views as to the size of the state boards and agrees to align membership across councils and boards the following changes will need to be made:

- the Medical Council would be reduced from 20 to 12 members;
- the Nursing and Midwifery Council would be reduced from 16 to 8 members;
- the Physiotherapy Council would be reduced from 11 to 9 members; and
- the Psychology Council would remain at 9 members.

4. ISSUES ARISING FROM COUNCIL COMPOSITION

4.1 Education members
Each of the relevant councils currently has a dedicated position for a member who is a practitioner member engaged in the tertiary education of members of the profession. These positions are a legacy from the former state registration boards and reflect the role of those boards in the registration of practitioners and their involvement, either directly or via membership of an external accreditation body, in the accrediting of educational programs. Both of these functions, registration and accreditation, are now undertaken and oversighted by the national boards and the councils have no role to play in these activities. Arguably the reserved position for an educator is therefore redundant.

However, the view has been expressed that the role of the councils in managing complaints and performance issues requires an understanding of the education of undergraduates and of the skills and knowledge bases of beginning practitioners, and that this expertise is best provided by experienced academics. On this view it is important to have a member from an educational background on each of the councils.

If it is determined that the councils should include educational representatives the secondary question needs to be asked as to whether those councils that have
responsibility for different, albeit closely related, professional groups should have an educational representative from each of those professional groups. The relevant councils are the Dental Council and the Nursing and Midwifery Council. The Dental Council is responsible for managing matters concerning dentists, dental hygienists, dental prosthetists, dental therapists and oral health therapists. The Nursing and Midwifery Council is responsible for managing matters concerning registered nurses, enrolled nurses and registered midwives. If this question were answered in the affirmative then conceivably the Dental Council may require up to five educational representatives and the Nursing and Midwifery Council up to three.

4.2 Elected members

Of the six relevant councils four have members who are elected by registered practitioners. Those four councils are the Dental Council, the Nursing and Midwifery Council, the Pharmacy Council and the Physiotherapy Council. In the case of the Dental Council it is only dentists who are able to elect members (5 registered dentists) while the other professional groups (dental prosthetists, dental therapists, dental hygienists and oral health therapists) are unable to participate in the election process. In the case of the Nursing and Midwifery Council enrolled nurses elect one enrolled nurse, registered midwives elect one registered midwife, and registered nurses elect three registered nurses, these numbers roughly correlate to the proportion of practitioners in each category. The Pharmacy Council has five elected pharmacists and the Physiotherapy Council has three elected physiotherapists.

The role of elected members has been the subject of review in the past, most recently in the Competition Principles Agreement reviews of each of the relevant registration Acts. In those reviews the relevant professions have fiercely defended the role of elections and elected members. Some of the arguments in defence of elections include:

- Election of members provides an opportunity for practitioners who are held in high standing in the profession, but who might not otherwise be nominated for membership, to be selected by their peers.
- Election of members is in keeping with self-regulation of the profession and provides an opportunity for individual practitioners to be involved in the regulation of the profession.

Arguments against elections include:

- The costs associated with running elections for members. The NSW Electoral Commission has recently estimated that it will cost $230,000 to conduct the election for members of the Nursing and Midwifery Council scheduled for the first half of 2012. There is no reason to believe that the costs associated with running elections for the other professions will be substantially less (other than as to postal costs) notwithstanding the smaller numbers involved.
- The view that as a reasonably limited number of practitioners vote in elections (typically significantly less than 50%) they are not genuinely representative.

In addition any future elections for members of councils will be logistically more difficult under the national registration scheme than previous elections under the NSW registration Acts. This is because the NSW councils do not hold the registers
of practitioners and therefore do not have ready access to the names and addresses of eligible voters. This difficulty may be addressed by negotiation with the Australian Health Practitioner Regulation Agency (AHPRA) which may be able to provide a list of registered practitioners with a principle place of practice in NSW or may be prepared, for a fee, to undertake the mail out of election material to eligible voters. This will however add to the cost and complexity of any election process and is something that would need to be negotiated with the NSW Electoral Commissioner who has traditionally been the returning officer for Board elections.

It also needs to be acknowledged that the councils have a much more limited role in the regulation of their professions that the previous boards and that it may not be appropriate to have elected members on a body that focuses on complaints and disciplinary processes.

4.3 Association nominees
Both the Medical Council and the Nursing and Midwifery Council have members who are directly nominated by professional associations (the Australian Medical Association and the NSW Nurses Association).

Neither the Dental Council nor the Pharmacy Council have membership positions reserved for professional association nominees.

The Physiotherapy Council has a position reserved for a physiotherapist nominated by the Minister for Health from a panel of practitioners recommended by the Australian Physiotherapy Association and such other bodies representing physiotherapists as may be determined by the Minister.

The Psychology Council has a position reserved for a psychologist nominated by the Minister for Health from a panel of practitioners recommended by the Australian Psychological Society and such other bodies representing psychologists as may be determined by the Minister.

If professional associations are to continue to have a role in nominating members there are a number of issues that should be considered:

1. Whether the associations should directly nominate members, as is currently the case with medicine and nursing/midwifery, or whether they should provide a list of candidates from which the Minister for Health nominates members;
2. Whether individual professional associations should be expressly referenced in the legislation;
3. Whether those councils that are responsible for more than one professional grouping (eg dental and nursing/midwifery) should provide for the association representing each professional stream to nominate a member or members of the council; and
4. Whether a consistent approach is required across the councils.

4.4 College nominees
Both the Medical Council and the Nursing and Midwifery Council include positions for the nominees of specific professional colleges. The Medical Council currently has 8 members who are the direct nominees of professional colleges while the Nursing
and Midwifery Council has a member who is the nominee of the NSW College of Nursing.

The Medical Council currently includes eight members who are the nominees of eight specific professional colleges. Those colleges are:

- The Royal Australasian College of Physicians, New South Wales State Committee,
- The Royal Australian College of Obstetricians and Gynaecologists, New South Wales State Committee,
- The Royal Australasian College of Surgeons, New South Wales State Committee,
- The Royal Australian College of General Practitioners, New South Wales Faculty,
- The Royal Australian College of Medical Administrators, New South Wales State Committee,
- The Royal Australian and New Zealand College of Psychiatrists, New South Wales Branch,
- The Royal College of Pathologists of Australasia, and
- The Royal Australasian College of Radiologists.

It is of note that only some professional colleges are entitled to nominate members of the Medical Council, significant medical colleges such as the Australian and New Zealand College of Anaesthetists and the Royal Australian and New Zealand College of Ophthalmologists are unable to directly nominate members of the Council.

The expertise of college nominees may have been valuable to the NSW Medical Board when considering registration and accreditation issues, particularly concerning overseas trained specialist practitioners. However given that the relevant registration and accreditation functions are now undertaken by the Medical Board of Australia it is not clear that college nominees in these areas are vital to the Medical Council.

It may also be the case that the Medical Council benefits from including in its membership medical practitioners from the various specialist areas. These benefits may be in reviewing and assessing complaints about services or practitioners in those various specialist areas, although it is also possible to access this expertise via the Council’s complaints screening bodies which may include members who are not Council members. Before implementation of NRAS there was no specialist registration for medical practitioners in NSW and no convenient way, other than the colleges, of identifying practitioners with the appropriate specialist expertise and who were appropriately regarded by their peers. Specialist registration by the Medical Board of Australia now provides a ready mechanism to identify those practitioners who hold specialist qualifications and who can fulfil the role of a specialist on the Council and the direct nomination of members by certain specialist colleges may therefore no longer be required.

The Nursing and Midwifery Council includes a member who is nominated by the NSW College of Nursing. This position was included on the previous NSW Nurses and Midwives Board in recognition of the important role that the NSW College of Nursing plays in the ongoing professional education of Nurses in NSW. It is
important to consider whether the College should continue to nominate a member of the Council given that the Council will have no functions in terms of the education and continuing education of nurses and midwives. It is also of note that the Royal College of Nursing Australia does not nominate a member of the Council.

4.5 Legal members
All councils include a member who is legally qualified. The reasons for this are that the councils are required to interpret any apply legislation, and to apply that legislation to the rights of practitioners to practise their professions.

This was a common feature of health professional registration authorities across Australia before the introduction of the national scheme and remains a common feature within the national registration boards.

Alternately it may not be necessary for the councils to each have a member who is legally qualified as it may be possible to access appropriate expertise externally, for example from the staff of the Health Professions Councils Authority.

4.6 Community members
All councils include community members.

This was a common feature of health professional registration authorities across Australia before the introduction of the national scheme and remains a common feature within the national registration boards.

As with the national boards the health profession councils are appointed to act in the public interest rather than the interests of the profession and it is therefore important that the public are represented on the councils. It is also important that the community member or members are able to provide a counterpoint to the views of the professional members.

One issue that has arisen in terms of community members is who constitutes a community member. Divergent views have been expressed on this matter in the past including the following views:

- The view that a community member must be a person who has never been registered in any health profession.
- The view that a community member must never have been registered in the health profession in question but may be registered in another profession.
- The view that a community member must not be currently registered in the health profession in question but may have previously been registered in that profession.

The National Law provides that community members of the national boards must never have been registered in the relevant health profession, but they may be registered in another profession. However the National Law contains no such restriction on who may be appointed as a community member of a state board and the NSW Law has no restriction on who may be appointed as a community member of a council.
It is important to consider therefore if the inclusion of community members on the councils remains appropriate and if so whether there should be any restrictions on who may be appointed to those positions.

4.7 Members who are officers of the Department of Health or the public health system

In the past all state registration boards included a member who was an officer or employee of the NSW health system, whether that be an officer of the Department of Health, or an employee of a public health organisation. The primary reason for this was to maintain an effective line of communication between the Department of Health and the professional regulators. This effective communication was particularly important where boards were considering registration, accreditation and workforce issues and recognised that the public health system is the largest single employer of many health professions including medical practitioners, nurses, midwives and pharmacists.

Registration, accreditation and workforce issues are now matters that are addressed by the national boards and the NSW councils have no relevant role to play in these matters. Therefore the question arises as to whether an officer or employee of NSW Health should be required on the councils. It is worth noting that each of the councils for the smaller professions (chiropractic, optometry, osteopathy and podiatry) have now dispensed with this position.

5. RECOMMENDED COUNCIL SIZES

As noted above the Department of Health has previously stated the view that so far as possible the size and composition of state councils should be consistent with the size and composition of state boards and that the views of the national boards as to the size of state boards would be taken seriously. However the experience of the Councils in receiving and dealing with complaints and other matters over the first 9 months of operation of NRAS indicates that some of the NSW Councils may require larger memberships than those recommended for the state boards and some councils may in fact require smaller memberships. Therefore the previously stated view that memberships and sizes should align across state boards and councils needs to be reconsidered.

In reconsidering this matter it is however necessary to acknowledge that the councils are responsible for a smaller range of activities than the previous state boards. It is also necessary to acknowledge that for many professions there have been substantial fee increases under NRAS and that it is important that the size of each council is limited to that which is necessary to enable proper acquittal of its functions so as to limit costs.

However, the Department of Health considers that an appropriate starting point is to endorse the views of the national boards as to the size of state boards and to invite submissions on the subject of the size and composition of the councils. It may be appropriate that those councils with a significant workload, such as the Nursing and Midwifery Council, have more members than that recommended for the state board, while other councils with a lesser workload may have fewer members than that
recommended for the state board. The Department of Health does however propose that for the purpose of this discussion the size of each council be capped at 12 members.

6. MISCELLANEOUS

6.1 Terms of office
The NSW Law provides in clause 12 of Schedule 5C that a council member may be appointed for a term of office of up to three years and while members may be reappointed they may not be appointed to consecutive terms of office totalling more than 9 years. Clause 8(3) of Schedule 5A of the NSW Law provides that any consecutive terms of office as a member of a former state board immediately before 1 July 2010 are included in calculating the period for which the person has held office.

However clause 8(4) of Schedule 5A also provides that, notwithstanding any other provision, all members of councils who transitioned to the councils on 1 July 2010 may be appointed to one additional term of office. This provision is designed to ensure that experience can be retained on the councils and there will not be a mass exodus of members and experience on 1 July 2012.

6.2 Filling of vacancies
The NSW Law provides in clause 14 of Schedule 5C that a casual vacancy in a council member’s office is to be filled by a person nominated by the Minister.

6.3 President and deputy president
The NSW Law provides in clause 10 of Schedule 5C that one member of a council from the relevant regulated profession is to be appointed as president of the council and another member (who need not be from the profession) is to be appointed as deputy-president.

6.4 Membership balance
The NSW Law does not include any requirements or prescriptions relating to gender balance or the cultural background of council members (other than that one member of the Medical Council is to be nominated by the Community Relations Commission).

7. WHAT ARE YOUR VIEWS

Does the above discussion accurately address the issues associated with restructuring of the NSW Councils?

What sizes and composition are appropriate for each of the councils, keeping in mind the functions, workloads and financial resources of each council?

How should individual members of councils be nominated to those positions?

Submissions advocating a particular position should provide background and a justification for that position and explain how those arrangements are in the public interest.
Submissions on the issues raised in this paper should be made to:

Legal and Legislative Services Branch
NSW Department of Health
Locked Bag 961
NORTH SYDNEY 2059

Submissions may also be made via email to legalmail@doh.health.nsw.gov.au.

Submissions must be received by 7 October 2011.

Individuals and organisations should be aware that submissions might be made available under the Government Information (Public Access Act) 2009. The Department of Health may also decide to circulate some or all submissions for further comment to other interested parties.