



Australian Government

Department of Health

Application for Declaration

Under Part VC

of the

Health Insurance Act 1973

An electronic version of this form can be located at
<http://www.health.gov.au/internet/main/publishing.nsf/Content/qps-apply>

Send completed applications to:

Director, Accreditation and Registration Policy Section

Department of Health, MDP 610 GPO Box 9848 CANBERRA ACT 2601

If you require further information, or have any queries, please contact the Director,

Accreditation and Registration Policy Section on:

Ph: 02 6289 2624 E-mail: QPS@health.gov.au

1. What is the title of the Quality Assurance (QA) activity?

2. What is the legal name of the body or organisation that will be responsible for managing the QA activity?

3. Date of application

4. Who is the first point of contact for this application?

Name of Applicant's initial contact person

Position and organisation

Postal address (including postcode)

Phone No.

Email address

The information given in square brackets [] relates to the relevant part of Part VC of the *Health Insurance Act 1973* (the Act) or to the associated *Health Insurance Regulations 2018* (the Regulations). A copy of the Act and Regulations can be downloaded at

www.health.gov.au/internet/main/publishing.sf/content/qps-apply.

Alternatively, please contact the Department.

Questions 4 and 5 help us to determine whether your Quality Assurance (QA) activity is eligible for coverage under the Act. If the answers indicate that the activity cannot be covered under the legislation, you should not proceed further in completing the form.

5. What does the QA activity involve? [Section 124W(1)(a,b,c)]

An assessment or evaluation of the quality of health services

A study of the incidence or causes of conditions or circumstances that may affect the quality of health services

The making of recommendations about the provision of health services as a result of an assessment, evaluation or study

The monitoring of the implementation of a recommendation about the provision of health services

If you selected one or more of the boxes above, go to 6

None of the above

If you selected the 'None of the above' box, do not proceed further with the Application. The activity does not meet the required definition of a quality assurance activity and therefore cannot be covered by the legislation. For further information, please contact the Department.

- 6. This legislation can only have effect where the health services to which the activity relates involve Australian Government funding. Which of the following areas of Australian Government funding are related to the activity?**
[Section 124W(1)(a)(i, ii)]

Medicare Benefits

Public Hospital Services

Health Program Grants

Prescribing of pharmaceutical products under the Pharmaceutical Benefits Scheme

If you selected one or more of the boxes above, go to 7

None of the above

*If you selected the 'None of the above' box, do not proceed further with the Application. The activity does not meet the required definition of a quality assurance activity and therefore cannot be covered by the legislation.
For further information, please contact the Department.*

7. Under what authority will the QA activity be carried out? [Section 124X(3)]

By the Australian, a State or Territory Government	<input type="checkbox"/>
By a government authority	<input type="checkbox"/>
By a body that provides health care	<input type="checkbox"/>
By an educational institution	<input type="checkbox"/>
By a research body	<input type="checkbox"/>
By an association of health professionals	<input type="checkbox"/>
Under a law of the Commonwealth, of a State or of a Territory	<input type="checkbox"/>
<i>Please provide an explanation for your selection in the box below.</i>	
Explanation:	
None of the above	<input type="checkbox"/>
<i>If you selected the 'None of the above' box, do not proceed further with the Application. The activity does not meet the required definition of a quality assurance activity and therefore cannot be covered by the legislation. For further information, please contact the Department.</i>	

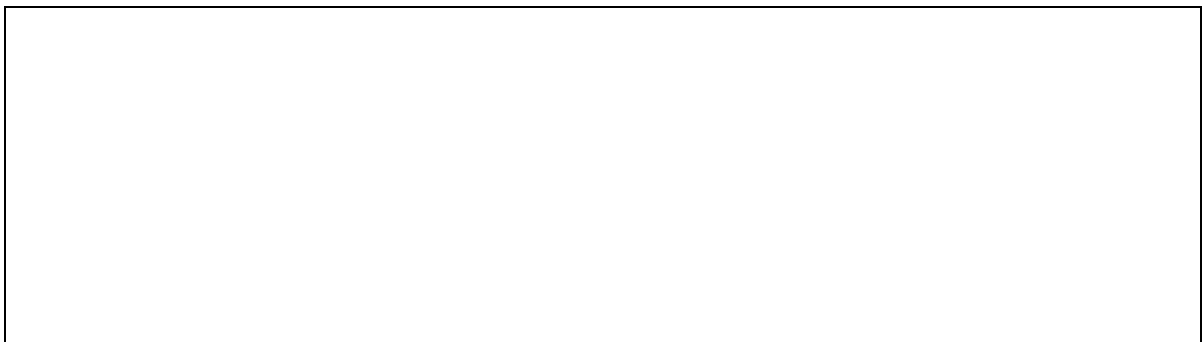
8. State the descriptive Title of the activity. [Section 124X(2)]

This descriptive summary Title may be used in the document that “declares” the QA activity. It should describe the nature of the activity, be precise and must identify a single activity. An activity will be treated as a “single activity” even if it is undertaken in a number of different locations as long as the outcomes of the various parts of the activity are aggregated or analysed collectively.

9. Please provide a detailed description of the QA activity.



10. (a) What are the objectives of the QA activity?



(b) What methods will be used in conducting this activity?

(c) How will the activity be evaluated?

(d) How will outcomes of the activity be responded to?

11. How is this activity being supported financially and by whom?

12. What are the name(s), occupation(s) and qualification(s) of the person(s) who will manage the QA activity?

Name

Occupation

Qualification

Name

Occupation

Qualification

Name

Occupation

Qualification

Name

Occupation

Qualification

Name

Occupation

Qualification

Name

Occupation

Qualification

Name

Occupation

Qualification

Name

Occupation

Qualification

Name

Occupation

Qualification

Name

Occupation

Qualification

13. Before making a declaration the Minister must be satisfied that it is in the public interest to do so. One fact that the Minister might decide to take into account when considering the public interest is whether an ethics committee has approved the activity.

Has the activity been approved by a constituted Research and Ethics Advisory Committee?

No

Explain briefly why you consider that approval of an ethics committee for this activity is not required.

Yes

Provide details including evidence that approval has been granted and by which body. Please attach the evidence to this form.

14. An issue that the Minister might decide to take into account when considering the public interest is patient privacy concerns.

Does the QA activity involve the collection of and/or recording of personal information about patients?

No Go to 15

Yes

Explain the procedures you will adopt to protect the confidentiality of this information and how patient consent issues relating to the use of this information will be addressed.

15. Has this QA activity previously been carried out in Australia?

No Go to 16

Yes Go to 17

16. Activities that have not previously been carried out in Australia [REG s88]

(a) Is the protection provided by the Act necessary to encourage **full participation** in the activity of persons who provide health services?

No The application will not be accepted

Yes Go to 16 (b)

(b) Does the activity include the making of a recommendation to improve or maintain the quality of health services?

No Go to 17

Yes Go to 16 (c)

(c) Is the protection provided by the Act necessary to encourage people who provide health services to accept and implement a recommendation that flows from the activity, and to monitor the implementation of the recommendation referred to at Q.16 (b)?

No The application will not be accepted

Yes Go to 18

17. Activities that have previously been carried out in Australia [REG s89]

(a) Is the protection provided by the Act necessary to encourage people who provide health services to participate in the activity **TO A GREATER EXTENT** than in the previous activity?

No The application will not be accepted

Yes Go to 17 (b)

(b) Does the activity involve the making of a recommendation to improve or maintain the quality of health services?

No Go to 18

Yes Go to 17 (c)

(c) Is the protection provided by the Act necessary to encourage people who provide health services to accept and implement a recommendation that flows from the activity, and to monitor the implementation of the recommendation referred to at Q.16 (b) TO A GREATER EXTENT than in the previous activity?

No The application will not be accepted

Yes Go to 18

18. Please explain either:

- how a 'declaration' will encourage full participation in activities that have not previously been carried out in Australia (Question 16 refers), OR
- how a 'declaration' will encourage greater participation in activities that have previously been carried out in Australia (Question 17 refers).

19. To be satisfied that a QA activity is in the public interest, the Commonwealth Minister for Health, in most cases, requires non-identifying information to be published or disclosed in the course of the activity [REG s86]. This information must concern either:

- The quality of services assessed, evaluated or studied, or
- The factors affecting the quality of the service

This requirement may be satisfied in a number of ways including by publishing an article in an academic journal or newspaper that:

- discusses what was learnt about the safety and quality of the procedure or process which was the focus of the activity; and/or
- discusses what improvements in technique or approach have been recommended as a result of the activity.

In exceptional circumstances, an activity can be declared which does not involve the publication of non-identifying information.

Is it appropriate for your activity to publish or disclose such information?

No Give detailed reasons in the box below why it is inappropriate to publish or disclose non-identifying information.

Yes Explain in the box below the type of non-identifying information you intend to disclose and how you propose to publish or disclose this information.

20. If you answered 'yes' at Question 19, do you agree to provide the Minister with copies of the information referred to in Question 19 throughout the course of the QA activity?

No The application will not be accepted

Yes Go to next question

21. This legislation is designed to complement, not override similar legislation that may be in place in the States and Territories. It is designed to be used when an activity takes place in more than one State or Territory. However, there are occasions when the Commonwealth legislation may be applied to an activity taking place in only one State or Territory. [Section 124ZC]

Will the QA activity be undertaken in only one State or Territory?

No Which States and/or Territories? *After responding below, go to 25.*

Yes Go to next question

22. Has protection for this activity been applied for under similar legislation in any State or Territory?

No Go to 23

Yes Which State or Territory?

Result of application:

23. Which of the following apply to the activity?[REG s87]

If the activity is to be undertaken only within one State or Territory at least one of the following must be applicable:

- The government of the State or Territory has advised the Commonwealth Minister for Health that the activity is not subject to legislation of that State or Territory that is similar to Part VC of the Act and that it is the opinion of that government that Part VC of the Act should apply to the activity.
- The activity includes a methodology that has not been previously used in Australia.
- The activity is a pilot study for the purposes of investigating whether a methodology can be used in Australia.
- The activity addresses a subject matter not previously addressed in Australia.
- The activity has the potential to affect the quality of health care on a national scale.
- The activity is a pilot study for the purposes of investigating whether the activity has the potential to affect the quality of health care on a national scale.
- The activity is of national importance.

24. Explain more fully the reasons selected at question 23.

25. For the purpose of Part VC of the Act the health care practitioner's clinical practising rights are:

- the right to practice a particular profession;
- the right to use particular skills in premises at which the health services are provided;
- the right to use particular skills in an authority of a State or Territory; and
- the right to hold him or herself out as having been certified by an association of health professionals as possessing a particular skill or competency.

(a) Will the QA activity be used to determine a health care practitioner's clinical practising rights?

No Go to 26

Yes Go to 25 (b)

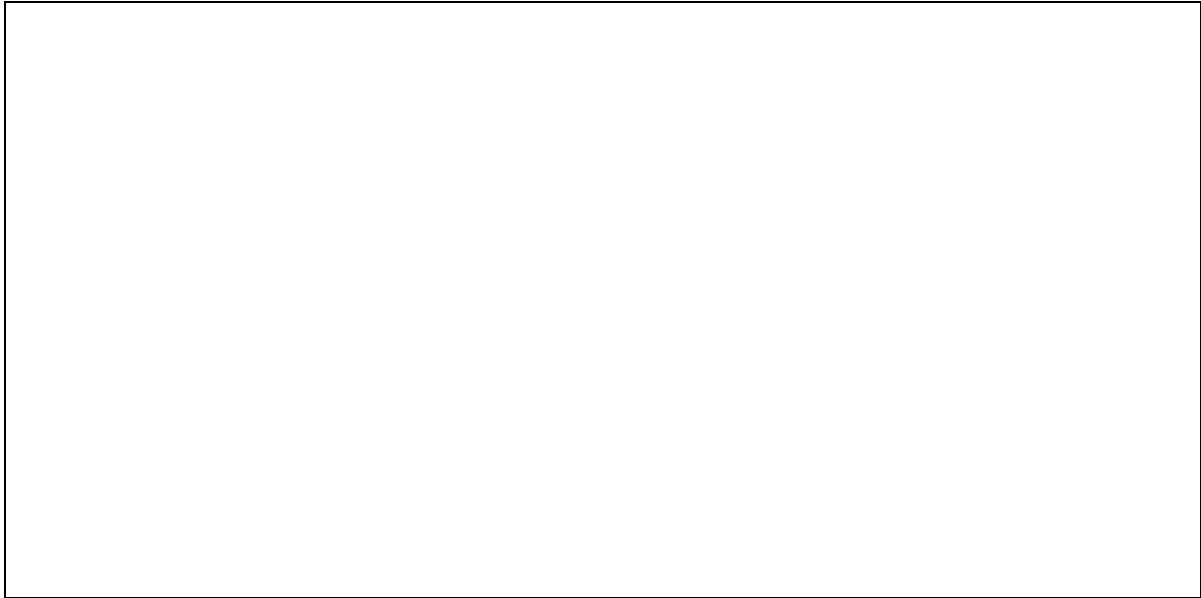
(b) Will the QA activity include the making of findings on material questions of fact or law?

No Go to 25 (c)

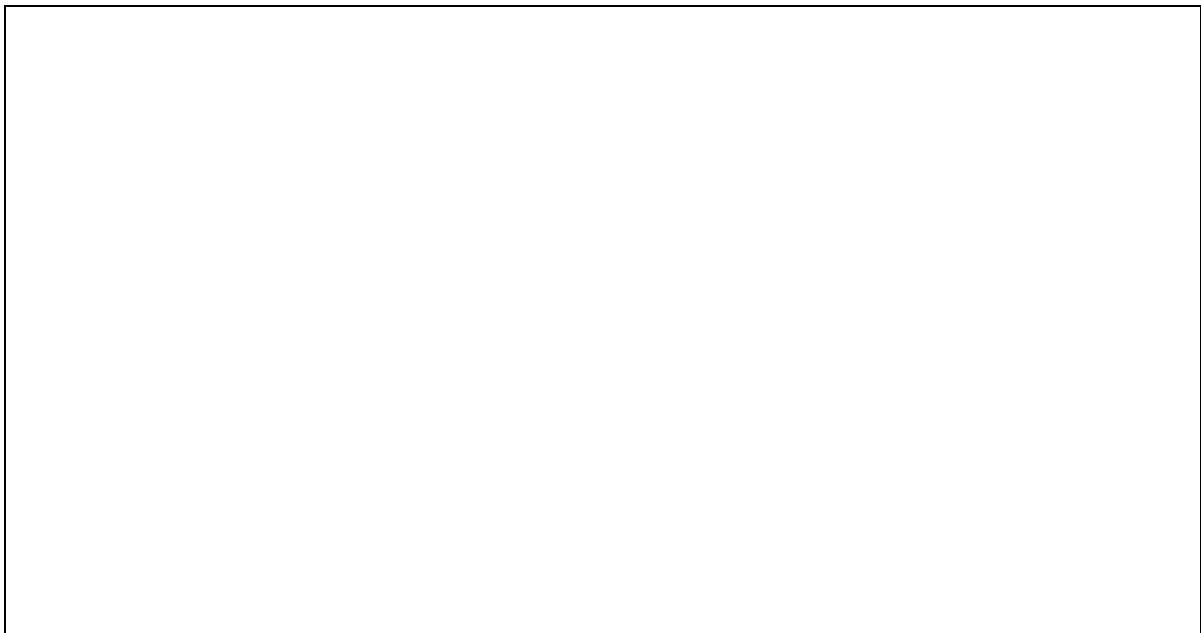
Yes Go to 25 (c)

(c) What procedures will be put in place to ensure that the health care professionals who are being assessed are given reasons for findings with which they are dissatisfied?

(d) What appeal mechanism will be available for a health care professional who disagrees with the decision of the committee about the assessment?



(e) The purpose of a QA activity that is used to determine a health care practitioner's clinical practising rights must include the disclosure of information about the health care practitioner's clinical practising rights that identifies the health care practitioner. Please provide details of how this disclosure would take place and to whom it would be made.



26. Comments may be sought from a broad range of people on the merits of this application for a declaration. Please provide the details of two referees, who are entirely independent of this application. Copies of the application may be sent to the nominated referees and to others for their comments to assist in the assessment process.

Referee 1 - Name

Position

Organisation

Address

Telephone Number

Facsimile Number

E-mail address

Reason for nomination

Referee 2 - Name

Position

Organisation

Address

Telephone Number

Facsimile Number

E-mail address

Reason for nomination

27. Do you agree to provide the Minister with written notice of any changes to the purposes of the QA activity as soon as practicable after the change occurs?

[REG s84(2)(a)]

No The application will not be accepted.

Yes Go to next question.

28. When significant changes to the composition or purposes of the body conducting the QA activity are likely to affect the activity, do you agree to provide the Minister with written notice of such changes as soon as practicable after the change occurs?

[REG s84(2)(b)]

No The application will not be accepted.

Yes Go to next question.

29. Declaration: I declare that the information provided in this form is accurate and truthful to the best of my knowledge.

Signed

Date

Name

Position in relation to the activity