QUARTERLY (10 MARCH TO 10 JUNE 2004 REPORT) FROM THE MINISTRY OF HEALTH TO THE MINISTER ON THE IMPLEMENTATION OF THE RECOMMENDATIONS OF THE GISBORNE CERVICAL SCREENING INQUIRY REPORT

BACKGROUND INFORMATION

1. In response to Recommendation 46 of the Inquiry Report, the Director General has previously supplied monthly reports to the Minister. In 2002 these monthly reports were replaced with quarterly reporting. This report is the ninth quarterly report and covers the period 10 March 2004 to 10 June 2004.

COMMENT

2. This quarterly report provides an update on progress against key milestones and deliverables for those areas of work that remain outstanding and relate to the following areas: the Audit of Invasive Cervical Cancer, legislative changes, NCSP Operations, and the development of a Population Health Register (see also Appendix 1).

3. Those recommendations that have been marked as completed or implemented are attached as Appendix 2.

4. You have now received and responded to both the NEAC report on the recommendations relating to ethics, and the Ministry of Health response to the NEAC report. As part of its support role to NEAC, it is recommended that Sector Policy Directorate should continue to report to you separately on the implementation of these recommendations. Thus, the recommendations relating to ethics will no longer be updated in this report.

Cervical Cancer Audit

5. The data cleansing and analysis phase of the Audit is continuing.

6. Communications planning to plan for the release of information to key stakeholders and the release of the Audit findings is ongoing.

7. The most recent follow-up meeting with the advisory group and stakeholders was on 18 June 2004.

Legislative Change

8. The Health (National Cervical Screening Programme) Amendment Act received Royal assent on 7 March 2004 and will commence a year after this on 7 March 2005. The NCSP has established a NCSP legislation implementation team and a comprehensive project plan is in place. Work is well underway with progress as expected in all four areas - Policy, Operations, Communications and Information Systems. The first key policy document on Enrolment, Preventing

and Cancelling Enrolment, has been sent to key stakeholders. A draft communications strategy has been written and is being consulted on.

9. The NSU has commenced work on the letter to all women on the NCSP-Register to inform them of the legislative changes. The draft is being consulted on with the NCSP and Maori Advisory Groups and the Consumer Reference Group. The NCSP is finalising a Health Report [20046350] on the format of the letter that will be forwarded to you in the near future.

10. Following the passage of the Health (National Cervical Screening Programme) Amendment Act, the Ministry of Health has consulted on the changes that should be made to the Health (Retention of Health Information) Regulations 1996 as part of the broader consultation on the Review of the Regulation of Human Tissue and Tissue-based Therapies. The consultation period closed on 4 June and the analysis of submissions is ongoing. A summary of the consultation feedback is expected by the end of July 2004. After this time policy work will commence to change the legislation, as changes are needed by June 2005. (Note the previous Quarterly Report reported in error that submissions to the Human Tissue Review closed on 4 July).

11. The Health Practitioners Competence Assurance Act, passed by the House in September 2003, contains provisions that will give effect to the intent of the recommendations from the Inquiry. The Act will come into effect a year after the Royal assent on 18 September 2004. This will entail, the establishment of new registration authorities and the development of gazetted scope of practice.

12. The Medical Laboratory Technologists Board has agreed on scopes of practice for Medical Laboratory Scientists and Medical Laboratory Technicians and has agreed the appropriate qualifications for these two scopes. The scopes and associated qualifications will be gazetted before September 2004.

NCSP Operations

13. The review of Chapter 5 of the NCSP Operational Policy and Quality Standards "Providing a Laboratory Service" is continuing. A meeting of the Laboratory Working Group has been scheduled for August 2004. Feedback on the chapter from an audit perspective has been provided by International Accreditation New Zealand (IANZ).

14. Work is underway on the development of Liquid Based Cytology standards. Letters have been sent to the College of General Practitioners, College of Practice Nurses and the College of Pathologists.

15. Recent communication from Dr Euphemia McGoogan regarding liquid based cytology (LBC) standards in Scotland was that during the conversion to LBC, Scotland retained the conventional smear quality standards. However the minimum number of smears screened each year was raised to 12,000. Scottish laboratory statistics of conventional and liquid based cytology have continued to be gathered quarterly and quality standards will be reviewed in the light of these.

16. Proposals have been received for the NCSP Independent Monitoring Group and organisations short-listed for interview. One of the organisations is unable to present until mid July so the process will now be completed by late August. The interim monitoring processes are progressing well. The interim report has been peer reviewed by the NCSP Advisory Group and will be sent to providers for consultation in the near future.

Ongoing Implementation of Workforce Development Projects

17. The NSU Workforce Development Strategy 2002–2007 was formally published in May 2004. The NCSP Cytology Training Working Group met in March and May 2004. The most recent meeting was held in late June 2004. The group is providing valuable oversight and leadership to the laboratory workforce initiatives in collaboration with the NSU.

18. The Vocational Registration Programme in Cervical Cytology (previously known as the Standard Orientation Programme in Cytology) is progressing. The logbook is currently being printed prior to distribution to the Laboratories and the workbook is undergoing peer review. The Clinical Training Agency (CTA) requirements for the funding of up to six new graduate cytology trainees to support this initiative can be met and funding will be available from 1 July 2004.

19. The cytology working group agreed that there was a need to provide a cytology study day for pathology registrars. The NSU has funded two days, one study day for Part 1 Pathology Registrars and one study day for Part 2 Pathology Registrars to occur in June 2004 . The feedback from these study days is being analysed.

20. The “Challenges in Cytology” workshops for pathologists and experienced cytoscreeners occurred in March 2004 and received very positive feedback. These workshops assisted the sector to recognise difficult high grade cytology cases. There has been a high level of sector support for this initiative.

21. The NCSP is currently consulting on a model for a competency assurance programme with an educational approach with the Australasian College of Pathologists. It is intended that a pilot will be in place with at least one laboratory by January 2005.

22. The cytology training options consultation has resulted in a preferred option that will be the basis of a Request for Proposal. The appointed organisation will provide ongoing and updated training for all laboratory staff reporting cytology.

Electronic Linkage between the NCSP- Register and Cytology Laboratories

23. The first laboratory is now connecting through the Health Intranet to the NCSP-Register and the pilot is underway. Following analysis of the pilot the facility will then be extended to the remaining laboratories over the course of the next six months.

The New Zealand Cancer Registry Information

24. A number of work streams aimed at improving the accuracy and timeliness of data in the New Zealand Cancer Register continue to be progressed.

25. As reported last quarter, over half the annual number of cancer registrations are now registered within three months of receipt. The overall status of registrations is continuing to improve.

Development of a Population Health Register (NHI Upgrade Project)

Work on the NHI upgrade programme continues. Activities for the past quarter include:

- Further cleansing of data to identify and resolve duplicate NHIs. The result of this cleansing is to provide more accurate information.

- The piloting of a 'web-based' application to enable the NHI to be accessed on-line. A number of NZHIS staff, along with the HealthWest and EastHealth PHOs in Auckland are now accessing the NHI using this application (NOAH). A wide area rollout of the application will proceed once the pilot is complete.

- The development of a training programme for health and disability support services is underway. This programme will be delivered in parallel to the deployment of the 'web-based' application for access to the NHI. Training will cover the collection of accurate information and how to search (and use) the NHI.

Contact for telephone discussion (if required)

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APPENDIX 1.0

IMPLEMENTATION OF THE OUTSTANDING RECOMMENDATIONS AND PROGRESS AGAINST REPORTING MILESTONES FOR 10 MARCH 2004 TO 10 JUNE 2004.

Ref.	Recommendation	Reporting Milestones[1] for 10 March 2004 to 10 June 2004.
1.	Evaluation of NCSP *The remaining two phases of the national evaluation designed by the Otago University team must proceed.*	Part 3 (Cancer Audit) Data collection completed 31 December 2003. Data cleansing and analysis commenced. Communications planning commenced
2.	Re-enrolment and re-screening of women. *If the national evaluation throws doubt on the accuracy of the current national average then the Committee recommends that all women who are or who have participated in the programme should be invited to re-enrol and offered two smears two years apart.*	No Reporting Milestone this period.
4.	Operational Policy and Quality Standards & Evaluation & Monitoring Plan. *The Policy & Quality Standards for the NCSP and the Evaluation and Monitoring Plan for the NCSP must be implemented within the next 12 months.*	The Audit framework has now been finalised and is awaiting approval by the Ministry of Health Executive Team prior to publication. An MOU has now been signed between the NSU and International Accreditation Agency New Zealand (IANZ). Both parties are now planning the commencement of the Laboratory provider compliance audits.
19.	Review of operations of ethics committees. *There should also be a review of the operation of ethics committees and the impact their decisions are having on independently funded evaluation exercises and on medical research generally in New Zealand.*	The Minister of Health has now received and responded to both the NEAC report on the recommendations relating to ethics, and the Ministry response. As part of its support role to NEAC, Sector Policy Directorate will continue to report to you separately on the implementation of these recommendations.

[1] Reporting Milestones refer to those tasks and activities that need to be completed in the period covered by the report, against which progress on the implementation of the recommendations is measured. Recommendations where there is no Reporting Milestone against which to report for this month are marked No Reporting Milestone this period; work may however be already underway.

Ref.	Recommendation	Reporting Milestones[1] for 10 March 2004 to 10 June 2004.
21.	Guidelines to ethics committees for observational studies. *Ethics committees require guidance regarding the weighing up of harms and benefits in assessing the ethics of observational studies.*	The Minister of Health has now received and responded to both the NEAC report on the recommendations relating to ethics, and the Ministry response. As part of its support role to NEAC, Sector Policy Directorate will continue to report to you separately on the implementation of these recommendations.
22.	National ethics committee – multi-centre studies. *A national ethics committee should be established for the assessment of multi-centre or national studies.*	The Minister of Health has now received and responded to both the NEAC report on the recommendations relating to ethics, and the Ministry response. As part of its support role to NEAC, Sector Policy Directorate will continue to report to you separately on the implementation of these recommendations.
23.	Appeal process for ethics committee decisions. *The procedures under which ethics committees operate need to be re-examined. Consideration should be given to processes to allow their decisions to be appealed to an independent body.*	The Minister of Health has now received and responded to both the NEAC report on the recommendations relating to ethics, and the Ministry response. As part of its support role to NEAC, Sector Policy Directorate will continue to report to you separately on the implementation of these recommendations.
24.	NCSP Complaints System. *The NCSP requires its own system to deal with complaints regarding the Programme's delivery. It also needs to have in place a user-friendly system which can respond to complaints of Programme failures, such as under-reporting.*	The NSU complaints process is being implemented when complaints are received by the NSU. See also rec 45.
25.	Electronic Link Cancer Register & NCSP Register. *The National Cervical Screening Register needs to be electronically linked with the Cancer Register.*	Processes for linking and matching data manually has been implemented and working well. A further programme of work is presently being developed by NZHIS (in conjunction with NSU) which will include a project to assess the feasibility of electronically linking both the New Zealand Cancer Registry and the National Cervical Screening Programme Register.

Ref.	Recommendation	Reporting Milestones[1] for 10 March 2004 to 10 June 2004.
27.	Standards for the NCSP should be reviewed every two years. *Standards for the NCSP should be reviewed every two years and more frequently if monitoring indicates that some of the standards are inappropriate.*	Feedback has now been received on the issues for consideration and review process for Chapter 5 of the OPQS 'Providing a Laboratory Services'. Following consultation with the College of Pathologists, the NSU is to lead the review with sector input. A Laboratory Working Group will be formed to assist the NSU with this project.
28.	The Government must ensure sufficient cytotechnologists and cytopathologists and training sites. *The Government in consultation with other bodies or agencies needs to ensure that there are sufficient trained cytotechnologists and cytopathologists and that there are appropriate training sites for them. There should also be a review of the training requirements and maintenance of competence of smear test readers and cytopathologists.*	Implementation of Workforce Development Strategy initiatives commenced and ongoing.
31.	Ensure electronic linkage between NCSP Register and Cytology Labs. *The cervical smear test and histology histories of women enrolled on the National Cervical Screening register should be made electronically available online to all laboratories reading cervical cytology.*	Work has commenced on this strategy and the pilot is underway
33.	The NCSP should develop a population-based register. *The NCSP should work towards developing a population based register and move away from being the utility based register that it now is.*	The NSU is represented at various levels on the Ministry's Population Register Project led by NZHIS. This project is presently piloting on-line access to the NHI; working to reduce NHI duplicates; and developing sector training on how to accurately search and use the new on-line NHI access tool.
41	All pathologists undertaking cytology should be appropriately trained. *If cytology is a significant component of a pathologist's practice then he or she must participate in continuing medical education in that subject.*	Implementation of Workforce Development Strategy initiatives commenced and ongoing. Five training/update workshops have been completed in this quarter. This includes 3 for pathologists and 2 for anatomical pathology registrars.

Ref.	Recommendation	Reporting Milestones[1] for 10 March 2004 to 10 June 2004.
45	NCSP should have a system for identifying deficiencies. *The screening programme should have in place a system over and above the audit and monitoring reports, to identify deficiencies in its process. A form of survey of users so that they can be proactive rather than reactive in the delivery of the programme would be useful.*	The NSU complaints process is being implemented when complaints are received by the NSU. See also rec 24

APPENDIX 2.0

RECOMMENDATIONS THAT HAVE BEEN COMPLETED OR IMPLEMENTED[2]

Ref.	Recommendation	Implemented or Completed
3.	Evaluation of NCSP *A comprehensive evaluation of all aspects of the NCSP which reflects the 1997 Draft Evaluation Plan developed by Cox should be commenced within 18 months.*	Parts 5, 6 and 8 included within the scope of Part 3 (Cancer Audit) – see recommendation 1 above. Parts 4, 7 and 10 included within scope of NCSP Statistical Reporting. Refer to recommendation 7 below.
5.	Full legal assessment of Operational Policy and Quality Standards. *There needs to be a full legal assessment of the Policy & Quality Standards for the NCSP and the Evaluation and Monitoring Plan to ensure that the requisite legal authority to carry out these plans is in place.*	Report provided to NSU.
6.	Legal assessment of NCSP Authority. *The NCSP should be thoroughly evaluated by lawyers to determine whether or not those persons charged with tasks under the NCSP have the necessary legal authority to discharge them.*	Report provided to NSU.
7.	Statistical Reporting. *The NCSP should issue annual statistical reports. These reports should provide statistical analysis to indicate the quality of laboratory performance. They should also provide statistical analysis of all other aspects of the programme. They must be critically evaluated to identify areas of deficiency or weakness in the NCSP, these must be remedied in a timely manner.*	Issue Annual Statistical Reports 1996-98 Report Published. 1999-00 Report in final draft Work on 2001 Annual Monitoring Report underway
8.	Regular Statistical Information. *Meaningful statistical information should be generated from both the NCSP-Register and the Cancer Registry on a regular basis. Attention must be paid not only to laboratory reporting rates but also trends and the incidence of disease, assessed by regions that are meaningful to allow some correlation between reporting profiles of laboratories and the incidence of cancer.*	NSU and University of Otago consider that it is not currently possible to correlate laboratory reporting with regional incidence of cervical cancer in NZ.

[2] Ministry of Health: What Further Progress Has Been Made to Implement the Recommendations of the Cervical Screening Inquiry, As reported by the Auditor General, December 2003.

Ref.	Recommendation	Implemented or Completed
9.	Minimum Standards for Cytology Laboratories. *The compulsory setting of a minimum number of smears that should be ready by laboratories each year must be put in place. The proposal to impose three minimum volume standards on laboratories must be implemented. These are: each fixed site will process a min of 15,000 gynaecology cytology cases, each pathologists will report at least 500 abnormal gynaecological cytology cases, cytotechnical staff must primary screen a min of 3,000 gynaecological cytology cases per annum. This should be implemented within 12 months.*	DHB and Community Laboratory Agreements incorporate minimum volume standards. Public Hospital laboratories did not meet minimum volume standards in 2002/03.
10	Balanced Approach for NCSP *There needs to be a balanced approach, which recognises the importance of all aspects of the National Cervical Screening Programme. The emphasis on smear-taking and increasing the numbers of women enrolled on the Programme needs to be adjusted.*	The Programme now has a more balanced approach.
12	Management of the NCSP *The NCSP must be managed within the Ministry of Health as a separate unit by a manager who has the power to contract directly with the providers of programme on behalf of the Ministry. The programme's delivery should not be reliant on the generic funding agreements the ministry makes with providers of health services. For this purpose the unit will require its own budget.*	This has been implemented.
13	Management of the NCSP *The NCSP should be under the control of a second or third tier manager within the Ministry. The Manager of the unit should hold as a minimum specialist medical qualifications in public health or epidemiology. As a consequence of the programme's link with Cartwright,…*	
14.	Amend S74 of the Health Act 1956. *The Health Act 1956 should be amended to permit the NCSP to be effectively audited, monitored and evaluated by any appropriately qualified persons irrespective of their legal relationship with the Ministry. This requires an amendment to section 74A of the Health Act to permit such persons to have ready access to all information on the NCSP-Register.*	The Health (National Cervical Screening Programme) Amendment Bill completed its third and final reading on 2 March 2004. The Bill received Royal assent on 7 March 2004.

Ref.	Recommendation	Implemented or Completed
15.	Kaitiaki Regulations *There needs to be reconsideration of the Kaitiaki Regulations, and the manner in which those regulations currently effect the Ministry of Health gaining access to aggregate data of Mäori Women enrolled on the NCSP-Register. The Ministry of Health and any appropriately qualified persons engaged by it require ready access to the information currently protected by the Kaitiaki Regulations in order to carry out any audit, monitoring or evaluation of the Programme.*	The Cabinet decision on 25 June 2002 was to retain the status quo.
16.	Legal right to access information from the Cancer Register. *The present legal rights of access to information held on the Cancer Registry need to be clarified. The Ministry and any appropriately qualified persons it engages to carry out audits, monitoring, or evaluation of cervical cancer incidence and mortality require ready access to all information stored on the Cancer Registry about persons registered as having cervical cancer.*	The Health (National Cervical Screening Programme) Amendment Bill completed its third and final reading on 2 March 2004. The Bill received Royal assent on 7 March 2004.
17.	Amend Health Act 1956 to enable access to medical files. *The Health Act 1956 requires amendment to enable Ministry of Health and any appropriately qualified persons it engages to carry out audits, monitoring or evaluation of cervical cancer incidence and mortality to have ready access to all medical files recording the treatment of the cervical cancer by all health providers who had a role in such treatment.*	The Health (National Cervical Screening Programme) Amendment Bill completed its third and final reading on 2 March 2004. The Bill received Royal assent on 7 March 2004.
18.	Change guidelines under which ethics committees operate. *There needs to be change to guidelines under which ethics committees operate to make it clear that any (external and internal) audit, monitoring and evaluation of past and current medical treatment does not require the approval of ethics committees.*	Guidelines updated.

Ref.	Recommendation	Implemented or Completed
20.	Provide guidelines to ethics committees regarding Privacy Act & Code. *Ethics Committees require guidance regarding the application of the Privacy Act and the Privacy Health Information Code. Ethics Committees need to be informed that the interpretations of legislation relating to personal privacy is for the agency holding a patient's data to decide. They would, therefore, benefit from having at least one legally qualified person on each regional committee.*	Guidelines updated.
26.	Performance Standards for NCSP Register and Cancer Register. *Performance standards should be put in place for the National Cervical Screening Register and the Cancer Registry. The currency of the data on both Registers needs to be improved. The Cancer Registry should be funded in a way that enables it to provide timely and accurate data that is meaningful.*	A new chapter of the NCSP Operational Policy and Quality Standards ' Providing a Regional Service' has been completed. The chapter includes performance standards for the NCSP-Register. The new chapter has been included in the DHB Agreements for 2003/04. Programming of the NCSP- Register for the Reconfiguration of the NCSP Regional Services has now been completed. See also recs 27 and 32 above and below.
29.	Amend Medical Laboratory Technologists Regulations 1989. *The Medical Laboratory Regulations 1989 should be amended to permit only registered medical practitioners with specialist qualifications in pathology and appropriate training in cytopathology or appropriately trained cytoscreeners to read cervical smear tests.*	The Health Practitioners Competence Assurance Act was passed by the House on 11 September and received Royal assent on 18 September 2003. The HPCA contains provisions that will give effect to the intent of the recommendations from the Inquiry will come into force a year after the Royal assent. That is, the establishment of new registration authorities and the development of gazetted scopes of practice. This will take place on 18 September 2004, that is, a year from the date of Royal assent. The Medical Laboratory Technologists Board has agreed on scopes of practice for Medical Laboratory Scientists and Medical Laboratory Technicians and has agreed the appropriate qualifications for these two scopes. The scopes and associated qualifications will be Gazetted.

Ref.	Recommendation	Implemented or Completed
30.	Impose Legal obligations on storage of slides. *Legal obligations in addition to those mandated by IANZ must be imposed on all laboratories reading cervical cytology requiring them to 1) retain records of patients' cytology and histology results in safe storage for a period of no less than five years from the date on which the results were reported and 2) ensure that a patient's records are readily accessible and properly archived during the five year storage period.*	The Health (National Cervical Screening Programme) Amendment Bill completed its third and final reading on 2 March 2004. The Bill received Royal assent on 7 March 2004.
32.	Develop Standards for accuracy of laboratory coding. *Standards must be developed for ensuring the accuracy of laboratory coding and this aspect of the National Cervical Screening Register must be subject to an appropriate quality assurance process.*	See also recs 26,27 above.
34.	Legal mechanisms should be in place to allow the ACC, Medical Council and the Health & Disability Commissioner to share relevant information with the Ministry's NCSP. *There should be a legal obligation on the ACC, the Medical Council and the Health and Disability Commissioner to advise the NCSP's manager of complaints about the professional performance of providers to the Programme when complaints are made to those various organisations about the treatment of a patient in relation to the Programme.*	The Health Practitioners Competence Assurance Act (HPCA) was passed by the House on 11 September and received Royal assent on 18 September 2003. The HPCA contains provisions that will give effect to the intent of the recommendations from the Inquiry will come into force a year after the Royal assent. That is, the establishment of new registration authorities and the development of gazetted scopes of practice. This will take place on 18 September 2004, that is, a year from the date of Royal assent.
35.	Medical Tribunal to supply information to NCSP. *Consideration should be given to the addition of an express requirement in the provisions governing medical disciplinary proceedings which would oblige the Tribunal seized of the facts of any given case specifically to consider whether there are any grounds for concern that there may be a public health risk involved. If that concern is present the Tribunal should be required to inform the Minster of Health.*	The Health Practitioners Competence Assurance Bill (HPCA) was passed by the House on 11 September and received Royal assent on 18 September 2003. The HPCA contains provisions that will give effect to the intent of the recommendations from the Inquiry will come into force a year after the Royal assent. That is, the establishment of new registration authorities and the development of gazetted scopes of practice. This will take place on 18 September 2004, that is, a year from the date of Royal assent.

Ref.	Recommendation	Implemented or Completed
36.	ACC & Medical Council should exchange relevant information regarding claims for medical misadventure. *There should be an exchange of information between the Accident Compensation Corporation and Medical Council regarding claims for medical misadventure and disciplinary actions against medical practitioners.*	Royal assent received for Injury Prevention and Rehabilitation Bill – came into effect April 2002
37	Liaison with the College of Pathologists	
38.	Information to Women. *The Programme must provide women with information to enable them to make informed decisions about screening and provide them with information regarding potential risks and benefits. Until the Programme has been monitored and evaluated in accordance with the current three phase national evaluation the Programme has an obligation to inform women that the quality of the performance of some of its parts has not been tested. Women should also be informed that screening will not necessarily detect cervical cancer.*	Completed. Work has been incorporated as business as usual into the work programme of the NCSP.
39.	Letters to Medical Practitioners. *Medical practitioners need to be reminded that cervical smear tests are not a means of diagnosing cervical cancer. They need to be alert to signs of cervical cancer, and they should not place too much reliance on a patient's smear test results to discount the possibility of cervical cancer being present.*	Letter sent.
40.	Appropriately trained personnel should do cervical screening. *Primary screening of cervical smears should only be performed by individuals who are appropriately trained for that task. Consideration should be given to requiring pathologists to train as cytoscreeners if they want to function as primary screeners.*	Implementation of Workforce Development Strategy commenced and ongoing.

Ref.	Recommendation	Implemented or Completed
42	Cytopathologists must participate in continuing education in cytopathology. *If cytology is a major component of a pathologist's practice, it is desirable that he or she should have added qualifications in cytopathology; either a fellowship slanted towards cytopathology or a diploma in cytopathology. Consideration should be given to making this a mandatory requirement.*	Implementation of Workforce Development Strategy commenced and ongoing.
43	Pathologists ought to be more open-minded. *Pathologists should be more open minded and critical of laboratory performance. They should be alert to the possibility that their practice or the practice of their colleagues may be sub-optimal.*	
44	The Medical Council should ensure that systems are in place to support the early reporting of errant medical practitioners by their colleagues. *The Medical Council should ensure that systems are in place whereby medical practitioners are not deterred from reporting to it their concerns about the practice of an individual medical practitioner. Complainants should be assured that their reports will not result in them being penalised in any way.*	The Health Practitioners Competence Assurance Bill (HPCA) was reported back to the House by the Health Select Committee on 16 May 2003. The Act was passed by the House on 11 September and received Royal assent on 18 September 2003. The HPCA contains provisions that will give effect to the intent of the recommendations from the Inquiry will come into force a year after the Royal assent. That is, the commencement of new registration authorities and the commencement of gazetted scopes of practice. This will take place on 18 September 2004, that is, a year from the date of Royal assent.
46.	There should be a process for monitoring the implementation of the Committees Recommendations. *A process to ensure that the recommendations made by the Committee are implemented should be put in place.*	Dr McGoogan's 6-Month Report released. Dr McGoogan's second and final report received in June 2003. The OAG report on further progress made (since Dr McGoogan's second and final review report) released on 8 December 2003.