



Community Reference Group Communique

Q2 / 2019 meeting

The Community Reference Group (CRG) met at the AHPRA National Office in Melbourne on Tuesday 14 May 2019.

Review of the 2015-2020 National Scheme Strategy

National Director for Strategy and Research Mr Shinkfield advised that AHPRA is currently reviewing the 2015-2020 strategy for the National Scheme as part of the development of the next strategy.

Mr Shinkfield gave a general overview of the current strategy, explaining that it is primarily a statute-driven model, however, in place where an organisation would usually outline its values, the National Scheme's strategy has included the regulatory principles. For implementation, AHPRA has chosen a predominantly Balanced Scorecard approach.

Mr Shinkfield asked the members how they thought AHPRA and the National Boards were tracking against achieving the vision in the current strategy and what they would like to see in the next strategy.

In reflecting on the vision, it was noted that AHPRA and the National Boards have done a good job in elevating understanding of what a risk-based regulator is in recent years, however, there is still more to do.

Mr Shinkfield then shared a general overview of where the next strategy might focus: regulatory effectiveness, engagement and people and culture. The members agreed with this focus but thought service-orientation/service culture should be added under people and culture.

Aboriginal and Torres Strait Islander Health Strategy cultural safety training and consultation

The Program Manager for the Aboriginal and Torres Strait Islander Health Strategy Jayde Fuller provided an update on the cultural safety training and consultation.

Ms Fuller advised that the public consultation was currently underway and that 69 submissions had been received to date. However, she was concerned that feedback from Aboriginal Torres Strait Islander peoples and groups had been low and she had put in place some targeted strategies to increase engagement, including extending the closing date to 22 May. Mr Gregory Phillips, Co-chair of the Aboriginal and Torres Strait Islander Health Strategy Group, had also taken over the IndigenousX twitter handle to promote the consultation with Aboriginal and Torres Strait Islander peoples and groups, and a media release targeting indigenous publications would be released shortly.

Ms Fuller also provided an update on the cultural safety training. It's currently in the legal negotiation stage with the contract expected to be signed off by end of May. The aim was for the training to start by end of September.

Dental Board of Australia consultation on proposed changes to the scope of practice standard

Acting Executive Officer for Dental Rachel Griffith outlined the two main proposed changes to the scope of practice standard:

- removal of the ban on independent practice, and
- removal of reference to structure professional relationships.

She also outlined the reasoning behind the Dental Board's recommendation, primarily that they are no longer needed as what they captured in their original intent was now being met through changes to accreditation standards.

The members were excited about the possibility of increased access through greater awareness around who you can go to for what (e.g. if you just want to get your teeth cleaned, it may be cheaper to see a dental technician) and that it may also increase access in rural and remote areas where dental technicians, for example, may be able to provide some services as sole operators.

Members said that general consumers are probably out of easy reach for this type of consultation and that it may be best to target advocates for consumers or other consumer channels. Members provided some suggestions for reaching consumers, especially more vulnerable groups. These included community health networks/ primary health networks, school dental schemes (to also reach parents), state public dentists, public health associations and consumer organisations.

Engagement strategy

National Engagement Adviser Susan Biggar started the discussion on developing an Engagement Strategy for AHPRA and the National Boards by asking four questions:

- What would it mean for us to be more proactive with our key groups?
- Why are we engaging with these groups?
- Are these the right groups?
- How do we do it best?

Having provided these conversation starters, Ms Biggar advised that AHPRA is currently looking at how it's structured and that combined with the strategy refresh, this provided an opportunity to look more strategically about how we're engaging.

Ms Biggar advised that she thought that increasing trustworthiness should be a central tenant for our engagement strategy.

Members suggested that one approach for engagement could be to take a risk-based approach – risk to organisation, reputation, etc., and stratify accordingly. Another popular way is the partner approach (e.g. partnering with the community) but that this would be difficult in a regulatory context. It was agreed that whatever approach was taken that it needs to fit within the National Scheme's next strategy as engagement is a key enabler to achieving the vision.

Members stated that when engaging it is important that we engage with people on their turf, listen and be open to what they are saying. Members also asserted that it was important that we are humane in our communications and that we drop the jargon. Members suggested applying the Codes of conduct section on communication to our engagement approach, specifically the Medical Board's Good medical practice. Members also suggested making more use of advocates, local networks and other entities.

AHPRA update

AHPRA CEO Martin Fletcher provided an update on AHPRA and the National Boards as a WHO Collaborating Centre with the official launch having occurred in early April. From a consumer perspective, he reflected that with health tourism on the rise, it highlighted the importance of robust regulatory systems within the region.

He also reflected on the success of the Combined Meeting and queried whether there may be benefit in making it an annual event.

Mr Fletcher provided an update on two reviews currently underway, including the Safer Care Victoria review into the use of spinal manipulation for infants and children and the Royal Commission into Aged Care. He advised that AHPRA was working with the Aged Care Quality Safety Commission on highlighting the importance of aged care facilities checking the public register of practitioners.

Mr Fletcher also advised that Deloitte was conducting a review for AHPRA on its consultation process and that it was important that the CRG had the opportunity to provide their views.

Innovation in consultation

Members discussed the feedback from the session on consultation and community at the Combined Meeting. Members reflected on the diversity of opinions on how Boards need to engage with the public on consultations and what community meant to them. Members noted that Boards had a greater understanding of the importance of engaging with the community than when the CRG was first established, however, there was more to do in this space. The CRG's profile is still relatively low and it may be beneficial to be more proactive in engaging with Boards. Members agreed that more analysis of the results was necessary and that it would be good to share with Boards.

Other business

Executive Officer for Optometry Valerie Cheong, and Senior Policy and Project Officer Miriam Bourke joined the meeting to seek feedback on an information guide that the Optometry Board is developing for consumers on safe optometry practice. Members provided some initial feedback on the look and feel.

Mark Bodycoat

Chair

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