

Ahpra Protocol

Attend program of treatment

This protocol applies to restrictions imposed or accepted from **16 September 2024**

Australian Health Practitioner Regulation Agency
National Boards

GPO Box 9958 Melbourne VIC 3001 [Ahpra.gov.au](https://www.ahpra.gov.au) 1300 419 495

Ahpra and the National Boards regulate these registered health professions: Aboriginal and Torres Strait Islander health practice, Chinese medicine, chiropractic, dental, medical, medical radiation practice, midwifery, nursing, occupational therapy, optometry, osteopathy, paramedicine, pharmacy, physiotherapy, podiatry and psychology.

Ahpra Protocol: Attend program of treatment

Overview

This Ahpra Protocol – *Attend a program of treatment* (the Protocol) sets out the requirements that apply to practitioners with a registration restriction for health. We monitor compliance with this restriction to protect patient safety.

You will receive a monitoring plan that details contact information, due dates and the information you will need to provide to show that you are complying with your restrictions. The plan will be updated as you complete the requirements. Read your monitoring plan in conjunction with the Protocol /s.



In this Protocol:

'Restriction' and 'Restrictions' refers to:

- conditions and undertakings on your registration that are related to the requirements of this specific Protocol

'We' 'us' and 'our' refers to:

- the Australian Health Practitioner Regulation Agency (Ahpra),
- the Board for the health profession you're registered for.

The Protocol includes:

- individually numbered paragraphs and sub-paragraphs to help you navigate the requirements.
- highlighted requirements that you must follow using this symbol: ▲
- clarifying information and advice from us to help you follow the requirements, using this symbol: ⓘ
- terms that we define in specific ways. The first time we use one of these terms, we've hyperlinked these to their [definitions](#) for your reference

There are six main requirements of the Protocol:



Requirements

1. Acknowledge the requirements

1.1 Practitioner acknowledgement

- 1.1.1 You must acknowledge the requirements of the restriction on your registration, and the *Ahpra Protocol: Attend a program of treatment* (the Protocol) within 3 calendar days of the restrictions start date.
- 1.1.2 Complete the **Form: Attend program of treatment - Practitioner Acknowledgement Form**

2. Nominate a treating practitioner

2.1 Nominate a treating practitioner

- 2.1.1 You must nominate a mental health professional that we can contact and share information with and, from whom you are receiving treatment of your health condition (treating practitioner).
- 2.1.2 You must nominate a treating practitioner whether you intend to nominate a practice location or not.
- 2.1.3 You must nominate your treating practitioner within 30 calendar days of the restrictions start date.
- 2.1.4 Provide this nomination using the **Form: Attend program of treatment - Nomination of Treating Practitioner Form**
- 2.1.5 You must provide an acknowledgement from the treating practitioner within 30 calendar days of the restriction start date, confirming they are aware we will contact them and share information. You must also provide us a direct email address we can contact them on.
- 2.1.6 The treating practitioner must complete the **Form: Attend program of treatment - Treating Practitioner Acknowledgement Form**
- 2.1.7 You must provide your treating practitioner with a full copy of the restrictions on your registration and this Protocol
- 2.1.8 You must also provide your nominee the contact details of your Ahpra case officer or team.
- 2.1.9 If your treating practitioner changes at any time you must advise us of the change within 3 calendar days of the change and complete and return a new nomination within 30 calendar days.

2.2 Attend program of treatment

- 2.2.1 You must attend your treatment program as required by your treating practitioner for the duration and at the frequency they specify.
- 2.2.2 Your treating practitioner may specify whether you require treatment as an inpatient, in person at their practice location or via telehealth.
- 2.2.3 You must provide a report from your treating practitioner within 14 calendar days of the completion of your program of treatment. This report must include the following information:
 - the nature of your health condition
 - confirmation of treatment completed to date
 - an assessment of your fitness to practice
 - recommendations for suitable practice settings (where applicable)
 - any requirements for ongoing management of your health condition
- 2.2.4 If your treating practitioner changes at any time you must advise Ahpra of the change within 3 calendar days of the change and complete and return a new nomination within 30 calendar days.

3. Nominate a practice location

3.1 Nominate a practice location

- 3.1.1 You must nominate practice locations for assessment.

3.1.2 You **must not practise** until the practice locations are published in the online [register of practitioners](#).



3.1.3 You must not practice while there are no published practice locations, otherwise you will breach your registration requirements. This may result in further regulatory action to protect the public.

3.1.4 With any nomination of a practice location, you must provide the details of a senior person at each practice location.

3.2 Nominate a senior person

3.2.1 You must provide the details of the senior person for each nominated practice location (senior person).

3.2.2 Nominate the senior person on the **Form: Attend program of treatment - Nomination of Practice Location**.

3.2.3 Your senior person must be senior to you by role and/or experience

3.2.4 The nomination of each senior person must be accompanied by acknowledgement from each nominated person that they are aware Ahpra will contact them and share information, and a unique email address at which they may be contacted.

3.2.5 The senior person must complete the **Form: Attend program of treatment – Senior Person Acknowledgement Form**

3.2.6 You must provide each nominated senior person a full copy of the restrictions on your registration, and this Protocol

3.2.7 You must also provide all nominated senior person(s) the contact details of your Ahpra case officer.

3.2.8 You must declare any actual, potential, or perceived conflicts of interest with your nominated senior person. If requested, you must provide information on how you will manage the conflict.



A conflict may arise from being in a collegiate, family, social or financial relationship which could compromise the nominee's judgment, decisions, or actions in performing the role.

We must be confident that the senior person is able to give independent evidence of your compliance and be willing to provide reports to us if they identify concerns with your conduct, or compliance with your restrictions.

We may refuse your nomination of a practice location if there is insufficient evidence that any conflict will be sufficiently managed.

3.2.9 If your senior person changes, you must notify your Ahpra case officer within 14 calendar days of being made aware of the change

4. Assessment of a nominated practice location



This section only applies if your restrictions include the requirement to only practice at approved practice locations.

If your restrictions require you to only practice at declared practice locations, this section does not apply.

4.1 Assessment requirements

4.1.1 Practice location nominations must include nomination of a senior person at each nominated practice location. Incomplete nominations will not be assessed.

4.1.2 We may request information from your treating practitioner and senior person(s) to assess whether your health condition will or may impact on your practice, and whether your proposed work arrangements are appropriate.

4.1.3 Practice locations will be assessed for approval based on their suitability on a case-by-case basis.

4.2 Each nominated practice location must meet the following requirements:

4.2.1 You will not be the sole registered health practitioner at the practice location.

4.2.2 The senior person at the practice location does not have a direct personal relationship with you (for example, a spouse, de facto, sibling or other relative).

4.2.3 There is likely to be sufficient oversight or ability to provide independent evidence of your ongoing fitness to practice.

4.2.4 We may request information from your nominated treating practitioner to assess whether your health condition will or may impact on your practice.



Before approving a practice location, we must be satisfied that we have sufficient information about the nature and impact of your health condition on your ability to practice safely when considering your application.

We must also be confident that your senior person(s) is able to give independent information about your compliance and be willing to provide reports to us if they identify concerns.

Nominations that don't meet the above requirements may be considered in extenuating circumstances. Nominations not meeting the above requirements usually require longer timeframes for consideration.

We may refuse your nomination of a practice location.

5. After publication of a practice location

5.1 Comply with your requirements

5.1.1 **You must not practise until practice locations are published to the online [register of practitioners](#).**



5.1.2 You must only practice at published practice locations.

5.1.3 When a practice location is published on the National register, you can commence practising.

5.1.4 If you stop practising at any of your published practice locations, you must notify your Ahpra case officer or team within 14 calendar days.

6. Reporting

6.1 Reporting requirements

6.1.1 If we receive any information raising concerns about your health impacting your practice, we may ask your treating practitioner and senior person for information.

① We may ask your treating practitioner for information about your health condition such as the nature of the health condition, the severity and stability of your health condition, your treatment regime, your engagement in treatment and whether there are any concerns about your health where it may impact on your fitness to practise.

The treating practitioner will also provide a report to us whenever they have a concern or becomes aware of a concern regarding your health, once you have completed your program of treatment, or if you don't attend your program of treatment.

We may ask your senior person(s) for information about the characteristics of nominated practice location(s) such as number of employees, number of other registered health practitioners, details of supervision arrangements, any agreed return-to-work arrangements whether there are any concerns about your practise in the workplace, and whether you are practising at the practice location.

The senior person will also provide a report to us whenever they have a concern or becomes aware of a concern regarding your practise.

7. Monitoring

① We will conduct activities to monitor your compliance with the restrictions. These include:

- obtain data from Services Australia relating to prescribing and services rendered to patients to monitor any practice whilst there are no approved practice locations published on the public register and you are prohibited from practising
- obtain data from private health insurance companies and other third parties relating to services rendered to patient to monitor any practice whilst there are no approved practice locations published on the public register and you are prohibited from practising
- request additional information from you or the senior person at each of the approved practice locations and/or your treating practitioner.

8. Extensions of time

8.1 Requesting an extension

① An extension of time may be permitted on a case-by-case basis for you to nominate a treating practitioner.

Extensions may be considered in the following circumstances:

- A third party requires additional time to provide the required information or
- In extenuating circumstances such as significant ill health, or other events outside of your direct control.

Supporting evidence may include evidence of engagement with third parties such as registered health practitioners, medical certificates or other documentation of the steps you have taken to comply with the imposed restrictions.

8.1.1 If you are seeking an extension of time, you must provide a written request.

8.1.2 You must request an extension of time before the applicable due date.

8.1.3 You must provide a proposed timeframe for completion of the requirement when making an extension request.

8.1.4 You must indicate the reason for your request and provide evidence to support your request for an extension.

8.1.5 If you are granted an extension, you must complete the relevant action or requirements within the extended timeframe.



8.2 Change of circumstance

8.2.1 You must contact your Ahpra case officer or team as soon as possible if you have had a change in your circumstances or are unable to comply with the requirements for any reason. See your monitoring plan for contact information.

9. Privacy

9.1 Collection of personal information



We are committed to protecting your personal information.

The ways in which we may collect, use and disclose your information are set out in our [Privacy Policy](#).

Further information regarding [Ahpra's Privacy, Freedom of Information and Information publication scheme](#) is available on Ahpra's website.

Definitions

For the purposes of the restrictions and this Protocol the following terms are defined:

Term	Definition
Practise	Any role, whether remunerated or not, in which the individual uses their skills and knowledge in their registered health profession. It is not restricted to the provision of direct clinical care and includes using the knowledge and skills in a direct non-clinical relationship with a client, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that impact on safe, effective delivery of services in their registered health profession.
Practice location	Any location where the practitioner practises the profession, including any place where the practitioner: <ul style="list-style-type: none">f. is self-employedg. shares premises with other registered health practitionersh. is engaged by one or more entities under a contract of employment, contract for services or any other arrangement or agreementi. provides services for or on the behalf of one or more entities, whether in an honorary capacity, as a volunteer or otherwise, whether or not the practitioner receives payment from an entity for the services, orj. provides professional services at the residential premises of a patient.