

# **Ahpra Protocol**

# **Must not practise**

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

Australian Health Practitioner Regulation Agency
National Boards
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# **Ahpra Protocol: Must not practice**

## **Overview**

This *Ahpra Protocol – Must not practise* (the Protocol) sets out the requirements that apply to practitioners with a registration restriction for prohibition on practise. 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

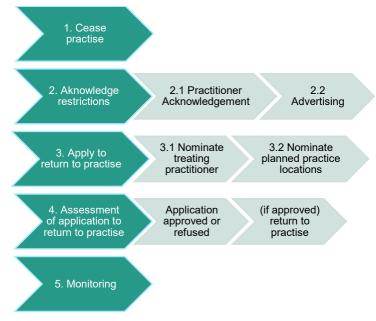
'We' 'us' and 'our' refers to:

- 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 <u>definitions</u> for your reference

There are five main requirements of the Protocol



## Requirements

## 1. Stop practising

## 1.1 You must not practise





- 1.1.2 You must not practise while this restriction is in place, otherwise you will breach your registration requirements. This may result in further regulatory action to protect the public.
- 1.1.3 If requested, you must, provide authority to access information from the below entities about services rendered and billing of item numbers.
  - private health insurers,
  - the Department of Veteran's Affairs and
  - the National Disability Insurance Scheme (NDIS)

## 2. Acknowledge the requirements

## 2.1 Practitioner Acknowledgement

- 2.1.1 You must acknowledge the requirements of the restriction on your registration and the *Ahpra Protocol: Must not practise* (the Protocol) within 3 calendar days of the start date of the restriction.
- 2.1.2 With your acknowledgement, you must provide details of all places at which you were practising immediately prior to the start of the restrictions.
- 2.1.3 You must provide this information using the **Form**: Must not practise Practitioner Acknowledgement Form.

## 2.2 Advertising

- 2.2.1 You must ensure that any advertising you have for health services as a health practitioner clearly states that you are not practising.
- 2.2.2 You must not advertise any of your direct contact details, such as an out of hours contact mobile telephone number.
- Advertising is defined in the <u>guidelines for advertising a regulated health service</u>. This includes practitioner or practice websites and social media.

# 3. Apply to return to practice

## 3.1 Requirements to return to practise

- 3.1.1 You must apply to remove the restriction on your registration using the approved form:

  <u>Application for review of conditions or undertakings</u>, available on the <u>Ahpra website</u> (your application).
- 3.1.2 You must not practise until we have agreed to remove this restriction and it is no longer published on the register of health practitioners.
- You should allow sufficient time for your application to return to practice to be considered by us.

  An outcome on a complete application takes 30 days on average.

Applications that don't meet the below requirements may be considered in extenuating circumstances.

Applications not meeting the above requirements usually require longer timeframes for consideration.

## 3.2 Nominate treating practitioner

- 3.2.1 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).
- 3.2.2 Nominate your treating practitioner using the **Form:** Must not practise –Treating Practitioner Nomination Form
- 3.2.3 You must provide an acknowledgement from the treating practitioner 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.
- 3.2.4 The treating practitioner must complete the **Form:** Must not practise Treating Practitioner Acknowledgement Form
- 3.2.5 You must provide a report from your treating practitioner with your application about your fitness to return to practice. 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 return to practice
  - recommendations for suitable practice settings for your return to practice (where applicable)
  - any requirements for ongoing management of your health condition.
- (i) We must be satisfied that your treating practitioner has sufficient information about the nature and impact of your health condition on your ability to practice safely when considering your application.

When information provided by your treating practitioner in their report is comprehensive and is from a practitioner directly responsible for the management of your health condition, it is less likely that we will require further information from you or your treating practitioner, and/or any further independent assessment of your health condition.

This means that your application may be considered more quickly.

- 3.2.6 If your treating practitioner changes at any time you must complete and return a new nomination within 30 days.
- 3.2.7 You must provide your nominated treating practitioner with a full copy of the restrictions on your registration and this Protocol
- 3.2.8 You must also provide your nominee the contact details of your Ahpra case officer or team.

## 3.3 Nominate planned practice locations

- 3.3.1 You must provide us details of all practice locations you intend to practice after the restriction is removed or changed, if you have this information.
- 3.3.2 Provide this information using the **Form**: Must not practice Nomination of Planned Practice locations Form
- 3.3.3 With any nomination of a practice location, you must provide the details of a senior person at each planned practice location.
- 3.3.4 Nominate the senior person on the **Form:** Nomination of Planned Practice locations Form
- 3.3.5 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.
- 3.3.6 The senior person must complete the **Form:** Must not practise Senior Person Acknowledgement Form
- 3.3.7 You must provide each nominated senior person a full copy of the restrictions on your registration, and this Protocol
- 3.3.8 You must also provide all nominated senior person(s) the contact details of your Ahpra case officer.

- The senior person may be the practice principal, practice manager or other person senior by position. This person should generally have oversight of the operational management of the practice and is responsible for managing staff rostering and patient complaints.
- 3.3.9 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, financial, employment or treating 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 information to us about the practice location and how it is planning to support your return to practice.

# 4. Assessment of application to return to practice

#### 4.1 Assessment

- 4.1.1 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 return to work arrangements are appropriate.
- (i) 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.

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 and any agreed return-to-work arrangements.

#### 4.2 Assessment outcomes

- (i) After we have assessed your application, we can:
  - Remove the restriction,
  - Replace the restriction with other restrictions that address any ongoing risk,
  - Refuse the application to remove the restriction, or
  - Require more information prior to making a decision.

If we have ongoing concerns about your health, we can consider if any other restrictions are required for your return to practice. This can include:

- Urine drug screening
- Breath alcohol testing
- Attend a program of treatment
- Manage your health

We may require further information from you. This can include requiring you to attend an independent health assessment before the application is finalised.

If we ask for any more information, it may take on average 90 days before you have an outcome on your application.

# 5. Monitoring

(i)

We will conduct activities to monitor your compliance with the restrictions.

These include:

- contacting the senior person for all practice locations at which you declared to be practising prior to the imposition of the restrictions to confirm you have ceased practising.
- reviewing your online advertising to confirm you have ceased practising.
- conducting site visits of prior practice locations declared.
- obtaining independent data from Services Australia, private health insurers,
   Department of Veteran Affairs and NDIS relating to prescribing and services rendered to patients to monitor any practice whilst the restrictions are in effect.

# 6. Privacy

## 6.1 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 <u>Privacy</u> <u>Policy</u>.

Further information regarding <u>Ahpra's Privacy</u>, <u>Freedom of Information and Information publication scheme</u> 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:
	a. is self-employed
	b. shares premises with other registered health practitioners
	<ul> <li>is engaged by one or more entities under a contract of employment,</li> <li>contract for services or any other arrangement or agreement</li> </ul>
	<ul> <li>d. 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, or</li> </ul>
	e. provides professional services at the residential premises of a patient.