

Q1.

# Public consultation: Review of the Criminal history registration standard and other work to improve public safety in health regulation

## Introduction

The Australian Health Practitioner Regulation Agency (Ahpra) and the National Boards are inviting stakeholders to have their say as part of our review of the *Criminal history registration standard* (the criminal history standard). There are 19 specific questions we'd like you to consider below (with an additional question 20 most relevant for jurisdictional stakeholders.) All questions are optional, and you are welcome to respond to any you find relevant, or that you have a view on.

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Which of the following health profession/s are you registered in, in Australia?  
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Q14.

## Focus area one: The Criminal history registration standard

Q47.

### Question 1 of 20

The *Criminal history registration standard* (Attachment A) outlines the things decision-makers need to balance when deciding whether someone with a criminal history should be or stay registered such as the relevance of the offence to practice, the time elapsed and positive actions taken by the individual since the offence or alleged offence. All decisions are aimed at ensuring only registered health practitioners who are safe and suitable people are registered to practise in the health profession.

Do you think the criminal history standard gets this balance right?

If you think the Criminal history registration standard does not get this balance right, what do you think should change to fix this?

Kind of. It is a bit wishy washy, and specifically does not address the impact of colonisation on Aboriginal and Torres Strait Islanders.

Q40.

### Question 2 of 20

Do you think the information in the current *Criminal history registration standard* is appropriate when deciding if an applicant or registered health practitioner's criminal history is relevant to their practice? If not, what would you change?

It's appropriate, but I would change it to include more detail and more about the factors that are behind a decision.

Q41.

## Question 3 of 20

Do you think the information in the current *Criminal history registration standard* is clear about how decisions on whether an applicant or registered health practitioner's criminal history is relevant to their practice are made? If you think it is not clear, what aspects need further explanation?

No, the current standard isn't clear about how the decisions are made, just about the principles behind them. It needs to better explain what would happen if a practitioner had a criminal history. It's too vague and waffly at the moment.

Q42.

## Question 4 of 20

Is there anything you think should be removed from the current *Criminal history registration standard*? If so, what do you think should be removed?

Nothing.

Q43.

## Question 5 of 20

Is there anything you think is missing from the 10 factors outlined in the current *Criminal history registration standard*? If so, what do you think should be added?

Just more information about how it would work in practice.

Q44.

## Question 6 of 20

Is there anything else you would like to tell us about the *Criminal history registration standard*?

No

Q17.

## Focus area two: More information about decision-making about serious misconduct and/or an applicant or registered health practitioner's criminal history

Q46.

### Question 7 of 20

Do you support Ahpra and National Boards publishing information to explain more about the factors in the *Criminal history registration standard* and how decision-makers might consider them when making decisions? Please refer to the example in Attachment B. If not, please explain why?

Yes.

Q48.

### Question 8 of 20

Is the information in Attachment B enough information about how decisions are made about practitioners or applicants with a criminal history? If not, what is missing?

Kind of. I would be stronger in ensuring decision makers take all relevant factors into account, to minimise the risk a decision maker may still make a decision based on their own prejudices and assumptions, rather than on the evidence before them. It also needs to emphasise public safety before workforce pressures and to guard against professions making decisions about themselves.

Q49.

### Question 9 of 20

Is there anything else you would like to tell us about the information set out in Attachment B?

No.

Q50.

## Question 10 of 20

Thinking about the examples of categories of offences in Attachment C, do you think this is a good way to approach decision-making about applicants and registered health practitioners with criminal history? If you think this is a good approach, please explain why. If you do not agree with this approach, please explain why not.

It's a good idea but it needs to build in flexibility to ensure that on the rare occasion a serious criminal history is no longer relevant, the decision can be made to register that person. But overall I support the idea that there are some crimes it's hard to see being compatible with being a registered practitioner.

Q51.

## Question 11 of 20

Do you think there are some offences that should stop anyone practising as a registered health practitioner, regardless of the circumstances of the offence, the time since the offence, and any remorse, rehabilitation or other actions the individual has taken since the time of the offence? Please provide a brief explanation of your answer. If you answered yes, please explain what you think the offences are.

Offences against children, animals or other vulnerable people, particularly involving violence, sex, fraud, neglect or deception. These type of offences that show that the person is so bereft of care and concern for other people or other sentient beings that they should not be health practitioners.

Q52.

## Question 12 of 20

Is there anything else you would like to tell us about the possible approach to categorising offences set out in Attachment C?

I'd like to see it go forward

Q53.

## Focus area three: Publishing more information about decisions that are made about serious misconduct by registered health practitioners

Q54.

## Question 13 of 20

Were you aware that disciplinary decisions by tribunals about registered practitioners were published to Ahpra and National Board websites and are linked to an individual practitioner's listing on the public register?

Yes

Q55.

## Question 14 of 20

Do you think decisions made to return a practitioner to practice after their registration has been cancelled or suspended (reinstatement decisions) for serious misconduct should be published? Please explain your answer.

Yes. Its important to understand what is behind a decision to return someone who has a history of serious misconduct is back practising a health profession.

Q56.

## Question 15 of 20

Is there anything else you would like to tell us about the approach to publishing information about registered health practitioners with a history of serious misconduct?

I think there should be more information published about history of serious misconduct; all findings. I also think it should be easier to find someone's history of these things.

Q57.

## Focus area four: Support for people who experience professional misconduct by a registered health practitioner

Q58.

## Question 16 of 20

What do you think Ahpra and National Boards can do to support individuals involved in the regulatory process who are affected by sexual misconduct by a registered health practitioner? (For examples, see paragraph 44)

Start really supporting them - look at what formal support services do and either employ people trained like that, or engage a formal support service to do it. Look at Witness Assistance and similar and make sure you are not causing more harm and discouraging people from complaining. Look at what Brittany Higgins went through and do the opposite!

Q59.

## Question 17 of 20

Is there anything else you would like to tell us about how we can support individuals affected by a registered health practitioner's professional misconduct?

No

Q60.

## Focus area five: Related work under the blueprint for reform, including research about professional misconduct

Q61.

## Question 18 of 20

Are the areas of research outlined appropriate?

Yes.

Q62.

## Question 19 of 20

Are there any other areas of research that could help inform the review? If so, what areas would you suggest?

No.

Q64.



## Question 20 of 20

### Additional question

*This question is most relevant to jurisdictional stakeholders:*

Are there opportunities to improve how Ahpra and relevant bodies in each jurisdiction share data about criminal conduct to help strengthen public safety?

N/A

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- Dental
- Medical

- Medical Radiation Practice
- Midwifery
- Nursing
- Occupational Therapy
- Optometry
- Osteopathy
- Paramedicine
- Pharmacy
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Is there anything you think should be removed from the current *Criminal history registration standard*? If so, what do you think should be removed?

In Tasmania the standard requires practitioners to report all parking tickets and speeding tickets as criminal offences any time they update their registration. These tickets have absolutely no bearing on a practitioner's ability to safely practice and the current system every year leads to issues registering for many interns in particular. It is ridiculous to lump someone in who parked 10 minutes too long in a spot and paid a small fine with someone who committed an actual crime, went to jail and may be a risk to the profession and community. I'm sure this also wastes plenty of AHPRA's time each year on these unnecessary declarations.

Q43.

## Question 5 of 20

Is there anything you think is missing from the 10 factors outlined in the current *Criminal history registration standard*? If so, what do you think should be added?

Q44.

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Yes. Any crime where the person took advantage of or harmed a vulnerable person due to a power imbalance. I don't believe any amount of retraining can prevent someone re offending in this regard as this is a character flaw. Also any major crimes (murder, rape, pedophilia).

Q52.

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Yes

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## Question 14 of 20

Do you think decisions made to return a practitioner to practice after their registration has been cancelled or suspended (reinstatement decisions) for serious misconduct should be published? Please explain your answer.

Yes. The public has a right to know not only what offence they committed but also what actions they took that led them to be reinstated, and if they'd atoned for their sins this would also help to demonstrate it to the public.

Q56.

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## **Focus area four: Support for people who experience professional misconduct by a registered health practitioner**

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### **Question 16 of 20**

What do you think Ahpra and National Boards can do to support individuals involved in the regulatory process who are affected by sexual misconduct by a registered health practitioner? (For examples, see paragraph 44)

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Is there anything else you would like to tell us about how we can support individuals affected by a registered health practitioner's professional misconduct?

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## **Focus area five: Related work under the blueprint for reform, including research about professional misconduct**

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### **Question 18 of 20**

Are the areas of research outlined appropriate?

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Are there any other areas of research that could help inform the review? If so, what areas would you suggest?

It would be helpful if the review also considered the slowness of reviewing complaints, the presumption of guilt that is ever present even whilst spending months to years on these investigations, the lack of reparations when AHPRA then finds a practitioner innocent after months to years of practice limitations and destroying their public image whilst investigating, and the general satisfaction of members.

Q64.

## Question 20 of 20

### Additional question

*This question is most relevant to jurisdictional stakeholders:*

Are there opportunities to improve how Ahpra and relevant bodies in each jurisdiction share data about criminal conduct to help strengthen public safety?

Yes, there has been a case in Queensland in the media recently where AHPRA dropped the ball and didn't fully vet the surgeon from the US who'd been struck off there and let them work here and harm patients for years.

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- Paramedicine
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Do you think the criminal history standard gets this balance right?

If you think the Criminal history registration standard does not get this balance right, what do you think should change to fix this?

I feel the standards should be rigorous, especially as applies to specific disciplines. For example, no type of drug/chemical offence should be tolerated in pharmacists or medical practitioners as the level of trust placed in these gatekeepers is very high.

Q40.

## Question 2 of 20

Do you think the information in the current *Criminal history registration standard* is appropriate when deciding if an applicant or registered health practitioner's criminal history is relevant to their practice? If not, what would you change?

i would tighten the standard. Any offence involving any term of imprisonment of any length should be a permanent disqualification from APHRA registration. Any offence involving fraud should disqualify permanently any practitioner who would seek billing rights via PRODA or other government funding mechanism. Sexual offences, even lower range offences, should disqualify practitioners permanently. We have to be able to trust APHRA registrants!!!

Q41.

## Question 3 of 20

Do you think the information in the current *Criminal history registration standard* is clear about how decisions on whether an applicant or registered health practitioner's criminal history is relevant to their practice are made? If you think it is not clear, what aspects need further explanation?

I feel it does allow a lot of latitude to the decision makers. As I said previously, convictions in areas directly pertaining to potential practice of that practitioner should be viewed very dimly and generally disqualify a practitioner. e.g even minor drug offences in a pharmacist.

Q42.

## Question 4 of 20

Is there anything you think should be removed from the current *Criminal history registration standard*? If so, what do you think should be removed?

No, except the wider discretion to excuse poor behaviour. Mental illness should not be allowed to be an excuse for crimes.

Q43.

## Question 5 of 20

Is there anything you think is missing from the 10 factors outlined in the current *Criminal history registration standard*? If so, what do you think should be added?

No

Q44.

## Question 6 of 20

Is there anything else you would like to tell us about the *Criminal history registration standard*?

Tighten the standards please!

Q17.

## Focus area two: More information about decision-making about serious misconduct and/or an applicant or registered health practitioner's criminal history

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No

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Please "make offence inform the disqualification" e.g. do not tolerate fraud offences in those who bill the government purse, do not tolerate drug offences in prescribers or dispensers. Do not tolerate sexual offences in anyone at all.

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Permanent disqualification: Murder, attempted murder, manslaughter, criminal negligence, drug trafficking at any level, sexual offences at any level, fraud of anything other than very minor level.



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Is there anything else you would like to tell us about the possible approach to categorising offences set out in Attachment C?

no

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yes

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## Question 14 of 20

Do you think decisions made to return a practitioner to practice after their registration has been cancelled or suspended (reinstatement decisions) for serious misconduct should be published? Please explain your answer.

This is a double edged sword. Individual privacy and workplace discrimination vs the public interest. Only if suspension has been temporary should there be room for individual privacy. Cancellation involves a public interest component and should be published in the rare event these folk are reinstated.

Q56.

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What do you think Ahpra and National Boards can do to support individuals involved in the regulatory process who are affected by sexual misconduct by a registered health practitioner? (For examples, see paragraph 44)

Work closely with the police for people affected and access available services. Privacy for practitioner (if suspended) until such time as a conviction or exoneration is reached. Innocent until proven guilty, but once found guilty, that's it.

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Is there anything else you would like to tell us about how we can support individuals affected by a registered health practitioner's professional misconduct?

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Drill down on recidivism rates - previous crimes often inform future ones.

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### Additional question

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Are there opportunities to improve how Ahpra and relevant bodies in each jurisdiction share data about criminal conduct to help strengthen public safety?

Of course there are. Public servants are paid plenty and should get this right. Involve an arm of Federal police?

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Q6.

Please provide the name of the organisation.

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Which of the following health profession/s are you registered in, in Australia?  
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Q10.

## Your contact details

Name:

Q11. Email address:

Q69.

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- No - **do not** publish my submission

Q14.

## Focus area one: The Criminal history registration standard

Q47.

### Question 1 of 20

The *Criminal history registration standard* (Attachment A) outlines the things decision-makers need to balance when deciding whether someone with a criminal history should be or stay registered such as the relevance of the offence to practice, the time elapsed and positive actions taken by the individual since the offence or alleged offence. All decisions are aimed at ensuring only registered health practitioners who are safe and suitable people are registered to practise in the health profession.

Do you think the criminal history standard gets this balance right?

If you think the Criminal history registration standard does not get this balance right, what do you think should change to fix this?

Practitioners convicted of any sexual offences should NOT be registered. All sexual offences should be disclosed on the AHPRA Register of Practitioners.

Q40.

### Question 2 of 20

Do you think the information in the current *Criminal history registration standard* is appropriate when deciding if an applicant or registered health practitioner's criminal history is relevant to their practice? If not, what would you change?

No. Practitioners convicted of any sexual offences should NOT be registered. All such practitioners present a risk - so 'relevance of practice' is defunct. Dentists in private practice are unsupervised and thus will always pose a risk to the public.

Q41.

## Question 3 of 20

Do you think the information in the current *Criminal history registration standard* is clear about how decisions on whether an applicant or registered health practitioner's criminal history is relevant to their practice are made? If you think it is not clear, what aspects need further explanation?

The circumstances and conduct of the practitioner that led to sexual offences cannot be diminished, disregarded or excused by the Board/AHPRA. Dentists in private practice are unsupervised and thus will always pose a risk to the public. AHPRA/the Dental Board could be sued by victims for failure to disclose a practitioner's criminal history.

Q42.

## Question 4 of 20

Is there anything you think should be removed from the current *Criminal history registration standard*? If so, what do you think should be removed?

The right of AHPRA/a Board to make independent decisions should be removed. External review by independent parties should be mandatory.

Q43.

## Question 5 of 20

Is there anything you think is missing from the 10 factors outlined in the current *Criminal history registration standard*? If so, what do you think should be added?

The right of AHPRA/a Board to make independent decisions should be removed. External review by independent parties should be mandatory.

Q44.

## Question 6 of 20

Is there anything else you would like to tell us about the *Criminal history registration standard*?

Decision makers should declare their conflict of interest such as those related to professional association membership.

Q17.

## Focus area two: More information about decision-making about serious misconduct and/or an applicant or registered health practitioner's criminal history

Q46.

### Question 7 of 20

Do you support Ahpra and National Boards publishing information to explain more about the factors in the *Criminal history registration standard* and how decision-makers might consider them when making decisions? Please refer to the example in Attachment B. If not, please explain why?

Q48.

### Question 8 of 20

Is the information in Attachment B enough information about how decisions are made about practitioners or applicants with a criminal history? If not, what is missing?

Q49.

### Question 9 of 20

Is there anything else you would like to tell us about the information set out in Attachment B?



Q50.

## Question 10 of 20

Thinking about the examples of categories of offences in Attachment C, do you think this is a good way to approach t decision-making about applicants and registered health practitioners with criminal history? If you think this is a good approach, please explain why. If you do not agree with this approach, please explain why not.

No it is a poor approach. You have only included sexual offences that are 'serious' in category A. ALL sexual offences should be included in Category A. Remove the word "serious" and replace it with " all sexual offences." How will AHPRA the Board decide what is serious? Would the victim agree?

Q51.

## Question 11 of 20

Do you think there are some offences that should stop anyone practising as a registered health practitioner, regardless of the circumstances of the offence, the time since the offence, and any remorse, rehabilitation or other actions the individual has taken since the time of the offence? Please provide a brief explanation of your answer. If you answered yes, please explain what you think the offences are.

YES. In attachment C ALL sexual offences should be included in Category A. All sexual offences should stop anyone practising as a registered health practitioner, regardless of the circumstances of the offence. What criteria will be used to decide what is 'serious'?

Q52.

## Question 12 of 20

Is there anything else you would like to tell us about the possible approach to categorising offences set out in Attachment C?

All sexual offences that should stop anyone practising as a registered health practitioner, regardless of the circumstances of the offence.

Q53.

## Focus area three: Publishing more information about decisions that are made about serious misconduct by registered health practitioners

Q54.

## Question 13 of 20

Were you aware that disciplinary decisions by tribunals about registered practitioners were published to Ahpra and National Board websites and are linked to an individual practitioner's listing on the public register?

YES.

Q55.

## Question 14 of 20

Do you think decisions made to return a practitioner to practice after their registration has been cancelled or suspended (reinstatement decisions) for serious misconduct should be published? Please explain your answer.

YES. Most dental practitioners work alone in their private business unsupervised. Victims could sue AHPRA/ the Dental Board for failure to disclose because they would not have attended the business and consented to treatment had they been fully informed by AHPRA/a Board of the RISK posed by the practitioner's history.

Q56.

## Question 15 of 20

Is there anything else you would like to tell us about the approach to publishing information about registered health practitioners with a history of serious misconduct?

Most dental practitioners work alone in their private business unsupervised. Victims could sue AHPRA/ the Dental Board for failure to disclose because they would not have attended the business and consented to treatment had they been fully informed by AHPRA/a Board of the RISK posed by the practitioner's history.

Q57.

## Focus area four: Support for people who experience professional misconduct by a registered health practitioner

Q58.

## Question 16 of 20

What do you think Ahpra and National Boards can do to support individuals involved in the regulatory process who are affected by sexual misconduct by a registered health practitioner? (For examples, see paragraph 44)

Ahpra and the National Boards should cease supporting the practitioner or liaising with their professional association/insurer.

Q59.

## Question 17 of 20

Is there anything else you would like to tell us about how we can support individuals affected by a registered health practitioner's professional misconduct?

Yes. in the FIRST place, cease registering practitioners who are convicted of sexual offences. List all sexual offences on the register. Listen to the public instead of professional associations/insurers/lobby groups.

Q60.

## Focus area five: Related work under the blueprint for reform, including research about professional misconduct

Q61.

## Question 18 of 20

Are the areas of research outlined appropriate?

YES - although in paragraph 48 (d) the power of Tribunals vs AHPRA the Board is unclear. Who can make decisions about re-registration?

Q62.

## Question 19 of 20

Are there any other areas of research that could help inform the review? If so, what areas would you suggest?

Yes. The influence of professional associations/insurers/ on Board Decisions about their members. How is "serious" (re: sexual offences) determined?

Q64.

## Question 20 of 20

### Additional question

*This question is most relevant to jurisdictional stakeholders:*

Are there opportunities to improve how Ahpra and relevant bodies in each jurisdiction share data about criminal conduct to help strengthen public safety?

Only AHPRA can answer this question. Tell us what currently happens.

Q1.

# Public consultation: Review of the Criminal history registration standard and other work to improve public safety in health regulation

## Introduction

The Australian Health Practitioner Regulation Agency (Ahpra) and the National Boards are inviting stakeholders to have their say as part of our review of the *Criminal history registration standard* (the criminal history standard). There are 19 specific questions we'd like you to consider below (with an additional question 20 most relevant for jurisdictional stakeholders.) All questions are optional, and you are welcome to respond to any you find relevant, or that you have a view on.

The submission deadline is close of business 14 September 2023.

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Q8.

If you are completing this submission as an individual, are you:

- A registered health practitioner
- A member of the public
- Other - please describe below

Q9.

Which of the following health profession/s are you registered in, in Australia?  
You may select more than one answer.

- 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
- Psychology
- Other - please describe below

Q10.

### Your contact details

Name:

Prefer to be confidential

Q11. Email address:

Q69.

### Publication of your submission

Would you like your submission to be published?

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Q14.

### Focus area one: The Criminal history registration standard

Q47.

## Question 1 of 20

The *Criminal history registration standard* (Attachment A) outlines the things decision-makers need to balance when deciding whether someone with a criminal history should be or stay registered such as the relevance of the offence to practice, the time elapsed and positive actions taken by the individual since the offence or alleged offence. All decisions are aimed at ensuring only registered health practitioners who are safe and suitable people are registered to practise in the health profession.

Do you think the criminal history standard gets this balance right?

If you think the Criminal history registration standard does not get this balance right, what do you think should change to fix this?

Q40.

## Question 2 of 20

Do you think the information in the current *Criminal history registration standard* is appropriate when deciding if an applicant or registered health practitioner's criminal history is relevant to their practice? If not, what would you change?

Q41.

## Question 3 of 20

Do you think the information in the current *Criminal history registration standard* is clear about how decisions on whether an applicant or registered health practitioner's criminal history is relevant to their practice are made? If you think it is not clear, what aspects need further explanation?

I don't understand how on one hand you can register someone with a past history of criminal minor drug offences, yet you viciously hound any doctor who takes drugs rarely such as when on annual leave abroad. Your policies are inconsistent. A more caring approach, based on science than outdated prejudices from your lawyers, would be sensible so registering those health practitioners with a past history of minor offences which do not endanger patients is very sensible.

Q42.

## Question 4 of 20

Is there anything you think should be removed from the current *Criminal history registration standard*? If so, what do you think should be removed?



If a medical practitioner has a past history of minor drug offences more than 3 years ago which have not involved patient care, they should be registered.

Q43.

## Question 5 of 20

Is there anything you think is missing from the 10 factors outlined in the current *Criminal history registration standard*? If so, what do you think should be added?

There are roles within medicine that do not involve direct patient care. Those practitioners with serious past criminal records could still be registered if their registration is restricted to say radiology or anatomical pathology or research roles.

Q44.

## Question 6 of 20

Is there anything else you would like to tell us about the *Criminal history registration standard*?

It is not consistent with how you treat practitioners who are already registered. The way AHPRA deals with practitioners with a history of drug use in their own tune is punitive, outdated and nasty; especially from your legal department which needs an overhaul.

Q17.

## Focus area two: More information about decision-making about serious misconduct and/or an applicant or registered health practitioner's criminal history

*This question was not displayed to the respondent.*

Q46.

## Question 7 of 20

Do you support Ahpra and National Boards publishing information to explain more about the factors in the *Criminal history registration standard* and how decision-makers might consider them when making decisions? Please refer to the example in Attachment B. If not, please explain why?

*This question was not displayed to the respondent.*

Q48.

## Question 8 of 20

Is the information in Attachment B enough information about how decisions are made about practitioners or applicants with a criminal history? If not, what is missing?

*This question was not displayed to the respondent.*

Q49.

## Question 9 of 20

Is there anything else you would like to tell us about the information set out in Attachment B?

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Q50.

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Thinking about the examples of categories of offences in Attachment C, do you think this is a good way to approach the decision-making about applicants and registered health practitioners with criminal history? If you think this is a good approach, please explain why. If you do not agree with this approach, please explain why not.

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## Focus area five: Related work under the blueprint for reform, including research about professional misconduct

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Q61.

## Question 18 of 20

Are the areas of research outlined appropriate?

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Please provide the name of the organisation.

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Q8.

If you are completing this submission as an individual, are you:

- A registered health practitioner
- A member of the public
- Other - please describe below

Overseas qualified Registered  
Radiologic Technologist -Philippines

Q9.

Which of the following health profession/s are you registered in, in Australia?  
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Q47.

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Do you think the criminal history standard gets this balance right?

If you think the Criminal history registration standard does not get this balance right, what do you think should change to fix this?

It depends on the crime that is committed. Each offense has the range of penalties given to them. And should be investigated thoroughly. IR helps alot

Q40.

### Question 2 of 20

Do you think the information in the current *Criminal history registration standard* is appropriate when deciding if an applicant or registered health practitioner's criminal history is relevant to their practice? If not, what would you change?

Yes

Q41.

### Question 3 of 20

Do you think the information in the current *Criminal history registration standard* is clear about how decisions on whether an applicant or registered health practitioner's criminal history is relevant to their practice are made? If you think it is not clear, what aspects need further explanation?

Investigations and Incident reports to make it clearer and to give the health practitioner the chance explain

Q42.

### Question 4 of 20

Is there anything you think should be removed from the current *Criminal history registration standard*? If so, what do you think should be removed?

None

Q43.

### Question 5 of 20

Is there anything you think is missing from the 10 factors outlined in the current *Criminal history registration standard*? If so, what do you think should be added?

No

Q44.

### Question 6 of 20

Is there anything else you would like to tell us about the *Criminal history registration standard*?



None

Q17.

## Focus area two: More information about decision-making about serious misconduct and/or an applicant or registered health practitioner's criminal history

Q46.

### Question 7 of 20

Do you support Ahpra and National Boards publishing information to explain more about the factors in the *Criminal history registration standard* and how decision-makers might consider them when making decisions? Please refer to the example in Attachment B. If not, please explain why?

Yes

Q48.

### Question 8 of 20

Is the information in Attachment B enough information about how decisions are made about practitioners or applicants with a criminal history? If not, what is missing?

Yes

Q49.

### Question 9 of 20

Is there anything else you would like to tell us about the information set out in Attachment B?

None

Q50.

## Question 10 of 20

Thinking about the examples of categories of offences in Attachment C, do you think this is a good way to approach t decision-making about applicants and registered health practitioners with criminal history? If you think this is a good approach, please explain why. If you do not agree with this approach, please explain why not.

Yes

Q51.

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Do you think there are some offences that should stop anyone practising as a registered health practitioner, regardless of the circumstances of the offence, the time since the offence, and any remorse, rehabilitation or other actions the individual has taken since the time of the offence? Please provide a brief explanation of your answer. If you answered yes, please explain what you think the offences are.

Yes, assault or battery and both depends on how grave one committed. Negligence is also one but everything can be explained through IR

Q52.

## Question 12 of 20

Is there anything else you would like to tell us about the possible approach to categorising offences set out in Attachment C?

Report to explain

Q53.

## Focus area three: Publishing more information about decisions that are made about serious misconduct by registered health practitioners

Q54.

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Were you aware that disciplinary decisions by tribunals about registered practitioners were published to Ahpra and National Board websites and are linked to an individual practitioner's listing on the public register?

Yes

Q55.

## Question 14 of 20

Do you think decisions made to return a practitioner to practice after their registration has been cancelled or suspended (reinstatement decisions) for serious misconduct should be published? Please explain your answer.

No, before getting the license of becoming a practitioner you will pledge of doing your work correctly without violating rules

Q56.

## Question 15 of 20

Is there anything else you would like to tell us about the approach to publishing information about registered health practitioners with a history of serious misconduct?

No

Q57.

## Focus area four: Support for people who experience professional misconduct by a registered health practitioner

Q58.

## Question 16 of 20

What do you think Ahpra and National Boards can do to support individuals involved in the regulatory process who are affected by sexual misconduct by a registered health practitioner? (For examples, see paragraph 44)

Giving some punishments that is right for the offense

Q59.

## Question 17 of 20

Is there anything else you would like to tell us about how we can support individuals affected by a registered health practitioner's professional misconduct?

No

Q60.

## Focus area five: Related work under the blueprint for reform, including research about professional misconduct

Q61.

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Are the areas of research outlined appropriate?

Yes

Q62.

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Are there any other areas of research that could help inform the review? If so, what areas would you suggest?

None

Q64.

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### Additional question

*This question is most relevant to jurisdictional stakeholders:*

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Yes

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Please click on the ARROW below to start the survey.

Q5.

## Initial questions

To help us better understand your situation and the context of your feedback please provide us with some details about you.

Q65.

**Are you completing this submission on behalf of an organisation or as an individual?**

- Organisation
- Myself

Q6.

Please provide the name of the organisation.

*This question was not displayed to the respondent.*

Q8.

If you are completing this submission as an individual, are you:

- A registered health practitioner
- A member of the public
- Other - please describe below

Q9.

Which of the following health profession/s are you registered in, in Australia?  
You may select more than one answer.

- 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
- Psychology
- Other - please describe below

Q10.

### Your contact details

Name:

Branko Radojkovic

Q11. Email address:

Q69.

### Publication of your submission

Would you like your submission to be published?

- Yes - publish my submission **with** my name/organisation name
- Yes - publish my submission **without** my name/ organisation name
- No - **do not** publish my submission

Q14.

### Focus area one: The Criminal history registration standard



Q47.

## Question 1 of 20

The *Criminal history registration standard* (Attachment A) outlines the things decision-makers need to balance when deciding whether someone with a criminal history should be or stay registered such as the relevance of the offence to practice, the time elapsed and positive actions taken by the individual since the offence or alleged offence. All decisions are aimed at ensuring only registered health practitioners who are safe and suitable people are registered to practise in the health profession.

Do you think the criminal history standard gets this balance right?

If you think the Criminal history registration standard does not get this balance right, what do you think should change to fix this?

Yes

Q40.

## Question 2 of 20

Do you think the information in the current *Criminal history registration standard* is appropriate when deciding if an applicant or registered health practitioner's criminal history is relevant to their practice? If not, what would you change?

Yes

Q41.

## Question 3 of 20

Do you think the information in the current *Criminal history registration standard* is clear about how decisions on whether an applicant or registered health practitioner's criminal history is relevant to their practice are made? If you think it is not clear, what aspects need further explanation?

No. The document lacks transparency in regard to the assessment process.

Q42.

## Question 4 of 20

Is there anything you think should be removed from the current *Criminal history registration standard*? If so, what do you think should be removed?

Point 8. The likelihood of future threat to a patient of the health practitioner. It is unclear as to how this point is assessed, at very best it can be based on assumption making it a subjective judgement. If not removed, this point needs clarification.

Q43.

## Question 5 of 20

Is there anything you think is missing from the 10 factors outlined in the current *Criminal history registration standard*? If so, what do you think should be added?

No

Q44.

## Question 6 of 20

Is there anything else you would like to tell us about the *Criminal history registration standard*?

The standard specifies that 'It does not apply to students' however guidance must be provided to prospective and current students as this can have substantial impact not only on their career choice but also on their health and wellbeing.

Q17.

## Focus area two: More information about decision-making about serious misconduct and/or an applicant or registered health practitioner's criminal history

Q46.

## Question 7 of 20

Do you support Ahpra and National Boards publishing information to explain more about the factors in the *Criminal history registration standard* and how decision-makers might consider them when making decisions? Please refer to the example in Attachment B. If not, please explain why?

Yes

Q48.

## Question 8 of 20

Is the information in Attachment B enough information about how decisions are made about practitioners or applicants with a criminal history? If not, what is missing?

No. As these documents will be in the public domain, they should be in an easy-to-understand form and should include at least some real-life examples.

Q49.

## Question 9 of 20

Is there anything else you would like to tell us about the information set out in Attachment B?

No

Q50.

## Question 10 of 20

Thinking about the examples of categories of offences in Attachment C, do you think this is a good way to approach decision-making about applicants and registered health practitioners with criminal history? If you think this is a good approach, please explain why. If you do not agree with this approach, please explain why not.

It is an excellent approach, an easy-to-understand three-tier traffic light system.

Q51.

## Question 11 of 20

Do you think there are some offences that should stop anyone practising as a registered health practitioner, regardless of the circumstances of the offence, the time since the offence, and any remorse, rehabilitation or other actions the individual has taken since the time of the offence? Please provide a brief explanation of your answer. If you answered yes, please explain what you think the offences are.

Yes. As in most risk-assessment matrices, severe offences (murder, rape etc.) should automatically disqualify health practitioners from registration, irrespective of possible low chance of reoffence. Also, some crimes that relate to specific professions (e.g. serious drug offences for medical practitioners, nursing and pharmacy) should disqualify health practitioners from registration in these specific professions.

Q52.

## Question 12 of 20

Is there anything else you would like to tell us about the possible approach to categorising offences set out in Attachment C?

Again, possible real-life examples would be beneficial.

Q53.

## Focus area three: Publishing more information about decisions that are made about serious misconduct by registered health practitioners

Q54.

## Question 13 of 20

Were you aware that disciplinary decisions by tribunals about registered practitioners were published to Ahpra and National Board websites and are linked to an individual practitioner's listing on the public register?

Yes

Q55.

## Question 14 of 20

Do you think decisions made to return a practitioner to practice after their registration has been cancelled or suspended (reinstatement decisions) for serious misconduct should be published? Please explain your answer.

Yes, this information should also be made public, in the same manner as the cancellation/suspension/restriction of registration, including the justification for such decision.

Q56.

## Question 15 of 20

Is there anything else you would like to tell us about the approach to publishing information about registered health practitioners with a history of serious misconduct?

No

Q57.

## Focus area four: Support for people who experience professional misconduct by a registered health practitioner

Q58.

### Question 16 of 20

What do you think Ahpra and National Boards can do to support individuals involved in the regulatory process who are affected by sexual misconduct by a registered health practitioner? (For examples, see paragraph 44)

No comment

Q59.

### Question 17 of 20

Is there anything else you would like to tell us about how we can support individuals affected by a registered health practitioner's professional misconduct?

No

Q60.

## Focus area five: Related work under the blueprint for reform, including research about professional misconduct

Q61.

### Question 18 of 20

Are the areas of research outlined appropriate?

Yes

Q62.

## Question 19 of 20

Are there any other areas of research that could help inform the review? If so, what areas would you suggest?

No

Q64.

## Question 20 of 20

### Additional question

*This question is most relevant to jurisdictional stakeholders:*

Are there opportunities to improve how Ahpra and relevant bodies in each jurisdiction share data about criminal conduct to help strengthen public safety?

/

Q1.

# Public consultation: Review of the Criminal history registration standard and other work to improve public safety in health regulation

## Introduction

The Australian Health Practitioner Regulation Agency (Ahpra) and the National Boards are inviting stakeholders to have their say as part of our review of the *Criminal history registration standard* (the criminal history standard). There are 19 specific questions we'd like you to consider below (with an additional question 20 most relevant for jurisdictional stakeholders.) All questions are optional, and you are welcome to respond to any you find relevant, or that you have a view on.

The submission deadline is close of business 14 September 2023.

## Thank you for taking time to complete this survey.

Your feedback helps us to understand what changes should be made to the criminal history standard and will provide information to improve our other work. It will take approximately 10 minutes to complete this survey if you answer all questions.

## How do we use the information you provide?

The survey is voluntary. All survey information collected will be treated confidentially and anonymously. Data collected will only be used for the purposes described above.

We may publish data from this survey in all internal documentation and any published reports. When we do this, we ensure that any personal or identifiable information is removed.

We do not share your personal information associated with our surveys with any party outside of Ahpra except as required by law.

The information you provide will be handled in accordance with [Ahpra's Privacy Policy](#).

If you have any questions, you can contact [AhpraConsultation@ahpra.gov.au](mailto:AhpraConsultation@ahpra.gov.au) or telephone us on 1300 419 495.

## Publication of submissions

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Q5.

## Initial questions

To help us better understand your situation and the context of your feedback please provide us with some details about you.

Q65.

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If you are completing this submission as an individual, are you:

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Q9.

Which of the following health profession/s are you registered in, in Australia?  
You may select more than one answer.

- 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
- Psychology
- Other - please describe below

Q10.

### Your contact details

Name:

Donald Rose

Q11. Email address:

Q69.

### Publication of your submission

Would you like your submission to be published?

- Yes - publish my submission **with** my name/organisation name
- Yes - publish my submission **without** my name/ organisation name
- No - **do not** publish my submission

Q14.

### Focus area one: The Criminal history registration standard

Q47.

## Question 1 of 20

The *Criminal history registration standard* (Attachment A) outlines the things decision-makers need to balance when deciding whether someone with a criminal history should be or stay registered such as the relevance of the offence to practice, the time elapsed and positive actions taken by the individual since the offence or alleged offence. All decisions are aimed at ensuring only registered health practitioners who are safe and suitable people are registered to practise in the health profession.

Do you think the criminal history standard gets this balance right?

If you think the Criminal history registration standard does not get this balance right, what do you think should change to fix this?

Not until parking fines are removed

Q40.

## Question 2 of 20

Do you think the information in the current *Criminal history registration standard* is appropriate when deciding if an applicant or registered health practitioner's criminal history is relevant to their practice? If not, what would you change?

Remove the Tasmanian health professionals requirement to report parking fines

Q41.

## Question 3 of 20

Do you think the information in the current *Criminal history registration standard* is clear about how decisions on whether an applicant or registered health practitioner's criminal history is relevant to their practice are made? If you think it is not clear, what aspects need further explanation?

The Tasmanian government has stated multiple times it has no intention of updating legislation and speeding and parking fines will remain criminal offences inm Tasmania for the forseable future

Q42.

## Question 4 of 20

Is there anything you think should be removed from the current *Criminal history registration standard*? If so, what do you think should be removed?

As above. Parking and speeding fines should be removed.

Q43.

## Question 5 of 20

Is there anything you think is missing from the 10 factors outlined in the current *Criminal history registration standard*? If so, what do you think should be added?

No comment

Q44.

## Question 6 of 20

Is there anything else you would like to tell us about the *Criminal history registration standard*?

As above. Tasmanian health professionals need to be treated fairly.

Q17.

## Focus area two: More information about decision-making about serious misconduct and/or an applicant or registered health practitioner's criminal history

Q46.

## Question 7 of 20

Do you support Ahpra and National Boards publishing information to explain more about the factors in the *Criminal history registration standard* and how decision-makers might consider them when making decisions? Please refer to the example in Attachment B. If not, please explain why?

No comment

Q48.

## Question 8 of 20

Is the information in Attachment B enough information about how decisions are made about practitioners or applicants with a criminal history? If not, what is missing?

No comment

Q49.

## Question 9 of 20

Is there anything else you would like to tell us about the information set out in Attachment B?

No comment

Q50.

## Question 10 of 20

Thinking about the examples of categories of offences in Attachment C, do you think this is a good way to approach decision-making about applicants and registered health practitioners with criminal history? If you think this is a good approach, please explain why. If you do not agree with this approach, please explain why not.

No comment

Q51.

## Question 11 of 20

Do you think there are some offences that should stop anyone practising as a registered health practitioner, regardless of the circumstances of the offence, the time since the offence, and any remorse, rehabilitation or other actions the individual has taken since the time of the offence? Please provide a brief explanation of your answer. If you answered yes, please explain what you think the offences are.

No comment

Q52.

## Question 12 of 20

Is there anything else you would like to tell us about the possible approach to categorising offences set out in Attachment C?

No comment

Q53.

## Focus area three: Publishing more information about decisions that are made about serious misconduct by registered health practitioners

Q54.

## Question 13 of 20

Were you aware that disciplinary decisions by tribunals about registered practitioners were published to Ahpra and National Board websites and are linked to an individual practitioner's listing on the public register?

No comment

Q55.

## Question 14 of 20

Do you think decisions made to return a practitioner to practice after their registration has been cancelled or suspended (reinstatement decisions) for serious misconduct should be published? Please explain your answer.

No comment

Q56.

## Question 15 of 20

Is there anything else you would like to tell us about the approach to publishing information about registered health practitioners with a history of serious misconduct?

No comment

Q57.

## Focus area four: Support for people who experience professional misconduct by a registered health practitioner

Q58.

### Question 16 of 20

What do you think Ahpra and National Boards can do to support individuals involved in the regulatory process who are affected by sexual misconduct by a registered health practitioner? (For examples, see paragraph 44)

No comment

Q59.

### Question 17 of 20

Is there anything else you would like to tell us about how we can support individuals affected by a registered health practitioner's professional misconduct?

No comment

Q60.

## Focus area five: Related work under the blueprint for reform, including research about professional misconduct

Q61.

### Question 18 of 20

Are the areas of research outlined appropriate?

No comment

Q62.

## Question 19 of 20

Are there any other areas of research that could help inform the review? If so, what areas would you suggest?

No comment

Q64.

## Question 20 of 20

### Additional question

*This question is most relevant to jurisdictional stakeholders:*

Are there opportunities to improve how Ahpra and relevant bodies in each jurisdiction share data about criminal conduct to help strengthen public safety?

No comment

### Question 1 of 20

The Criminal history registration standard (Attachment A) outlines the things decision-makers need to balance when deciding whether someone with a criminal history should be or stay registered such as the relevance of the offence to practice, the time elapsed and any positive actions taken by the individual since the offence or alleged offence. All decisions are aimed at ensuring only registered health practitioners who are safe and suitable people are registered to practise in the health profession. Do you think the criminal history standard gets this balance right? If you think the Criminal history registration standard does not get this balance right, what do you think should change to fix this?

“All decisions are aimed at ensuring only registered health practitioners who are safe and suitable people are registered to practise in the health profession.”

Then why are practitioners with a history of sex offences and violence allowed to be registered?

There is clearly a gulf between what AHPRA deems as safe and suitable vs what the public would deem safe and suitable.

The criminal history standard does not get the balance right. Which is why Emily Baker's report 'Do No Harm' caused such shock waves across the country. Australians expect that their healthcare practitioners to be of fit and proper character, which is to say that they do not have character deficits and a criminal history of sexual assault or any other predatory forms of behaviour.

'what do you think should change to fix this?' That any practitioner found to have a criminal history of sex offences, assault, or crime of deception be removed from the register.

### Question 2 of 20

Do you think the information in the current Criminal history registration standard is appropriate when deciding if an applicant or registered health practitioner's criminal history is relevant to their practice? If not, what would you change?

Evidently not. If you have practitioners (which I can name) with significant histories of assault and predatory behaviour holding registration, then the Criminal history registration standard as it standard is not good enough. A standard is only as good as its application and therefore needs to be enforced properly.

### Question 3 of 20

Do you think the information in the current Criminal history registration standard is clear about how decisions on whether an applicant or registered health practitioner's criminal history is relevant to their practice are made? If you think it is not clear, what aspects need further explanation?

The Criminal history registration is far too nebulous. It should list the offences which preclude a practitioner from being registered.



#### Question 4 of 20

Is there anything you think should be removed from the current Criminal history registration standard? If so, what do you think should be removed?

The following should be removed from the Criminal history registration standard: "The period of time since the health practitioner committed, or allegedly committed, the offence."

This is gratuitously offensive. -For many of the victims, the significance of the crime and its effects do not diminish over the course of time. Case in point: victim [REDACTED]

There are many crimes that leave an indelible mark. To suggest that the period since the health practitioner committed an offence be taken into consideration is akin to minimizing the significance of the crime. Just because time has passed does not make crime any less significant.

#### Question 5 of 20

Is there anything you think is missing from the 10 factors outlined in the current Criminal history registration standard? If so, what do you think should be added?

Nothing to add.

#### Question 6 of 20

Is there anything else you would like to tell us about the Criminal history registration standard?

Nothing further to add here.

#### Question 7 of 20

Do you support Ahpra and National Boards publishing information to explain more about the factors in the Criminal history registration standard and how decision-makers might consider them when making decisions? Please refer to the example in Attachment B. If not, please explain why?

Yes. It this would be useful.

#### Question 8 of 20

Is the information in Attachment B enough information about how decisions are made about practitioners or applicants with a criminal history? If not, what is missing?

It is sufficient.

#### Question 9 of 20.

Is there anything else you would like to tell us about the information set out in Attachment B

No. The information set out in Attachment B is sufficient.

#### Question 10 of 20.

Thinking about the examples of categories of offences in Attachment C, do you think this is a good way to approach decision-making about applicants and registered health practitioners

with criminal history? If you think this is a good approach, please explain why. If you do not agree with this approach, please explain why not.

Nothing to add here.

#### Question 11 of 20

Do you think there are some offences that should stop anyone practising as a registered health practitioner, regardless of the circumstances of the offence, the time since the offence, and any remorse, rehabilitation, or other actions the individual has taken since the time of the offence? Please provide a brief explanation of your answer. If you answered yes, please explain what you think the offences are.

Yes. The following offences should preclude an individual from becoming a registered health care professional.

- § assault occasioning actual bodily harm
- § inflicting or assaults occasioning grievous bodily harm
- § threats to inflict grievous bodily harm
- § breaching a family violence or personal violence order
- § all sexual offences
- § murder and manslaughter
- § major theft, robbery, and burglary
- § obtaining property by deception
- § obtaining financial advantage by deception
- § major damage to property

Serious criminal offences should preclude a health practitioner from registration permanently as outlined below:

- 1) Health care practitioners that have severe criminal record undermine the trust and confidence that the public expects of their healthcare providers.
- 2) Severe criminal offences are incompatible with the ethical standards and values upheld by the healthcare community.
- 3) By allowing individuals with serious criminal histories to continuing practicing AHPRA is exposing patients to unnecessary risk. Criminal behaviour is synonymous with violence, abuse, fraud, and is antithetical to the values of empathy, compassion and integrity which healthcare professionals are expected to embody.
- 4) Removal from the register demonstrates accountability and justice for the victims of serious criminal offences committed by healthcare professionals. It demonstrates that the regulatory body has acknowledged the victim and recognised the significance of the crime and acted appropriately.
- 5) By permanently banning individuals from practicing from practicing this will act as a deterrent and reinforce accountability for a practitioners conduct.

Question 12 of 20

Is there anything else you would like to tell us about the possible approach to categorising offences set out in Attachment C?

No

Question 13 of 20

Were you aware that disciplinary decisions by tribunals about registered practitioners were published to Ahpra and National Board websites and are linked to an individual practitioner's listing on the public register?

Yes. I was also aware that I could look up decisions from tribunals and read about the decisions via AustLii.

Question 14 of 20

Question 14 Do you think decisions made to return a practitioner to practice after their registration has been cancelled or suspended (reinstatement decisions) for serious misconduct should be published where the law allows? Please explain your answer.

Yes, I think the rationale for why suspended or disqualified practitioners should be able to return to practice should be made readily available as the public would like to be informed of why.

Question 15 of 20

Is there anything else you would like to tell us about the approach to publishing information about registered health practitioners with a history of serious misconduct?

No.

Question 16 of 20

What do you think Ahpra and National Boards can do to support individuals involved in the regulatory process who are affected by sexual misconduct by a registered health practitioner? (For examples, see paragraph 47 of the consultation paper)

Unsure.

Question 17 of 20.

Is there anything else you would like to tell us about how we can support individuals affected by a registered health practitioner's professional misconduct?

Nothing to add.

Question 18 of 20.

Are the areas of research outlined appropriate?

This questionnaire has been particularly onerous.

I would imagine that its length presents and significant barrier of entry for many.

Unsurprisingly, the submission's template is in keeping with AHPRA's dull piecemeal and perfunctory responses to ABC/SMH bombshell reports. If AHPRA were serious about wanting to hear from the public; the accessibility of text, the layout and question format would be reworked.

Question 19 of 20.

Are there any other areas of research that could help inform the review? If so, what areas would you suggest?

Look into creating a psychological screening tool that screens for clinicians for antisocial personality traits. Antisocial personality traits are correlated with criminal and predatory behaviour.

Clinicians that are flagged to be poor character should not be registered.

Being a health practitioner should mean that a practitioner is fit and proper, - they have the skills, knowledge and experience needed to comply with the regulatory framework. Of good character – that they are diligent, honest and have good judgement and integrity. law abiding – not disqualified by law from performing their role.

Question 20.

Are there opportunities to improve how Ahpra and relevant bodies in each jurisdiction share data about criminal conduct to help strengthen public safety.

Yes. If AHPRA does not have readily available access to relevant bodies across each jurisdiction it needs to be made so. All practitioners should undergo a national crime check each year and a working with children/vulnerable people screen.

Q1.

# Public consultation: Review of the Criminal history registration standard and other work to improve public safety in health regulation

## Introduction

The Australian Health Practitioner Regulation Agency (Ahpra) and the National Boards are inviting stakeholders to have their say as part of our review of the *Criminal history registration standard* (the criminal history standard). There are 19 specific questions we'd like you to consider below (with an additional question 20 most relevant for jurisdictional stakeholders.) All questions are optional, and you are welcome to respond to any you find relevant, or that you have a view on.

The submission deadline is close of business 29 September 2023.

## Thank you for taking time to complete this survey.

Your feedback helps us to understand what changes should be made to the criminal history standard and will provide information to improve our other work. It will take approximately 10 minutes to complete this survey if you answer all questions.

## How do we use the information you provide?

The survey is voluntary. All survey information collected will be treated confidentially and anonymously. Data collected will only be used for the purposes described above.

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Q5.

## Initial questions

To help us better understand your situation and the context of your feedback please provide us with some details about you.

Q65.

**Are you completing this submission on behalf of an organisation or as an individual?**

- Organisation
- Myself

Q6.

Please provide the name of the organisation.

*This question was not displayed to the respondent.*

Q8.

If you are completing this submission as an individual, are you:

- A registered health practitioner
- A member of the public
- Other - please describe below

On the process to register, if admitted as a psychology pg student.

Q9.

Which of the following health profession/s are you registered in, in Australia?  
You may select more than one answer.

*This question was not displayed to the respondent.*

Q10.

## Your contact details

Name:

Q11. Email address:

Q69.

## Publication of your submission

Would you like your submission to be published?

- Yes - publish my submission **with** my name/organisation name
- Yes - publish my submission **without** my name/ organisation name
- No - **do not** publish my submission

Q14.

## Focus area one: The Criminal history registration standard

Q47.

### Question 1 of 20

The *Criminal history registration standard* (Attachment A) outlines the things decision-makers need to balance when deciding whether someone with a criminal history should be or stay registered such as the relevance of the offence to practice, the time elapsed and positive actions taken by the individual since the offence or alleged offence. All decisions are aimed at ensuring only registered health practitioners who are safe and suitable people are registered to practise in the health profession.

Do you think the criminal history standard gets this balance right?

If you think the Criminal history registration standard does not get this balance right, what do you think should change to fix this?

yes.They got it very much right.

Q40.

### Question 2 of 20

Do you think the information in the current *Criminal history registration standard* is appropriate when deciding if an applicant or registered health practitioner's criminal history is relevant to their practice? If not, what would you change?

The applicant ought to be relevant to the Criminal history registration act.

Q41.

## Question 3 of 20

Do you think the information in the current *Criminal history registration standard* is clear about how decisions on whether an applicant or registered health practitioner's criminal history is relevant to their practice are made? If you think it is not clear, what aspects need further explanation?

Any serious misconduct by a practitioner is bound to dismissal.

Q42.

## Question 4 of 20

Is there anything you think should be removed from the current *Criminal history registration standard*? If so, what do you think should be removed?

They may be consulted for important issues relevant to their profession, however if so will lead to resolving a certain dilemma.

Q43.

## Question 5 of 20

Is there anything you think is missing from the 10 factors outlined in the current *Criminal history registration standard*? If so, what do you think should be added?

If i may suggest that , if the committed offence is term to be misdemeanor as defined by the law, and not a felony they should be considered as members under a bounded signatory.Their role is equally important to be considered.

Q44.

## Question 6 of 20

Is there anything else you would like to tell us about the *Criminal history registration standard*?



Yes, about the issue of racism. It has to be stressed.

Q17.

## Focus area two: More information about decision-making about serious misconduct and/or an applicant or registered health practitioner's criminal history

Q46.

### Question 7 of 20

Do you support Ahpra and National Boards publishing information to explain more about the factors in the *Criminal history registration standard* and how decision-makers might consider them when making decisions? Please refer to the example in Attachment B. If not, please explain why?

Yes, i support them with apploud.

Q48.

### Question 8 of 20

Is the information in Attachment B enough information about how decisions are made about practitioners or applicants with a criminal history? If not, what is missing?

Nothing.

Q49.

### Question 9 of 20

Is there anything else you would like to tell us about the information set out in Attachment B?

no

Q50.

## Question 10 of 20

Thinking about the examples of categories of offences in Attachment C, do you think this is a good way to approach decision-making about applicants and registered health practitioners with criminal history? If you think this is a good approach, please explain why. If you do not agree with this approach, please explain why not.

The decision provide a healthy environment, with the rule of law.

Q51.

## Question 11 of 20

Do you think there are some offences that should stop anyone practising as a registered health practitioner, regardless of the circumstances of the offence, the time since the offence, and any remorse, rehabilitation or other actions the individual has taken since the time of the offence? Please provide a brief explanation of your answer. If you answered yes, please explain what you think the offences are.

Any greavious misconduct ie any felony as defined by the law, because the offence can cause a psychological trauma to the victim.

Q52.

## Question 12 of 20

Is there anything else you would like to tell us about the possible approach to categorising offences set out in Attachment C?

Nthing, other than my previous comment.

Q53.

## Focus area three: Publishing more information about decisions that are made about serious misconduct by registered health practitioners

Q54.

## Question 13 of 20

Were you aware that disciplinary decisions by tribunals about registered practitioners were published to Ahpra and National Board websites and are linked to an individual practitioner's listing on the public register?

No.

Q55.

## Question 14 of 20

Do you think decisions made to return a practitioner to practice after their registration has been cancelled or suspended (reinstatement decisions) for serious misconduct should be published? Please explain your answer.

No, but may be consulted over certain issues if its relevant to their field.

Q56.

## Question 15 of 20

Is there anything else you would like to tell us about the approach to publishing information about registered health practitioners with a history of serious misconduct?

Nothing more.

Q57.

## Focus area four: Support for people who experience professional misconduct by a registered health practitioner

Q58.

## Question 16 of 20

What do you think Ahpra and National Boards can do to support individuals involved in the regulatory process who are affected by sexual misconduct by a registered health practitioner? (For examples, see paragraph 44)

Q59.

## Question 17 of 20

Is there anything else you would like to tell us about how we can support individuals affected by a registered health practitioner's professional misconduct?

They should be given adequate treatment and good counselling to assist them from psychological problem they fell in.

Q60.

## Focus area five: Related work under the blueprint for reform, including research about professional misconduct

Q61.

## Question 18 of 20

Are the areas of research outlined appropriate?

Yes.

Q62.

## Question 19 of 20

Are there any other areas of research that could help inform the review? If so, what areas would you suggest?

no.

Q64.

## Question 20 of 20

### Additional question

*This question is most relevant to jurisdictional stakeholders:*

Are there opportunities to improve how Ahpra and relevant bodies in each jurisdiction share data about criminal conduct to help strengthen public safety?

Yes, this can be done through the parliamentary bodies, to discuss and digest the issue in their session. After putting together all related suggestions from their constituencies forwarded the public members.

-----Original Message-----

From: Rachel Nimmo [REDACTED]  
Sent: Friday, 8 September 2023 9:03 PM  
To: AHPRA Consultation <[AHPRAConsultation@ahpra.gov.au](mailto:AHPRAConsultation@ahpra.gov.au)>  
Subject: Parking fine disclosure

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

I am writing to recommend that the disclosure of parking fines as part of Tasmanian medical registration be removed. I cannot see why receiving a parking fine should be a reason to not be a registered medical doctor.

Dr Rachel Nimmo

Sent from my iPhone

-----Original Message-----

From: Sam Lovibond [REDACTED]  
Sent: Saturday, 19 August 2023 9:53 AM  
To: AHPRA Consultation <[AHPRAConsultation@ahpra.gov.au](mailto:AHPRAConsultation@ahpra.gov.au)>  
Subject: criminal history standard

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi

The criminal history standard should not include the vast majority of misdemeanours seen in Category C. This is because they bear no relevance to practicing medicine and will no doubt waste everyone's time.

Kind Regards

Dr Sam Lovibond  
[REDACTED]

Sent from my iPhone

Q1.

# Public consultation: Review of the Criminal history registration standard and other work to improve public safety in health regulation

## Introduction

The Australian Health Practitioner Regulation Agency (Ahpra) and the National Boards are inviting stakeholders to have their say as part of our review of the *Criminal history registration standard* (the criminal history standard). There are 19 specific questions we'd like you to consider below (with an additional question 20 most relevant for jurisdictional stakeholders.) All questions are optional, and you are welcome to respond to any you find relevant, or that you have a view on.

The submission deadline is close of business 14 September 2023.

## Thank you for taking time to complete this survey.

Your feedback helps us to understand what changes should be made to the criminal history standard and will provide information to improve our other work. It will take approximately 10 minutes to complete this survey if you answer all questions.

## How do we use the information you provide?

The survey is voluntary. All survey information collected will be treated confidentially and anonymously. Data collected will only be used for the purposes described above.

We may publish data from this survey in all internal documentation and any published reports. When we do this, we ensure that any personal or identifiable information is removed.

We do not share your personal information associated with our surveys with any party outside of Ahpra except as required by law.

The information you provide will be handled in accordance with [Ahpra's Privacy Policy](#).

If you have any questions, you can contact [AhpraConsultation@ahpra.gov.au](mailto:AhpraConsultation@ahpra.gov.au) or telephone us on 1300 419 495.

## Publication of submissions

We publish submissions at our discretion. We generally [publish submissions on our website](#) to encourage discussion and inform the community and stakeholders about consultation responses. Please let us know if you do not want your submission published.

We will not place on our website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the subject of the consultation. Before publication, we may remove personally identifying information from submissions, including contact details.

We can accept submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include published experiences or other sensitive information. A request for access to a confidential submission will be determined in accordance with the *Freedom of Information Act 1982 (Cth)*, which has provisions designed to protect personal information and information given in confidence. Please let us know if you do not want us to publish your submission or if you want us to treat all or part of it as confidential.



**Published submissions will include the names of the individuals and/or the organisations that made the submission unless confidentiality is expressly requested.**

Please click on the ARROW below to start the survey.

Q5.

## Initial questions

To help us better understand your situation and the context of your feedback please provide us with some details about you.

Q65.

**Are you completing this submission on behalf of an organisation or as an individual?**

- Organisation
- Myself

Q6.

Please provide the name of the organisation.

*This question was not displayed to the respondent.*

Q8.

If you are completing this submission as an individual, are you:

- A registered health practitioner
- A member of the public
- Other - please describe below

Q9.

Which of the following health profession/s are you registered in, in Australia?  
You may select more than one answer.

- 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
- Psychology
- Other - please describe below

Q10.

### Your contact details

Name:

serge diklich

Q11. Email address:

Q69.

### Publication of your submission

Would you like your submission to be published?

- Yes - publish my submission **with** my name/organisation name
- Yes - publish my submission **without** my name/ organisation name
- No - **do not** publish my submission

Q14.

### Focus area one: The Criminal history registration standard

Q47.

## Question 1 of 20

The *Criminal history registration standard* (Attachment A) outlines the things decision-makers need to balance when deciding whether someone with a criminal history should be or stay registered such as the relevance of the offence to practice, the time elapsed and positive actions taken by the individual since the offence or alleged offence. All decisions are aimed at ensuring only registered health practitioners who are safe and suitable people are registered to practise in the health profession.

Do you think the criminal history standard gets this balance right?

If you think the Criminal history registration standard does not get this balance right, what do you think should change to fix this?

It does not get it right. Unless the same applies to political candidates, who should be excluded from running, health practitioners should not have registration denied. Much more harm to community is done by a criminal (especially white-collar) in Canberra than a health practitioner in a suburb.

Q40.

## Question 2 of 20

Do you think the information in the current *Criminal history registration standard* is appropriate when deciding if an applicant or registered health practitioner's criminal history is relevant to their practice? If not, what would you change?

It is not appropriate. Politicians are exempt and constituents don't know. This double standard just keeps health practitioners in the public focus and shields politicians from the same. One standard for all professions and callings. T

Q41.

## Question 3 of 20

Do you think the information in the current *Criminal history registration standard* is clear about how decisions on whether an applicant or registered health practitioner's criminal history is relevant to their practice are made? If you think it is not clear, what aspects need further explanation?

The approach is broad-brush and reminisces from the recent times when if a lamb was born with two heads, the housewife was guilty of witchcraft. For example, the practitioner who attended a night-club with a patient was unsuitable to hold health practitioner license. How can that be fair and at the same time Scott Morrison holding 5 ministerial portfolios in secret is OK?

Q42.

## Question 4 of 20

Is there anything you think should be removed from the current *Criminal history registration standard*? If so, what do you think should be removed?

Only indictable offences should be listed.

Q43.

## Question 5 of 20

Is there anything you think is missing from the 10 factors outlined in the current *Criminal history registration standard*? If so, what do you think should be added?

It is important to analyse the factors that led to the offence. In the light of societal pressures of various kind, the pressure on practitioners can be severe and result in situations that otherwise would have occurred.

Q44.

## Question 6 of 20

Is there anything else you would like to tell us about the *Criminal history registration standard*?

see previous

Q17.

## Focus area two: More information about decision-making about serious misconduct and/or an applicant or registered health practitioner's criminal history

Q46.

## Question 7 of 20

Do you support Ahpra and National Boards publishing information to explain more about the factors in the *Criminal history registration standard* and how decision-makers might consider them when making decisions? Please refer to the example in Attachment B. If not, please explain why?

Q48.

## Question 8 of 20

Is the information in Attachment B enough information about how decisions are made about practitioners or applicants with a criminal history? If not, what is missing?

Q49.

## Question 9 of 20

Is there anything else you would like to tell us about the information set out in Attachment B?

Q50.

## Question 10 of 20

Thinking about the examples of categories of offences in Attachment C, do you think this is a good way to approach decision-making about applicants and registered health practitioners with criminal history? If you think this is a good approach, please explain why. If you do not agree with this approach, please explain why not.

Q51.

## Question 11 of 20

Do you think there are some offences that should stop anyone practising as a registered health practitioner, regardless of the circumstances of the offence, the time since the offence, and any remorse, rehabilitation or other actions the individual has taken since the time of the offence? Please provide a brief explanation of your answer. If you answered yes, please explain what you think the offences are.

Not at all unless it is pedophilia and murderous psychosis which are incurable diseases, in a practical sense.

Q52.

## Question 12 of 20

Is there anything else you would like to tell us about the possible approach to categorising offences set out in Attachment C?

no

Q53.

## Focus area three: Publishing more information about decisions that are made about serious misconduct by registered health practitioners

Q54.

## Question 13 of 20

Were you aware that disciplinary decisions by tribunals about registered practitioners were published to Ahpra and National Board websites and are linked to an individual practitioner's listing on the public register?

yes

Q55.

## Question 14 of 20

Do you think decisions made to return a practitioner to practice after their registration has been cancelled or suspended (reinstatement decisions) for serious misconduct should be published? Please explain your answer.

No. It only keeps unnecessary focus on the practitioner and impedes the process of re-integration

Q56.

## Question 15 of 20

Is there anything else you would like to tell us about the approach to publishing information about registered health practitioners with a history of serious misconduct?

Q57.

## Focus area four: Support for people who experience professional misconduct by a registered health practitioner

Q58.

### Question 16 of 20

What do you think Ahpra and National Boards can do to support individuals involved in the regulatory process who are affected by sexual misconduct by a registered health practitioner? (For examples, see paragraph 44)

nothing. the common and statutory laws are doing enough.

Q59.

### Question 17 of 20

Is there anything else you would like to tell us about how we can support individuals affected by a registered health practitioner's professional misconduct?

regulator should decrease its involvement in these issues because prosecutorial and judicial bodies are doing a great job for the community as is.

Q60.

## Focus area five: Related work under the blueprint for reform, including research about professional misconduct

Q61.

### Question 18 of 20

Are the areas of research outlined appropriate?

no. see below

Q62.

## Question 19 of 20

Are there any other areas of research that could help inform the review? If so, what areas would you suggest?

Influence of governmental overreach on health and well-being of practitioners as a factor of committing a crime/offence.

Q64.

## Question 20 of 20

### Additional question

*This question is most relevant to jurisdictional stakeholders:*

Are there opportunities to improve how Ahpra and relevant bodies in each jurisdiction share data about criminal conduct to help strengthen public safety?

A LOT!!



Q1.

# Public consultation: Review of the Criminal history registration standard and other work to improve public safety in health regulation

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We can accept submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include published experiences or other sensitive information. A request for access to a confidential submission will be determined in accordance with the *Freedom of Information Act 1982 (Cth)*, which has provisions designed to protect personal information and information given in confidence. Please let us know if you do not want us to publish your submission or if you want us to treat all or part of it as confidential.

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Q9.

Which of the following health profession/s are you registered in, in Australia?  
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- Chinese Medicine
- Chiropractic
- Dental
- Medical

- Medical Radiation Practice
- Midwifery
- Nursing
- Occupational Therapy
- Optometry
- Osteopathy
- Paramedicine
- Pharmacy
- Physiotherapy
- Podiatry
- Psychology
- Other - please describe below

Q10.

### Your contact details

Name:

William Pridmore

Q11. Email address:

Q69.

### Publication of your submission

Would you like your submission to be published?

- Yes - publish my submission **with** my name/organisation name
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- No - **do not** publish my submission

Q14.

### Focus area one: The Criminal history registration standard

Q47.

## Question 1 of 20

The *Criminal history registration standard* (Attachment A) outlines the things decision-makers need to balance when deciding whether someone with a criminal history should be or stay registered such as the relevance of the offence to practice, the time elapsed and positive actions taken by the individual since the offence or alleged offence. All decisions are aimed at ensuring only registered health practitioners who are safe and suitable people are registered to practise in the health profession.

Do you think the criminal history standard gets this balance right?

If you think the Criminal history registration standard does not get this balance right, what do you think should change to fix this?

From a Tasmanian perspective, the criminal history registration standard is too strict, in that it requires the disclosure of speeding and parking fines. These things are, in many cases, incidental occurrences for driving adults. Disclosing these has no bearing on the suitability or character of a practitioner.

Q40.

## Question 2 of 20

Do you think the information in the current *Criminal history registration standard* is appropriate when deciding if an applicant or registered health practitioner's criminal history is relevant to their practice? If not, what would you change?

As above - I would remove the requirement for speeding and parking fine disclosures. This adds unnecessary and overly stringent bureaucratic workload to annual registration renewal disclosures.

Q41.

## Question 3 of 20

Do you think the information in the current *Criminal history registration standard* is clear about how decisions on whether an applicant or registered health practitioner's criminal history is relevant to their practice are made? If you think it is not clear, what aspects need further explanation?

Yes, this document is fairly clear.

Q42.

## Question 4 of 20

Is there anything you think should be removed from the current *Criminal history registration standard*? If so, what do you think should be removed?

Q43.

## Question 5 of 20

Is there anything you think is missing from the 10 factors outlined in the current *Criminal history registration standard*? If so, what do you think should be added?

Q44.

## Question 6 of 20

Is there anything else you would like to tell us about the *Criminal history registration standard*?

Q17.

## Focus area two: More information about decision-making about serious misconduct and/or an applicant or registered health practitioner's criminal history

Q46.

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Do you support Ahpra and National Boards publishing information to explain more about the factors in the *Criminal history registration standard* and how decision-makers might consider them when making decisions? Please refer to the example in Attachment B. If not, please explain why?

Q48.

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## Question 9 of 20

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Q50.

## Question 10 of 20

Thinking about the examples of categories of offences in Attachment C, do you think this is a good way to approach decision-making about applicants and registered health practitioners with criminal history? If you think this is a good approach, please explain why. If you do not agree with this approach, please explain why not.

Q51.

## Question 11 of 20

Do you think there are some offences that should stop anyone practising as a registered health practitioner, regardless of the circumstances of the offence, the time since the offence, and any remorse, rehabilitation or other actions the individual has taken since the time of the offence? Please provide a brief explanation of your answer. If you answered yes, please explain what you think the offences are.

Q52.

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Is there anything else you would like to tell us about the possible approach to categorising offences set out in Attachment C?

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## Question 13 of 20

Were you aware that disciplinary decisions by tribunals about registered practitioners were published to Ahpra and National Board websites and are linked to an individual practitioner's listing on the public register?

Q55.

## Question 14 of 20

Do you think decisions made to return a practitioner to practice after their registration has been cancelled or suspended (reinstatement decisions) for serious misconduct should be published? Please explain your answer.

Q56.

## Question 15 of 20

Is there anything else you would like to tell us about the approach to publishing information about registered health practitioners with a history of serious misconduct?

Q57.

## **Focus area four: Support for people who experience professional misconduct by a registered health practitioner**

Q58.

### **Question 16 of 20**

What do you think Ahpra and National Boards can do to support individuals involved in the regulatory process who are affected by sexual misconduct by a registered health practitioner? (For examples, see paragraph 44)

Q59.

### **Question 17 of 20**

Is there anything else you would like to tell us about how we can support individuals affected by a registered health practitioner's professional misconduct?

Q60.

## **Focus area five: Related work under the blueprint for reform, including research about professional misconduct**

Q61.

### **Question 18 of 20**

Are the areas of research outlined appropriate?



Q62.

## Question 19 of 20

Are there any other areas of research that could help inform the review? If so, what areas would you suggest?

Q64.

## Question 20 of 20

### Additional question

*This question is most relevant to jurisdictional stakeholders:*

Are there opportunities to improve how Ahpra and relevant bodies in each jurisdiction share data about criminal conduct to help strengthen public safety?