



Aboriginal and Torres Strait
Islander health practice
Chinese medicine
Chiropractic
Dental
Medical
Medical radiation practice
Nursing and Midwifery
Occupational therapy
Optometry
Osteopathy
Pharmacy
Physiotherapy
Podiatry
Psychology

Community Reference Group Communique

Q3 / 2018 meeting

The Community Reference Group (CRG) met at the AHPRA National office in Melbourne on Tuesday 14 August 2018.

AHPRA update

AHPRA CEO Martin Fletcher, updated the group on the recent COAG Health Council meeting. The meeting had a particular focus on Aboriginal and Torres Strait Islander health, with Ministers strongly endorsing AHPRA's work in this space. The CRG heard AHPRA's proposition that there be no links on the public register to tribunal and court decisions where no adverse findings have been made. Mr Fletcher also talked about AHPRA's Regulatory Operations restructure to a national model, with changes to Registration, Legal and Notifications teams.

Administrative complaints

Members were updated by Project Officer of Administrative Complaints, Amanda Watson, on AHPRA's commitment to improving the way it manages complaints. Ms Watson discussed a Deloitte report commissioned by AHPRA, which recommended a number of improvements for AHPRA to make. A steering committee has been formed to help implement the recommendations, and AHPRA is also considering appointing a National Complaints Manager, as the organisation matures and adopts more of a strategic approach to managing complaints. Members heard that AHPRA is reviewing its complaints management policy, which the group was invited to provide feedback on out of session.

Accreditation

National Director of Policy and Accreditation Helen Townley updated the group on outcomes of the consultation on accreditation arrangements: the group heard that 13 Boards have decided to continue to assign the accreditation functions to their current accreditation authority from mid-2019, while one Board has decided their accreditation functions for this period will be exercised by a committee established by the Board.

Specialist Accreditation Advisor Margaret Grant provided an update about the current joint review of accreditation standards for the Aboriginal and Torres Strait Islander Health Practice, Chinese medicine and Medical Radiation Practice Boards. A multi-profession approach to the development of the draft revised standards is being taken, and public consultation is expected to start in the coming weeks, at which point the CRG will be encouraged to provide input.

Mandatory reporting

Acting Director of Legislative Policy at Department of Health Queensland, James Liddy, came to update the group and get their feedback on proposed changes to mandatory reporting obligations in the National Law. Health Ministers want reforms to ensure that registered health practitioners can seek help when they need it, and that the public should be protected from harm: there is currently a concern that practitioners are avoiding seeking treatment for fear of being reported by their treating practitioner, thereby raising greater risk of causing harm to the public if they are not getting the help they need. The CRG generally agreed that the legislation wording should focus on lowering the risk of severe harm to the public, and tightening up definitions to make it easier for treating practitioners to make decisions on whether they should report.

AHPRA public register

National Director of Legal Services, Jamie Orchard, gave the group background that the Patterson report recommended putting links from AHPRA's practitioner register to tribunal and court outcomes. After initial support from stakeholders, a significant amount of pushback was seen on the perceived unfairness of linking to decisions with no adverse findings against the practitioner. AHPRA has since agreed that links to non-adverse findings should not be published, which the CRG generally agreed with. Legal's next steps are to solicit official feedback from Boards, to submit a formal recommendation to not publish these links on the public register.

Review of the shared Code of conduct

Ms Townley updated the group on the draft revised shared Code of conduct, which is applicable to 12 National Boards. The draft documents on the proposed revisions to the shared Code have been prepared and are almost ready for preliminary consultation. AHPRA is also working on a Community Engagement Plan, which will act as a blueprint for how AHPRA manages consumer participation across the organisation, including public consultations. The CRG will be a helpful resource in sharing their own networks and contacts to help AHPRA reach and engage with diverse sections of the community.

Aboriginal and Torres Strait Islander Health Strategy

National Director of Communications, Anita Rivera, was joined by CRG member and member of AHPRA's Aboriginal and Torres Strait Islander Health Strategy Group, Jacqui Gibson-Roos, to provide an update: the National Registration and Accreditation Scheme's Statement of Intent was recently launched, along with AHPRA's Reconciliation Action Plan – a landmark commitment to help achieve equity in health outcomes between Aboriginal and Torres Strait Islander Peoples and other Australians. A major initiative is currently underway to procure high-quality cultural training, which will be rolled out for all AHPRA staff, National Boards and accreditation bodies.

Notifications

Program Manager for National Notifications, Monica Lambley, sought feedback from the group on a set of letters being drafted for notifiers: the group generally agreed that letters to notifiers have come a long way over the years, in terms of conveying genuine warmth and understanding of what people are experiencing during the process of making a notification about a practitioner. The CRG's feedback is being taken to the project's working group, and Ms Lambley welcomed members to provide further comment out of session if they wished.

The next meeting of the CRG will be held at the AHPRA National office in November 2018.

Mark Bodycoat

Chair
Community Reference Group