

Professions Reference Group Communiqué

The Professions Reference Group (PRG) met at the Australian Health Practitioner Regulation Agency (AHPRA) National office in Melbourne on Wednesday 20 March 2019.

The meeting was chaired by Julie Reeves from the Australian Nursing and Midwifery Federation.

AHPRA update

AHPRA CEO, Martin Fletcher, updated members on various matters, including the following.

- Following concerns about spinal manipulation of infants and children by chiropractors, the recent meeting of the Council of Australian Governments (COAG) Health Council has supported an independent review of evidence in relation to the practice of spinal manipulation on children under 12 years old to be undertaken by Safer Care Victoria. Ministers have also supported consideration of amendments to the National Law¹ to increase penalties for advertising offences.
- AHPRA has been designated a World Health Organization (WHO) Collaborating Centre for Health Workforce Regulation. The objective of this designation is to create a framework for our existing and future engagement with countries in the Western Pacific region with a focus on establishing and strengthening capacity for health workforce regulation.
- The National Health Practitioner Ombudsman and Privacy Commissioner Ms Richelle McCausland has begun work with AHPRA to review our policies and procedures in relation to safeguarding the confidentiality of notifiers and any additional steps we may need to take.

Regulatory operations update

- The vision for Regulatory Operations to function on a national level continues with the completion of the Legal Service and Registration Teams now working in streams according to the type of work and staff skill set. To help support staff a provider for the Staff Wellbeing Program has been identified and has started work on the first phase of a 'leading with care' training program to be rolled out across regulatory operations. In notifications, there is now a Clinical Input Team in place. This centralises all those registered health practitioners who provide advice as part of the work of notifications (doctors, pharmacists, dentists, nurses et al.) to work together so they can contribute their skills across all regulatory functions.
- There is an effect from all this change on the role of the State/Territory Managers in each of the jurisdictions. The future of their role will have more focus on stakeholder engagement as opposed to having all regulatory operations staff reporting to them. This means that they will have more opportunity to build on the work they do engaging with communities and stakeholders.
- Paramedicine registration was progressing well and most applications are expected to be finalised in the next month, with an estimated 17,800 applications received and processed entirely online.
- There have been over 24,000 graduate applications submitted online so far this year. The current focus is on prioritising those with verified employment start dates to help facilitate new graduates to start work.
- The AHPRA and National Board drug and alcohol screening protocol, including financial hardship arrangements were explained to members. This included details of the expectation that registered

¹ Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).

health practitioners who meet the cost of screening, demonstrate continuing compliance and intent on rehabilitation, while enabling the practitioner to continue working. Further information on the process to seek support in the event of financial hardship aid is made available to a practitioner when they start the *Drug and alcohol screening protocol*.

- The Green ID verification process introduced late last year facilitates the assessment part of the registration process by automatically verifying identity documents in real time allowing faster and more efficient requests for Criminal History Checks (CHC) with a 52% completion rate, which equated to almost 13,200 checks being completed in the period to March 2019. However, there are some instances where the CHC needs to be manually requested and this slows the process. To address this, regular system checks and improvements are being implemented to bring timeframes down and achieve a better rate of auto-verification of identity and auto-requesting of CHC.
- Open advertising complaints are reduced to 273 from 2,400 in 2017 and 90% of audits of transitional complaints are now complete. Important learning from this work shows that registered practitioners do not assess evidence well when using research in their advertising claims. Feedback has also shown that the advertising resources produced by AHPRA and National Boards to date have been useful and well-received. Additional tools to help practitioners assess this evidence are also being developed.
- AHPRA has trained all Whitecoat moderators in how to use the advertising testimonial tool so they can test reviews that are being published on their site. They have been advised on the potential risk involved if practitioners link to patient reviews (which may amount to testimonials). Whitecoat has committed to act and communicate this advice clearly to practitioners.
- AHPRA has now completed publication of links to already published decisions from courts and tribunals since 2010 on the national register of decisions. Ms Ayscough confirmed it is intended that links to published adverse findings will stay in the register in perpetuity.

Legislative amendments update: Tranche 1A Bill and mandatory reporting campaign

AHPRA National Director, Government Relations Nick Lord updated and discussed with members.

- An overview of the *Health Practitioner Regulation National Law Amendment and Other Legislation Act (2019)* was provided which includes:
 - increased maximum fines (\$60,000 for individuals and \$120,000 for private corporates) and introduction of custodial sentences for all National Law offences, except for advertising and inciting misconduct, and
 - except in Western Australia, new arrangements on mandatory reporting where treating practitioners will be asked to report on past, present and future risks associated with sexual misconduct and other notifiable conduct that place the public in substantial risk or harm.
- The work to implement these amendments will include a review of the National Boards' current mandatory reporting guidelines which would entail a public consultation process in mid-2019.
- An awareness campaign will be developed as part of this work to encourage practitioners to seek help for their health issues, improve understanding of mandatory reporting requirements considering the changes and prevent unnecessary reporting.
- A key component for the success of the awareness campaign will be through partnerships with professional organisations and other networks. Members were asked for their interest in participating in a sub-group of members to continue the discussion and inform the campaign including key

messages and strategies on how to implement the campaign effectively. The following members expressed their interest: Bernard Rupasinghe (Australian Chiropractors Association), Eithne Irving (Australian Dental Association), Luke Toy (Australian Medical Association) and Robin Marchment (Federation of Chinese Medicine and Acupuncture Societies of Australia).

- The use of clear, practical case studies as a fundamental platform for better understanding of the parameters of mandatory reporting was discussed while members shared views on best practice.

Accreditation review update

AHPRA Executive Director, Strategy and Policy Chris Robertson gave an update to the members.

- Following the Independent Accreditation Systems Review by Prof Michael Woods 18 months ago AHPRA and the National Boards have been asked to provide views in a joint submission to the Australian Health Ministers Advisory Council (AHMAC). Based on the review's recommendations there are two areas of reform: changing assignment decisions (who makes the decision) and changing approval of accreditation standards. We are proposing to use existing structures in the National Scheme² to address these areas.
- Currently, AHPRA is not set up as the final approver for accreditation standards and it is being proposed that decision should be done by an expert committee within AHPRA's board, not by each of the National Boards individually. The intention is that the National Boards will be consulted about their requirements and feed into that decision, but it should not be them making that decision. So instead of fifteen independent decisions, it would be one decision made by an AHPRA expert committee on accreditation. This will address the issue of any inconsistency of approach as is suggested by Prof Wood's report.
- Members discussed the review at length including the details of the AHPRA joint submission particularly questions on perceptions, the education system, AHPRA expert committee composition, accreditation authorities and legislative amendments.

Social research update

Members were informed of the following.

- The social research project's findings about each individual National Board (practitioner survey results) have been provided to them inform their communications and engagement and other regulatory work.
- The project's results are being used to inform a review and potential refinement of our visual identity to move towards a more unified and less complex public face.
- Internal consultation on possible identity options in line with the themes from the research have been carried out with project leaders, the Forum of Chairs, AHPRA's National Executive and the Agency Management Committee.
- This consultation, when considered alongside the project findings, is informing our next steps including working on refining the options for a preferred visual identity.
- The research process further indicated the importance of coherently engaging with different stakeholder groups interested in health practitioner regulation and how we can improve on the

² National Registration and Accreditation Scheme (the National Scheme).

communication activities and approaches to deliver messages about the National Scheme more effectively. This includes moving current perceptions of AHPRA and National Boards that relate to fear and/or lack of transparency towards a more proactive and supportive approach to encourage professional standards among health practitioners.

Aged Care Royal Commission update

AHPRA Executive Officer Alessandra Peck, who is leading on the Aged Care Royal Commission (the Commission) work for AHPRA, provided an update.

- The Commission is a significant event for the sector and its work extends beyond the scope of the National Scheme. It has broad powers both as an investigative and policy inquiry to facilitate its work. This includes compelling people and organisations to provide evidence and produce documents on tight deadlines and/or produce case studies to support examples of issues.
- Some of the emerging themes and issues from the initial public hearings cover quality and safety of care, the aged care workforce, and interrelationship with other regulators. There is a focus on long-standing issues of concern around workforce numbers, skills to retention, remuneration, level of skill and qualifications. All of these affect the quality of senior care being provided. It seems that regulatory reform will be a priority particularly with a majority (70%) of unregulated personal care workers currently working in the aged care sector.
- There are areas of interest for AHPRA and National Boards such as:
 - the extent of substandard care being provided, including mistreatment and all forms of abuse, the causes of any systemic failures, and any actions that should be taken in response
 - what can be done to strengthen the system of aged care services to ensure that the services provided are of high quality and safe, and
 - how best to deliver aged care services in a sustainable way, including through innovative models of care and investment in the aged care workforce.
- AHPRA and the National Boards are preparing for the requirements of the Royal Commission by ensuring they understand that the scope of the National Scheme is focused on the safety of registered health practitioners, monitoring of notifications, organising response processes for information requests and working well with related regulators for information exchange or risk assessment.

Next meeting

The next meeting of the PRG will be on 22 May 2019.

Julie Reeves

Chair
Professions Reference Group