



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 / 2019 meeting

The Community Reference Group (CRG) met at the AHPRA National Office in Melbourne on Tuesday 20 August 2019.

Mr Bodycoat welcomed Dr Lisa Whop to her first meeting as the newest member of the Community Reference Group.

National Scheme strategy review 2019

National Director for Strategy and Research Mr Shinkfield gave an update on progress of the National Scheme strategy review, noting particularly the move from a statute-driven model (accompanied by the regulatory principles) to a mission-driven model.

Mr Shinkfield advised the draft proposed vision for the scheme is 'Safe and competent health practitioners for Australia', and outlined the advantages, disadvantages and possible alternatives to that proposed vision.

Members commented that: the shorter and simpler vision would make it easier for people to recall; it encompasses the key values of 'safe and competent'; and stakeholders might be familiar with the model from other organisations. Members also noted favourably that it is responsive and leadership oriented, that they like the softening approach of the graphics, and that this work echoes that of Ms Susan Biggar.

Medical Board preliminary consultation on Good medical practice: a code of conduct for doctors in Australia

Mr Bodycoat provided an update on the progress of the Medical Board's revision of the Good medical practice: a code of conduct for doctors in Australia, noting some members had provided feedback prior to the meeting and some of the issues raised had suggested a group discussion would be appropriate.

Members noted their broad support for the revised draft but expressed concern with some aspects, particularly what they saw as the blurring of when and how it is appropriate for doctors to express their personal views when those views are contrary to societal norms.

Aboriginal and Torres Strait Islander Health Strategy update

Program Manager for the Aboriginal and Torres Strait Islander Health Strategy, Ms Jayde Fuller introduced Ms Kristin Wuruki who recently commenced in the position of Aboriginal and Torres Strait Islander Health Strategy Project Officer.

Ms Fuller spoke about the recent findings of the coronial inquest into the death of a Wiradjuri woman. The findings included urging the health service to look at implicit bias in its service delivery and to improve its representation of Indigenous workers. Ms Fuller highlighted the links between the work being undertaken through the Aboriginal and Torres Strait Islander Health Strategy program and the inquest findings.

Ms Fuller advised the group that work on the definition of cultural safety is expected to be finalised by the end of August.

Ms Fuller advised the group that PricewaterhouseCoopers Indigenous Consulting Pty Limited (PIC) in partnership with Griffith University First Peoples Health Unit have signed a contract to deliver cultural safety training to Board and committee members and to Australian Health Regulation Agency

(AHPRA) staff. The training will include both one-day face to face and online modules, with roll-out anticipated for the end of the year.

Ms Fuller advised the group about a proposal to create a workforce summit in April 2020 and the intention to invite a representative from the National Aboriginal and Torres Strait Islander Health Standing Committee (NATSIHSC) to join the Aboriginal and Torres Strait Islander Health Strategy Group.

AHPRA update

AHPRA CEO Mr Fletcher provided an update on the Royal Commission into Aged Care Quality and Safety, noting that the commission has focused on the bodies primarily involved in aged care and that AHPRA had not been asked to appear.

Mr Fletcher advised that in partnership with the Medical Board of Australia, AHPRA intends to invite Professor Ron Paterson to review the implementation of the recommendations from the 2016 review he undertook on the use of chaperones in the management of practitioners where we are investigating allegations of sexual boundary violations.

Mr Fletcher provide an overview of performance for registration and notifications. He stressed the need to continue to work on ensuring notifiers are advised on the body best placed to deal with their concerns.

Mr Fletcher also informed the group that staff voted resoundingly in favour (84%) of the new Enterprise Agreement and that he would shortly be releasing a consultation paper on an organisational restructure.

Cosmetic procedures – consumer facing materials

National Director Policy and Accreditation, Helen Townley and National Communications Manager, Rita Lewtas outlined some of the issues arising in relation to practitioners who perform cosmetic procedures and sought the group's views on campaign materials that seek to educate consumers about safe choices concerning cosmetic injectables. Ms Lewtas explained that the messages are:

- to stop and think, and know what questions to ask before deciding whether or not to go ahead with a cosmetic procedure; and
- ensure the practitioner is appropriately registered.

Members noted the materials do not address cost and that many women in their 20's and 30's who may be seeking this treatment do not know the practitioner should be registered. Members also suggested the messages might be effectively delivered through beauty editors of magazines as they have the attention of the relevant audience.

Members suggested it may be helpful to develop a series of questions for consumers to ask practitioners because often they don't know what to ask.

Consultation advice to National Boards – next steps

Members were advised that the initial review by Deloitte into AHPRA and the National Boards consultation process had concluded. Mark Bodycoat as a representative of the group had been engaged in the review and had spoken with Deloitte. There will be a preliminary report, on which the CRG should have the opportunity to comment.

Members reiterated the importance of consulting in a way that is meaningful and appropriate for the community group being consulted (e.g., some groups may require face-to-face, going to community events, talking to local or cultural leaders, etc).

AHPRA Engagement Strategy

National Engagement Advisor Susan Biggar and Strategic Communications Designer Tash Thorn reviewed progress toward a national approach to engagement and stressed that the approach to external engagement should be strategic, thoughtful and cohesive.

Ms Biggar noted that total stakeholder group for Ahpra and the Boards could be viewed as essentially the public, which is 25 million people. Practical considerations indicate that any engagement initiative needs to consider which subgroups it should focus on.

Members suggested broadly that marginalised groups need focused engagement, such as Aboriginal and Torres Strait Islander Peoples, disability groups, and other groups in economic or other disadvantage.

What would the health consumer expect of the registered medical radiation practitioner?

Medical Radiation Practice Board of Australia Chair Mr Mark Marcenko gave an overview of two issues that had arisen during the revision of the Medical Radiation Practice Professional Capabilities. Those issues require further consultation as they may lead to a change in the way medical radiation practitioners' practice. The relevant issues were:

- Feedback during the consultation process indicated that the Board's expectations for recognising and responding to the deteriorating patient are too onerous on medical radiation practitioners; and
- whether it is appropriate for a medical radiation practitioner to communicate urgent or unexpected findings where they have been identified in a scan or image.

Members commented that the baseline standard of care should be identified and that the focus of the document would be instances under pressure such as out of regular hours hospital experience rather than when there was a full complement of care professionals available.

Members also commented that consumers don't know what the medical radiation practitioner's role or responsibilities might be and that what is important to consumers is the person dealing with them at the time. They require information and reassurance, and having to wait for a doctor to interpret a scan creates a tension.

Members noted that a patient might assume that, if there are urgent or unexpected findings, they will be communicated, regardless of whether there is a radiologist present.

Members also noted that the capabilities adequately cover communication, including how to talk about negative findings.

AHPRA Social media strategy

National Communications Manager Ms Rachael Davies provided a brief overview of the social media strategy and how it had been amended to take into consideration the feedback provided by the CRG.

Members commented that it is important to customise the message, to consider what the message is and why it is being communicated.

While members noted that the updated strategy was more inclusive, more could still be done to increase consumer-focused social media messages, especially on Facebook. Members suggested taking what they saw as the opportunity to post more about health promotion, to engage with community groups that are health-focused and make the most of opportunities that arise to educate the community on health regulation, both by AHPRA but also by our regulatory partners.

Members were supportive of the calendar and template for correlating what AHPRA does with the Board activities.

Members suggested that AHPRA start engaging with students when they are in first year.

Members noted that it was important that the measurements of evaluation are meaningful and not just about reporting for reporting's sake.

Taking into consideration the above feedback, members advised that they were supportive of the strategy and of the development it represented.

Update on implementation of mandatory reporting responsibilities

National Director, Government Relations Nick Lord outlined the four reporting triggers related to mandatory reporting responsibilities and identified that for three of the four the threshold is higher but

for sexual misconduct the threshold is lower. The changes relate only to the treating practitioner of a registered health practitioner.

Nomination to Forum of NRAS Chairs

Members were asked to put forward an expression of interest (EOI) to be the CRG representative on the Forum of NRAS Chairs. The Forum would like to invite a member of the CRG to join as a member, to provide a community perspective to the group's discussion.

EOI to Medical Board of Australia's National Specialist IMG Committee

Mr Bodycoat outlined the Medical Board's current EOI from members of the Community Reference Group interested in being appointed to the Board's National Specialist International Medical Graduate Committee, noting that the Board has previously had community members on the committee and in this instance, is specifically requesting a community member from the CRG.

Mark Bodycoat

Chair

Community Reference Group