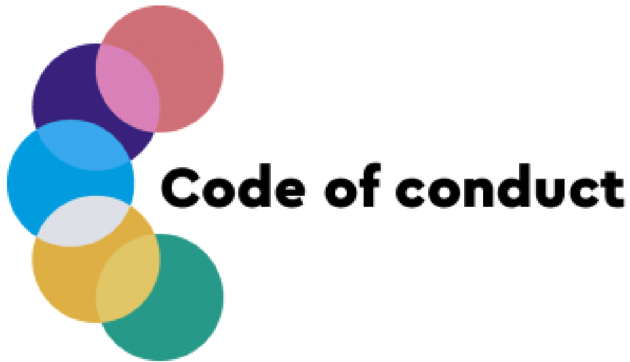

Shared code of conduct: public consultation

Introduction

The Aboriginal and Torres Strait Islander Health Practice, Chinese Medicine, Chiropractic, Dental, Medical Radiation Practice, Occupational Therapy, Optometry, Osteopathy, Paramedicine, Pharmacy, Physiotherapy and Podiatry Boards of Australia (National Boards) have a shared code of conduct (shared code), most in the same form and some with minor variations.

The National Boards and the Australian Health Practitioner Regulation Agency (Ahpra) are seeking feedback about a proposed revised shared code (revised shared code).

Please ensure you have read the public consultation papers before answering this survey, as the questions are specific to the revised shared code.

Publication of responses

The National Boards and Ahpra publish submissions at their discretion. We generally publish submissions on our websites to encourage discussion and inform the community and stakeholders. Please advise us if you do not want your submission published.

We will not place on our websites, 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.

The National Boards and Ahpra can accept submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. Any 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 want us to treat all or part of it as confidential.

Published submissions will include the names (if provided) of the individuals and/or the organisations that made the response unless confidentiality is requested.

Please select the box below if you do **not** want your responses to be published.

☐ Please do **not** publish my responses

About your responses

Are you responding on behalf of an organisation?

- ○ Yes
- ◉ No

Please provide the name of the organisation.

This question was not displayed to the respondent

Which of the following best describes your organisation?

This question was not displayed to the respondent

Please describe your organisation.

This question was not displayed to the respondent

Your contact details

First name:

michael

Last name:

rees

Email address:

[redacted]

Which of the following best describes you?

- ◉ I am a health practitioner
- ○ I am a member of the community
- ○ I am an employer (of health practitioners)
- ○ Other

Please describe.

This question was not displayed to the respondent

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
- [x] Dental
- [ ] Medical
- [ ] Medical Radiation Practice
- [ ] Midwifery
- [ ] Nursing
- [ ] Occupational Therapy
- [ ] Optometry
- [ ] Osteopathy
- [ ] Paramedicine
- [ ] Pharmacy
- [ ] Physiotherapy
- [ ] Podiatry
- [ ] Psychology
- [ ] Other

Please describe.

This question was not displayed to the respondent

The following questions will help us to gather information about the revised shared Code of conduct.

Please ensure you have read the public consultation papers before responding, as the questions are specific to the revised shared code.

The revised shared code includes high-level principles to provide more guidance to practitioners especially when specific issues are not addressed in the content of the code.

Are shorter, more concise principles that support the detail in the revised shared Code preferable or are longer, more comprehensive principles a better option? Why?

Shorter is better - the current code changes attempt too much, duplicate regulation associated with existing workplace laws and are an over reach in terms of the remit of AHPRA and the Dental Board

In the revised shared code, the term 'patient' is used to refer to a person receiving healthcare and is defined as including patients, clients, consumers, families, carers, groups and/or communities'. This is proposed in order to improve readability of the code and to support consistency for the public.

Do you support the use of the term 'patient' as defined for the revised shared code or do you think another term should be used, for example 'client' or 'consumer'? Why or why not?

What does it matter - this type of argument about semantics is pointless and achieves nothing

The revised shared code includes amended and expanded content on Aboriginal and Torres Strait Islander health and cultural safety that uses the agreed definition of cultural safety for use within the National Registration and Accreditation Scheme. (Section 2 Aboriginal and Torres Strait Islander health and cultural safety).

Is this content on cultural safety clear? Why or why not?

No - there is a glaring lack of clarity as to the exact definition of cultural safety - As this can only be defined by the indigenous person accessing care - there is absolutely no value in trying to define it appropriately and effectively in this type of document.

Sections 3.1 Respectful and culturally safe practice, 4.1 Partnership, 4.9 Professional boundaries and 5.3 Bullying and harassment include guidance about respectful professional practice and patient safety.

Does this content clearly set the expectation that practitioners must contribute to a culture of respect and safety for all? e.g. women, those with a disability, religious groups, ethnic groups.

This is a given - it is already covered by workplace, criminal and civil law - AHPRA is simply virtue signalling and trying to regulate in spaces that are already well catered for by other acts of legislation - this is again overreach, a distraction and amounts to little more than virtue signalling or posturing on the part of the Dental Board and AHPRA

Statements about bullying and harassment have been included in the revised shared code (Section 5.3 Bullying and harassment).

Do these statements make the National Boards'/Ahpra's role clear? Why or why not?

No - the shared code of conduct is a set of motherhood statements that can be interpreted in many different ways - it is ineffective and the fact that this sort of behaviour is unacceptable would be clear to anyone living in Australia who is over 13 years old is overlooked - this is ridiculous, pointless over regulation with little demonstrated advantages.

The revised shared code explains the potential risks and issues of practitioners providing care to people with whom they have a close personal relationship (Section 4.8 Personal relationships).

Is this section clear? Why or why not?

This - again, is already clear to practitioners and has been the subject of discussion - esp with indemnity providers for years - there is no need, point, value or advantage to increasing the word count in a code of conduct which already tries to acheive more than it can.

Is the language and structure of the revised shared code helpful, clear and relevant? Why or why not?

No - there is no demonstrated advantage in the changes being proposed - apart from an uncontested and poorly explained determination by AHPRA and The Board that change is required - Based on what evidence?

The aim is that the revised shared code is clear, relevant and helpful. Do you have any comments on the content of the revised shared code?

It is regulatory over reach - it attempts too much, it duplicates regulation already covered by different bodies and acts of legislation - it is wordy, it pushes being irrelevant to individual professions by trying to capture them all in one over arching code of conduct. It is a poor idea, executed poorly with no established basis for the changes being made. What the profession and public wants is effective regulation - not a fascination with efficiency and virtue signalling.

Do you have any other feedback about the revised shared code?

Bad idea, expensive to implement, ineffective, confusing, regulatory over reach, an exercise in virtue signalling - attempts to capture regulatory control for the board and AHPRA when much of the content is already legislated and regulated by other bodies. Very poor conceptually, poorly explained, poorly implemented and almost certainly ineffective in achieving its stated aims. Clear demonstration that AHPRA and the Board are completely out of touch with both the public and the profession. This has been demonstrated in survey after survey after survey commissioned by AHPRA and The Board that reveals the extremely high level of dissatisfaction with the role/actions/behaviour/outcomes associated with AHPRA and the Dental Board - neither have demonstrated any capacity to listen, learn and improve.

The National Boards are also interested in your views on the following questions about the potential impacts of the proposed revisions to the shared Code of conduct.

Would the proposed changes to the revised shared Code result in any adverse cost implications for practitioners, patients/clients/consumers or other stakeholders? If yes, please describe.

Yes - the cost of being distracted from what is most important - this is an expensive waste of time

Would the proposed changes to the revised shared Code result in any potential negative or unintended effects? If so, please describe them.

by trying to account for everything this code carries a high risk of being a distraction rather than a guide. Dental professionals do not need guidance from AHPRA to be ethical, to not discriminate and to not steal

Would the proposed changes to the revised shared Code result in any potential negative or unintended effects for vulnerable members of the community? If so, please describe them.

This code does nothing to improve the lot of vulnerable patients - who for the largest part are seen in institutional and government clinic settings - corporate and government run clinics are beyond AHPRA's regulatory reach and this represents a glaring blind spot that remains unrecognised and unaccounted for by the board and AHPRA.

Would the proposed changes to the revised shared Code result in any potential negative or unintended effects for Aboriginal and Torres Strait Islander Peoples? If so, please describe them.

As per previous answer - this code is meaningless in terms of providing regulatory oversight to administrative decisions made by government and corporate runs dental services - as these are the main providers of dental care to this group - this code is next to worthless - moreover it remains a smoke screen behind which the main offenders in relation to this group can hide.

The next two questions are about the Chiropractic Board and its changes to the revised shared code of conduct. They are not relevant to all stakeholders but you are welcome to give feedback if you are interested.

Do you wish to read the questions and provide feedback about the Chiropractic version of the revised shared code?

- (x) No
- ( ) Yes

The Chiropractic Board's (the Board) current code of conduct is common to many of the National Boards with the exception that the Board's current code of conduct has minor edits, extra content in its Appendices and additional content relating to modalities.

Many of these expectations relating to the Appendices are referred to more broadly in the revised shared code and/or are largely replicated in other relevant board documents such as the recently revised Guidelines for advertising a regulated health service (Appendix 1) and the FAQ: chiropractic diagnostic imaging (Appendix 2). It is proposed that the appendices and section on modalities be removed and additional guidance on these areas be presented in additional guidelines or similar.

Noting that the principles and expectations in the current appendices and modalities section are addressed broadly in the revised shared code and other relevant documents do you think it is necessary to keep the additional information in the Appendices and modalities section? Why or why not?

This question was not displayed to the respondent

If you think keeping the extra information is necessary, do you support that the information be presented as a guideline, or similar, rather than as an appendix to the revised shared code? Why or why not?

This question was not displayed to the respondent

The next question is about the Medical Radiation Practice Board and its current version of the revised shared code of conduct. It is not relevant to all stakeholders but you are welcome to give provide feedback if you are interested. Do you wish to read the questions and provide feedback about the Medical Radiation Practice version of the revised shared code?

- (x) No
- ( ) Yes

The Medical Radiation Practice Board's (the Board) current code of conduct is common to many of the National Boards with the exception that the Board's current code has extra content in its Appendix A. Appendix A includes expectations specific to medical radiation practitioners about providing good care, effective communication and radiation protection. Many of these expectations are referred to in the Professional capabilities for medical radiation practice (the capabilities), which set out the minimum skills and professional attributes needed for safe, independent practice in diagnostic radiography, nuclear medicine technology and radiation therapy. The Board is proposing to remove Appendix A from the revised code as the content duplicates content included in other documents such as the capabilities.

Do you think the extra information in Appendix A should be presented in a guideline or similar, noting that the expectations specific to medical radiation practitioners are referred to in the capabilities? Why or why not?

This question was not displayed to the respondent

Thank you!

Thank you for participating in the public consultation.

Your answers will be used by the National Boards and Ahpra to improve the proposed revised shared Code of conduct.