

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.

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Q5.

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Q65.

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- Organisation
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Q6.

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

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:

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?

You need to treat us like human beings. Getting a speeding ticket does not mean I am a [REDACTED] doctor

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?

Absolutely not. Nobody should lose their job because of a speeding ticket.

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?

Again stop victimising doctors

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?

You need to stop treating doctors like they are guilty until proven otherwise

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?

Nothing. Just stop.

Q44.

## Question 6 of 20

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

AHPRA has been applying towards doctors. You treat us like criminals. You need to look after doctors better.

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.

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.

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.

No.

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.

Unless they're a sex offender.

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?

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. Privacy issues

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?

Treat doctors like human beings

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)

Perhaps taxpayers should pay you instead of doctors? It's ridiculous that we pay fees to protect everyone but us.

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?

As above

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

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?

You need to stop victimising doctors



## Attachment D – Submissions template

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

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Your feedback will help us to understand what changes should be made to the criminal history standard and will provide information to improve our other work.

Please email your submission to [AhpraConsultation@ahpra.gov.au](mailto:AhpraConsultation@ahpra.gov.au)

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Australian Health Practitioner Regulation Agency  
National Boards  
GPO Box 9958 Melbourne VIC 3001 [Ahpra.gov.au](http://Ahpra.gov.au) 1300 419 495

Ahpra and the National Boards regulate these registered health professions: 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 and psychology.

## Initial questions

*To help us better understand your situation and the context of your feedback please provide us with some details about you. These details will not be published in any summary of the collated feedback from this consultation.*

### Question A

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

#### Your answer:

Organisation

Name of organisation:

Contact email:

Myself

Name: [Click or tap here to enter text.](#)

Contact email:

### Question B

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

A registered health practitioner?

Profession: [Click or tap here to enter text.](#)

A member of the public?

Other: [Click or tap here to enter text.](#)

### Question C

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

## Focus area one – The Criminal history registration standard

### Question 1

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?

### Your answer:

Yes, the criminal history registration standard gets the right balance and is still current.

### Question 2

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?

### Your answer:

Yes.

### Question 3

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?

### Your answer:

Yes, it is clear and appropriate information is included.

**Question 4**

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

**Your answer:**

No.

**Question 5**

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?

**Your answer:**

No.

**Question 6**

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

**Your answer:**

No.

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

**Question 7**

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?

**Your answer:**

Yes, to assist the practitioner and the public to better understand the reasoning behind the decisions.

**Question 8**

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?

**Your answer:**

Yes.

**Question 9**

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

**Your answer:**

No.

**Question 10**

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.

**Your answer:**

Yes, it clearly differentiates between levels of an offence and the way to approach decision making.

**Question 11**

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.

**Your answer:**

Yes, the list in category A need to be seriously considered during the decision making process.

**Question 12**

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

**Your answer:**

No.

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

**Question 13**

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?

**Your answer:**

Yes.

**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.

**Your answer:**

No, if the informed decision has been made through the right process and rehabilitation has been achieved it is not appropriate to publish the details of the offense.

**Question 15**

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?

**Your answer:**

No.

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

**Question 16**

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.)

**Your answer:**

Yes, by enhancing the support service charter.

**Question 17**

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?

**Your answer:**

No.

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

**Question 18**

Are the areas of research outlined appropriate?

**Your answer:**

Yes, and in particular, greater transparency and ensuring the needs of Aboriginal and Torres Strait Islander Peoples are prioritised.

**Question 19**

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

**Your answer**

No.

**Additional question**

*This question is most relevant to jurisdictional stakeholders:*

**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

**Your answer:**



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- Osteopathy
- Paramedicine
- Pharmacy
- Physiotherapy
- Podiatry
- Psychology
- Other - please describe below

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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?

Criminal history should be taken on base by base cases. Time elapsed and what has happened since should be taken into account. If a long time has elapsed, they should be given the chance to repent and start again.

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?

Time elapsed and what has happened since should be taken into account. If they did something 40 years ago and nothing since this should be taken into account.

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 sounds clear, i would like more information on the process and who makes these decisions, It is one person or a board.

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?

Cat A is very broad and outline some criminal offences that i feel should lapse over time.

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?

I would like to know if the decision is made by one person for a board of peers.

Q44.

## Question 6 of 20

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

I would like to know if the decision is made by one person for a board of peers.

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?

I feel domestic violence should carry a heavier nature.

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.

NA

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, sexual offences against children. these people should not be let near others that are vulnerable.

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?

NA

Q53.

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

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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?

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

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 do not think punishing people in public is appropriate. this could almost be in line with an old fashion stoning.

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)

Offer counselling and support to seek help if needed.

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?

NA

Q60.

## 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?

Yes

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## Question 19 of 20

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

NA

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

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?

Hi AHPRA team. Thanks for all your hard work. I was wondering if it's possible to please consider removing the requirement to declare parking and speeding fines in Tasmania for medical registration. Having had a parking fine myself, I feel silly about it. I don't dispute the fine or need to pay it, but I just wonder how this is relevant to medical practice, and whether it might perhaps be slightly discriminatory to have different requirements for declaring these types of fines in different states. Perhaps if it could at least be a separate question from the criminal history question. It also occurs to me that it might be creating extra work for AHPRA, having to review the applications where people have declared these fines, to separate them out from anyone who actually does have a criminal history.

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. As above. Parking and speeding fines are irrelevant to ability to practice as a doctor

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. See my previous answers. The state specific questions about parking and speeding fines are in direct contradiction to the consultation document's definition of criminal history outlined in the background, point 14. If AHPRA feels traffic infringements are relevant for doctors, they should be required to be declared in all jurisdictions. It is discriminatory to treat someone differently based on where they live/work and/or where they got e.g. a parking fine

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?

Yes. Stop asking about parking fines and speeding fines. A traffic infringement resulting in criminal conviction should be kept. But a straightforward parking fine is not relevant

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?

Maybe just update the pronouns. The current document has 'he or she', current gender inclusive terminology is 'he, she or they'

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.

## 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, absolutely support this

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?

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.

Yes. Please see all my previous answers. I think minor drug offenses is more emotive than minor traffic infringements, but if the practitioner is off duty and drug use is not harming anyone, arguably not ahpra's problem.

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 probably. Murder, rape, paedophilia

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?

Yes. Council by-laws are long lists that vary across a single city so not really relevant to expect AHPRA to 'police' this with registration or to expect practitioners who may have moved council area, to be aware of the exact list of laws at all times

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. Is this fair though? Nearly all reports against doctors I've heard of are malicious/malignant complaints by vexatious parties and should be quickly resolved & don't need publishing

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.

Probably not. If they've been cleared to work again then their past problem is nobody's business but theirs and anyone's who is directly involved in supporting or supervising them

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)

Provide healthcare and emotional support to the victim

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?

Broadly, in as much as a sentence can outline anything

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. Please research doctors emotional, health and financial impact from vexatious / unfair complaints and the victimising culture of AHPRA. In the law and in culture, innocent until proven guilty. AHPRA seems to practice a process of guilty until proven otherwise. We as a professional group pay lots of fees for you to look after both our patients and communities, and us too. I'd love to see AHPRA adopt a fairer process and acknowledge the vast majority of doctors get up and go to work to help people and without any intent to do otherwise

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 please. See my answer to q19

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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Q5.

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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.

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Q10.

## Your contact details

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Q11. Email address:

Q69.

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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?

I don't think it should be just their most recent history, it should be their entire criminal history. There needs to be better screening processes to stop any concerns from the start. Any concerns of individuals entering job roles that directly involve children should be taken very seriously and looked into. Not just working with children checks.

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 don't feel that it makes a difference if the Practitioner is found guilty or jailed for a crime, or even if it's relevant to the Medical Industry. If there is a history of violence, abuse, sexual assault or drugs then the public need to be made aware so that they can make an informed decision after viewing those details on the AHPRA website.

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?

It is clear, however I don't feel that it makes a difference how long the sentence is that's been imposed. The Board need to take any criminal offence seriously.

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?

Number 7 should be removed. I don't think the behaviour since the crime committed makes any difference. A Practitioner shouldn't be treated differently to anyone else in society. If they have a criminal history then it needs to be taken seriously at all times.

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 age of the Practitioner and the patient should not make a difference. High standards should be expected at all times. They are meant to be high standing in the society.

Q44.

## Question 6 of 20

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

It is extremely important that the public are made aware of any serious and criminal concerns, complaints, or criminal history with regards to a Practitioner at all times.

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?

I do support AHPRA and the 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. The public need to have the knowledge to feel like they can have a say if they feel that the system isn't working.

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?

I feel that Attachment B should include more examples so that the public are aware of all examples that they are referring to.

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.

Minor drug offences shouldn't be included in Attachment C. I feel that even minor drug offences are relevant and should be taken very seriously in improving public safety in the health profession. Just because someone has a minor drug offence, it doesn't mean that they still don't have a drug problem.

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 offence that endangers the public. Especially drug related and sexual assault.

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?

More support needs to be provided for the public affected by professional misconduct by registered professionals. The public should have a right to more information if a Practitioner has many complaints or serious concerns. Credible information provided should be taken seriously to prevent serious misconduct.

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. However, reprimands should still be visible to the public even if a medical professional has been educated. The public should be able to make an informed decision with knowing the medical professionals full history.

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. I strongly believe that the public should have access to a medical practitioners history. For example. If you have a child who has a history of trauma, then naturally you wouldn't want to take your child to a medical professional who may inflict further trauma. Children should be protected at all times. Also, the parent would want to be in the room (chaperone) if they were willing to still take their child in to see that medical professional.

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 honestly feel that the media need to publish serious misconduct at all times. We didn't look at the AHPRA website until our own child disclosed serious misconduct. AHPRA need to advertise their website to the general public to check medical practitioners before they make an informed decision.

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)

There should be a list of reputable medical practitioners in that particular field given for that service where the member of the public was let down. Also, the medical practitioners registration should be suspended immediately pending investigation. Also, priority should be given to victims disclosing serious misconduct with regards to the investigation.

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?

Victims should be also advised to contact the Police Immediately. Also, AHPRA should also advise where the victim is to go to receive counselling as soon as the professional misconduct has been disclosed to AHPRA. For example: CASA or Gatehouse (RCH) in Victoria.

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. However, I still feel that more can be done.

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?

Many victims don't come forward. I feel that there should be regarding checks on medical professionals to ensure that the public is safe. Often people may only put complaints into the clinic. There should be a process where clinics can be checked to ensure that the public is safe from harm.

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?

I feel that there is always room for improvement and the public need to be more aware. There shouldn't be medical professionals working interstate or even overseas following serious concerns or serious misconduct against them. I have heard of many instances whereby this has happened and they continue to offend.

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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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.

*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?

Not changed

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?

. Must be done

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?

Every person obey

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?

You can remove it or you can added

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?

Your expert then me you know it

Q44.

## Question 6 of 20

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

It's seriously crimes

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?

Must be send to supreme Court

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 missing

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.

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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 is a codes and conduct must obey because of people joining

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 Some are International

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

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)

Yes

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?

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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 it's code and conduct

Q1.

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

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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

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:

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?

Standards needs to be the same in the states and territories. In Tasmania we are required to declare parking fines and speed fines. This does not seem reasonable to me

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?

uniform national requirements

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?

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?

parking and speeding fines in Tasmania

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.

## 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?

Publishing information about how decisions are made is good. Identifying people is not.

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.

Murder, serious assault, serious sexual assault

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?

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, if a previous publication of suspension has occurred - transparency. I don't necessarily agree that cancellations and suspensions should always be published.

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?

This function should be funded by government not by AHPRA fees

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)

With external funding (not from registration fees), have independent assistance from qualified health practitioners (eg psychologists)

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?

Nationally consistent standards

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.

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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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Please click on the ARROW below to start the survey.

Q5.

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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

Patient requiring emergency care.

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?

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- Yes - publish my submission **without** my name/ organisation name
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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?

N/A

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?

N/A

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?

N/A

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?

N=A

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?

N/A

Q44.

### Question 6 of 20

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

N/A

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?

N/A

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?

N/A

Q49.

### Question 9 of 20

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

N/A

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.

N/A

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.

N/A

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?

N/A

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 I am a patient, trying to get treatment since April. I have been to emergency 8 times. Treated with tests and pain killers. I still get swelling and pain in my face. The Dental surgeon looked in my mouth " I can't see anything ". Referral for CT scan. Already had that done. Wouldn't look at it during initial consult. More interested if I had private health insurance. "Alarm bells". Tried to get appointment with [REDACTED] Tried 3 times over a week. Sent through Referral about a week ago. Still no appointment.

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

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)

Stand by the victim.

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?

The trauma/ injury to myself was by a medical professional. This is making it difficult to get treated. It has been reported.

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?

I require support and help.



## Attachment D – Submissions template

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

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.

Your feedback will help us to understand what changes should be made to the criminal history standard and will provide information to improve our other work.

Please email your submission to [AhpraConsultation@ahpra.gov.au](mailto:AhpraConsultation@ahpra.gov.au)

The submission deadline is close of business **14 September 2023**

#### 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 documents and any published reports. When we do this, we ensure that any personal or identifiable information is removed.

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

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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 personal 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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Australian Health Practitioner Regulation Agency  
National Boards

GPO Box 9958 Melbourne VIC 3001 [Ahpra.gov.au](http://Ahpra.gov.au) 1300 419 495

Ahpra and the National Boards regulate these registered health professions: 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 and psychology.

## Initial questions

*To help us better understand your situation and the context of your feedback please provide us with some details about you. These details will not be published in any summary of the collated feedback from this consultation.*

### Question A

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

#### Your answer:

Organisation

Name of organisation:

Contact email:

Myself

Name: [Click or tap here to enter text.](#)

Contact email: [Click or tap here to enter text.](#)

### Question B

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

A registered health practitioner?

Profession: [Click or tap here to enter text.](#)

A member of the public?

Other: [Click or tap here to enter text.](#)

### Question C

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

## Focus area one – The Criminal history registration standard

### Question 1

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?

**Your answer:**

No Comment

### Question 2

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?

**Your answer:**

No Comment

### Question 3

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?

**Your answer:**

No Comment

**Question 4**

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

**Your answer:**

No Comment

**Question 5**

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?

**Your answer:**

No Comment

**Question 6**

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

**Your answer:**

Needs to address the 7day reporting requirement as the threshold is not well understood by practitioners (e.g. Practitioner charged with offence that may result in 12 months imprisonment). Also, this does not address where a practitioner physically unable to report charge (e.g. Hospitalised or remanded)

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

**Question 7**

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?

**Your answer:**

Yes

**Question 8**

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?

**Your answer:**

Yes

**Question 9**

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

**Your answer:**

No comment

<p><b>Question 10</b></p> <p>Thinking about the examples of categories of offences in <b>Attachment C</b>, 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.</p>
<p><b>Your answer:</b></p> <p>The last 2 dot points under Category A are poorly described and the example on the last dot point appears to be more related to the third dot point.</p> <p>The last dot point in Category A - offences against morality- are inherently difficult to categorise with moral and cultural shifts over time and are too easily open to risk of prejudice/ misinterpretation and/or abuse.</p>
<p><b>Question 11</b></p> <p>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.</p>
<p><b>Your answer:</b></p> <p>NO, Board or Council should always properly consider in line with the standard and ensure that natural justice is followed. Can be dealt with appropriately under s 150 of the Health Practitioner Regulation National Law.</p>
<p><b>Question 12</b></p> <p>Is there anything else you would like to tell us about the possible approach to categorising offences set out in <b>Attachment C</b>?</p>
<p><b>Your answer:</b></p> <p>If categorising into A, B and C then the reasoning for inclusion in each should be explained e.g. is it based on potential length of prison term like the self-reporting requirement. Is it based on violence or connection to practice? Also need to avoid temptation to push everything up to Category A or there is no point triaging.</p>



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

**Question 13**

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?

**Your answer:**

Yes

**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.

**Your answer:**

No comment

**Question 15**

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?

**Your answer:**

There needs to be consideration of what Information needs to be published in the interests of public safety.

To consider the relationship of the criminal offence to risk/ misconduct and patient safety.

There is a need to balance public safety with practitioner privacy similar to the occasions where there are public and private conditions imposed on practitioners.

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

##### Question 16

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.)

##### Your answer:

No Comment

##### Question 17

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?

##### Your answer:

No Comment

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

**Question 18**

Are the areas of research outlined appropriate?

**Your answer:**

No Comment

**Question 19**

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

**Your answer**

No Comment

**Additional question**

*This question is most relevant to jurisdictional stakeholders:*

**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

**Your answer:**

No Comment



Q1.

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

## Introduction

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Q5.

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Q65.

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- 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
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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:

Q11. Email address:

Q69.

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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?

Yes- happy with current wording

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?

yes- 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?

no

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?

nothing missing- factor 10 allows discretion

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?

I think current process of linking to, for example, tribunal or court outcomes is adequate

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?

adequate

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 challenge is in having a list but recognising that some extremely rare exceptions could merit consideration, so the wording 'except in the most extraordinary of circumstances.' is important

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.

The list described in category A seems reasonable. However there could be rare circumstances to re-consider (hence response above; except in the most extraordinary of circumstances)

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?

seem adequate

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.

Generally this should be a positive as hopefully allows public to be reassured how and why the Board has made their decision. But there may be some circumstances where this is not to the benefit of the public/ the practitioner (although I cannot think of one at present).

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)

Duty of care for victim could be difficult to navigate for AHPRA as it will likely involve other 3rd parties (eg. GP, sexual assault resource centre, social work, mental health). I do not know how Ahpra staff would or could integrate with these other services

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- and I think research is an important role for the future

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?

Follow up <https://www.mja.com.au/journal/2020/213/5/sexual-misconduct-health-professionals-australia-2011-2016-retrospective> and long term outcomes for both the patients and medical doctors who are found to have engaged in sexual misconduct

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?

not that I am aware of



## Attachment D – Submissions template

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

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.

Your feedback will help us to understand what changes should be made to the criminal history standard and will provide information to improve our other work.

Please email your submission to [AhpraConsultation@ahpra.gov.au](mailto:AhpraConsultation@ahpra.gov.au)

The submission deadline is close of business **14 September 2023**

#### 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 documents and any published reports. When we do this, we ensure that any personal or identifiable information is removed.

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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 personal 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.**

Australian Health Practitioner Regulation Agency  
National Boards  
GPO Box 9958 Melbourne VIC 3001 [Ahpra.gov.au](http://Ahpra.gov.au) 1300 419 495

Ahpra and the National Boards regulate these registered health professions: 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 and psychology.

## Initial questions

*To help us better understand your situation and the context of your feedback please provide us with some details about you. These details will not be published in any summary of the collated feedback from this consultation.*

### Question A

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

#### Your answer:

Organisation

Name of organisation:

Contact email:

Myself

Name: [Click or tap here to enter text.](#)

Contact email: [Click or tap here to enter text.](#)

### Question B

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

A registered health practitioner?

Profession: [Click or tap here to enter text.](#)

A member of the public?

Other: [Click or tap here to enter text.](#)

### Question C

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

## Focus area one – The Criminal history registration standard

### Question 1

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?

### Your answer:

Yes. The 10 priority considerations are comprehensive and will ensure public safety is core to decision making, while applying fairness for health practitioners whose criminal history offences are not related to their role, or where an acceptable time period has elapsed and/or where a practitioner is unlikely to provide any future threat to patient safety.

In particular, we note and support the consideration of Aboriginal and Torres Strait Islander People's disproportionate interaction with the criminal justice system when reviewing a person's criminal history.

### Question 2

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?

### Your answer:

Yes, the information is appropriate while allowing for each circumstance to be considered individually.

### Question 3

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?

### Your answer:

Yes the information is clear, noting the requirement for each circumstance to be considered individually eg where a criminal activity may have impact for one profession but not others.

**Question 4**

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

**Your answer:**

No

**Question 5**

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?

**Your answer:**

No

**Question 6**

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

**Your answer:**

No

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

**Question 7**

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?

**Your answer:**

Yes, we support the plan to publish how Boards consider particular types of criminal conduct. This is particularly important with the increasing public interest, awareness of practitioner conduct, and expectations of health practitioners.

**Question 8**

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?

**Your answer:**

Yes, however information on how members of the public and/or health practitioners can provide input and information to inform the decision making process should also be available. Mechanisms for appealing decisions should also be made public.

**Question 9**

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

**Your answer:**

No

**Question 10**

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.

**Your answer:**

Yes, provided each criminal offence circumstance is considered in context eg drug use may not be incompatible with the individual being granted registration, however where a health professional has access to Schedule 8 drugs or administers medication to a patient, the gravity of the criminal offence circumstance will increase.

**Question 11**

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.

**Your answer:**

Yes, offences outlined in Category A.

**Question 12**

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

**Your answer:**

No

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

**Question 13**

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?

**Your answer:**

Yes. This is important for public awareness and safety and should be promoted to the public wherever possible. However, there are circumstances where a health practitioner has addressed the criminal offence and is no longer a risk to the public, where this information may impede their job and career opportunities. Timely removal of the information against the individual practitioner is necessary in these circumstances.

**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.

**Your answer:**

Yes. It's important for the public to understand that steps have been taken to address the criminal offence, that the practitioner has addressed these and is now considered safe to practice.

**Question 15**

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?

**Your answer:**

No

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

**Question 16**

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.)

**Your answer:**

Making notifications and the regulatory process itself are challenging and often unfamiliar processes for individuals. Ensuring processes are easy to navigate, information supplied by the individual is kept confidential when requested, communication with the individual is regular and consistent and that

outcomes are provided to the individual, all assist in providing good support throughout the process. Patients should also have the opportunity to provide an impact statement.

**Question 17**

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?

**Your answer:**

Access to support services such as counselling, or providing referral pathways to these services is also important.

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

**Question 18**

Are the areas of research outlined appropriate?

**Your answer:**

Yes and the plans to publish findings on insights and trends related to serious misconduct is welcomed.

**Question 19**

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

**Your answer**

No

**Additional question**

*This question is most relevant to jurisdictional stakeholders:*

**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

**Your answer:**

Yes. Notifications to health employers and health recruitment agencies, where legally possible, on restrictions or suspension of registration will assist in improving public safety and ensuring access to quality health care for communities.

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.

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.

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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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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

Aboriginal Health Administrator

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?

Mostly right - I believe the standard attempts to strike an appropriate balance between offending behaviour and pertinent considerations/mitigating circumstances. However, there is no consideration of cultural factors in the case of Aboriginal and Torres Strait Islander practitioners e.g., cultural recognition of mainstream laws and the recognised significance of such. This should be factored into decision making along with the context of practice. There should also be leniency for suitable aspiring Aboriginal Health Practitioners due to the over-representation of Aboriginal and Torres Strait Islander people in the criminal justice system. It is more likely that an Aboriginal person will be rejected from practicing than a non-Indigenous person due to circumstances that arise from lower socio-economic status, which is not acceptable if we are to close the gap on social determinants of health outcomes.

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?

Mostly appropriate, however as mentioned above cultural factors should be considered along with context of practice for Aboriginal Health Practitioners.

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 think it is as clear as it can be - I don't believe there can be an explicit process when making decisions about suitability, it should be discretionary on a case by case basis due to the variability of applicant circumstances.

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 I don't believe anything 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?

As stated above, cultural factors and practice context.

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.

### 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, visibility is paramount.

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?

It doesn't include the likeliness of Aboriginal and Torres Strait Islander applicants also being accused of previous misconduct possibly arising from different treatment or racism in the workplace.

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.

I agree with this approach.

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, the offences listed in Category A.

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?

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.

Yes, if the cancellation or suspension was well justified then the public deserves to know if that practitioner begins practicing again. If the person was exonerated of misconduct or there were mitigating circumstances for the misconduct, it should be up to the practitioner themselves to weigh up the impact of releasing that information.

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)

As planned in 'Issues for Consultation' - particularly for Aboriginal notifiers, having an Aboriginal person available to provide support will be imperative to cultural safety of reporting processes.

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?

Yes, I believe the areas of research are 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?

The role of risk and community needs on decision making, especially in rural and remote areas.

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.

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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.

*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?

It is complex and emotive>> I believe if society has judged someone fairly and then have paid there dues as required by law then why should they be punished further? I also understand that the profession must be regulated and the public protected. As a recent recipient of justice due to my behaviour AHPRA was far more biased and difficult to deal with than the courts with a presumption of guilt. Having to demean myself at your tribunal was honestly disgraceful. Its innocent until proven guilty remember. My court case had only generated 5 pages of documentation and AHPRA managed to expand that to over 70 pages?? I have seem so may friends stuck off for one possible mistake. We all joke about how difficulr AHPRA is to deal with. I apprecate this is challenging for AHPRA. I urge you to realise you are dealing with health practitioners lives.

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?

Look my friend everything I wished to say is above.

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?

See above

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.

### 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 if we can open honest respectful discussion is good. I am concerned AHPRA will adopt its usual dictatorial approach.

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.

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. People change, people regret. Why should people suffer for life? I have seen this.

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?

Please seek a balanced reasonable approach. Its easy for me to criticise, you do not have an easy job. Also I am seeing many death professionals leave and laugh they do not have to deal with AHPRA anymore. At my court case everyone joked how bad it was I as being tried twice.

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.

I am not sure. If you have served the sentence that should be the end of it.

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?

If its public record then fine. Is it relevent anymore?? Its AHPRA again punishing people that have paid there debt to society. Its degrading.

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)

Be quicker. Be fair open and honest. Offer links to services available, keep victims informed. Learn how the behavior happened to try and prevent it happening again,

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?

Sorry no. I am sorry it happens.

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?

RE: Consultation on the review of the Criminal history registration standard and other work to improve public safety in health regulation

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29 September 2023

I am a mature aged first-year pharmacy student at the University of Queensland who can provide some insight into the mind of a student regarding the understanding students have regarding the process for someone with a criminal history applying for an APHRA registration whilst providing some recommendations on how APHRA can evolve. As a student who will one day apply for an APHRA registration, I have convictions recorded against my name meaning I have a criminal history. I found it highly confusing when trying to decide whether or not I should choose a university degree requiring APHRA registration upon completed. I had my solicitor advise me to rethink the decision but then I had spoken to someone with an APHRA registration who explained it is a case-by-case show cause basis and I'd have to explain each separate conviction to APHRA and convince them that it would not affect my ability to perform in the specified allied health discipline. There is little information on the APHRA website regarding who or who does not get a registration with a criminal history and what information is there is difficult to locate and not well detailed information. To think that I may spend four years studying at university to find out that I am ineligible for an APHRA registration and may be rejected is heart wrenching. That can be fixed, with the stroke of a pen. It is my understanding that it is difficult for one with any sort of criminal history to get an APHRA registration and that APHRA is living in the past when assessing applications of those with criminal history's even when they don't involve sexual offences and the offences are more than 12 months old. If I was to be asked in my graduating year of 2026 by APHRA about my criminal history that dates to 2016, I wouldn't even know what that charge was regarding or what the specifics are due to the age of the offence. Asking individuals about their dated criminal history is inept as most individuals won't even remember that or have spent a large amount of time going through therapy to forget that part of their life for APHRA to unbury it. The system APHRA uses to assess people is not good enough, it is outdated and not inclusive or modern. It does not represent the modern-day university student's whom many have criminal histories. The safety of patients is of the utmost importance of any practitioner, or it should be anyway. As students, we know this. As someone with a criminal history, I still know this. I would propose that instead of just disregarding applications due to certain criminal histories that APHRA puts someone with a criminal history on a provisional supervised period, paid at the applicant's expense. So, they can get on with their career, not feel discriminated and ensure that they didn't waste all that time at university. I would additionally propose that APHRA creates a system where individuals can submit their criminal history which anyone can obtain from police prosecutions and APHRA will respond with an answer prior to the student starting university regarding what the outcome would be if the student was to apply for registration at the conclusion of their studies in the specified discipline.

My wishes are for this submission to be published for public access, educational purposes, and pure transparency.

Cordially,

[Redacted Signature]

Australian Health Practitioner Regulation Agency  
National Boards

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