

Community Reference Group Communiqué

The Community Reference Group (CRG) met at the AHPRA National office in Melbourne on Monday 22 September 2014. The focus of this meeting was to respond to the [Review of the National Registration and Accreditation Scheme for health professions](#) consultation paper.

Community Reference Group principles in response to the Review

The CRG put forward overarching principles that they would like considered by AHPRA and the health complaints entities in the review of the scheme.

The Community Reference Group supports:

- increased access to information (for notifiers)
- transparency of process and outcome
- more effective communication with notifiers and greater recognition of their right to information
- increased resources to improve the experience of notifiers through better management, better access to information and ensuring a single point of contact
- allowing the notifier to be heard and provided with natural justice
- seamless notifier/notification movement across complaints organisations so the notification/complaint is dealt with by the right agency in a simple and straightforward way. In effect, this would be a 'no wrong door' policy. There would also be consistent case management (this does not necessarily imply co-regulation was a solution). The group noted it was premature to assess the impact of the co-regulatory model in Queensland
- increased accountability to complainants and the public as well as to government and practitioners.

CRG Members provided feedback on questions asked in the consultation paper about:

The status of the notifier and proposed changes to the notifications process

The CRG supported any improvements to a notifier's access to information about their complaint, and increasing opportunities for notifiers to respond to new information (for example, a health practitioner's response to their complaint).

The CRG noted that the consultation paper described notifiers as witnesses and suggested that this description could be used more widely by AHPRA in its information to notifiers and consumers. The opportunity to present a victim impact statement could be aligned with this approach, and be useful in assisting Boards and HCEs to assess the seriousness of a matter.

Mandatory notifications

The CRG did not support amending the National Law to reflect exemptions in place in QLD and WA. There was some support for models such as those in place in parts of the United States, in which treating practitioners (and all other potential mandatory notifiers) have the option to refer a potentially impaired practitioner to an approved health program for evaluation and treatment. The CRG supports national consistency in mandatory reporting requirements across states and territories.

Notifications

The CRG supported a seamless notifier/notification movement across complaints organisations so their notification/complaint is dealt with by the right agency in a simple and straightforward way. In effect, this would be a 'no wrong door' policy.

The CRG supported giving notifiers the option to request that their matter be referred to a health complaints entity after it has been dealt with by a National Board. This would apply regardless of the nature of the Board's decision, along with exchange of the notification history and documentation.

Information published on the registers of practitioners

The CRG requested clarification on how long conditions/reprimands/undertakings should and do remain on the register, particularly when they relate to impairment. Members supported a requirement for practitioners to nominate and the register to also publish practitioners' working names, to enable more complete searches.

The proposed establishment of a Health Professions Australia Board

The CRG noted that if this became the preferred model as a result of the review, that community members with experience across Boards – and therefore experience in greater volumes of notification and registration decision-making – might be in a position to add considerable value to Board and committee membership.

The CRG also supported:

- removal of the aspect of the Law restricting the appointment of Chairs of National Boards to registered practitioners of the relevant profession.
- the option, to “amend the National Law provision preventing the use of testimonials to clarify when comment is permissible”
- a national code of conduct for unregistered health practitioners (in line with the UK model as proposed in the consultation paper), and
- the reinstatement of the Australian Health Workforce Advisory Council to report on the operation of the National Scheme
- increasing public awareness of the National Scheme and how to raise concerns about health practitioners or health systems, through a consumer education campaign/program

This feedback was provided to AHPRA, for inclusion in AHPRA's response to the [Review of the National Registration and Accreditation Scheme for health professions](#) consultation paper.

Mr Martin Fletcher, Chief Executive Officer of AHPRA, on policy work currently being undertaken by AHPRA, on an early experience of working with the new Queensland Office of the Health Ombudsman. Members were also updated on the status of improvements to communication with notifiers.

Next meeting

The next meeting of the CRG will be held by teleconference on Monday 24 November, 2014.

Paul Laris

Chair

Community Reference Group