



31 October 2013

Mr Martin Fletcher
Chief Executive Officer
Australian Health Practitioner Regulation Agency
GPO Box 9958
MELBOURNE VIC 3001

By email to: criminalhistoryconsult@ahpra.gov.au

Dear Mr Fletcher

Re: Public consultation on revised international criminal history checks for health practitioners

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to provide feedback into the Australian Health Practitioner Regulation Agency (AHPRA) public consultation on *revised international criminal history checks for health practitioners*. There is a need to review existing arrangements for criminal history checks and adopt an alternative approach to improve public safety.

The RANZCP's feedback on options for improving the current arrangements for international criminal history checks is provided below. The RANZCP also made a submission to the first consultation on this issue in August 2012.

Is the proposed new approach the best option?

The RANZCP has not definitively selected an option as the way forward for this particular matter. Rather, the RANZCP presents a number of perspectives on several options for AHPRA's consideration.

From the perspective of practitioners, *Option four: Applicant makes declaration and AHPRA undertakes a random sample audit* is a logical option for revised international criminal history checks. However, clarification of the following is requested:

- Will the random sample audit be conducted after an application is approved or at the time of application? The risk of time delays needs to be considered in deciding this.
- Will it be possible for a College or other professional body to request that certain applicants be included in the audit?
- What will the audits involve for the practitioner in question?

From the perspective of community members and consumers, the more conservative *option three: AHPRA obtains clearance/information from jurisdictions outside Australia when processing application* is preferable. Criminal background checks, both international and national, must be considered *before* the practitioner is allowed to register and practice.

Another benefit to adopting *option three* is the formation of relationships between overseas jurisdictions and Australia, which will improve the quality of information AHPRA receives while undertaking the background checks.

From the perspective of practitioners, there were some elements of *option five: external provider conducts international criminal history checks* that were supported. For example, *option five* proposes a similar structure for criminal record checks for either domestic or international registration applications; it maintains a consistency of approach to regulation. This would be welcome. The risks associated with *option five* are the costs to practitioners of the background checks, and the potential risk to the public with delays in processing these checks from the external provider.

Is the proposed approach clear?

Yes.

Are there any risks or issues about the proposed process that need more consideration?

Using an external provider may cause have delays in investigating practitioners, which has the potential to expose the public to risk.

Should international criminal history checks be conducted for countries where applicants for spent three months or more, or six months or more?

From the perspective of balancing the protection of the public and the burden to the practitioner, international criminal history checks should be conducted for countries where applicants have spent three months or more, as in some countries it is easier to register as a medical practitioner than others. For example, in New Zealand, RANZCP Fellowship is not a requirement for specialist registration whereas in Australia, Fellowship of the College is required for any doctor to gain specialist medical registration. This may mean that an internationally trained medical practitioner may register in New Zealand then move to Australia, having not undergone a thorough background check. This process must also be considered alongside the fact that other countries, such as New Zealand, have legislation in place that information pertaining to a criminal record will not be provided after a certain period of time has lapsed (such as the *Criminal Records (Clean Slate) Act 2004* in New Zealand).

Ensuring that checks can be conducted for countries where the applicant has spent three months or more would work towards mitigating the risks that individuals could slip through the cracks of either system and potentially place the public at risk.

Do you have any further comments?

Due diligence is required to protect the community and maintain the reputation of the medical profession around criminal background checks. AHPRA must ensure that the administrative or financial burden of a new system of background checks is not onerous on medical practitioners. The RANZCP believes that responsibility for the verification of criminal history status should be placed on both the applicant and the agency, with appropriate penalties for any breach of the law.

As noted above, the RANZCP received significant consumer feedback which indicated a support for *option three*. Community members expressed concern that health professionals could obtain registration without an international criminal check, and recommended that criminal history checks should be as thorough as possible and be fully completed before registration.

The RANZCP supports the move to adopt a more rigorous approach to the international criminal history checks procedure. If you would like to discuss any of the issues raised in the submission, please contact [REDACTED], via [REDACTED] or by phone on [REDACTED]

Yours sincerely

A handwritten signature in black ink, appearing to read 'Murray Patton', written over a white background.

Dr Murray Patton
President

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