Community Reference Group Communique

Q1 / 2020 meeting

The Community Reference Group (CRG) met at the State Library of Queensland in Brisbane on Wednesday 11 March 2020.

Update Aboriginal and Torres Strait Islander Health Strategy

Ms Fuller advised that the Aboriginal and Torres Strait Islander Health Strategy Group (Strategy Group) met in December 2019, a half day of which was their first joint meeting with accreditation councils. It was proposed that the Strategy Group hold a joint meeting with the CRG in late 2020.

Ms Fuller highlighted that the majority of CRG members attended the National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025 launch at the NRAS Combined Meeting and that the Strategy Group Chairs are currently developing their workplan for 2020.

One of the key actions in the workplan will be the Aboriginal and Torres Strait Islander Health Workforce Summit. Other key deliverables include developing a monitoring and reporting notifications framework and developing and implementing strategies to monitor and improve data on Aboriginal and Torres Strait Islander participation in the National Scheme.

Ms Fuller explained that we know identification data isn't consistently captured which is problematic as we can't accurately capture our engagement points with Aboriginal and Torres Strait Islander People whether that be with practitioners, notifiers, staff or Board members. Not knowing this data is an issue as we're unable to respond in a supportive way to a community member raising a notification or put supports around Aboriginal and Torres Strait Islander Board and staff members.

Members discussed support mechanisms for Aboriginal and Torres Strait Islander board members, providing suggestions such as a buddy system, culturally safe on-boarding processes, and a review after 10-12 months.

Engagement with Aboriginal and Torres Strait Islander communities

Mr Scott James Statewide Coordinator of Independent Patient Rights Advisers (IPRAs), Department of Health and Ms Erikka Dunning Policy and Planning Officer and former Independent Patient Rights Adviser, Queensland Health were invited to the meeting to speak about the work of IPRAs as it relates to providing culturally safe engagement with Aboriginal and Torres Strait Islander patients and stakeholders.

Mr James outlined the functions and roles of IPRAs, explaining they ensure that patients, nominated support persons, family, carers and other support persons are advised of their rights and responsibilities under the relevant legislation. IPRAs help communicate the patient's views, wishes and preferences about treatment to health practitioners and work cooperatively with community visitors. Ms Dunning spoke about some of the bias and racism she had witnessed while working as an IPRA.

Mr James and Ms Dunning emphasised the importance of building relationships with local Aboriginal and Torres Strait Islander People, staff and groups in order to achieve effective outcomes. Ms Dunning described how the role is about facilitating a space for people to self-advocate and empower themselves, walking alongside the person and not taking the lead. They spoke about systemic issues and solutions to improving health outcomes for Aboriginal and Torres Strait Islander patients.

The CRG members noted that IPRAs are not employed by the health service removing opportunity for conflict of interest in their advice, and also noted that the role facilitates better communication between patient and doctor. Members questioned who is explaining or exploring the issue of how

much a patient has to tell a mental health professional about their life, and how best can an adviser support a patient in their decision making.

Update on Policy Directions and National Law amendments

Mr Lord updated the group on work to progress implementing the Policy Directions issued by Health Ministers, on progress on the next tranche of National Law amendments, implications for Ahpra and National Boards from the proposed Religious Freedoms Bill, and the current round of statutory appointments.

The group heard that the proposed Religious Freedoms Bill has a range of provisions that could affect health practitioners including:

- constraining National Boards from sanctioning practitioners based on the Code of conduct if the code contradicts their religious views, and
- constraining accrediting bodies from imposing rules on the grounds of religious beliefs.

The group noted there are caveats within the bill however there is some ambiguity around the caveats, and that the Code of conduct currently provides for conscientious objection from health practitioners.

Mr Lord advised that Ahpra is currently recruiting for a large number of statutory appointments to be made in the first half of 2020.

National Board consultation process review

Ms Townley outlined plans to implement Policy Direction 2019-02 including in existing National Board and Ahpra external and internal consultation processes and procedures and developing a 'patient health and safety impact assessment' and statement.

Ms Townley referred to the briefing provided to the group in late January on the COAG Health Council Policy Direction 2019-02, which requires Ahpra and National Boards to consult with patient safety bodies and consumer bodies on every new or revised registration standard, code and guideline.

The group noted that some consultation with consumer and patient safety bodies routinely occurs and that Ahpra has identified there are opportunities to significantly strengthen this, including to update the common stakeholder list to include a more comprehensive coverage of patient safety and consumer bodies.

Ms Townley sought the group's feedback on the review of consultation processes.

In response to a request to provide feedback on any specific patient safety/consumer bodies that should be added to the stakeholder list, the group:

- noted that expanding the common stakeholder list raises issues around budgets and equity, and on the difference between wanting input on policy and on service delivery, and will require consideration be given to identifying who is 'missing out' on being consulted with
- identified that the strength of the health consumer groups differs in each state and territory
- suggested that Ahpra consider canvassing health consumer groups to see if they wish to be included on an expanded list of stakeholders, and
- suggested consideration needs to be given to whether health consumer organisations are funded to a level that will allow them to participate in an increased level of consultation and what that means for equity for different groups.

CEO update

Mr Fletcher noted the emergence of the COVID-19 pandemic and that Ahpra will develop a response and business continuity plan. Members questioned what the triggers would be for office closures, and how long it would take Ahpra to put a response in place. Mr Fletcher noted that timeframes were currently unknown and estimates only.

Members noted their recent attendance at the NRAS Combined Meeting and advised Mr Fletcher that feedback to them from community members on Boards indicates they want to be more connected with the CRG and would like to talk about and better understand what it means to be a community member of a Board.

Forum of NRAS Chairs meeting report

Ms Hall reported that Forum members were welcoming and supportive of her first attendance as the CRG member of the Forum of NRAS Chairs meeting (6 and 7 February 2020).

Ms Hall reported that Forum members discussed work to strengthen the partnership culture between National Boards and Ahpra and reconfirmed its commitment to a strategic, transparent, collaborative and future-focussed approach to its work as leaders of the National Scheme. Other agenda items included an update on progress with the NRAS Strategy 2020-2025 and an update on planning for the NRAS Combined meeting 2020.

National Scheme strategy 2020-25

Mr Shinkfield updated the group on progress with the draft National Scheme strategy 2020-25 (the NRAS strategy), explaining how feedback from the previous consultation has been incorporated, and sought further feedback from the group on key areas.

Members were supportive of the revised vision and mission statements, noting that in the vision statement 'community' would be more inclusive of all communities if changed to 'communities', and including 'our' before 'regulated health practitioners' would demonstrate connection.

Members queried if there are any relevant links to make between the NRAS strategy and the Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy.

Ahpra Regulatory Action Guide

Dr Orchard outlined the development and purpose of the Ahpra Regulatory Action Guide (the guide), noting the guide is a reference tool for a range of audiences including notifiers, health practitioners and the general public. Dr Orchard sought the group's feedback on the guide.

Members suggested:

- it would be beneficial to consult with specific groups affected by the guide and identified people with disabilities, people with dual diagnosis and/or dual disabilities
- a companion document may be beneficial for some audiences such as notifiers; containing a summarised two-pager version with hyperlinks to detailed information and FAQs etc
- notifiers can be very stressed and therefore simplifying the information as much as possible would be beneficial for that group
- that consideration be given to how the document relates to the community, what the appropriate communications strategy is and how it relates (if it does) to the Safe in the Knowledge campaign, and
- renaming the document as it is also a board document (not just Ahpra as name currently implies)

Members queried:

- if there is a level of detail missing, for example issues of information and privacy, what is and isn't confidential isn't really addressed,
- if the requirement to refer to another agency is sufficiently covered, the public would assume agencies are talking to each other however this is only covered with one sentence and an accompanying footnote in the document which indicates 'may' refer to other agencies, and
- whether notifiers would be clear where they fit into the process, given how complex and intimidating the whole process is shown to be.

The group agreed that the case studies are great and noted some linking to other documents.

Other business

Preliminary consultation: Nursing and Midwifery Board of Australia (NMBA) proposed revised Registration standard: Recency of practice – for discussion and input

Members discussed the NMBA proposal to change the recency of practice requirement from 450 hours over five years to 450 hours over three years.

Members noted and agreed to provide the following feedback to the NMBA:

- the proposed change brings the NMBA requirements into alignment with the majority of other professions
- whether the standard specifies three or five years, it is possible to do the 450 hours in a block just prior to re-entry and it is not clear how competence is determined/evaluated in either case
- the Standard does not address what is meant by 'currency'
- it is unclear how the NMBA or Ahpra have assessed risk in relation to retaining the current standard versus adopting the proposed change, and
- from a public safety perspective current and competence are required, and it's not clear how the proposed revised standard determines competence.

Discussion - groups that the CRG could engage with during 2020 meeting schedule

The group discussed how they could best engage with stakeholders in 2020 and suggested meeting with Health Consumers NSW and Health Care Complaints Commissioner to hear about their experience of working with Ahpra.

Medical Board of Australia; Dealing with low risk notifications – Chair

Mr Bodycoat updated the group that Ahpra and the Medical Board of Australia had recently undertaken a pilot of a simplified process for managing low risk notifications, including standard form letters for both practitioners and notifiers. The process focusses on explaining the steps taken and the reasons for those, on the basis that parties are more likely to accept an outcome which is not in keeping with their expectations if they know why that was the outcome.

CRG submissions to consultations provided out of session – for noting

Members noted the CRG consultations provided out of session.

Mark Bodycoat
Chair
Community Reference Group