

## Community Reference Group Communique

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### Q4 / 2019 meeting

The Community Reference Group (CRG) met at the Ahpra National Office in Melbourne on Tuesday 26 November 2019.

### Review of the 2015-2020 National Scheme Strategy

National Director for Strategy and Research Mr Paul Shinkfield provided a quick recap of the work to date highlighting the recent consultation with Ahpra staff, National Boards, the Agency Management Committee in addition to the CRG.

Mr Shinkfield gave an overview of the feedback and drew the Committee's attention to a significant change, which was the addition of another theme: education and innovation. Members suggested that we need to be clear on what we mean by innovation and how we will achieve it.

Members thought the strategy was heading in the right direction but would be interested to see the indicators of success when they're developed.

Mr Shinkfield advised that he will next draft the objectives that sit under the strategy as well as the balanced scorecard.

### Research and ethics position statement

Manager Research and Evaluation Dr Eva Saar outlined that the draft position statement formally adopts the Australian Code for the Responsible Conduct for Research ('the Code') and the National Statement on Ethical Conduct in Human Research ('the National Statement') and was developed in response to feedback on the need for greater clarity on our approach to research ethics in the National Scheme.

Members commented that the statement is well designed and written but that it doesn't address research with Aboriginal and Torres Strait Islander Peoples or their data specifically and suggested that it would be improved if there was a link to, or inclusion of the six core values important to all Aboriginal and Torres Strait Islander Peoples and communities.

Members queried whether an internal or external ethics committee would be preferable. Dr Saar advised that establishing, running and managing a NHMRC properly constituted Ethics Committee internally, would be a great administrative burden. It is therefore proposed to develop a relationship with an external HREC in the first instance.

### Aboriginal and Torres Strait Islander Health Practitioners in practice

Chair of the Aboriginal and Torres Strait Islander Health Practice Board of Australia (the Board) Ms Renee Owen, provided a brief overview of the work of the Board and the role of Aboriginal and Torres Strait Islander Health Practitioners and outlined some of the challenges facing the profession including: an ageing workforce, how they can raise the profile more generally within their communities, and how they can encourage students to complete their studies and become registered Aboriginal and Torres Strait Islander Health Practitioners.

Ms Owen also advised that the Board is currently looking at how the role of Aboriginal and Torres Strait Islander Health Practitioners can be expanded into other areas, for example into areas of need such as cancer treatment, how they can increase reward and recognition of their work, and generally promote the profession.

Members asked how the CRG could help with this work and whether there would be a benefit from more regular contact or if the Board wants to come to them with specific issues.

Ms Owen thanked members for this offer.

### **Aboriginal and Torres Strait Islander Health Strategy update**

The Program Manager for the Aboriginal and Torres Strait Islander Health Strategy Ms Jayde Fuller provided an update on the work of the Program team including that the team intent to launch the National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020 - 2025 in February 2020.

The team have recently procured services from a Brisbane-based Indigenous graphic design firm, Leon Design, to produce a suite of design elements for the:

- National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025
- Reflect Reconciliation Action Plan 2019- 2021, and
- Ahpra Aboriginal and Torres Strait Islander Employment Strategy 2020 -2025.

Ms Fuller confirmed that the definition of cultural safety developed by the Aboriginal and Torres Strait Islander Health Strategy Group and the National Health Leadership Forum (NHLF) has been finalised and that cultural safety training will begin to be rolled out from 2020.

Additionally, the Program Team recently attended several conferences to identify the key workforce issues for Aboriginal and Torres Strait Islander Health Practitioners.

### **Ahpra update and introduction to Agency Management Committee Chair**

Agency Management Committee Chair Ms Gill Callister introduced herself and provided a brief overview of her career and work to date chairing the Agency Management Committee. She advised the CRG that the Agency Management Committee recently held a strategy day to consider Ahpra's strategic focus going forward. She then opened the floor for members' questions reflecting that the scheme is heavily relational and that the voice of the community and the role of the CRG is critical.

Members asked about the potential of having a semi-regular meeting with a formal agenda. Ms Callister supported the idea.

Members said that there was the potential for Ahpra to refine what is meant by 'community member' and that it is important that community members on Boards be in touch with the community and have lived experience. They also affirmed that it was important community members were supported in their role.

Ms Callister noted that an area the Agency Management Committee is interested in exploring more is how Ahpra can engage more with practitioners earlier in their education, to build a lifelong positive relationship.

Ahpra CEO Martin Fletcher provided an update on the outcome of the Safer Care Victoria report on Chiropractic spinal manipulation of children under 12. He advised that the review had received over 30,000 responses and that there was very strong and diverse public and professional feedback. He stated that a key finding was that there was little published evidence of harm but there was some evidence to suggest limited efficacy. This raises the issue of the role of treatment claims, informed consent and the potential regulatory role particularly in terms of advertising of treatment claims.

Mr Fletcher also provided an update on the National Health Practitioner Ombudsman and Privacy Commissioner's independent review of the confidentiality safeguards for people making notifications about registered health practitioners. He advised that the report was due to be received by the end of year.

### **Ahpra engagement strategy**

Members were asked to consider which areas we should focus on for building the community voice across the scheme. While not defining a specific area of focus, members discussed how Ahpra could engage with the community and ensure the community voice is heard.

There was an initial discussion about the make-up of panels and Boards. Members felt that panels should always include a consumer, even if that required increasing the size of the panel to ensure

that. Although in those circumstances there may be a need for a specific expert, it doesn't mean that the consumer and community perspective can be lost.

Members were very concerned about how community Board members are chosen. They emphasized the importance of community members having clear community and lived experience. However, it was noted that it might be difficult to define what was a 'good community member'. There was frustration at the fact that Board members who are not practitioners of that Board's profession may be considered 'community'. Are those people acting in line with community expectations? They may generally not be that representative and genuinely 'in touch' with the community; they also tend to come from one demographic. Those people should have 'lived experience' as a patient or carer and wear the hat of someone who thinks from a broad community perspective. There is also a clear need for training for community board members on what it means to be a community member.

National Director Communications Ms Anita Rivera asked what members thought about quotas for participation. She advised that Ahpra and the National Boards were already looking into ensuring that there is an Aboriginal or Torres Strait Islander member on each Board but were there other suggestions around representation that they should consider? For example, setting up a committee for Aboriginal and Torres Strait Islander People to consider decisions involving an Aboriginal and Torres Strait Islander health practitioner or notifier.

Members suggested that it may be better to increase participation in existing structures and committees rather than setting up another committee.

Members stated that it might also be good to consider including greater participation from culturally and linguistically diverse communities and potentially also representation of groups who may be affected by the decisions.

Members noted that generally community members tended to be people who already know about the National Scheme, which is why it was important for Ahpra staff to get out and about and engage with local communities. There is currently quite limited public awareness of the scheme and when/how people might raise a concern about a practitioner or what safe health practitioners might look like. The importance of the scheme needs to be messaged to the community much more effectively.

Members suggested that possibly an equivalent of the CRG could be set up in each state for local engagement. This would allow for a local community voice and representation – as well as a clear channel to speak with state and territory managers and to help to guide external community engagement.

### **Public safety and the community**

National Director for Engagement and Government Relations Mr Nick Lord gave an overview of the main outcomes arising from the COAG Health Council's most recent meeting, highlighting Ministers approved a second tranche of 24 amendments to the National Law and other reforms to strengthen public protection and improve the capacity of the National Scheme to protect the public. He also advised that Ministers agreed in-principle to two further legislative amendments for inclusion in the package of reforms, pending the outcome of targeted consultation.

Mr Lord advised the group that to support the reforms Ministers intend to give two policy directions to Ahpra and National Boards to make clear that when administering the National Scheme, public protection is paramount, and to require consultation with patient safety bodies and healthcare consumer bodies on new and revised registration standards, codes and guidelines.

Mr Lord also advised that Ministers have asked Ahpra to investigate the appropriate mix of members on National Boards to strengthen their consumer voice in the decision-making of the National Scheme. Members questioned what was meant by 'consumer' as consumer is different to community and different again from non-practising. Members also highlighted the importance of community members on Boards having connections and networks with the community.

### **Proposed amendments to the National Law**

Principal Policy Adviser, Victorian Department of Health and Human Services, Mr Nick Fischer provided an overview of the work on the proposed National Law amendments led by the Department on behalf of the Australian Health Ministers Advisory Council.

Mr Fischer advised that Ministers agreed in-principle to two further legislative amendments for inclusion in the package of second tranche reforms, pending the outcome of targeted consultation.

Mr Fischer outlined the detail of the proposed amendments and sought comments from the group. The first proposal is to amend the guiding principles of the National Law, to make explicit that the guiding principle for National Law is that public protection and confidence in the National Scheme is paramount. The second proposal is to require Ahpra and National Boards to notify an employer of a matter, during the notification or investigation process, if Ahpra reasonably believes that the conduct may pose a serious risk to public safety.

In response to the first proposal members commented that they think the public would assume 'public protection' is already the main guiding principle and agreed that they fully support embedding 'it as the paramount guiding principle in the National Law.

In response to the second proposal members stated that at a minimum they would expect a definition of serious risk to accompany the proposal.

Members agreed to submit a formal response to the consultation.

## **Other business**

### [Update on appointments](#)

Members congratulated Ms Patricia Hall on her appointment as CRG representative on the Forum of NRAS Chairs and Ms Sophy Athan on her appointment as community member on the Medical Board's National Specialist International Medical Graduate Committee.

### [Social media guide to help practitioners meet obligations](#)

Members noted the Social media guide to help practitioners meet obligations.

### [Medical Board of Australia Public consultations](#)

Members considered the Medical Board of Australia's consultations on Draft revised Registration standard: Continuing professional development and Draft revised Good practice guidelines for the specialist international medical graduate assessment process and agreed to submit a response.

### [Professor Ron Paterson review of the implementation of Chaperone Review recommendations](#)

National Director for Notifications Matthew Hardy provided an update on the implementation of the recommendations from the *Independent review of the use of chaperones (the review)* and outlined the plan for Professor Ron Paterson to now conduct a follow-up review to evaluate the implementation of the recommendations.

Mr Hardy advised that subsequent to the review the Medical Board of Australia established a Sexual Boundary Notifications Committee and updated the Board's Guidelines: sexual boundaries in the doctor-patient relationship. In addition, Mr Hardy outlined the training, development and support implemented since the review and delivered to Sexual Boundary Notifications Committee members and Ahpra staff.

Members commented that a huge amount of work has been done since the original review and that it appears to be on target.

Mr Hardy advised the group that Professor Ron Paterson's follow-up review commenced in November 2019 with a report due February 2020.

### [Mark Bodycoat](#)

Chair

Community Reference Group