

Respondent

< 25 Anonymous >

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Time to complete

1. Name \*

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[REDACTED]

4. The National Boards and Ahpra publish submissions at their discretion. We generally publish submissions on our websites to encourage discussion and inform the community and stakeholders. Please advise us if you do not want your submission published. \*

- Submission can be published
- Submission NOT to be published

5. Do the draft revised regulatory principles reflect the policy directions issued by CoAG Health Council? If not, how could the principles be improved?

I am concerned that Principle 5 and 6 are potentially in conflict with Legislation. If there is a conflict between the requirement under the Act to facilitate access to services and the Guiding Principles will open a legal challenge to a decision by the Board or Tribunal involved. I refer you to the Act The National Registration Act Section 3 Objectives and

guiding principles stated are 2 (e) to facilitate access to services provided by health practitioners in accordance with the public interest; Principle 5 has changed from the minimum to the necessary 'regulatory response'. A minimum response is consistent with facilitating access to services and reduces the potential impact on marginalised people in the community. I submit what a Board or Tribunal deems to be necessary response is less clearly defined and opens that decision to challenge. (3) The guiding principles of the national registration and accreditation scheme are as follows— (a) the scheme is to operate in a transparent, accountable, efficient, effective and fair way; The alteration to Principle 6 creates a situation where 'public expectations' are given 'at least equal weight' as professional peers. As Public Expectations are constantly changing each case will occur in a situation that is different. Again the decision to involve public expectations is not consistent with a transparent operation as required by the Act. (c) restrictions on the practice of a health profession are to be imposed under the scheme only if it is necessary to ensure health services are provided safely and are of an appropriate quality. The alteration to Principle 6 to 'consider the need to effectively deter other practitioners from engaging in similar conduct' is beyond the scope of the legislation. A blanket decree from the Board restricting the scope of a health profession's practice [that is the whole of that profession] is consistent with the Act. However, restrictions imposed on an individual health profession practitioner aimed to deter others could be challenged as being inconsistent with the Act.

6. Do the draft revised regulatory principles support Ahpra and the National Boards regulatory decision-making? If not, how could they be improved?

The revised regulatory principles are vague, lack definition and in the case of public expectations unable to be consistently applied as they will change. This puts any practitioner at risk as a decision made even day prior may be overturned by the belief by the Board or tribunal that a different set of public expectations apply.

7. Is the content of the draft revised regulatory principles helpful, clear and relevant?

No - it is vague - unclear, open to vastly different interpretations.

8. Is there any content that needs to be changed, added or deleted in the draft revised regulatory principles?

If AHPRA is going down this path, a clear and binding definition of terms such as 'reasonable', 'public expectations' are needed.

9. Please add any other comments or suggestions for the draft revised regulatory principles.

Do not proceed -