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

Submission NOT to be published

The COAG policy direction has a strong emphasis on public protection – it is the paramount principle that should guide the way the scheme carries out its work. The format used to list the principles does not adequately convey the CHC policy direction. Perhaps use of an image/diagram may be a useful way of presenting this information.

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

The draft revised regulatory principles appear to be a mix of principles and descriptions of how the principles could be are applied (including the role of Ahpra). While CHC policy 1 points to the paramountcy of public protection, CHC policy 2 on the other hand reflects how Ahpra and National Boards should work to ensure public protection is met. Essentially the principles do not appear to the reader to match the basic understanding of the term principle, that is "fundamental truth or proposition that serves as the foundation for a system of belief or behaviour or for a chain of reasoning" (Webster). For example, Principle 5 "When we learn about concerns regarding practitioners, we apply the necessary regulatory response to manage the identified risk posed by their practice, to protect the public. Our responses consider the potential impact of their conduct on the public including vulnerable people in the community and Aboriginal and Torres Strait Islander Peoples". The principles appear to describe how NRAS works rather than articulating the underlying principle that guides this way of working. It may be useful to have succinct brief principles (displayed in a diagram) and a separate section outlining how Ahpra and National Boards may apply the principles. For instance, the NRAS regulatory principles could be as succinct as: 1. Ensuring patient (rather than public) protection and safety 2. Applying responsive risk-based approach. 3. Upholding community and patient expectations 4. Non punitive

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

The current wording of the regulatory principles is not clear and is difficult to understand. For example, the frequently used term "public protection" is not easily understood. Perhaps patient protection could suffice. The terminology may benefit from more simplified language that resonates better with a consumer audience. It would be very useful to have patient and consumers provide direct comment on the understandability of the terminology used. The scheme has struggled to present itself as an entity created to protect patients rather than health professionals. The language and presentation of these principles are critical in communicating the purpose of the scheme and to assist national boards better understand and carry out their roles.

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

We suggest deleting the following: • Our responses are designed to not punish practitioners.

• We do not represent the health professions, health practitioners or consumers. These phrases alienate health professions which is also not the intent of the scheme considering one of the objectives is to "improve the standard of practice of registered health practitioners".

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

Ahpra should consider seeking consumer feedback to ensure clarity for a consumer audience. The Ahpra Consumers Reference Group may have some useful suggestions.