APHRA CODE CONSULTATION

12 JULY 2021

Identification of Practitioner

One of the key weaknesses in applicability of the code rests in a poor identification requirement of the relevant practitioner whose behaviour is being investigated.

There should be steps that require the identity of the practitioner to be confirmed – as a requirement for compliance with the Code. That is, if you do not provide your full name on request by a patient, or CONSENT to identification by work location, date, time of service etc. then you are not complying with the Code.

Currently, if a practitioner refuses to provide their full name then the complaint goes forward as "unnamed" practitioner, even when you have a first name and work location site. This makes the Code toothless and largely irrelevant.

Practitioners under the code should be required, under the terms of the Code, to provide their full name on request OR consent to APHRA taking rudimentary steps to identify them on the basis of first name and work location site, time, date.

Complaints Procedure

Usability of the Code would be enhanced by hyperlinking to the Complaints procedure as this is the mechanism by which the Standards are protected.

In addition, front end staff at APHRA should have extra empathy and understanding for a complainant as they may be highly upset, and in pain, when they explore the complaints procedure. Unfortunately, I made a complaints enquiry with APHRA front line staff and found them to be a little combative and not empathic – this is something that APHRA needs to address immediately if it is to actually help regulate standards and encourage complainants to come forth.

Jurisdiction

To the outside observer the jurisdictional bases of APHRA are not transparent. This could be simply addressed by clarifying where complaints from a particular State or Territory are handled.

Mental Health Discrimination

One issue that I have experienced, and which has been reported to me on many occasions by others in my role as a Consumer Representative for the National Mental Health Consumer Carer Forum, is "diagnostic overshadowing". That is, once a patient is ascertained to have a mental health condition that becomes the lens through which their physical illness is measured. Whilst having a zoledronic acid infusion for cancer, I reported that I was feeling sick. The nurse asked me if it was "psychological". Nausea is a common side effect of this treatment but it wasn't listed on her

pamphlet, although medical texts would list it. Her first conclusion was that I was making it up. This is clearly not empathic health care.

I have experienced instances where physical illnesses are made light of or not given proper responses because I have a label. This is something where the tentacles of discrimination seem to be throughout the professions, particularly nursing staff.

I believe that the Code should specifically address mental health discrimination by practitioners as something to be aware of and explain the process of diagnostic overshadowing. Discrimination makes people with a mental health diagnosis reluctant to seek treatment for physical illnesses because of the judgment that accompanies seeking treatment.

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