



Aboriginal and Torres Strait
Islander Health Practice
Chinese Medicine
Chiropractic
Dental
Medical
Medical Radiation Practice
Nursing and Midwifery
Occupational Therapy
Optometry
Osteopathy
Pharmacy
Physiotherapy
Podiatry
Psychology

Australian Health Practitioner Regulation Agency

27 November 2018

Mr Aaron Harper MP
Health, Communities, Disability Services and Domestic and Family Violence Prevention
Committee, Queensland Parliament
Parliament House
George St
BRISBANE QLD 4000

Via email: health@parliament.qld.gov.au

Dear Mr Harper

Submission to the Health Practitioner National Law and Other Legislation Amendments Bill 2018

The Australian Health Practitioner Regulation Agency (AHPRA) welcomes the opportunity to provide a submission in response to the *Health Practitioner National Law and Other Legislation Amendments Bill 2018* (the Bill).

AHPRA works in partnership with the National Boards to ensure the community has access to a safe health workforce across all professions currently registered under the National Scheme. Together, we protect the public by regulating health professionals who practise in Australia. Public and patient safety is always our number one priority.

Every decision we make is guided by the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory. We are also committed to fairness in our decision-making processes, and our actions are focussed on protecting the public rather than punishing practitioners.

We make the following comments about the amendments to increase penalties for offences under the National Law and to provide mandatory reporting exemptions for practitioners treating other registered health practitioners (the practitioner-patient).

Penalties for holding out and related offences

We are supportive of penalties that reflect the seriousness of the offences under the National Law and discourage the unlawful use of restricted titles and restricted acts. Our data shows that these cases are not large in number, however, the nature of these prosecutions are serious. In the past twelve months successful prosecutions have occurred for people falsely representing themselves as one of a medical practitioner, dentist, chiropractor and psychologist. Cases involving unregistered individuals using restricted titles or holding out as being registered create significant risks to patient safety and violate the trust of patients in health practitioners. Accordingly, we support the proposed increased penalties (and custodial sentences) for the unlawful use of restricted titles and restricted acts under the National Law.

If the amendments contained in the Bill are passed, operational and administrative processes will need to be established specific to each jurisdiction for the prosecution of indictable offences. The proposed changes will require AHPRA to work with Directors of

Australian Health Practitioner Regulation Agency

G.P.O. Box 9958 | Melbourne VIC 3001 | www.ahpra.gov.au | 1300 419 495

Public Prosecution in every state and territory, noting that because of the interplay of other laws, the arrangements will be different for each jurisdiction.

Reforms to mandatory reporting for treating practitioners

We welcome the expressed view of Health Ministers (as the COAG Health Council) that the Bill's amendments to the National Law should give practitioners who are unwell confidence to seek treatment, while ensuring practitioners are not practising in a way that creates a substantial risk of harm for their patients or the public.

We also welcome the increased consistency of mandatory reporting across jurisdictions that the amendments will achieve. This consistency will assist in the communication of reporting thresholds to both treating practitioners and practitioner-patients.

While AHPRA will work with National Boards to review the current guidelines on mandatory reporting in light of amendments to the National Law, we note that treating practitioners and practitioner-patients may not immediately recognise that these amendments to mandatory reporting represent a higher reporting threshold.

As requested by Ministers, we will also work on a broader awareness campaign. This will aim to achieve the intent of Ministers in making these amendments and will also need to reflect the requirements of the National Law as determined by Parliament. An effective awareness campaign will also require the active involvement of stakeholders including jurisdictions, professional associations, employers and our co-regulatory partners.

We are pleased that the Bill recognises the inter-relationships that can exist between the notifiable conduct of intoxication, impairment and practising outside of accepted professional standards. Section 141B(5) provides useful guidance to treating practitioners when considering issues of impairment, intoxication, and notifiable conduct related to practising outside of accepted standards. We believe this guidance will support treating practitioners to make informed decisions when considering whether to make a mandatory notification regarding another health practitioner.

In support of the desire for Health Ministers for practitioners who are unwell to seek treatment, we also see value in establishing an exemption for a first contact advisory service to provide advice to practitioners seeking help for their health issues.

Thank you again for the opportunity to provide feedback. Our contact is Mr Nick Lord, Program Manager, AHPRA Government Relations Team on [REDACTED]

Yours sincerely



Martin Fletcher
Chief Executive Officer