Australian Physiotherapy Association
Submission

Feedback on a national Code of Conduct for health care workers

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AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

Australian Physiotherapy Association

The Australian Physiotherapy Association (APA) is the peak body representing the interests of Australian physiotherapists and their patients. The APA is a national organisation with state and territory branches and specialty subgroups. The APA corporate structure is one of a company limited by guarantee. The organisation has approximately 12,000 members, some 70 staff and over 300 members in volunteer positions on committees and working parties. The APA is governed by a Board of Directors elected by representatives of all stakeholder groups within the Association.

The APA vision is that all Australians will have access to quality physiotherapy, when and where required, to optimise health and wellbeing. The APA has a Platform and Vision for Physiotherapy 2020 and its current submissions are publicly available via the APA website **www.physiotherapy.asn.au**.

AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

Feedback on a national Code of Conduct for health care workers

Background

In 2011, the Victorian Department of Health, on behalf of the Australian Health Ministers Advisory Council (AHMAC) led a national consultation process to examine options for strengthening the regulation of unregistered health practitioners.

The draft *national Code of Conduct for health care workers* ("the Code") is intended to cover workers who are not subject to the scheme for registration under the Health Practitioner Regulation National Law. As such, allied health assistants will be covered by the National Code.

The draft national Code is designed to protect the public by specifying minimum acceptable professional standards that are generally acceptable to all health workers and below which they must not fall. The Australian Physiotherapy Association (APA) understands that while most unregistered health practitioners practice in a safe, competent and ethical manner, there will always be outliers that fail to meet minimum acceptable professional standards. Since these practitioners are often not members of their professional Association, mechanisms to discipline or investigate serious ethical and professional breaches are not available. The APA considers that avoidance of regulatory scrutiny for such outliers could pose a significant risk to the public and supports nationally consistent regulatory measures for unregistered health professionals.

The Code also intends to cover de-registered health practitioners. There have been a number of cases where formerly registered health practitioners have been deregistered, or let their registration lapse, but have rebranded their practice and continued to offer services which are not subject to regulation under the National Law. The APA supports that the draft Code is intending to address this problem of recidivist health practitioners.

Regulated health professionals, such as physiotherapists, will continue to be monitored for compliance and investigated by the Australian Health Practitioner Regulation Agency (AHPRA) in cases of ethical or professional breaches. **In limited circumstances, the Code intends to cover registered health practitioners, such as physiotherapists, who provide health services that are unrelated to their registration.** What this means is that physiotherapists will be covered by the Code in exceptional circumstances, where a physiotherapist is practicing well outside their scope of practice, for instance a physiotherapist practicing naturopathy.

The draft Code outlines seventeen guiding principles and feedback is invited from professional Associations and health bodies on the terms of the draft Code. The APA's feedback to the discussion questions is provided below.

2.2 Proposed terms of National Code of Conduct

Definitions

How should the class or classes of person that are to be subject to this National Code be identified?

It is clear that the draft national Code is intended to cover:

a) Health care workers who provide health services, as defined in their state or territory, that are not regulated under the Health Practitioner Regulation National Law;
b) Health care workers who are registered health practitioners under the National Law who provide health services that are unrelated to their registration; and

c) Others who provide health services, as defined in their state or territory, who do not identify with a particular profession.

The APA raises a concern with point c) above, in that some professionals trained in a health-related field might not:

a) see themselves as providing a 'health service'; or
b) identify themselves as 'health care workers' or 'health practitioners', regardless of the term adopted in the national Code.

For example, an occupational psychologist is trained in a health field but might well work in-house for a professional services firm assisting the firm with change management and human resources concerns. The occupational psychologist might not see themselves as a health care worker, or be seen to be performing a 'health service' with the employees at the firm. There is some grey area as to whether particular professions that might not identify with providing a health service or see themselves as health workers would be covered by the Code.

Is the term 'health care worker' an acceptable term to use to describe to whom the National Code of Conduct applies, or is another term such as 'unregistered health practitioner' or 'health practitioner' preferable, as currently used in NSW and South Australia?

The APA understands that the draft national Code has been prepared based on codes that already apply in New South Wales and South Australia, with the term 'health care worker' used in place of 'unregistered health practitioner'.

Given the wide ambit of the draft Code and the classes of person (or professions) the Code is intended to cover – the APA submits the term 'health care worker' is preferable. The APA supports adopting the term 'health care worker' to cover those who provide 'care' and 'support' in a health setting, not just practitioners in independent practice or a public health setting. The APA believes it is important for the definition adopted to encompass persons who provide health care and health related support in either a health setting or within other organisations and settings.

Application of this Code

Is the proposed scope of application of the National Code acceptable?

Yes, the proposed scope of application of the draft national Code is acceptable.

Is it preferable that the Code of Conduct apply to all health care workers whether registered or not? If so, what are the potential advantages and disadvantages of this approach?

The APA supports the ambit of the national Code, which applies to health care workers who are not registered under the National Law and those who are registered but who are providing health services unrelated to their registration.

Page 13 of the Consultation Paper suggests however an 'alternative approach', being that the national Code should apply to all persons who provide health services, regardless of whether they are registered under the National Law. The proposal here is for the National Board and relevant health complaints entity to work together and agree on the quickest and most effective course of action. So, if a complaint is lodged about a registered health practitioner, either with a state-based health complaints entity or the relevant National Board, as occurs under current arrangements, the health complaints entity and National Board would liaise and agree on which entity is best placed to address the complaint.

The APA is strongly opposed to this alternative approach and believes that such an approach is unnecessary double-handling. The jurisdiction and current scope of regulation is clearly delineated as between AHPRA and National Boards and state and territory health complaint entities, such as

the Health Complaints Commissioner in Tasmania or the Health Quality and Complaints Commission in Queensland. Complaints against registered health practitioners who provide services that are *within* their scope of practice and registration should be investigated directly by AHPRA or the relevant Board, say the Physiotherapy Board. Where a practitioner is providing a service that is well outside their scope of registration, say a physiotherapist providing chiropractic services, then of course that outlier should be subject to the regulation of this draft National Code. There should be no overlap – this simply creates unnecessary double-handling and more administrative work for the National Boards and the relevant state and territory health complaints entities.

1. *Health care workers to provide services in a safe and ethical manner*

Should the National Code include a minimum enforceable standard that addresses the provision of services in a safe and ethical manner?

Yes.

If so, do these subclauses cover all the principal professional obligations that should apply to any health care worker, regardless of the type of treatment or care they provide?

The APA supports the drafted subclauses but would like to make a comment with respect to subclause 2 a) that reads:

2 a) a health care worker must maintain the necessary competence in his or her field of practice.

Physiotherapy assistants are not a regulated profession and would be covered by the draft national Code. By law, allied health assistants do not need to undertake any courses or certificates. The APA's position is that allied health assistants should hold a Certificate IV in Allied Health Assistance (Physiotherapy) or equivalent. This is the APA recommendation only and not a legal requirement. Therefore, it is legally ok to employ allied health assistants who have not completed the Cert IV.

2. *Health care workers to obtain consent*

Should the National Code include a minimum enforceable standard that addresses consent to health care?

Yes – the APA supports minimum enforceable standards of consent to health care.

The Physiotherapy Board of Australia *Code of Conduct: for registered health practitioners* (March 2014) can be found here: http://www.physiotherapyboard.gov.au/Codes-Guidelines.aspx. The Code outlines on pages 11-12 the requirements for informed consent. The section on informed consent has been copied and pasted below.

CODE OF CONDUCT

3.5 Informed consent

Informed consent is a person's voluntary decision about healthcare that is made with knowledge and understanding of the benefits and risks involved. A useful guide to the information that practitioners need to give to patients is available in the National Health and Medical Research Council (NHMRC) publication *General guidelines for medical practitioners in providing information to patients* (www.nhmrc.gov.au). The NHMRC guidelines cover the information that practitioners should provide about their proposed management or approach, including the need to provide more information where the risk of harm is greater and likely to be more serious and advice about how to present information.

Good practice involves:

a) providing information to patients or clients in a way they can understand before asking for their consent;
b) obtaining informed consent or other valid authority before undertaking any examination or investigation, providing treatment (this may not be possible in an emergency) or involving patients or clients in teaching or research, including providing information on material risks;
c) when referring a patient or client for investigation or treatment, advising the patient or client that there may be additional costs, which they may wish to clarify before proceeding;
d) when working with a patient or client whose capacity to give consent is or may be impaired or limited, obtaining the consent of people with legal authority to act on behalf of the patient or client and attempting to obtain the consent of the patient or client as far as practically possible;
e) being mindful of additional informed consent requirements when supplying or prescribing products not approved or made in Australia; and
f) documenting consent appropriately, including considering the need for written consent for procedures which may result in serious injury or death.

Fees and financial consent

a) Patients or clients should be made aware of all the fees and charges involved in a course of treatment, preferably before the health service is provided.
b) Discussion about fees should be in a manner appropriate to the professional relationship and should include discussion about the cost of all required services and general agreement about the level of treatment to be provided.

The APA contends that informed consent is very important for good patient care and that the draft national Code should match the complexity of the requirements in Codes of Conduct for registered health professionals. Given the duty of care owed to protect the public from harm and to provide ethical patient care – the APA contends that health care workers covered by the national Code should be held to the same (and not lower) standard than registered health practitioners.

If so, is this clause expressed in a way that will best capture the conduct of concern?

See above answer to the question, *Should the National Code include a minimum enforceable standard that addresses consent to health care?*

Should this clause also address the complexities of consent in situations in which an individual is not able to give consent, or in which consent is not required?

See above answer to the question, *Should the National Code include a minimum enforceable standard that addresses consent to health care?*

3. Appropriate conduct in relation to treatment advice

Should the National Code include a minimum enforceable standard that addresses the provision of treatment advice?

Yes.

If so, is this clause expressed in a way that will best capture the conduct of concern?

Yes, the APA has no objections to the drafted clause.

4. *Health care workers to report concerns about treatment or care provided by other health care workers*

Should the National Code include as a minimum enforceable standard a mandatory reporting obligation for all health care workers to report other health care workers who in the course of providing treatment or care place clients at serious risk of harm?

Yes.

If so, is this clause expressed in a way that will best capture the conduct of concern?

Yes, the APA has no objections to the drafted clause.

Should the wording more closely reflect the mandatory reporting provisions imposed on registered health practitioners under the National Law?

The APA supports whatever standard is necessary to protect the public. If mirroring the mandatory reporting provisions in the National Law enable for greater protection of the public, the APA is supportive of such provisions being adopted in the national Code.

Should the National Code include a subclause which prohibits health care workers from making complaints that are frivolous, vexatious or lacking in substance?

Yes, the APA has no objections to such a subclause being included in the national Code.

5. *Health care workers to take appropriate action in response to adverse events*

Should the National Code include a minimum enforceable standard that addresses appropriate conduct in dealing with emergencies and adverse events?

Yes.

If so, is this clause expressed in a way that will best capture the conduct of concern?

Yes, the APA has no objections to the drafted clause.

6. *Health care workers to adopt standard precautions for infection control*

Should the National Code include a minimum enforceable standard that addresses the adoption of infection control procedures?

Yes.

If so, is this clause expressed in a way that will best capture the conduct of concern?

Yes, the APA has no objections to the drafted clause.

7. *Health care workers diagnosed with infectious medical conditions*

Should the National Code include a minimum enforceable standard that addresses health care workers diagnosed with infectious medical conditions?

Yes.

If so, is this clause expressed in a way that will best capture the conduct of concern?

Yes, the APA has no objections to the drafted clause.

8. Health care workers not to make claims to cure certain serious illnesses

Should the National Code include a minimum enforceable standard that addresses claims to cure or treat life threatening and terminal illnesses?

Yes.

If so, is this clause expressed in a way that will best capture the conduct of concern?

Yes, the APA has no objections to the drafted clause.

9. Health care workers not to misinform their clients

Should the National Code include a minimum enforceable standard that addresses misinformation and misrepresentation in the provision of health products and services?

Yes.

If so, is this clause expressed in a way that will best capture the conduct of concern?

The clause 2 c) expresses: a health care worker must not make claims either directly to clients or in advertising or promotion materials about the efficacy of treatment or services he or she provides if those claims cannot be substantiated.

At present, non-regulated health professions are able to advertise using testimonials. The public are generally not aware that regulated health professionals, such as physiotherapists, are prevented from doing this. This may distort the impression of the benefits and success of one type of service, for example exercise physiologists and counsellors (unregulated) over those provided by another type of service such as physiotherapists or psychologists who are regulated.

Of particular concern is that the public may be unaware of the actual differences between these professional groups. The APA recognises that exercise physiologists play a significant role in providing exercise programs independently. Physiotherapists however can provide clinical diagnosis, recognise and diagnose secondary problems related to current conditions and provide treatment of pathology. Physiotherapists are trained to provide expert opinion regarding injury management, injury prevention and advice regarding functional outcomes specific to certain conditions. Members of the general public may not be able to distinguish between different health professions and an unregulated practitioner, such as exercise physiologists, might lure clients with impressive testimonials whereas a physiotherapist might have greater clinical competencies but cannot advertise their competencies or efficacy of treatment because they are regulated by the National Law on testimonials.

The APA submits that the draft national Code should adopt the same standards against health care workers using testimonials as those adopted by the National Law. There is a distinct competitive disadvantage to registered health professionals, such as physiotherapists, who cannot advertise their services through testimonials if unregistered health professionals can use testimonials so long as the content advertised and claims made are 'substantiated'.

10. Health care workers not to practise under the influence of alcohol or drugs

Should the National Code include a minimum enforceable standard that addresses the provision of treatment or care to clients while under the influence of alcohol or drugs?

Yes.

If so, is this clause expressed in a way that will best capture the conduct of concern?

Yes, the APA has no objections to the drafted clause.

11. Health care workers with certain mental or physical impairment

Should the National Code include a minimum enforceable standard that addresses health care workers who suffer from physical or mental impairments that may impact their provision of treatment or care to their clients?

Yes.

If so, is this clause expressed in a way that will best capture the conduct of concern?

Yes, the APA has no objections to the drafted clause.

Is subclause 2 necessary, or does subclause 1 sufficiently capture the behaviour of concern?

Yes, the APA supports retaining subclause 2 as necessary.

12. Health care workers not to financially exploit clients

Should the National Code include a minimum enforceable standard that addresses financial exploitation of clients?

Yes – the APA supports minimum enforceable standards that address financial exploitation of clients.

If so, is this clause expressed in a way that will best capture the conduct of concern, particularly in relation to the treatment or care of elderly, disabled and seriously or terminally ill clients?

The APA contends that the issue of financial exploitation of clients is very important for protection of the public and that the draft national Code should match the complexity of the requirements in Codes of Conduct for registered health professionals. The APA contends that health care workers covered by the national Code should be held to the same (and not lower) standard than registered health practitioners.

The Physiotherapy Board of Australia *Code of Conduct: for registered health practitioners* (March 2014) can be found here: http://www.physiotherapyboard.gov.au/Codes-Guidelines.aspx. The Code outlines on page 21 the requirements for financial and commercial dealings. The section on financial and commercial dealings has been copied and pasted below.

CODE OF CONDUCT

8.12 Financial and commercial dealings

Practitioners must be honest and transparent in financial arrangements with patients or clients.

Good practice involves:

a) not exploiting the vulnerability or lack of knowledge of patients or clients when providing or recommending services;

b) not encouraging patients or clients to give, lend or bequeath money or gifts that will benefit a practitioner directly or indirectly;

c) not accepting gifts from patients or clients other than tokens of minimal value such as flowers or chocolates, and, if token gifts are accepted, making a file note or informing a colleague where possible;
d) not becoming involved financially with patients or clients; for example, through loans and investment schemes;
e) not influencing patients or clients or their families to make donations to other people or organisations; and
f) being transparent in financial and commercial matters relating to work, including dealings with employers, insurers and other organisations or individuals and in particular:
- declaring any relevant and material financial or
- commercial interest that a practitioner or their
- family might have in any aspect of the care of
- the patient or client, and
- declaring to patients or clients any professional
- and financial interest in any product or service
- a practitioner might endorse or sell from their
- practice and not making an unjustifiable profit
- from the sale or endorsement.

13. Health care workers not to engage in sexual misconduct

Should the National Code include a minimum enforceable standard that prohibits sexual misconduct by health care workers?

Yes.

If so, is this clause expressed in a way that will best capture the conduct of concern?

Yes, the APA has no objections to the drafted clause.

Should the draft National Code be strengthened to specifically address sexual or physical assault in the health care setting, or is the preferred approach to rely on Clause 1 and subclause 13(1) above and/or expand the definition of 'prescribed offences'?

No, the draft national Code should not be strengthened to specifically address sexual or physical assault in a health care setting, as this is a criminal offence that should be prosecuted by a court of law. The APA supports relying on Clause 1 and subclause 13(1).

14. Health care workers to comply with relevant privacy laws

Should the National Code include a minimum enforceable standard in relation to breaches of client privacy by health care workers?

Yes.

If so, is this clause expressed in a way that will best capture the conduct of concern?

Yes, the APA has no objections to the drafted clause.

15. Health care workers to keep appropriate records

Should the National Code include a minimum enforceable standard in relation to clinical record keeping by health care workers and client access to and transfer of their health records?

Yes – the APA supports minimum enforceable standards in relation to health care workers keeping appropriate records and client access to and transfer of their health records. The APA supports a minimum enforceable standard but believes that the national Code should include broad guidelines for keeping appropriate health records, same as AHPRA has broad guidelines for clinical record keeping but does not dictate or prescribe exactly how to keep health records. Most professional Associations will have guidelines on record keeping for their members.

If so, is this clause expressed in a way that will best capture the conduct of concern?

Yes.

Are subclauses 2 and 3 necessary, or does subclause 1 sufficiently capture the conduct of concern?

Yes, the APA supports retaining subclauses 2 and 3 as necessary.

16. Health care workers to be covered by appropriate insurance

Should the National Code include a minimum enforceable standard in relation to the professional indemnity insurance obligations of health care workers?

Yes.

If so, is this clause expressed in a way that will best capture the conduct of concern?

Yes, the APA has no objections to the drafted clause.

Is this clause likely to impose unreasonable compliance costs on health care workers?

No comment.

17. Health care workers to display code and other information

Should the National Code include a minimum enforceable standard in relation to display of the National Code, qualifications and avenues for complaint? If so, is this clause expressed in a way that will achieve this intent?

Yes.

Should there be a requirement, as in the SA Code, for health care workers to display their qualifications?

Yes.

Are the exemptions to the requirement to display the National Code and qualifications appropriate?

Yes.

Where exemptions apply, should there be a requirement to display the Code electronically, for example, on a website?

Yes.

2.3 Items not included in the draft National Code of Conduct

1. Sale and supply of optical appliances

Is this an acceptable approach to dealing with regulation of the sale and supply of optical appliances?

No comment.

2. Health care workers required to have a clinical basis for treatments

Is the proposed approach adopted in this draft National Code appropriate given the complexities of determining what treatments do and do not have 'an adequate clinical basis'?

No comment.

Should the National Code include an additional clause along the following lines 'A health care worker must take special care when a treatment they are offering to a client is experimental or unproven, to inform the client of any risks associated with the treatment'?

No comment.

If so, how should complexities with identifying which treatments are 'unproven' be dealt with?

No comment.

3. Implementation – Legislation

Definition of a 'health care worker'

What terminology is preferred to identify and define the class or classes of person who are to be subject to the National Code of Conduct?

The APA submits that the term 'health care worker' is preferable. The APA supports adopting the term 'health care worker' to cover those who provide 'care' and 'support' in a health setting, not just practitioners in independent practice or a public health setting.

Is the term 'unregistered health practitioner' appropriate?

No.

Is the term 'health care worker' acceptable, or is another term preferable?

Yes.

Discussion

How important is national consistency in the scope of application of the National Code of Conduct, particularly with respect to the definition of what constitutes a 'health service'?

The APA upholds that if different definitions of what constitutes a health service are adopted, this may present difficulties for mutual recognition of prohibition orders, that is, the application of prohibition orders across state and territory borders. The APA supports national consistency in the scope of application of the National Code of Conduct.

If consistency is considered necessary, how should 'health service' and 'health care worker' be defined?

health service – the APA submits that the broadest definition used in Queensland should be used as a guide, with reference and provisions made for the Tasmanian definition which captures services provided for the accommodation of persons who are aged or have a physical or mental dysfunction.

health care worker - the APA understands that the draft national Code has been prepared based on codes that already apply in New South Wales and South Australia, with the term 'health care worker' used in place of 'unregistered health practitioner'. The APA supports that in drafting a definition, the national Code can be guided by the definitions for 'unregistered health practitioner', as adopted in NSW and SA, so long as the definition drafted is expanded to account for registered health practitioners who might be covered by the Code in limited circumstances.

Is there a need to include a reference to 'volunteer' in the definition of provider/health service provider?

The APA acknowledges that in South Australia volunteers are not specifically captured in the definition of health service providers but are defined separately. Whether captured by the one definition or defined separately, the APA submits that reference should be made to volunteers in defining health service providers, as the ambit of healthcare covers a wide spectrum from volunteer work to paid work.

3.3 Application of a 'fit and proper person' test

Should there be power to issue a prohibition order on the grounds that a person is not a fit and proper person to provide health services where they present a serious risk to public health and safety?

Yes.

Is there a preferred option for enabling the application of a fit and proper person test?

No comment.

Is consistency across jurisdictions considered important in the approach adopted?

Yes.

3.4 Who can make a complaint

How important is national consistency in who may make a complaint?

The APA would support a nationally consistent approach.

If consistency is considered important, is there a preferred approach for specifying in legislation who may make a complaint - for instance 'any person may make a complaint' (as in NSW and Queensland) or persons other than service users and their representatives, but with the discretion of the Commissioner following application of a public interest test?

No comment.

3.5 Commissioner's 'own motion' powers

How important is national consistency with respect to the power for a health complaints entity to initiate an investigation of a matter on its own motion, without a complaint?

The APA would support a nationally consistent approach.

If consistency is considered important, should every state and territory health complaints entity have such 'own motion' powers?

Yes, the APA would support this approach.

3.6 Grounds for making a complaint

How important is national consistency in the grounds for making a complaint?

The APA would support a nationally consistent approach.

If consistency is considered important, is there a preferred approach for defining the grounds for making a complaint and what terminology is preferred?

No comment.

3.7 Timeframe for lodging a complaint

How important is national consistency in relation to the timeframe within which a complaint must be lodged?

The APA would support a nationally consistent approach.

If consistency is considered important, is there a preferred approach, that is, should a time limit be specified, and if so, what should it be and should there be discretion to extend it and in what circumstances?

No comment.

3.8 Interim prohibition orders

How important is national consistency with respect to the issuing of interim prohibition orders?

The APA would support a nationally consistent approach.

If consistency is considered important, what is the preferred approach with respect to the grounds for issuing an interim order, the process and the maximum time period?

No comment.

3.9 Who is empowered to issue prohibition orders

How important is national consistency with respect to the body that is conferred with powers to issue prohibition orders?

The APA supports that each state or territory body should be conferred with powers to issue prohibition orders. Each state and territory should keep a register of prohibition orders relevant to that state or territory.

If consistency is considered important, which body should have the power to issue ongoing prohibition orders, the Commissioner or a tribunal?

No comment.

3.10 Grounds for issuing prohibition orders

How important is national consistency in the grounds for issuing a prohibition order?

The APA would support a nationally consistent approach.

If consistency is considered important, is there a preferred approach?

No comment.

3.11 Publication of prohibition orders and public statements

How important is national consistency in the publication of public statements that include the details of prohibition orders issued?

No comment.

If consistency is considered important, is there a preferred approach?

No comment.

3.12 Application of interstate prohibition orders

How important is national consistency in achieving application across Australia of prohibition orders and interim prohibition orders issued in each state and territory?

The APA would support a nationally consistent approach.

If consistency is considered important, is there a preferred approach for achieving mutual recognition of prohibition orders?

No comment.

3.13 Right of review of a prohibition order

How important is national consistency with respect to review rights for practitioners who are subject to a prohibition order?

The APA would support a nationally consistent approach.

If consistency is considered important, is there a preferred approach?

No comment.

3.14 Penalties for breach of a prohibition order

How important is national consistency with respect to the offences and penalties that apply for breach of a prohibition order?

The APA would support a nationally consistent approach.

If consistency is considered important, what is the preferred approach?

No comment.

3.15 Powers to monitor compliance with prohibition orders

How important is national consistency with respect to powers to monitor practitioner compliance with prohibition orders issued?

The APA submits that this is a state-based issue and that the state or territory body that is conferred with powers to issue prohibition orders should be tasked with monitoring practitioner compliance with prohibition orders.

If consistency is considered important, is there a preferred approach?

No comment.

3.16 Information sharing powers

How important is national consistency with respect to the sharing of confidential information between HCEs and with other regulators?

The APA would support a nationally consistent approach, aligned with the ten National Privacy Principles (NPPs).

If consistency is considered important, what is the preferred approach?

No comment.

4. Implementation – Administrative arrangements

4.1 Mutual recognition

What is the preferred option for facilitating public access to information about prohibition orders that are issued in each state and territory?

Option 1 is the preferred option for facilitating public access to information about prohibition orders.

Are there any issues that need to be considered when designing and implementing such arrangements?

No comment.