16 February 2015

Mr Leon Atkinson-MacEwen
Health Ombudsman
Office of the Health Ombudsman
PO Box 13281 George Street
BRISBANE QLD 4003

Dear Mr Atkinson-MacEwen

Case review of managing practitioner compliance with conditions of registration

Thank you for your letter dated 13 January 2015 enclosing the draft report dated December 2014 in relation to the monitoring and compliance of conditions on a practitioner's registration by the Australian Health Practitioner Regulation Agency (AHPRA) and the Medical Board of Australia (the Board). AHPRA and the Board appreciate the opportunity provided to respond to the report and the recommendations made in it.

I have consulted with both the local Manager, Compliance (Helen Rays) in the Queensland office as well as the National Director, Compliance (Jim O'Dempsey) in preparing this response. Both Helen and Jim have been appointed to these roles since July / August 2014, as part of both a local and national plan to improve the monitoring and compliance program within the national scheme.

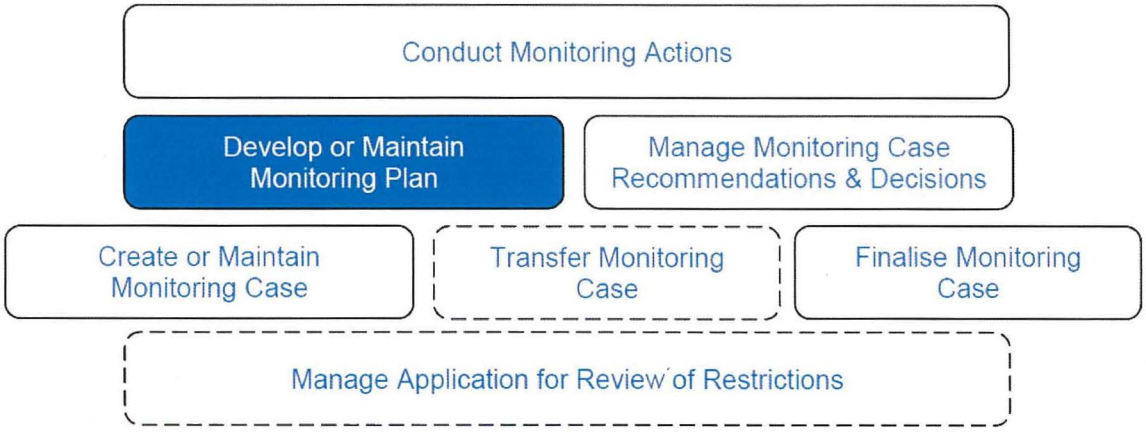
Collectively, we would welcome the opportunity to discuss our response with you.

Recommendation 1
AHPRA develop and document a clear, detailed compliance monitoring plan for each practitioner that has conditions imposed on their registration. Where practicable, this plan is developed in association with the development of the conditions to be applied to the practitioner's registration.

AHPRA Response
In November 2013 AHPRA deployed the monitoring module within Pivotal (registrant management software) following approximately six months of development. That deployment included the publication of the Monitoring and Compliance Procedure Manual (the manual) and a national training program for all compliance case officers.

The manual deals with all stages in the monitoring and compliance process including the development and maintenance of the monitoring plan as detailed in the following diagram.

Diagram 1: Stages in Monitoring and Compliance



Since introduction of the module and the manual, all practitioners with registration restrictions (conditions and undertakings) in Queensland have had a monitoring plan developed and maintained. The monitoring plan serves multiple purposes, including:

- defining the activities that are to be performed to monitor each restriction
- establishing when these activities will occur
- outlining what information is expected to be received and
- communicating to the registrant and other involved parties their responsibilities with respect to the restrictions.

The aim of the plan is to ensure that each restriction is appropriately monitored and that the expectations for specific events such as reports are set and understood by all parties.

Compliance staff are required to be consulted to inform the development of restrictions being recommended to decision makers to ensure the form of the restrictions enables effective monitoring. This cannot always be achieved given the nature of independence in decision making by Committees, Boards, Panels and Tribunals.

To address this issue AHPRA has under development a national restrictions library which will be available for use in the development of recommendations and by decision makers in determining the form of a restriction. The library will supplement and replace the state based bank of conditions that exist in Queensland. In this regard the library will contain restrictions that have been developed and tested and are:

- fit for purpose – compliance with the restrictions will ensure that health services are provided safely and are of an appropriate quality
- clearly defined – not ambiguous or open to interpretation and a breach of restrictions can be readily identified and
- able to be monitored – provide for the gathering of sufficient information in order to determine the level of compliance by the health practitioner or student.

I note that the National Director, Compliance has met with you and committed to consult with your office in the development of the library.

Recommendation 2
AHPRA provide the practitioner with a documented compliance plan at the commencement of monitoring that clearly states:

- the conditions imposed on the practitioner's registration
- the methods and data that will be used to monitor and assess compliance with each of the conditions (including the rationale for each)
- reporting requirements, including the format, content and specific due dates for any self-reported compliance data, including if these are one-off or ongoing requirements
- processes for communication by the practitioner to AHPRA of routine self-reported compliance data and any immediate reporting of significant monitoring issues
- the frequency of assessment of compliance
- a description of actions that would constitute non-compliance with a condition
- a description of responses to non-compliance, including likely or actual penalties for breaches, relative to their severity
- that adjustments to the monitoring plan may occur in response to any changes in the level of risk and, if this does occur, it will be communicated to the practitioner.

AHPRA Response
Practitioners are as a matter of course sent an initial monitoring letter. This was reviewed in August 2014 and now is a far more structured document that articulates the practitioner requirements separated by restriction category and includes a copy of the schedule of restrictions.

Information sheets are also sent relating to high risk restriction categories that include information in relation to what may ensue if a breach of restrictions or a failure to provide monitoring information occurs. This includes the restriction categories of chaperonage, supervision and restrictions not to practice. These information sheets which are placed at Attachment A 1-3 were implemented in August 2014 and are sent with the notice of decision.

AHPRA will review the initial monitoring correspondence to implement further changes including:

- the methods and data that will be used to monitor and assess compliance with each of the restrictions (including the rationale for each)
- a description of the actions that would constitute non-compliance with a restriction based on the nationally agreed critical compliance events detailed in Attachment B, and
- more detail about the potential outcomes for a breach of a core restriction vs an operating restriction and a technical vs a substantive breach of the restriction.

AHPRA would also be interested in exploring with you the development of a matrix to address Recommendations 2(f) and (g). In developing such a matrix we will need to ensure that we achieve the correct balance between a tool which informs decision makers and the practitioner subject to the restrictions and which does not inappropriately fetter the discretion of independent decision makers under the National Law.

May I suggest that the National Director, Compliance and the Manager, Compliance (Queensland) work with a nominated officer(s) from your office to progress this development?

Recommendation 3
AHPRA work with Medicare to establish processes that provide AHPRA with more timely access to data for compliance monitoring purposes.

AHPRA Response
AHPRA welcomes your recommendation in this regard and notes that in June 2014 the CEO formally requested assistance from the Department of Human Services (DHS) for access to Medicare data. A copy of that correspondence is placed at Attachment C. Two lines of action have been progressed by DHS and AHPRA following this formal request, as follows:

- development of a formal data exchange agreement has been progressed and
- negotiations for the classes of data to be accessed, the timeframes for responses and an escalation process were initiated for both compliance and investigation purposes.

Formal Data Exchange Agreement

AHPRA has settled a Data Exchange Agreement in the form of a deed with DHS. Section 3.2 of the deed provides for provision of data to AHPRA as follows:

> *Provision of data by Human Services to AHPRA*
>
> *AHPRA's Data Officer may request from Human Services' Data Officer the data sets for information relevant to the investigation and monitoring of health practitioners as set out in Table B of Schedule 1. Upon receipt of a request, Human Services' Data Officer will implement Human Services' usual processes in relation to actioning and approving the release of such information.*
>
> *Human Services will provide the data sets requested within the timeframes specified in Table B of Schedule 1, provided that the disclosure is authorised by the National Law and is not prohibited by any Commonwealth secrecy or privacy laws.*
>
> *This data will be provided through email, hard disk, or removable drive, depending on the volume of the data and the security requirements applicable to the data.*
>
> *If Human Services, acting reasonably with regard to the nature and extent of the information, is not able to provide the requested data within the timeframes specified in Table B of Schedule 1, Human Services must promptly notify AHPRA and propose an alternative delivery date.*

Through the governance group established under the Deed, AHPRA is negotiating the provision of data on the basis of the following priorities:

- Critical – Where there is an immediate threat, contact can be made by phone to the Information Release contact officer by the AHPRA Officer to request an immediate response
- High – Response will be provided by Information Release within five working hours
- Priority – Response will be provided by Information Release within 10 working days
- Routine – Response will be provided by Information Release within 30 working days with the exception of requests for PBS scripts and older than five year data which may take longer.

- Critical and High requests should only be used in emergency situations where AHPRA intends to take action within 48 hours of receiving the information. Generally these categories are used for imminent threats to children or other individuals.

- Due to the time required to retrieve customer data, requests for PBS scripts or older than five year data will only be treated as Routine.

Alternate Data Source

Given the time it has taken to gain clear agreement from DHS, use of an alternate data source is being investigated involving accessing Medicare claims data direct from medical practices. If confirmed as viable, this method of data collection will be introduced as a standard compliance tool for medical practitioners as soon as possible. In this regard the Director, Provider Eligibility & Accreditation, DHS has advised that:

- the Health Insurance Act requires practitioners to maintain all records submitted as claims to Medicare for a minimum of two years and a maximum of seven years, and

- these records must be kept in such a way that they can be reproduced in their original form.

Legal advice in addition to formal advice from DHS has been sought to confirm these requirements and subject to that advice a standard registration restriction will be developed requiring access to Medicare claims data maintained by the practice for the purposes of the Health Insurance Act. This standard restriction will be recommended for all new matters and to update any current restrictions requiring access to Medicare data.

Queensland has initiated local policy for monitoring chaperone restrictions which now require the provision of practice billing data and includes an early reconciliation of this data against the chaperone log. On receipt of

the Medicare data a reconciliation of this with the chaperone log is also completed.

Recommendation 4

AHPRA develop and adopt a clear, risk-based compliance monitoring framework that provides a consistent set of principles and directions on:

- undertaking risk assessments of monitoring cases

- the choice of monitoring methods and activities, including the data that will be used to monitor specific conditions by categories of conditions

- the frequency and extent of monitoring activity by categories of conditions.

AHPRA Response

The National Director, Compliance is responsible to progress policy, procedure, innovation and effective reporting in this functional area of regulation. An overarching strategy for the compliance function strongly anchored in risk management has been developed and endorsed. This strategy is as follows:

> *The role of AHPRA's compliance function is, on behalf of the National Boards, to monitor health practitioners and students with imposed registration restrictions or where their registration has been suspended or cancelled. This role is consistent with the requirements of the National Law (links to Regulatory Principle 1).*
>
> *The purpose of monitoring health practitioners and students is to manage risk and protect the public by regularly confirming they are complying (or identifying non-compliance) with the restrictions which are designed to ensure they continue to provide health services safely and of an appropriate quality. In the case of*

suspensions and cancellations it is to confirm that the health practitioner has ceased practising the profession or that the student has ceased clinical practice (links to Regulatory Principles 2&3).

The compliance function is not therapeutic, rehabilitative or pastoral in nature. Compliance staff support health practitioners and students in complying with registration restrictions, however it is ultimately the individual health practitioner's or student's responsibility to ensure they comply.

On identifying potential or actual non-compliance compliance staff will assess the risk that this presents and respond in ways that are proportionate to manage the risk and protect the public, including any required escalation to a National Board (links to Regulatory Principles 5&6).

With this overarching strategy in place AHPRA has an extensive policy development agenda by category of restrictions. The contents of the policy framework are detailed in Attachment D. Each policy developed will include:

- the monitoring methods and activities to be undertaken, including the data that will be used to monitor specific restrictions and
- the frequency and extent of monitoring activities to be undertaken.

I note that the National Director, Compliance has met with you and committed to consult with your office in the development of each policy.

AHPRA is also well advanced in the development of Compliance Key Performance Indicators (KPIs) and a risk based reporting framework. To ensure that Compliance KPIs have an emphasis on risk management as well as on measures of efficiency and timeliness the KPIs have been closely integrated with risk based monthly reporting.

Four key KPIs have been endorsed nationally as the key measures of performance. In summary these KPIs measure performance in:

- completing the initial assessment of compliance risk profile
- completing the monitoring plan
- completing updates of compliance status for conduct , performance and health monitoring cases:
  - upon receipt of scheduled reports or information
  - if scheduled reports or information become overdue
  - upon receipt of ad-hoc reports or information, and
  - no less frequently than once per month, and
- completing updates of compliance status for suitability/eligibility monitoring cases:
  - upon receipt of scheduled reports or information
  - if scheduled reports or information become overdue
  - upon receipt of ad-hoc reports or information, and
  - no less frequently than once per quarter.

Risk based reporting is anchored in the concept of 'critical compliance events' which if occurring may result in the public being exposed to the risk that the registration restrictions were designed to prevent. Introducing this concept is necessary to ensure nuanced reporting that is not overwhelmed by the 'noise' of low level or technical non-compliance. The critical compliance events are detailed in Attachment B.

There are several steps in risk based reporting to enable values to be applied which can then be extracted for reporting purposes. These steps are detailed in Attachment E and the monthly reports (including year to date comparative data when available) which are proposed are as follows:

- Total number of registrants x state in compliance monitoring x restriction category x risk type
- Total number of new registrants x state entering compliance in the period x restriction category x risk type
- Total Number of registrants compliant with critical compliance events x state x restriction category x risk type
- Total number of registrants suspected of non-compliance with critical compliance events x restriction category of suspected non-compliance x form of suspected non-compliance x individual practitioner x follow-up actions x recommendations made to or decision of delegate (whichever is available at the time of reporting) x risk type
- Total number of registrants confirmed as non-compliant with critical compliance events x individual practitioner x restriction category of non-compliance x form of non-compliance x follow-up actions x recommendations made to or decision of delegate (whichever is available at the time of reporting) x risk type

The reports for deployment of the risk based reporting framework are currently being tested with the objective of implementation from April 2015. Implementation will be supported by a national training program for compliance staff.

In the interim, Queensland has implemented local policies on high risk restriction categories including chaperone restrictions that provide a minimum expectation of monitoring officers and the expected activity if there is a suspected breach.

In addition Queensland has implemented compliance status reporting from July 2014 for medical practitioners and from October 2014 for nurses, midwives, dentists and psychologists.

Recommendation 5
AHPRA's compliance monitoring framework ensures that:

- self-reported data is assessed at intervals that allow for the early identification of non-compliance
- independent data for verification of the accuracy of self-reported data is obtained and assessed at intervals that allow for early identification of non-compliance.

AHPRA Response
The KPI and risk based reporting framework will require compliance status reviews to be undertaken at least monthly for conduct, health and performance restrictions and quarterly for restrictions related to suitability/eligibility. Suitability/eligibility cases are only updated on receipt of information raising issues of non- compliance or quarterly as:

- these restrictions relate to issues such as English language competence, lack of recency of practice or because an applicant did not fully meet a requirement of an approved registration standard for a profession
- the restrictions usually require the registrant to fulfil requirements over a longer period with reporting also being over longer periods (for example: 788 Chinese Medicine Practitioners with English language conditions who are monitored annually) and

- it enables appropriate use of resources in updating compliance assessments quarterly while continuing to be responsive to, and reporting, issues of non-compliance when they occur.

Each compliance policy developed will identify the independent data sources to be utilised in monitoring the restriction and assessment will be required consistent with KPI requirements detailed above.

As mentioned above in the interim, Queensland has implemented local policies on high risk restriction categories including chaperone restrictions that provide a minimum expectation of monitoring officers and the expected activity if there is a suspected breach.

In addition, Queensland has implemented compliance status updates reporting from July 2014 for medical practitioners and from October 2014 for nurses, midwives, dentists and psychologists to ensure more timely reporting of concerns to delegates of the National Boards.

Recommendation 6
AHPRA review their processes for counting and categorising breaches of conditions to ensure more accurate measurement and reporting of the extent and nature of any non-compliance.

AHPRA Response
AHPRA has an ongoing program of work in this area.

In Queensland (since July 2014 for medicine and October 2014 for other professions) each of the local decision makers receives compliance status updates at each of their meetings. These updates provide an overall picture of compliance and monitoring cases, listed as either non-compliant, suspected non-compliant, pending compliance (where information is pending but still within the required timeframe) and compliant. These updates enable at-a-glance reporting of the overall compliance picture and measurement of the current status of the compliance program in Queensland.

In September 2013, AHPRA implemented templates for agenda papers and compliance audit table, which assists compliance officers to document occasions and categories of potential breaches to then report to Boards and Committees. The compliance audit table lists all of the practitioners with restrictions and associated analysis and commentary on the practitioner's compliance and/or non-compliance.

As part of the implementation of this template, the compliance officer is also required to conduct regular reviews of each practitioner's file including upon each occasion of receipt of evidence (or non-receipt of evidence). These templates have assisted in reporting to Boards and their delegates on the extent and nature of any non-compliance.

Clearly delineating critical compliance events into technical and substantive breaches will assist in more accurate measurement and reporting of the extent and nature of any non-compliance. This work aligns within Recommendation 7 below around adopting a hierarchy approach for categories of non-compliance and we welcome the opportunity to explore this with you further.

Recommendation 7
AHPRA adopt a clear, transparent pyramid approach to regulating compliance that clearly outlines the hierarchy of responses from least restrictive to most restrictive for particular categories of non-compliance.

AHPRA Response
AHPRA would also be interested in exploring with you the development such a pyramid as the basis of the matrix discussed in Recommendations 2(f) and (g). In developing such a pyramid, I note that we will need to ensure that we achieve the correct balance between a

tool which informs decision makers and the practitioner subject to the restrictions, but which does not inappropriately fetter the discretion of independent decision makers under the National Law.

Can I suggest that the National Director, Compliance and the Manager, Compliance (Queensland) work with a nominated officer(s) from your office to progress this development?

In the interim, since the implementation of the *Health Ombudsman Act*, AHPRA and the Boards routinely advise your office of breaches of conditions that would meet the threshold for professional misconduct or where another ground for suspension or cancellation exists and we look forward to working with you ensure a common understanding of thresholds in this regard.

Recommendation 8
AHPRA outline in their hierarchy of responses clear sanctions for the late submission and non-submission of self-reported compliance data by the practitioner.

AHPRA Response
See response to Recommendations 2 and 7.

Recommendation 9
AHPRA and the QBMBA, including its committees, consider changes to decision making processes to streamline decision making, including establishing timelines.

AHPRA Response
In response to Recommendation 5, I noted that Queensland has implemented compliance status updates reporting from July 2014 for medical practitioners and from October 2014 for nurses, midwives, dentists and psychologists to ensure timelier reporting of concerns to delegates of the National Boards.

We continue to work closely with the QBMBA to refine those reports and to ensure more timely reporting of concerns to delegates.

Significant changes have been made to the structure of the committees of the QBMBA also. Monitoring and compliance reporting has traditionally been dealt with only by the Board. On the basis of this recommendation, I propose to work with the Notification Committees of the QBMBA to ensure they have appropriate delegations to take on primary responsibility for dealing with concerns about monitoring and compliance activities. AHPRA is also reviewing the structure of our compliance team in Queensland to ensure that we have the most appropriate mix of officers and a more streamlined escalation process for high-risk matters or concerns about non-compliance.

Recommendation 10
Decisions by AHPRA and the QBMBA to take no further action in response to non-compliance with conditions are accompanied by clear documented reasons for the decision and a plan to manage any outstanding risk associated with continuing non-compliance.

AHPRA Response
Noted. AHPRA and the Boards in Queensland have embarked on significant activity to improve the detailing of decisions and actions over the past 18 months. While this has not been limited to matters relating to non-compliance, I believe that it has had a significant effect in this area.

I believe the work that we propose to engage on in response to earlier recommendations will assist in clearly articulating the basis for managing risks associated with further non-compliance in cases where no further action is taken in relation to a specific breach.

Thank you once again for the opportunity to review and comment on your report. I look forward to working closely with you to ensure the work undertaken in response to your recommendations is satisfactory.

Yours sincerely

Matthew Hardy
State Manager, Queensland

Enclosures:

Attachment A: 1 Practitioner information sheet - Supervision

2 Practitioner information sheet - Restrictions not to Practice

3 Practitioner information sheet - Chaperone

Attachment B: Critical Compliance Events (Not attached)

Attachment C: Request for assistance from the Department of Human Services (DHS) for access to Medicare data dated 24 June 2014 (Not attached)

Attachment D: Contents National Compliance Monitoring Policy (Not attached)

Attachment E: Risk Based Reporting (Not attached)

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

Information for registrants - restrictions requiring supervision

BACKGROUND

Your National Board requires that you only practise under supervision for some or all of your practice as part of either a condition imposed on your registration, or an undertaking you have given to the Board.

This information sheet details what you must do to comply with this restriction on your registration.

You must comply with these requirements. A breach of a restriction, including these requirements, may lead your National Board to take further action. Breaches include, but are not limited to, circumstances where you undertake activities that are considered to require the presence of a supervisor where there was not one in attendance or fail to provide the required evidence of your compliance with the restrictions.

AHPRA staff will be your contact with your National Board about monitoring your compliance with the restrictions. Most often this will be staff from the AHPRA office in the state or territory in which you practise, study or live. We will tell you the name and contact details of the compliance officer who will oversee your case. If you have more questions please contact your compliance officer.

What you have to do

When is supervision required?

You must carefully review your schedule of restrictions to determine when supervision is required. The restrictions may specify that supervision is required for:

- all practice as a health practitioner; or
- a subset of practice including:
    - patients with certain types of medical conditions
    - certain types of procedures, examinations or assessments

You must review any additional definitions or criteria included in the terms of the restrictions. If unsure about when supervision is required, you should contact your compliance officer to seek clarification.

It is your responsibility to ensure that you are supervised for all instances where it is required by the restrictions.

Definition of practice

Practise is defined by the Board's as:

Practise means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. For the purposes of registration, practise is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct nonclinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession.

Level of supervision

You National Board may stipulate the level or type of supervision required. This may range from direct supervision to indirect supervision. The level of supervision required is determined on a case by case basis and is defined by the profession specific supervision policy where one applies. If no supervision policy applies, the restrictions will define the level of supervision required.

You must familiarise yourself with the relevant supervised practice protocol or definition of the level of supervision required. You are responsible for ensuring that you are supervised in accordance with the level of supervision stipulated by the restrictions and any Board decisions.

If you are not able to meet the level of supervision stipulated in the restrictions or by the Board, you must not undertake any activities that require supervision until the Board has approved alternate arrangements or suitable arrangements can be made to meet the supervision requirements.

Who may act as a supervisor?

You must carefully review your schedule of restrictions to determine who may act as a supervisor. The restrictions may specify that a supervisor must:

- meet certain criteria such as qualifications, experience, position;
- be Board approved;
- be nominated by the employer.

It is your responsibility to ensure that the supervisor meets the criteria specified in the restrictions.

Board approved supervisor

Where restrictions may specify that a supervisor must be approved by the Board, you must not undertake any activities that require supervision until the Board has approved the supervisor in writing.

You must provide details of supervisors in writing to AHPRA for approval. You should send nominations for supervisors to AHPRA, GPO BOX 9958, BRISBANE, QLD, 4001 or via email qld-notifications@ahpra.gov.au

As a minimum you should provide the following information:

- name
- contact details
- position
- qualifications
- curriculum vitae
- written agreement from the nominated supervisor that they are willing to undertake to be a supervisor

Statutory declarations

Boards require evidence of compliance with restrictions by way of a statutory declaration. This is usually required on a monthly basis from the date of the restrictions taking effect. This may be required less frequently after a period of demonstrated compliance. You should seek clarification from your compliance officer on when this may occur based on your individual circumstances.

It is your responsibility to provide the statutory declaration at the required times and reminders will not be issued.

A template for providing statutory declarations is attached to this information sheet. All statutory declarations should be sent to AHPRA, GPO BOX 9958, BRISBANE, QLD, 4001 or via email qld-notifications@ahpra.gov.au

Supervisor reports

Where the restrictions require supervisor reports, it is your responsibility to provide the required reports at the timeframes specified in the restrictions and reminders will not be issued.

Templates may be available to assist in the provision of reports. You should contact your compliance officer if your supervisor would like assistance in developing reports that will meet the requirements of the restrictions.

You should send (or arrange for their supervisor to send) the reports at the required timeframes to AHPRA, GPO BOX 9958, BRISBANE, QLD, 4001 or via email qld-notifications@ahpra.gov.au

Information from third parties

The Board may seek your authority to obtain evidence of their compliance with restrictions of registration. This may include, but is not limited to Medicare and private health funds. Your compliance officer will provide any authorities needed to obtain this evidence should it be required.

Failure to provide required evidence or breach of restrictions or suspension

The possible consequences of a failure to provide the required evidence of compliance with restrictions or a suspension or a breach of restrictions or a suspension include

- an increase in the requirement to provide evidence of compliance; and/or
- any action permissible under Part 8 of the National Law.

In addition, an ongoing failure to provide the required evidence may also be provided to the Health Ombudsman as a complaint under the *Health Ombudsman Act 2013.*

Investigation of compliance

In certain circumstances, the Board may determine that an investigation of your compliance with your restrictions is required. Generally this is because the required evidence of compliance is not able to be obtained via consent, or from third parties. You will be informed if your compliance is referred for investigation and any obligations placed on you as a result of this decision.

Requesting changes to restrictions

You may request your National Board change or remove the restrictions. The National Board will consider your request individually. It is more likely the Board will grant this change if you have demonstrated an ongoing high level of compliance with your monitoring requirements (i.e. you have provided the evidence in the timeframes required) and the review period applying to the restrictions has been met.

To request a change, you must contact your compliance officer and discuss the process for seeking a review by the Board. Requests to change your restrictions must be submitted in writing. More information is published in the Monitoring and compliance fact sheet on the AHPRA website under notifications.

Nomination of Supervisor

I,....., advise that my nominated Supervisor is:

.....

At postal address:

.....

.....

.....

Telephone:

Facsimile:

Email:

This authority is in accordance with the undertaking I have given to the Board/ condition imposed on my registration by the Board.

Signed: Date:

Name: Phone:

Please return to:

Notifications, Health, Performance and Compliance Unit at:

Email: qld-notifications@ahpra.gov.au

Facsimile: 07 3149 4602

Post: AHPRA, GPO Box, 9958, Brisbane, QLD, 4001.

Oaths Act 1867

Statutory Declaration

QUEENSLAND
TO WIT

I, [Insert your full name here]

of [Insert address here] in the State of Queensland

do solemnly and sincerely declare that

[Matters to be declared]

And I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Oaths Act 1867.

Signature of declarant/deponent

Taken and declared before me at [Location]

this _____ day of _____

A Justice of the
Peace/Commissioner for
Declarations.

CLEAR FORM

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

Information for registrants - restrictions not to practice or suspension of registration

Background

Your National Board requires that you do not practise as part of either a condition imposed on your registration, or an undertaking you have given to the Board or as a result of the suspension of your registration.

This information sheet details what you must do to comply with this restriction on your registration.

You must comply with these requirements. A breach of a restriction, including these requirements, may lead your National Board to take further action. Breaches include, but are not limited to, circumstances when you undertake activities that are considered to meet the definition of practice or where you fail to provide the required evidence of your compliance with the restrictions.

AHPRA staff will be your contact with your National Board about monitoring your compliance with the restrictions. Most often this will be staff from the AHPRA office in the state or territory in which you practise, study or live. We will tell you the name and contact details of the compliance officer who will oversee your case. If you have more questions please contact your compliance officer.

What you have to do

Definition of practice

Practise is defined by the Board's as

Practise means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. For the purposes of registration, practise is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct nonclinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession.

You must carefully review your schedule of restrictions to determine whether any additional definitions or criteria have been included in the terms of the restrictions.

It is your responsibility to ensure any role you undertake whilst restricted from practising or suspended does not fall within the definition of practice.

If you undertake any roles that meet the definition of practice at the time of the restriction being imposed, you must cease the role immediately.

If unsure, you should contact your compliance officer to seek clarification on whether the role may be considered to constitute practice.

Statutory declaration

Boards require evidence of compliance with restrictions or suspensions. Generally this takes the form of a statutory declaration. This is usually required on a monthly basis from the date of the restriction taking effect. This may be required less frequently after a period of demonstrated compliance. You should seek clarification from your compliance officer on when this may occur based on your individual circumstances.

It is your responsibility to provide the statutory declaration at the required times and reminders will not be issued.

A template for providing statutory declarations is attached to this information sheet. All statutory declarations should be sent to AHPRA, GPO BOX 9958, BRISBANE, QLD, 4001 or via email qld-notifications@ahpra.gov.au

Information from third parties

The Board may seek your authority to obtain evidence of your compliance with restrictions of registration. This may include, but is not limited to Medicare and private health funds. Your compliance officer will provide any authorities needed to obtain this evidence should it be required.

Failure to provide required evidence or breach of restrictions or suspension

The possible consequences of a failure to provide the required evidence of compliance with restrictions or a suspension or a breach of restrictions or a suspension include

- an increase in the requirement to provide evidence of compliance; and/or
- any action permissible under Part 8 of the National Law.

In addition an ongoing failure to provide the required evidence may also be provided to the Health Ombudsman as a complaint under the *Health Ombudsman Act 2013.*

Investigation of compliance

In certain circumstances, the Board may determine that an investigation of your compliance with your restrictions or suspension is required. Generally this is because the required evidence of compliance is not able to be obtained via consent, or from third parties. You will be informed if compliance is referred for investigation and any obligations placed on you as a result of this decision.

Requesting changes to restrictions

You may request your National Board change or remove the restrictions. The National Board will consider your request individually. It is more likely the Board will grant this change if you have demonstrated an ongoing high level of compliance with your monitoring requirements (i.e. you have provided the evidence in the timeframes required) and the review period applying to the restrictions has been met.

To request a change, you must contact your compliance officer and discuss the process for seeking a review by the Board. Requests to change your restrictions must be submitted in writing. More information is published in the Monitoring and compliance fact sheet on the AHPRA website under notifications.

Oaths Act 1867

Statutory Declaration

QUEENSLAND
TO WIT

I, [Insert your full name here]

of [Insert address here] in the State of Queensland

do solemnly and sincerely declare that

[Matters to be declared]

And I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Oaths Act 1867.

Signature of declarant/deponent

Taken and declared before me at [Location]

this _____ day of _____

A Justice of the Peace/Commissioner for Declarations.

CLEAR FORM

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

Information for registrants - restrictions requiring a chaperone

Background

Your National Board requires that you only practise with a chaperone for some or all of your practice as part of either a condition imposed on your registration, or an undertaking you have given to the Board.

This information sheet details what you must do to comply with this restriction on your registration.

You must comply with these requirements. A breach of a restriction, including these requirements, may lead your National Board to take further action. Breaches include, but are not limited to, circumstances where you undertake activities that are considered to require the presence of a chaperone where there was not one in attendance or you fail to provide the required evidence of your compliance with the restrictions.

AHPRA staff will be your contact with your National Board about monitoring your compliance with the restrictions. Most often this will be staff from the AHPRA office in the state or territory in which you practise, study or live. We will tell you the name and contact details of the compliance officer who will oversee your case. If you have more questions please contact your compliance officer.

What you have to do

When is a chaperone required?

You must carefully review your schedule of restrictions to determine when you are required to have a chaperone present. The restrictions may specify that a chaperone is required for:

- all practice as a health practitioner or all patients; or
- a subset of patients or practice including:
    - patients within an age range
    - patients of a certain gender
    - certain types of procedures, examinations or assessments

You must review any additional definitions or criteria included in the terms of the restrictions. If you are unsure about when a chaperone is required, you should contact AHPRA to seek clarification.

It is your responsibility to ensure that you have a chaperone present for all instances where it is required by the restrictions.

Who may act as a chaperone?

You must carefully review your schedule of restrictions to determine who may act as a chaperone. The restrictions may specify that a chaperone must:

- meet certain criteria such as be of a certain age or gender;
- be Board approved;
- nominated by the patient.

It is your responsibility to ensure that the chaperone meets the criteria specified in the restrictions.

Board approved chaperone

Where restrictions specify that a chaperone must be approved by the Board you must not undertake any activities that require a chaperone to be present until the Board has approved the chaperone in writing.

You must provide details of chaperones in writing to AHPRA for approval. As a minimum you should provide the following information:

- name
- date of birth
- gender
- contact details
- written agreement from the nominated chaperone that they agree to be a chaperone
- If another registered practitioner, his/her current curriculum vitae

Nominated by the patient

Where the restrictions specify that a chaperone may be nominated or agreed to by the patient you are responsible for ensuring that the nominated chaperone understands their role as a chaperone.

Chaperone Log

You must record when a chaperone is used in a chaperone log. The chaperone log must be provided to your compliance officer on a monthly basis, commencing from the date of the restrictions taking effect.

It is the practitioner's responsibility to provide the chaperone log at the required times and reminders will not be issued.

The chaperone log must contain the following information:

- Patients full name
- Patients DOB
- Date and time of consultation, procedure or assessment
- Chaperone's full name
- Chaperone's contact details
- Signature of the chaperone

A template for a chaperone log is attached to this information sheet. All chaperone logs should be sent to AHPRA, GPO BOX 9958, BRISBANE, QLD, 4001 or via email qld-notifications@ahpra.gov.au

Practice billing records

You are required to provide a copy of practice billing records to your compliance officer on a monthly basis from the date of the restrictions taking effect.

It is your responsibility to provide the billing records at the required times and reminders will not be issued.

The records must contain the patients' full name, date of service, date of birth, gender and where relevant the Medicare or private health fund billing item code. The records must be provided in a format that lists chronologically by the date of consultation, appointment or procedure.

All practice billing records should be sent to AHPRA, GPO BOX 9958, BRISBANE, QLD, 4001 or via email qld-notifications@ahpra.gov.au

If your practice does not require billing for individual appointments, or the practice billing data is not able to be provided in this format, you must contact AHPRA to discuss alternative evidence that could be provided to demonstrate compliance.

Information from third parties

The Board may seek your authority to obtain evidence of your compliance with restrictions of registration. This may include, but is not limited to Medicare and private health funds. Your compliance officer will provide any authorities needed to obtain this evidence should it be required.

Failure to provide required evidence or breach of restrictions

The possible consequences of a failure to provide the required evidence of compliance with restrictions or a breach of restrictions include

- an increase in the requirement to provide evidence of compliance; and/or
- any action permissible under Part 8 of the National Law.

In addition, an ongoing failure to provide the required evidence may also be provided to the Health Ombudsman as a complaint under the *Health Ombudsman Act 2013.*

Investigation of compliance

In certain circumstances, the Board may determine that an investigation of your compliance with your restrictions is required. Generally this is because the required evidence of compliance is not able to be obtained via consent, or from third parties. You will be informed if your compliance is referred for investigation and any obligations placed on you as a result of this decision.

Requesting changes to restrictions

You may request your National Board change or remove the restrictions. The National Board will consider your request individually. It is more likely the Board will grant this change if you have demonstrated an ongoing high level of compliance with your monitoring requirements (i.e. you have provided the evidence in the timeframes required) and the review period applying to the restrictions has been met.

To request a change, you must contact your compliance officer and discuss the process for seeking a review by the Board. Requests to change your restrictions must be submitted in writing. More information is published in the Monitoring and compliance fact sheet on the AHPRA website under notifications.

Nomination of chaperone

I,....., advise that my nominated chaperone is:

.....

Gender:

Date of Birth:

At postal address:

.....

.....

.....

Telephone:

Facsimile:

Email:

This authority is in accordance with the undertaking I have given to the Board/ condition imposed on my registration by the Board.

Signed: Date:

Name: Phone:

Please return to:

Notifications, Health, Performance and Compliance Unit at:

Email: qld-notifications@ahpra.gov.au

Facsimile: 07 3149 4602

Post: AHPRA, GPO Box, 9958, Brisbane, QLD, 4001.

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

Chaperone Register

[Name]

Fortnight Ending ____/____/____

Date of appointment	Appointment start time	Appointment end time	Patient's full name	Patient's date of birth	Chaperone's full name	Chaperone's date of birth	Relationship to patient (if any)	Chaperone signature (to signify understanding and compliance with the above note to chaperone)

Oaths Act 1867

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of [Insert address here] in the State of Queensland

do solemnly and sincerely declare that

[Matters to be declared]

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Signature of declarant/deponent

Taken and declared before me at [Location]

this _____ day of _____

A Justice of the
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CLEAR FORM