

Response to Consultation Paper

Thank you for the opportunity to comment on the consultation paper regarding the handling of complaints. The following proposals highlighted for comment were of interest and are discussed below.

Proposal 4.3.2: It is questionable whether it is the role of this legislation to accept and act upon notification of a complaint against a professional who is no longer registered (retrospective notification?). If the fundamental role is to protect the interests of the public and not persecute professionals, then that purpose is served. Referring on to other bodies such as police, courts etc may be necessary if the complaint is serious enough.

Proposal 4.4 Mandatory reporting

Option 1b is the preferred model, whereby all are required to report (extended obligations). This is crucial to maintain highest quality of services provided to the public.

With respect to students; it is also preferable that students be included in this legislation. The issue however with institutions being obliged to notify about students is of course confidentiality. Most university regulations will mandate the complete respect for students' privacy. Since not all students become professionals (they may pursue other channels in their career paths, particularly if impaired by illness) it would be preferable to mandate notification from their internship year on; where the supervising practitioner is better placed to judge.

Proposal 4.7.1 Immediate suspension powers

3 months is sufficient power of suspension without a hearing if there is a risk to public health. **Proposal 4.7.2 and 4.7.3** reasonable. Need to ensure that assessment of such a case is expedited.

Proposal 5.6 Notifiers' rights

Option 2 appears the most appropriate.

Whilst notifiers rights are to be respected, my suggestion is that these “rights” be carefully allowed with a view to assessing the motive of notifiers and whether or not these rights lead to them taking advantage of the findings to further pursuit of financial compensation.

Proposal 6.1.1

Very good proposal

Proposal 7.1.1

Also good proposal

Proposal 7.1.2

Excellent proposal and one that is much needed in Pharmacy. Option 1 is the preferred model

Proposal 8.3.4

Good proposal. Excellent way of maintaining a tight overview of the professions. Unfortunately, there is always a risk that such powers may be abused by certain officers in charge of investigating without notification. Clauses to ensure this does not happen need to be in place. Clear guidelines for such powers must be laid out.

Proposal 9.1.1

Option 3 is the preferred option (to establish an automatic review of all board decisions)

Proposal 9.2.1

Acceptable and encouraged

Proposal 9.3 Legal representation of registrant

Agreed that option 4b is the preferred option. This is understandably a very stressful time for a registrant. It is suggested that this option is worded more carefully. Telling someone they have “no right to legal representation” but they can have someone there who may or may not be a lawyer...etc, is just a play on words. Why not spell out directly that boards would prefer the hearing to be less formal and that ...etc? It would appear to be a more transparent manner of dealing with this.

Proposal 9.4.1 confidential hearings

Acceptable

Proposal 9.5.1 status of notifiers

Acceptable

Proposal 9.8 Role of Cmwlth Ombudsmen

Option 1 appears more logical with the spirit of the IGA

Proposal 11.6 Regulation of Advertising

This is a very important issue in public health. DTCA of medicines is included in the ambit of this, although not directly mentioned in this proposal.

Option 3, giving broadly framed advertising offences in legislation allowing boards to deal with issues is good. However, there must be a clause to safeguard against those on the boards with conflicts of interest in the entities in question or “turning a blind eye” on entities that members may have a pecuniary interest in. Tight control needed.

Proposal 11.10 Monitoring of registrants

Proposal 11.10.1 acceptable

With regards to Attachment 1, definitions of ‘unsatisfactory professional conduct’ etc do not appear to be comprehensive enough. Benchmarks such as codes of ethics may be used to support wording such definitions. “Standards of professional conduct observed by members of the profession of good repute or competency” is a statement that may be challenged. Who is of “good repute” ? Who is of “good competency”? What is the measure of such conduct?

Codes of Ethics play a very important part in determining misconduct or unprofessional behaviour and represent the values of the professions in safeguarding public interests. It would be preferable if this attachment was given further in-depth analysis.

Kind regards

Dr Betty Chaar

Faculty of Pharmacy

University of Sydney