Identifying and minimising distress for practitioners involved in a regulatory process

The paramount objective of the National Boards and Ahpra is to protect the public. Regulatory principles underpin our work in regulating Australia's registered health practitioners. We aim to be empathic and fair in our dealings with notifiers and practitioners, but both parties can find the regulatory process stressful and distressing.

Practitioners tell us they often feel shame and stigma about receiving a complaint. It challenges their professional identity, and they find the uncertainty of the outcome and its potential consequences stressful.

An Expert Advisory Group[1] to explore practitioner distress while involved with the regulator was commissioned by Ahpra and the National Boards in 2021. It provided an overview of its findings in October 2022 and made recommendations in February 2023.

The Expert Advisory Group made 15 recommendations and proposed 33 actions. All have been accepted. Some actions are already being implemented. Other actions build on work well underway to humanise the experience of practitioners involved in a regulatory process. For example, a Health Management Team was established at Ahpra in July 2022 and it has already significantly reduced the time to finalise a notification when a practitioner with a health impairment is notified to us.

Recommendations will be implemented progressively over 2023–25. Some recommendations will require the contribution of partners and other parties.

If you would like more information or have something to share, you can email experience@ahpra.gov.au.

Recommendations and actions

Managing health concerns	
Recommendation	**Actions**
1. Improve awareness and knowledge among Ahpra staff, Boards and committees about mental health and substance use disorders.	Broaden the provision of training in mental health and substance use disorders to relevant staff and decision-makers involved in considering these matters, to raise awareness of the risk of suicide and self-harm and improve understanding of practitioner distress and vulnerability.
2. Improve consistency in decision-making in health and substance use disorder-related matters.	Explore ways to improve consistency in decision making about health matters and support the development of this expertise across the National Scheme.
3. Decrease the significant stress and delays associated with seeking independent information about a practitioner's health.	a. Preference engagement with existing treating practitioners over requirements for independent health assessments where appropriate, in collaboration and discussion with the practitioner. b. Gather only relevant and pertinent health information about the practitioner, sufficient for decision-making purposes.
4. When appropriate risk mitigation strategies are in place, minimise the use of processes in health matters (such as immediate action) which may increase the length of the regulatory process for an unwell practitioner.	a. Increase awareness of the impact that particular regulatory actions can have on practitioners with an impairment. b. Develop improved policy positions and guidelines that reduce reliance on immediate action powers in impairment cases. c. Where immediate action is necessary in the management of impaired practitioners, Ahpra to prioritise any further actions in these cases.
5. Commit to regulatory action that mitigates risk, to the community and practitioner, while supporting practitioner self-agency.	a. Ahpra to provide recommendations that involve accepting undertakings from practitioners, where appropriate, to address their health or substance use disorder, managing risk without regulatory action. b. Where suspension is necessary in health matters, review three-monthly (Ahpra) and six-monthly (Board) to ensure decision is still the action most suited.

Being open, transparent and maintaining practitioner hope	
6. Provide realistic, regular and informative updates to help practitioners have accurate expectations of timeframes and outcomes.	a. Encourage and empower staff to set realistic expectations through early conversations about possible or likely outcomes. Develop clear, approved language to improve consistency. b. Manage matters through a 'strengthening practice' stream whenever possible. Communicate that clearly and regularly to the practitioner. c. Ensure a commitment to transparency includes providing relevant information about the progress of investigations, including explaining when delays are due to waiting on information from other entities, and realistic appraisal of timeframes. d. Develop clear, agreed processes with relevant external organisations that are involved in communicating with practitioners. e. Flag a sub-group of at-risk practitioners who will receive fortnightly contact with Ahpra staff through the notifications and/or monitoring and compliance process.
7. **Reduce misinformation among practitioners about the overall experience and likely outcomes of notifications**.	a. Continue to address myths and misinformation about notifications through an ongoing communication focus at annual registration renewal, in Board newsletters for students and practitioners, and engagement plans. b. Co-design and consult on a communications and engagement plan to address myths about regulation, the stigma of notifications and particularly practitioner mental ill-health challenges. Work in collaboration with people with lived experience and other agencies (such as National Mental Health Commission and Beyond Blue) and link to the National Suicide Prevention Strategy.
8. Improve organisational knowledge, skills and expertise in communicating complex or challenging messages.	a. Seek independent input into identified key correspondence (initial letter, decision to investigate, take immediate action and impose compliance or monitoring conditions) in health matters with a focus on use of simple English and non-adversarial language. Make improvements as a result. b. Continue to build staff communication capacity and prioritise negotiation and conflict resolution skills when recruiting new regulatory advisors.

Supporting practitioners	
9. Identify actions to increase the uptake of professional support by practitioners involved in a regulatory process.	a. Develop clear guidance for staff (for both written and oral communication) in best practice approach to encourage practitioner uptake of support. b. Deepen our existing connections with external stakeholders and services, e.g., practitioner health services, unions, professional associations, professional indemnity insurers and universities, to identify ways of increasing uptake.
10. Consider the feasibility of a navigation service for practitioners with vulnerabilities.	Investigate the value and feasibility of a navigation and support service aimed at guiding an identified subset of practitioners through our regulatory processes.
11. Improve the knowledge and skills, as well as the policies, procedures and partnerships, to enable staff and Board members to recognise and respond sensitively to practitioners in crisis.	a. Expand and mandate tailored suicide and self-harm prevention training to all 'practitioner-facing' staff. Encourage legal representatives to consider providing similar training for their staff. b. Develop clear policy and procedures for staff and Board members for how identified crises involving practitioners at risk of suicide or self-harm will be escalated and managed. Establish and maintain a flag system in the new case management program to highlight where a practitioner may be under extreme stress or has a relevant health history, to ensure the communication is tailored to their situation. c. Consider the role of safety plans for specific practitioners, in conjunction with legal representatives. Develop an agreed process with these partners regarding the management of health-related crises. d. Improve and/or establish partnerships and agreed terms of engagement for referral to external mental health agencies.
12. Identify and address the challenges of isolation and insufficient support systems for regional, remote, overseas-trained and Aboriginal and Torres Strait Islander practitioners.	a. Determine how best to improve the experience of these distinct cohorts. Methods could include consulting with and building on the knowledge of community groups, existing support networks and peak organisations; reviewing existing research and commissioning independent research, if required. Involve these practitioners in future co-design work. b. Support the reform work already underway in the Aboriginal and Torres Strait Islander

	Health Strategy Unit on a culturally safe notifications process for Aboriginal and Torres Strait Islander practitioners and notifiers.
13. Work with external partners to develop tailored support from other practitioners who have been through the process.	Encourage and help co-design a peer support program, run by partners, linking practitioners who are involved in a notification or monitoring and compliance with practitioners who have been through similar processes.
Learning from practitioner experience	
14. **Ensure a commitment to learn from serious incidents relating to those involved in our processes and how we respond to them**.	a. Extend the process to identify serious incidents and undertake reviews. Publish lessons and identified opportunities for improvement each year. Where feasible, invite practitioners and family members to take part in this process. b. Create and maintain a safe culture for reviews to be conducted in a reflective, respectful and knowledgeable way where we learn what, if anything, we could do better in future. c. Following serious incidents, commit to the principles of transparency, timely communication, inclusion and quality improvement for affected practitioners, notifiers and their families. d. Continue to actively engage in research that deepens our understanding of the impact of our work on practitioners and notifiers and the areas for improvement.
15. Provide good, targeted post-incident support for affected staff and boards.	Co-design specific post-incident support for staff and board members and promote collegiate support in teams.

[1] Expert Advisory Group membership: Ms Rachel Phillips, Chair, Psychology Board of Australia, (Chair); Associate Professor Manaan Kar Ray, Princess Alexandra Hospital Psychiatrist and Divisional Director of Adult Mental Health; Ms Catherine Schofield, Nursing and Midwifery Board of Australia member; Dr Anne Tonkin AO, Chair, Medical Board of Australia; Dr Anna van der Gaag, Visiting Professor in Ethics and Regulation from the University of Surrey; Ms Kym Ayscough, Executive Director of Regulatory Operations, Ahpra; Ms Susan Biggar, National Manager of Regulatory Experience and Engagement, Ahpra; Mr Martin Fletcher, CEO, Ahpra; Mr Matthew Hardy, National Director of Notifications, Ahpra; and Mr Pat Maher, State Manager South Australia, Ahpra.