



Drug and Alcohol Nurses of Australasia

DANA

Response to COAG reforms to Health Practitioner Regulation National Law

Section 4.5: *Should the National Law be amended to require a practitioner to notify their National Board if they have been charged with or convicted of an offence under drugs and poisons legislation in any jurisdiction?*

DANA recognises the need to ensure accurate and timely reporting to ensure public safety is upheld, however has concerns that the description of a “relatively minor” offence follows a process of supportive, non-judgmental assessment as opposed to a full board hearing. Growing statistical evidence points to a significant cohort of people who use pharmaceutical substances problematically, and health practitioners would not be immune from this. Therefore, DANA recommends that breaches of this section are viewed in the context of individual situations, and where problematic use is detected individuals are assisted to receive support and treatment as opposed to disciplinary measures.

Section 5.1: *Should the National Law be amended to clarify the mandatory reporting obligations of employers to notify AHPRA when a practitioner’s right to practise is withdrawn or restricted due to patient safety concerns associated with their conduct, professional performance or health? What are your reasons?*

While DANA again recognises the paramount need to protect public safety, the s. 140 section that states “practised the practitioner’s profession while intoxicated by alcohol or drugs” needs to be underpinned by a reporting to treatment services. Such “alternative to discipline” programs have shown great promise in other jurisdictions in allowing problematic alcohol and other drug use in health practitioners to be treated and supporting

them to return to practice. DANA believes such an adjunct to mandatory reporting is essential for the wellbeing of the health practitioner and the organisation in ensuring staff returning to clinical roles after mandatory reports are supported to address underlying alcohol or other drug issues.

Section 5.2.1: Should Part 8 Division 5 of the National Law (preliminary assessment) be amended to empower practitioners and employers to provide patient and practitioner records when requested to do so by a National Board?

Section 5.2.2: Should Part 8 Division 5 of the National Law be amended to clarify the powers of a National Board following preliminary assessment including a specific power to enable the National Board to refer a matter to be dealt with by another entity?

DANA believes that the option of referring practitioners to treatment and return to practice programs needs to be enshrined in any variation of the current law, ensuring health practitioners with problematic alcohol and other drug use are supported to both address their problematic use and to return to clinical work. Such a process would also ensure employers are aware that the health practitioner has undergone treatment to address their problematic use. As mentioned previously, alternative to discipline programs have shown great promise in other jurisdictions both for the welfare of the health practitioner and the employer in retaining skilled clinical staff.