AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS ABN 82 055 042 852



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> Dr Joanne Katsoris Executive Officer, Medical AHPRA GPO BOX 9958 MELBOURNE Vic 3001

Email: criminalhistoryconsult@ahpra.gov.au

Dear Dr Katsoris,

Australian and New Zealand College of Anaesthetists submission Changes to *Health Practitioner Regulation National Law Act* regarding international criminal history checks

Thank you for your letter of June 26, 2012 inviting comments on changes to the above National Law Act.

As you are aware, the Australian and New Zealand College of Anaesthetists (ANZCA) is committed to high standards of clinical practice in the fields of anaesthesia and pain medicine. As the education and training body responsible for the postgraduate training programs for specialist anaesthetists and specialist pain medicine physicians, we believe in ongoing continuous improvement and strive to ensure our programs represent best practice and contribute to a high quality health system.

ANZCA has reviewed the consultation paper and supports the overall direction in relation to refining the process for international criminal history checks. ANZCA agrees that the current method of criminal checking: Applicant declaration only (Option 1) is not sufficient to ensure that those with relevant criminal histories do not attain medical registration in Australia.

We note that the overall number of applicants with a criminal history is likely to be small . Each of the four proposed options has merit, however none is able to assess the nature of the criminal offence, which is pivotal to determining the risk to the Australian public posed by doctors with a criminal history.

ANZCA supports a combination of proposals in Option 2 and Option 4. We believe that the onus should be on the applicant to provide a satisfactory Criminal Clearance Certificate (CCC) that is acceptable to AHPRA. ANZCA acknowledges the difficulties outlined in relation to applicants obtaining a CCC, however feels that the potential to reduce the risk of those with relevant criminal histories entering the Australian medical system outweighs this limitation.

The potential risk that applicants may submit fraudulent documentation is still apparent with Option 2. While the process outlined in Option 4 will not be a reliable means to catch those who have made false statements, it will act as a deterrent to those considering making a false statements. ANZCA therefore suggests including random audits of applications to provide reassurance to the public and others, as well as a deterrent to applicants.

ANZCA agrees that Option 3, in which the onus is on AHPRA to obtain satisfactory criminal checks, would not be viable from a practical perspective.

Thank you for the opportunity to comment. Should you require any further information, please contact John Biviano, General Manager, Policy, via email <u>ibiviano@anzca.edu.au</u> or telephone +61 3 8517 5341. We look forward to the outcomes of the current consultation.

Yours sincerely,

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Dr Lindy Roberts President