Frequently asked questions

March 2014

Implementation of common codes and guidelines in March 2014

**How were the new codes and guidelines developed?**

Codes and guidelines developed for the start of the National Registration and Accreditation Scheme were due for review after three years. In 2013, National Boards reviewed the *Guidelines for mandatory notifications* and *Guidelines for advertising regulated health services*, and developed a new *Social media policy*. These documents are common to all National Boards. The National Boards also reviewed the *Code of conduct* shared by most Boards.

All National Boards must undertake wide-ranging consultation when reviewing and developing codes and guidelines. Documents for consultation are published on the relevant National Board's website under the *News* and *Consultations* tabs. If you are interested in participating in future consultations, please check the websites for the National Boards and AHPRA for details.

The feedback from the consultation process was taken into account when Boards finalised the new codes, guidelines and the new *Social media policy*.

**Advertising guidelines**

**What has changed?**

The requirements about advertising are set in the National Law. The guidelines explain these legal requirements and do not add new obligations. The guidelines have been reorganised to make them clearer and easier to understand. The basic obligations that practitioners must meet have not changed.

**When will the new guidelines apply?**

The new guidelines took effect on **17 March 2014**. The current guidelines apply until then. The new guidelines were published from early February 2014, so that practitioners and stakeholders could become familiar with the new wording and structure.

From 17 March 2014, you must refer to the new *Advertising guidelines*. National Boards will also refer to the new *Advertising guidelines* when they consider relevant advertising matters that occur from 17 March 2014, and to the old guidelines for matters that occurred from 2010 to 16 March 2014.

The guidelines in place before 17 March 2014 have been archived but are available on the website for reference purposes.

**Code of conduct**

**What has changed?**

All National Boards publish a *Code of conduct*.

* The shared *Code of conduct* applies to the Aboriginal and Torres Strait Islander Health Practice, Chinese Medicine, Dental, Occupational Therapy, Osteopathy, Physiotherapy and Podiatry Boards of Australia.

Most of the shared *Code of conduct* has not changed. Some words have been refined or added to make the meaning clearer. The basic expectations of good practice have not changed. If you want more information about the specific changes, these National Boards have published a version of the shared *Code of conduct* that highlights the [changes](http://www.ahpra.gov.au/documents/default.aspx?record=WD14%2f13147&dbid=AP&chksum=2otHxMNiajNxr2l1Q6%2faHA%3d%3d).

* The Chiropractic, Medical Radiation Practice and Pharmacy Boards of Australia have made some profession-specific changes to the shared code.

The Optometry Board of Australia has also made some profession-specific changes to the shared code but its review is progressing according to a slightly later timeframe.

* Other National Boards have a different code. These include the Medical, Nursing and Midwifery and Psychology Boards of Australia.

**Why is there a *Code of conduct*?**

The *Code of conduct* sets out the National Boards’ expectations of every registered health practitioner. When assessing concerns raised about practitioners, the National Boards will hold practitioners to account against the standards set down in the code.

Practitioners have a duty to make the care of their patients or clients their first concern and to practise safely and effectively. Maintaining a high level of professional competence and conduct is essential for good care. The code provides guidance about these issues.

**What does the *Code of conduct* say?**

The *Code of conduct* contains important standards in relation to:

* providing good care, including shared decision-making
* working with patients or clients
* working with other practitioners
* working within the health care system
* minimising risk
* maintaining professional performance
* professional behaviour and ethical conduct
* ensuring practitioner health, and
* teaching, supervising and assessing.

**When will the new code start?**

The revised code was published in early February to allow practitioners and stakeholders time to become familiar with the new wording, structure and format. The revised code commenced on **17 March 2014**.

This means that from 17 March 2014, you must refer to the new code rather than the old code. National Boards will also refer to the new code when they consider relevant health, performance or conduct matters that occur from 17 March 2014.

The revised code was published from early February 2014, so that practitioners and stakeholders could become familiar with its content and structure.

From 17 March 2014, National Boards will refer to the new *Code of conduct* when they consider relevant health, performance or conduct matters that occur from 17 March 2014. Boards will refer to the previous code for matters that occurred from 2010 to 16 March 2014. The code in place before 17 March 2014 has been archived but is available on the website for reference purposes.

**Social media policy**

**What has changed?**

The *Social media policy* is new. It does not change the basic obligations that practitioners must meet. The *Social media policy* explains how the obligations that already exist in the National Law and *Code of conduct* apply to social media. The basic principle is that the same expectations apply to your behaviour wherever it occurs – online or in person.

**When will the *Social media policy* start?**

The *Social media policy* is being published in February to allow practitioners and stakeholders time to become familiar with the new policy.

The policy will take effect on **17 March 2014**. This means that National Boards may refer to the new policy when they consider relevant health, performance or conduct matters that occur from 17 March 2014.

**Mandatory notifications guidelines**

**What has changed?**

The *Guidelines for mandatory notifications* explain the mandatory notifications requirements of the National Law. Most of the guidelines have not changed. Some words have been refined or added to make the meaning clearer. The content has not changed significantly and there are no new obligations in the guidelines. If you want to understand the specific changes, National Boards have published a version of the guidelines that highlights the [changes](http://www.ahpra.gov.au/documents/default.aspx?record=WD14%2f13148&dbid=AP&chksum=bgz78tIea6lynXEl6FekVg%3d%3d).

**When will the new guidelines start?**

The revised guidelines were published in February 2014 to allow practitioners and stakeholders time to become familiar with the new content and structure.

The revised guidelines took effect on **17 March 2014**. From 17 March 2014, you should refer to the new guidelines instead of the old guidelines. National Boards will also refer to the new guidelines when they consider relevant health, performance or conduct matters that occur from 17 March 2014. The guidelines in place before 17 March 2014 have been archived but are available on the website for reference purposes.