1-INTRODUCTION

1.1 The aim of the voluntary register is to provide self regulation to the Physician Assistant profession in Australia and New Zealand (from now on referred as NZ)-(if NZ PAs desire to be included). This ensures that Physician Assistants (from now on referred to as PAs) practicing in Australia and NZ, have completed an appropriate tertiary qualification and are fit to practice medicine under the delegation of a Registered Medical Practitioner. It is the goal of ASPA to lobby the Health ministers to include PAs as part of the National Registered Health professions in Australia. However, at this point in time we have no date as to when this may happen. Therefore, This registration process will remain in place until such a time when Physician Assistant Registration become part of the Australian Health Practitioner Regulation Agency (AHPRA).

1.2 The key objective of the Register is to protect the Public by ensuring that only Physician Assistants who are suitably trained and qualified to practice in a competent and ethical manner are registered. A registration scheme is also necessary to inform employers, government, community and insurers of persons who have met the criteria to practice as Physician Assistants in Australia. The scheme is similar to the one currently used in the United Kingdom.

1.3 Unfortunately, Physician Assistants who choose not to voluntarily register may be able to practice in Australia until PAs attain national registration status. However, organisations or individuals employing these individuals calling themselves Physician Assistants risk employing individuals who are not appropriately qualified PAs.
This document will outline the framework and structure of the self-regulatory (Non-AHPRA) professional registration organisation managed by the Australian Society of Physician Assistants.

2-FRAMEWORK

2.1 The structure of the Profession’s self-regulatory organisation consists of a Board (Non-AHPRA). The Board will be responsible for operation, funding, maintaining a register and investigating complaints.

2.2 The registration organisation is responsible for overseeing the professional practice and conduct of APARB-(Non-AHPRA) Registered Physician Assistants.

2.3 The ASPA registration Board will only deal with issues arising with PAs listed in its register.

2.4 A complaint against a PA-Q will be processed and followed through until finalised by APARB-ASPA if at the time (date) of the alleged breach the PA-Q’s name was part of the APARB-ASPA (Non-AHPRA) register. For example, in the case of a PA-Q wishing to withdraw their name from the register, in order to stop an investigation of a complaint, their name will not be removed from the register until completion of such an investigation. The PA-Q accepts this clause as part of their application for registration with APARB-ASPA (Non-AHPRA).
3-REGISTRATION ORGANISATION

3.1 The name of the Registration Organisation is;

_Australasian Physician Assistant Registration Board-ASPA_ (Non-AHPRA) _managed APARB-ASPA_ (Non-AHPRA)

3.2 APARB-ASPA (Non-AHPRA) is managed by a Board. The Board will consist of five members. Three members must be qualified Physician Assistants, one a medical doctor and one a member of the community.

3.3 One member shall be nominated as the Chairperson. The Chairperson must be a Physician Assistant – Qualified.

4.-APARB-ASPA (Non-AHPRA)

4.1 The role of the APARB-ASPA (Non-AHPRA) includes;

- Ensuring the Public is protected by:
- Registering only candidates who are appropriately qualified to practice in Australia.
- Developing standards, codes and guidelines for Physician Assistant practice.
- Investigating notifications and complaints against Physician Assistants listed on the register.
- Assessing qualifications of overseas trained Physician Assistants who apply for registration in Australia. (Registration with APARB-ASPA (Non-AHPRA) does not necessarily mean that overseas trained PAs will be eligible for registration with AHPRA once the PA profession becomes regulated).
- Being involved in developing and approving accreditation standards and accredited PA courses in partnership with Australian Universities, employers and state and federal governments, once this is required.
5.1 Board members are required to act impartially and in the public interest in the exercise of their functions and put the public interest before the interests of Physician Assistants or any entity that represents Physician Assistants. However, the board will act according to the principles of natural justice.

5.2 Board members should adhere to the ASPA principles

- Act with honesty and integrity
  - This includes:
    - being open and transparent in all dealings with the Board;
    - using power responsibly;
    - avoiding conflict of interest;
    - striving to earn and sustain public trust of a high level.

- Act in good faith in the best interests of the Board
  - This includes:
    - demonstrating accountability for your actions;
    - accepting responsibility for decisions;
    - not engaging in activities that may bring the PA or the Board into disrepute.

- Act fairly and impartially
  - This includes:
    - avoiding bias, discrimination, caprice or self-interest; demonstrating respect for others by acting in a professional and courteous manner.
6-SELECTION, APPOINTMENT AND TERM OF SERVICE OF THE BOARD.

6.1 The inaugural three PAs to be part of the board will be selected by the ASPA Executive Committee. Future PAs will be selected according to expressions of interest published in a national newspaper and the ASPA website.

6.2 The Medical Practitioner and the member of the community will be selected from a bank of applicants, after expressions of interests have been published in a national newspaper and the ASPA website.

6.3 Expressions of interest need to be published in a national newspaper and the ASPA website 60 days prior to the selection/election process.

7-SELECTION PROCESS.

- An interview may be required prior to appointment to the Board.

- Appointment to the Board will be based on merit.

- Appointment to the Board will be for a period of two years.

- Members of the Board may re-apply for re-appointment to the board.

- A Member of the Board may only serve a total of two terms as part of the board.

7.1 The period of appointment will commence on the first day of July of the respective year and will end on the last day of June two years later. Unless the member of the Board resigns or is dismissed due to breaches of conduct.
7.2 Should a Board member's position become vacant, the ASPA Executive Committee may either advertise for expressions of interest or choose an individual to act in this position to the end of the current term.

In selecting candidates for appointment to APARB-ASPA (Non-AHPRA), ASPA needs to take into consideration:

8- THE CANDIDATE.

8.1. Be a member of good standing and character in the community.

8.2. Have no criminal convictions.

8.3. If a Physician Assistant, this person must have a background as an experienced health practitioner.

8.4. Capacity to demonstrate impartiality, open-mindedness, sound judgment, and fairness.

8.5. An appreciation of appropriate standards of professional care and the role of ASPARB in protecting the public.

8.6. An understanding of the health sector, broader health issues and how these relate to the Physician Assistants on the voluntary register.
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9-THE CHAIR

9.1 The Chair shall be appointed by a vote of the Board Members and must be a PA-Q.

9.2 The period of appointment as a Chair of the Board will be for 12 months. A Chair of the Board may re-apply for an additional term as Chair.

10-THE REGISTRAR

10.1 The Registrar is in charge of processing applications for Registration and ensuring that the applicants fulfil the requirements for Registration with APARB-ASPA (Non-AHPRA).

10.2 The Registrar will be appointed by the ASPA committee from the PA members of The Board.

11-THE REGISTERS:

11.1 There will be (three) 3 types of Registers managed by APARB-ASPA (Non-AHPRA)

11.2 GENERAL REGISTER: Current registered PAs- for currently Practicing PAs in Australia and New Zealand (if the NZ PAs desire to operate under our Register).

The General Register will include information regarding the PAs practice including: Conditions, supervision, further education needed and other requirements.
11.3 PROVISIONAL REGISTER= for overseas trained PAs, who have provided certification evidence in their country of origin, have been employed by an individual or organisation in Australian and New Zealand and are awaiting assessment of qualifications by APARB-ASPA (Non-AHPRA).

11.3 LIMITED Register: for those PAs who are undertaking courses/treatment to remedy competence of practice/behaviour (for example may require a chaperone during certain procedures).

  Limited Registration is made on the public interest and complies with section 80 of the National Law¹, for renewal of limited registration in public interest, under part 7 Division 9 of the National Law¹.
  PAs granted Limited Registration in the public interest must comply with the requirements imposed for Limited Registration.
  Clinical supervision may be part of Limited Registration. In these cases the PA may work under the supervision of a PA-Q or a Medical doctor.
  PAs on limited registration will be required to have a supervision plan and a professional development plan,
  To attain General Registration these PAs will have to:
  -Perform satisfactorily in the position under supervision and provide the APARB-ASPA (Non-AHPRA) with a copy of their supervisor’s report.
  PAs on Limited Registration unable to complete the above requirements will be deemed unable to practice medicine and therefore will have their APARB-ASPA (Non-AHPRA) registration revoked.
  Limited Registration may be terminated if the PA’s employment is terminated.
  -During assessment or supervision, deficiencies are identified in the PA’s practice that the APARB-ASPA (Non-AHPRA) considers as significant deficiency for safe and competent practice.

¹-Health Practitioner Regulation National Law Act 2009 (Qld).
11.4 APARB-ASPA (Non-AHPRA) will maintain for administration purposes only, two types of FILES.

A-UNDER INVESTIGATION FILE- PAs who are currently under investigation due to a complaint (this is only for in house administration purposes).

B-CANCELLED REGISTRATION FILE (this is only for in house administration purposes): for PAs who have been found responsible of misconduct or malpractice and have been struck off of the Register.

12-REGISTRATION:

12.1 Registration of Physician Assistants in Australia and New Zealand (if NZ PAs decide to become part of APARB-ASPA (Non-AHPRA)) will be for 12 months.

12.2 Registration is required to be renewed every 12 months, to continue practising as APARB-ASPA PA-Q in Australia and New Zealand (if NZ PAs decide to become part of APARB-ASPA (Non-AHPRA)).

12.3 A Certificate of Registration will be issued to eligible applicants. The certificate will include a registration number indicating their position in the Register.

12.4 Applicants attaining Registration as PA by APARB-ASPA (Non-AHPRA) may use the initials: PA-Q after their name (PA-Q= Physician Assistant-Qualified)

-Reminders will be posted to those on the Register 6 weeks prior to lapsing of registration.
13-APPLICANT REGISTRATION REQUIREMENTS.

13.1 Have successfully completed a course from a recognised Australian/New Zealand university, meeting the learning outcomes of a Physician Assistant in Australia or New Zealand.

Current recognised courses by APARB-ASPA (Non-AHPRA) are:

University of Queensland- Master of Physician Assistant Studies-(mphysasstst)

James Cook University-Bachelor of Health Science (Physician Assistant)- (102010)

- Overseas applicants:

Recognition of prior learning:

The Board will assess overseas qualifications against Australian Learning Outcomes. –(this may not operate initially).

APARB-ASPA (Non-AHPRA) will assess overseas applicants against the requirements of :

University of Queensland- Master of Physician Assistant Studies-(mphysasstst)

James Cook University-Bachelor of Health Science (Physician Assistant)- (102010)

Bridging programs: There are no recognised bridging programs currently in Australia at this stage, however, they may be available in the future.

13.2 Evidence of eligibility

An applicant for PA registration must produce evidence that they meet the requirements for registration, they include:

a) Universities to send list of new graduates after eligibility to graduate.

b) Graduates to complete application form.
c) Evidence= certified copy of testamur + certified copy of academic transcript.

d) Pay the registration fee (this is currently covered in the ASPA membership fee)

e) National criminal history check (issued by the appropriate state/territory police authority-at applicant’s expense).

f) A certified copy of an Australian or New Zealand driving licence or passport, medicare card or birth certificate (total of 100 ID points).

e) Be an Australian citizen or permanent resident.- MUST Provide a certified copy of Birth Certificate, Certificate of Citizenship or current Australian passport.

13.3 APARB-ASPA does recognise the qualifications of US trained PAs that have assisted in the establishment of the training courses at the University of Queensland and James Cook University and will accept their qualifications for registration with APARB-ASPA, as long as they are Australian citizens or Australian permanent residents, these PAs will be given Limited Registration for Teaching Purposes as per Part 7, section 69 of the Health Practitioner Regulation National Law Act 2009. No other overseas qualified PAs are eligible for APARB-ASPA (Non-AHPRA) registration at this stage - for overseas registered PAs eligibility see overseas trained PA section.

13.4 A registrant must inform APARB-ASPA (Non-AHPRA) if convicted of an indictable crime after registration as a PA in Australia or New Zealand.

13.5 A registrant must inform APARB-ASPA (Non-AHPRA) of any changes in their name, within 28 days. Suitable certified copies of the appropriate paperwork must be produced to APARB-ASPA (Non-AHPRA) before a new Certificate of
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Registration with the new name is issued - a fee may be payable for re-issue of Certificates.

14-REGISTRATION RENEWAL REQUIREMENTS.

14.1 Payment of appropriate fee (ASPA membership).

14.2 Non-ASPA members may still apply with a fee of AUD:100.00

14.3 A Statutory Declaration stating that the PA meets all requirements for registration.

14.4 20 points of CME per year- 1CME point=1 hr

14.5.1 CME points
CME points may be earned by attending a conference, university course, or a course by ACRRM or any other Australian/New Zealand medical college or an overseas recognised medical college or university. In addition participating in activities which contribute to the professional development of the PA, such as reading articles or attending workshops or carrying out medical research are acceptable activities.

14.5.2 It is a requirement that evidence is provided that the learning has taken place- CME point’s form from journals/certificates/letter from employer or person conducting the activity are acceptable.

14.5.3 CME points may only be accepted if they are at medical/PA level.

14.5.4 CME points gained through courses at other professional levels (nursing/paramedic) are not acceptable.
14.5.5 CME Points are not required for new PA graduates, during their initial registration; they are required for renewal of registration.

15-LANGUAGE REQUIREMENTS

15.1 An applicant seeking registration as a Physician Assistant in Australia/New Zealand (if NZ PAs decide to be part of APARB-ASPA (Non-AHPRA)) must be able to demonstrate English language skills at IELTS academic level 7 or the equivalent, and achieve the required minimum score in each component of the IELTS academic module, OET or specified alternatives. Test results must be obtained within two years prior to applying for registration. The Board may grant an extension in specified circumstances.

15.2 The following tests of English language skills as per AHPRA standards are accepted by the Board for the purpose of meeting this standard:
15.2.1 The IELTS examination (academic module) with a minimum score of 7 in each of the four components (listening, reading, writing and speaking); or
15.2.2 Completion and an overall pass in the OET with grades A or B only in each of the four components

16-EXEMPTIONS OF LANGUAGE REQUIREMENTS.

16.1 The Board may grant an exemption from the requirements if the applicant can provide evidence that:
16.2 They undertook and completed secondary education that was taught and assessed in English in one of the countries where English is the native or first language; and
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16.3 The applicant’s PA tertiary qualifications were taught and assessed in English in one of the countries listed below, where English is the native or first language:
• Australia
• Canada
• New Zealand
• Republic of Ireland
• South Africa
• United Kingdom
• United States of America

16.4. The applicant has successfully completed:
  a) the NZREX; or
  b) the PLAB test.
Within two years of application for APARB-ASPA (Non-AHPRA) registration.

16.5 The applicant has been working in the health care field for 12 months or more in an English speaking country as per the above list. In this case a letter from the employer will be required.

17-INSURANCE:

17.1-The Board’s registration standard on professional indemnity insurance states that practitioners must be insured or indemnified for each context in which they practice. In private practice, this is usually professional indemnity insurance. The Board requires that this be with an approved insurer.
17.2 The Board has decided to approve the following insurers which meet the minimum product standards that apply to all medical indemnity insurers as defined in the Medical Indemnity (Prudential Supervision and Products Standards) Act 2003 (Cwlth), and accepted by AHPRA
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- Avant
- Invivo
- Medical Indemnity Protection Society Limited (MIPS)
- Medical Insurance Group (MIGA)
- MDA National

APARB-ASPA (Non-AHPRA) will accept other insurance companies that meet the criteria as per the above insurance companies.

17.3 A letter from the employer stating that the PA is covered under their insurance scheme is also acceptable as evidence of insurance coverage.

18-FITNESS TO PRACTICE

18.1 PAs must inform APARB-ASPA (Non-AHPRA) if they suffer from any ongoing medical condition, mental or physical (including substance abuse or dependence) that they know or ought to reasonably know, could adversely affect their ability to competently and safely practise as a Physician Assistant.

18.2 PA-Qs are required to make a Statutory Declaration that they are fit to practice medicine safely and competently each time that they apply for renewal of their registration.

19-REGENCY OF PRACTICE.

19.1 To ensure that they are able to practise competently and safely, PA-Qs must have recent practice in the fields in which they intend to work during the period of registration for which they are applying.

19.3 PAs who have not practiced medicine for three or more years will be required to complete an education course to ensure that they are able practice safely and competently.

19.3 For absences of less than one year – no requirements required to recommence practice.
19.4 For absences between 2-3 years- CME points totalling 50 will be required prior to recommencing practice.

19.5 For absences greater than 3 years- CPD activities of a minimum of one year’s pro-rata in the intended field of practice will be required, plus a minimum of four weeks of supervised clinical practice.

20-CRIMINAL HISTORY.

20.1 APARB-ASPA (Non-AHPRA) will consider applications from applicants with criminal history. The application will be assessed based on the AHPRA Criminal History registration standard. The following is an extract from AHPRA’s standards:

The AHPRA standard states:

Requirements

In deciding whether a health practitioner’s criminal history is relevant to the practice of their profession, the board will consider the following factors.

1. The nature and gravity of the offence or alleged offence and its relevance to health practice.

The more serious the offence or alleged offence and the greater its relevance to health practice, the more weight that the Board will assign to it.
2. The period of time since the health practitioner committed, or allegedly committed, the offence.

The Board will generally place greater weight on more recent offences.

3. Whether a finding of guilt or a conviction was recorded for the offence or a charge for the offence is still pending.

In considering the relevance of the criminal history information, the Board is to have regard to the type of criminal history information provided. The following types of criminal history information are to be considered, in descending order of relevance:
   a) convictions
   b) findings of guilt
   c) pending charges
   d) non conviction charges; that is, charges that have been resolved otherwise than by a conviction or finding of guilt, taking into account the availability and source of contextual information which may explain why a non-conviction charge did not result in a conviction or finding of guilt.

4. The sentence imposed for the offence. The weight the Board will place on the sentence will generally increase as the significance of the sentence increases, including any custodial period imposed. The Board will also consider any mitigating factors raised in sentencing, where available, including rehabilitation.

5. The ages of the health practitioner and of any victim at the time the health practitioner committed, or allegedly committed, the offence.

The Board may place less weight on offences committed when the applicant is younger, and particularly under 18 years of age. The Board may place more weight on offences involving victims under 18 years of age or other vulnerable persons.
6. Whether or not the conduct that constituted the offence or to which the charge relates has been decriminalised since the health practitioner committed, or allegedly committed, the offence.

The Board will generally place less or no weight on offences that have been decriminalised since the health practitioner committed, or allegedly committed, the offence.

7. The health practitioner's behaviour since he or she committed, or allegedly committed, the offence.

Indications that the offence was an aberration and evidence of good conduct or rehabilitation since the commission, or alleged commission of the offence, will tend to be a mitigating factor. However, indications that the offence is part of a pattern of behaviour will tend to have the opposite effect.

8. The likelihood of future threat to a patient of the health practitioner.

The Board is likely to place significant weight on the likelihood of future threat to a patient or client of the health practitioner.

9. Any information given by the health practitioner. Any information provided by the health practitioner such as an explanation or mitigating factors will be reviewed by the Board and taken into account in considering the health practitioner’s criminal history.

10. Any other matter that the Board considers relevant.

The Board may take into account any other matter that it considers relevant to the application or notification. A Board will not require an applicant or registered health practitioner to provide further information that may prejudice their personal situation.
pending charges and the Board must not draw any adverse inference as a result of the fact that information has not been provided.

21-IMPAIRED PRACTITIONERS.

21.1 According to national law impairment is (as per AHPRA extract):

“impairment, in relation to a person, means the person has a physical or mental impairment, disability, condition or disorder (including substance abuse or dependence) that detrimentally affects or is likely to detrimentally affect—
(a) for a registered health practitioner or an applicant for registration in a health profession, the person’s capacity to practise the profession.

21.2 NOTIFICATION OF IMPAIRMENT:

Any person can notify APARB-ASPA (Non-AHPRA) about a PA-Q’s impairment. The person notifying the impairment has liability protection by law if it is done in good faith.

1-Whistleblowers Protection Act 2001 (Vic)
2-Whistleblowers Protection Act 1994 (Qld)
3-Ombudsman Act 1976 (Cth)
4-Whistleblowers Protection Act 1992 (SA)
5-Public interest Disclosures Act 2002 (Tas)
6-Public interest Disclosures Act 2012 (ACT)
7-Public Interest Disclosure Act 2003 (WA)
8-Public Interest Disclosure Act 2008 (NT)
9-Public Interest Disclosures Act 1994 (NSW)

21.3 In relation to an APARB-ASPA (Non AHPRA) registered Physician Assistant with impairment, **notifiable conduct** includes that the practitioner has: practised their profession while intoxicated by alcohol or drugs or placed the public at risk of substantial harm in the practitioner’s practice of the profession because the practitioner has an impairment.
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21.4 Registered health practitioners (from all registered health professions or a PA-Q) must make a notification if, in the course of practising their profession, they form a reasonable belief that another APARB-ASPA (Non AHPRA) registered health practitioner has behaved in a way that constitutes notifiable conduct”.

21.5 Once a notification is received APARB-ASPA (Non AHPRA) will assess the validity of the notification.

21.6 If there are grounds for an investigation APARB-ASPA (Non AHPRA) will appoint an investigator who will investigate the matter following the time frames as per complaints.

21.7 APARB-ASPA (Non AHPRA), may request the PA-Q to undergo a medical assessment to determine if an impairment if present.

21.8 If APARB-ASPA (Non AHPRA) findings are that an impairment is present, then action will be taken, this can include:

A- Take no action even if impairment is present but unlikely to affect safe and competent practice.

B- Refer the matter to a health panel.

C- Impose conditions and provide the PA-Q with limited registration.

D- Revoke the PA-Q registration.

22-COMPLAINTS.

22.1 A complaint can be brought either by a member of the public, by a medical practitioner, by an employer or by another Physician Assistant.
22.2 Reporting procedures

The types of investigations the board will conduct are allegations of misconduct no medical malpractice investigations as such, they are a civil matter and the law of torts applies. APARB-ASPA (Non AHPRA), will refer any complaints of criminal matter to the appropriate state/territory police service for investigation (sexual assault/stealing/battery).

23-THE COMPLAINT.

23.1 The complaint must satisfy the following conditions:

a) The allegation is about a breach of a specific clause of the Code of Practice and set out by ASPA or a breach of a law or regulation- breaches to the employer's policies must be dealt with by the employer internally.

b) The complaint is brought either by a member of the public seeking or using a service provided by a member or by a current member of ASPA against another member. In cases involving minor's, parent(s) or Guardians may act on their behalf.

c) Attempts to resolve the matter between the two parties are shown to have been made, or if not, an explanation of why not is provided.

d) Legal proceedings have not been issued or pending regarding matters forming the subject matter of the complaint.

23.2 APARB-ASPA (Non AHPRA) will decide whether a complaint has grounds for further investigation or not.
23.3 ASPA will also advise complainants to lodge a complaint with the health complaint statutory entities of the appropriate State or Territory. APARB will follow the AHPRA policy of including the following entities for complains against a PA-Q.

**ACT**

ACT Human Rights Commission

**New South Wales**

Health Care Complaints Commission

**Northern Territory**

Health And Community Services Complaints Commission (HCSCC)

**Queensland**

Health Quality And Complaints Commission (HQCC)

**South Australia**

Health And Community Services Complaints Commissioner (HCSCC)

**Tasmania**

Health Complaints Commissioner

**Victoria**

Office Of The Health Services Commissioner

**Western Australia**

Health and Disability Services Complaints Office (HaDSCO)
24-INVESTIGATION PROCEDURES

24.1 Once a complaint is received, APARB-ASPA (Non AHPRA) will acknowledge receipt of the complaint to the complainant within 8 days of receiving the complaint.

24.2 The respondent (PA subject to the complaint) will be informed also within 8 days, by certified mail.

24.3 Once a complaint is received: an Ad Hoc meeting of the APARB-ASPA (Non AHPRA) will be scheduled, within 10 days of receiving the complaint.

24.4 An investigator will be appointed by the board within 14 days of receiving the complaint.

24.5 Evidence will have to be gathered within 28 days of receiving the complaint.

24.5 Evidence includes: eye witness accounts/CCTV footage/emails or other electronic media or written letters.

24.6 A summary of the investigation needs to be completed by 90 days or earlier from the day of the complaint being received by APARB-ASPA (Non AHPRA).

27-DECISIONS.

27.1 A decision after receiving the summary of evidence should be reached by the board within 14 days of receiving such a summary.

27.2 The decision of an investigation will be reached by the board with a majority of 4/5 required to deliver a verdict.

27.3 The decision will only be delivered after considering the evidence, based on the law of balance of probabilities that the breach/offense actually may have occurred.
27.4 A decision reached by the board should be communicated to the complainant and the respondent within 14 days of a decision being reached.

28-COMMUNICATION OF DECISIONS TO EMPLOYERS

28.1 By being part of the APARB-ASPA (Non AHPRA) register, the Physician Assistant –Qualified, agrees that decisions by APARB-ASPA (Non AHPRA) will be relayed to the appropriate employers of the PA-Q from where the complaint was generated.

28.2 When a decision by the APARB-ASPA (Non AHPRA) limits the practice or when a PA is struck off the register, their employer will be informed within 14 days after such a decision.

28.3 The communication to the employer will include any types of restrictions applying to the PA.

28.4 Although APARB-ASPA (Non-AHPRA) cannot enforce the restrictions or impede the PA-Q practice of medicine, once informed of the same, the employer assumes total responsibility for the continued employment of such a PA-Q.

28.5 APARB-ASPA (Non-AHPRA) assumes no responsibility either criminal or civil arising from PA-Qs continuing to practice after restrictions or de-registration.

29-RIGHT TO APPEAL.

29.1 Both complainant and respondent have the right to appeal to decisions made by the APARB-ASPA (Non-AHPRA).

29.2 Appeals must be lodged within 28 days after posted date in the decision envelope.
29.3 Once an appeal is received, APARB–ASPA (Non-AHPRA) will acknowledge receipt of the same to the appellant within 8 days of receiving the appeal.

29.4 The appellee will be informed, within 8 days, by certified mail also.

29.5 Once an appeal is received: an Ad Hoc meeting of the APARB-ASPA (Non AHPRA) will be scheduled, within 15 days of receiving the complaint.

29.6 An investigator will be appointed by the board within 15 days of receiving the appeal.

29.7 Evidence will have to be gathered within 28 days of receiving the appeal.

29.8 Evidence includes: eye witness accounts/CCTV footage/emails or other electronic media or written letters.

29.9 A summary of the investigation needs to be completed within 90 days from the day of the appeal being received by APARB-ASPA (Non-AHPRA)

29.10 A decision after receiving the summary of evidence should be reached by the board within 14 days of receiving such a summary.

29.11 The decision of an investigation will be reached by the board with a majority of 4/5 required to deliver a verdict.

29.12 A Decision will only be delivered after considering the evidence, based on the law of balance of probabilities that a breach to the ASPA Code of Practice has actually occurred.

29.13 A decision reached by the board should be communicated to the appellant and appellee within 14 days of a decision being reached.

29.14 The appeal decision is final and will not be subsequently investigated.

29.15 Appellants and appellees not satisfied with the decision of the APARB-ASPA (Non AHPRA) may have their case heard by a court of law at their own expense.
30-RECORD KEEPING

30.1 All documentary records of complaints will be kept for a period of 7 years from the finalisation of the complaints procedure.

31-EXPENSES

31.1 APARB-ASPA (Non-AHPRA) is not responsible for travel or any other expenses incurred either by the Complainant or the Respondent in connection with any stage of the complaint.