



## Communique

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### Notifications workshop with the Australian Medical Association, the Medical Board of Australia and the Australian Health Practitioner Regulation Agency held on the 5 April 2017

Senior leaders from the Medical Board of Australia (MBA), the Australian Health Practitioner Regulation Agency (AHPRA) and the Australian Medical Association (AMA) met on 5 April 2017 for the third consecutive year to discuss how notifications are managed in the National Registration and Accreditation Scheme.

The workshop focused on improving timeliness of managing notifications in an environment where notification numbers are increasing. It also focused on the experience of practitioners who have a notification made about them. The AMA provided very clear advice to the MBA and AHPRA about the impacts of notifications to individual practitioners.

The MBA was represented by Dr Joanna Flynn, Chair of the MBA, Dr Peter Dohrmann, Chair of the Victorian Board of the MBA and Professor Anne Tonkin, Chair of the South Australian Board and member of the National Board. AHPRA was represented by Martin Fletcher, CEO of AHPRA, Kym Ayscough, Executive Director – Regulatory Operations, Matthew Hardy, National Director of Notifications and other senior AHPRA staff.

The AMA was represented by Dr Tony Bartone, Vice President, Dr Stuart Day, President AMA Tasmania, Dr Antonio Di Dio Vice President, AMA ACT, Dr Kunal Luthra, AMA Victoria and Luke Toy and Jodette Kotz from the secretariat.

Participants acknowledged that the notifications system has an important role in protecting the public and in promoting confidence in the medical profession. All participants valued the opportunity to contribute to strengthening this system.

The AMA was pleased to learn about significant improvements that have been made in managing notifications, including improved timeliness and improved communication with practitioners. The AMA acknowledged the willingness of the MBA and AHPRA to respond to the concerns previously expressed by the AMA. One of the initiatives in the past year was the introduction of an ongoing survey of notifiers and practitioners who have been the subject of a notification. While there have been significant improvements to date, the survey highlighted areas for ongoing focus.

#### Timeliness of dealing with notifications

Despite an 18 per cent increase in notifications received to the end of Quarter 3 of 2016-17 compared with 2015-16, there were significant improvements in the completion rates of cases with an increase of 34 per cent over the past 12 months. A key focus has been reducing the timeframes at the assessment and investigation stages. This work has resulted in a reduction of the average time a case spends in assessment from 60 days to 45 days, and a reduction in the average time a case spends at the investigation stage from 328 to 298 days, over the last 12 months. Reducing the time taken to complete this work remains a key focus of the workshop and of AHPRA's improvement strategies.

While there were many initiatives that have contributed positively to this reduction, two major pilot programs appeared to provide an opportunity to streamline the system significantly. These pilots are:

1. The triage pilot that started in South Australia and is now being used to help manage large numbers of notifications in Queensland. The triage process involves a Committee assessing a notification within days of it being received. The Committee decide whether it can be closed early or whether additional information is necessary. They also provide early clinical input to support a streamlined investigation. The triage process has resulted in a 33-day reduction in average assessment time frames in Queensland.
2. Early clinical discussion where a practitioner who is facing an allegation of unsatisfactory performance is invited to discuss the notification with a medical practitioner employed by AHPRA. The practitioner is accompanied by a representative of their professional indemnity insurer. The early data indicates that it is a helpful intervention as it allows the practitioner to explain the circumstances of the notification to another medical practitioner, which can ultimately improve a Board's understanding of the issues raised in a notification. Potentially, it will reduce incidences of prolonged investigation.

Workshop participants were impressed by the early data on both these approaches and will be keen to learn of further progress with these initiatives.

### **The impact of notifications on practitioners**

The MBA and AHPRA acknowledged that despite the fact that around 70 per cent of notifications result in no regulatory action, many practitioners regard being the subject of a notification as a catastrophic event.

The potential impact of notifications on junior doctors was particularly profound. The Doctors in Training cohort view a notification as a very serious event. They are concerned about the impact of a notification on their career. Prospective employers regularly request details about any history of notifications, even if no regulatory action was taken. Concerns have also been expressed that junior doctors may not seek help when they are in difficulty because they fear that a mandatory report will be made to the MBA.

Participants acknowledged that practitioners were concerned about mandatory notifications and vexatious complaints. AHPRA and the MBA advised that their evidence does not support a view that mandatory notifications were being made inappropriately. The AMA remained concerned that the mandatory notification provisions were dissuading practitioners from seeking help when needed for fear of the ramifications. The number of clearly vexatious complaints is very, very small. AHPRA and the Board have committed to commissioning further research on this issue.

The workshop also explored the implications of the Board issuing a caution to a practitioner. Cautions are not listed on the Register of medical practitioners but employers are informed about them at conclusion of the notification and ask about whether their employees have been subject to regulatory action. Therefore, the caution can become public in the sense that the employer is aware of it and can impact on the future employment of medical practitioners. The impact on practitioners who are in an employment arrangement is much greater than for those working only in private practice. It was agreed that the policy intent behind the use of cautions did not anticipate this consequence. AHPRA and the MBA agreed to explore how cautions are applied.

All parties agreed that there needs to be a focus on the mental wellbeing of practitioners, including when they are the subject of a notification.

### **Feedback from practitioners**

AHPRA presented information from their survey into the notifications experience. The results provided clear opportunities for AHPRA and the MBA to improve engagement with practitioners. The vast majority of respondents felt that they understood the outcome and the reasons for the MBA's decision, however many respondents did not feel that they were regularly updated on the progress of their notification. AHPRA has agreed to review how and how often they update a practitioner.

On a pleasing note, a large majority of practitioners agreed that they were satisfied with the outcome of their notification.

### Summary

The AMA commended the MBA and AHPRA on their willingness to listen to concerns and take action. There have been many initiatives over the past 12 months that have contributed to reducing time frames for notifications although more still needs to be done.

The group concluded that it is valuable to review and reflect on the progress made so far and to continue to robustly discuss options and opportunities to improve the notifications system.

The group agreed to hold another workshop in 12 months, and to include updates of progress on the current work in the regular AMA/MBA/AHPRA meetings.