Aboriginal and Torres Strait Islander Health Practice
Chinese Medicine
Chiropractic
Dental
Medical
Medical Radiation Practice
Nursing and Midwifery
Occupational Therapy
Optometry
Osteopathy
Pharmacy
Physiotherapy
Podiatry
Psychology

Australian Health Practitioner Regulation Agency

Response template: Public consultation - revised *Guidelines for mandatory notifications*

National Boards and the Australian Health Practitioner Regulation Agency (AHPRA) are seeking feedback about the revised *Guidelines for mandatory notifications.*

This response template is an alternative to providing your response through the online platform available on the consultation website.

IMPORTANT INFORMATION

Privacy

Your response will be anonymous unless you choose to provide your name and/or the name of your organisation.

The information collected will be used by AHPRA to evaluate the revised guidelines. The information will be handled in accordance with AHPRA's privacy policy available here.

Publication of responses

Published responses will include the name (if provided) of the individual and/or the organisation that made the response.

You must let us know if you do **not** want us to publish your response.

Please see the public consultation papers for more information about publication of responses.

Submitting your response

Please send your response to: AHPRA.consultation@ahpra.gov.au

Please use the subject line: Feedback on guidelines for mandatory notifications

Responses are due by: **6 November 2019**

General information about your response

Are you responding on behalf of an organisation?	
Yes	What is the name of your organisation? **The Royal Australasian College of Medical Administrators (RACMA)**
No	Are you a registered health practitioner? **We are a Specialist Medical College** If yes, which profession(s)? Are you a student? NA If yes, which profession?
We may need to contact you about your response. Please write your name and contact details below. **(Skip if you wish to remain anonymous)**	
Name (optional)	[redacted]
Contact details (optional)	[redacted]

Public consultation questions

Please ensure you have read the public consultation papers before providing feedback as the questions are specific to the revised Guidelines for mandatory notifications.

Use the corresponding text boxes to provide your responses. You do not need to answer every question if you have no comment.

1. How easy is it to find specific information in the revised guidelines
The revised guidelines are more user-friendly and arranged better than the current guidelines in terms of *finding* specific information. RACMA suggest that the draft could still be better laid out and formatted.
2. How relevant is the content of the revised guidelines?
The guidelines are long and complex and do not address the problem of mandatory reporting and will deter doctors seeking appropriate help. In particular, doctors experiencing mental health issues, would shy away from seeking medical care, due to the potential consequences of being reported by their treating doctor. The revised framework does not address what RACMA considers to be the "fundamental" issue at hand; i.e. that medical practitioners still cannot seek healthcare *without fear of reprisal (being reported).* The effects of this may lead to false reporting, an issue which would place the public at risk of harm.
3. Please describe any content that needs to be changed or deleted in the revised guidelines.
1. It is important that doctors receive the healthcare they need, rather than seek to hide issues through fear of being reported by their treating practitioner. RACMA would like to point out that doctors are *patients also,* and they should have the same rights to access confidential high-quality medical treatment as their own patients and all other Australians do. Accordingly, the revised guidelines compromise patient safety and do not encourage care of the doctor-patient. 2. RACMA supports the AMA and the RACGP stance for complete exemption from mandatory reporting requirements for treating health practitioners in line with Western Australia's model. The Western Australian model currently operates successfully to provide access to health services for doctors, while at the same time protecting public safety and improving patient care. It is the ideal alternative. 3. Whilst understanding the need for accurate and precise information, RACMA still believes that the revised guidelines are not fit for purpose and written in "plain language". The content reads as a regulatory legal style document, defeating its purpose as a "guideline" which is an explanatory narrative.

4. Should some of the content be moved out of the revised guidelines to be published on the website instead? **If yes, please describe what should be moved and your reasons why.**
RACMA does not believe that there would be any benefit in splitting some of the guidelines to the website. Internet access is not always readily accessible in isolated remote areas of Australia which would present accessibility issues for medical practioners. Additionally, having different parts of a document accessible in different mediums will create coherence issues for meaning and holistic outcomes.
5. How helpful is the structure of the revised guidelines?
RACMA agrees that the structure is more accessible by treating medical practitioners.
6. Do the revised guidelines clearly explain when a mandatory notification is required and when it is not? **Please explain your answer.**
The revised guidelines make it a difficult judgement call for treating practitioners with some of the issues. The way the document and legislation is constructed, the onus of proof is on the treating practitioner to justify why they have not made a mandatory report, rather than why they need to.
7. Are the flow charts and diagrams helpful? **Please explain your answer.**
Visual representations are always of benefit in aiding the narrative of a guideline.

8. Are the risk factor consideration charts helpful? **Please explain your answer.**
Yes, charts are a good visual aid for guidelines.
9. Are the examples in the revised guidelines helpful? **Please explain your answer.**
Examples assist a guideline to contextualise the content. RACMA suggest adding more examples for the contestable issues.
10. Should there be separate guidelines for mandatory notifications about students or should the information be included in guidelines about practitioners and students (but as a separate section)? **Please explain your answer.**
RACMA prefers that there is only one single cohesive document, with separate headings and sections, e.g. “for students”, as their risks are somewhat different, as a whole is greater than the sum of its parts.

The revised guidelines explain that it is not an offence to fail to make a mandatory notification when required, but a National Board may take disciplinary action in this situation.

11. Is this made clear in the revised guidelines?

Please explain your answer.

RACMA believes that this is clear, however the language of the revised guidelines should be in plainer language and fit for purpose. The document needs to be an explanatory narrative and not a regulatory legal style document.

12. Is there anything that needs to be added to the revised guidelines?

If the position of the revised guidelines is to remain as a formal "regulatory" communique, as opposed to an "explanatory" narrative for medical practioners, then RACMA recommends that there are more visuals and flowcharts to aid interpretation. This assists to clarify ambiguities and simplifies technical understanding.

13. It is proposed that the guidelines will be reviewed every five years, or earlier if required.

Is this reasonable?

Please explain your answer.

It is essential that policies and guidelines are aligned to recency of practice and currency of regulatory obligations. As such, RACMA recommends that earlier reviews than 5 years should be undertaken.

14. Please describe anything else the National Boards should consider in the review of the guidelines.

Australia needs a nationally consistent approach to mandatory reporting provisions, that will provide confidence to doctors, to enable and empower doctors to seek treatment for their own health conditions. The issue should NOT be about punitive recourse, rather it must be about the health and wellbeing of doctors, which is at high risk and in some tragic cases, leads to suicide (please refer to RACMA website for our policy on health and wellbeing for doctors). Accordingly, RACMA supports the AMA and the RACGP, in that the West Australian model is a better alternative reporting model (please refer to question 3).

15. Please add any other comments or suggestions for the revised guidelines.
RACMA recommends that the National Boards refer to the following research papers as authoritative insight into mandatory guidelines: 1. MLC, H. N. G., Kay, M., Nash, L., & Haysom, G. (2014). Mandatory reporting of health professionals: the case for a Western Australian style exemption for all Australian practitioners. Journal of Law and Medicine. Melbourne, Australia, 22, 209-220. 2. Bismark, M. M., Spittal, M. J., Morris, J. M. and Studdert, D. M. (2016), Reporting of health practitioners by their treating practitioner under Australia's national mandatory reporting law. Medical Journal of Australia, 204: 24-24. doi:10.5694/mja15.00710

Thank you!

Thank you for participating in the consultation.

Your answers will be used by the National Boards and AHPRA to improve the Guidelines for mandatory notifications.