



Aboriginal and Torres Strait
Islander health practice
Chinese medicine
Chiropractic
Dental
Medical
Medical radiation practice
Nursing and Midwifery
Occupational therapy
Optometry
Osteopathy
Paramedicine
Pharmacy
Physiotherapy
Podiatry
Psychology

Australian Health Practitioner Regulation Agency

Q13.

Guidelines for mandatory notifications: public consultation

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

Please ensure you have read the [public consultation papers](#) before providing feedback as the questions are specific to the revised guidelines.

Q23.

Privacy

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

Privacy notice

This consultation is being conducted by AHPRA and is hosted on a third-party website, provided by Qualtrics. The information collected will be used by AHPRA to evaluate the revised guidelines. The information will be handled in accordance with the privacy policies of AHPRA accessible [here](#) and Qualtrics [here](#).

Contact.

Contact details

We may contact you about your response.

Please write your name and contact details.

(Skip if you wish to be anonymous)

Q25.

Publication of responses

National Boards and AHPRA publish responses at their discretion. We generally publish responses on our websites to encourage discussion and inform the community and stakeholders.

We will not publish responses that contain offensive or defamatory comments or which are outside the scope of the consultation. Before publication, we may remove personally-identifying information, including contact details.

We can accept responses made in confidence. These responses will not be published. Responses may be confidential because they include personal experiences or other sensitive information. Any request for access to a confidential response will be determined in accordance with the Freedom of Information Act 1982 (Cth), which has provisions to protect personal information and information given in confidence.

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

Published responses will include the names (if provided) of the individuals and/or the organisations that made the response.

Q24. Publication of responses

Please select the box below if you do **not** want your response to be published.

Please do **not** publish my response

Q15. About your response

Q23. Are you responding on behalf of an organisation?

- Yes
 No

Q24. Which of the following best describes your organisation?

- Health services provider
 Professional indemnity insurer
 Legal services provider
 Professional body (e.g. College or association)
 Education provider

Regulator

Government

Other

Q22. Please write the name of your organisation.

Australian Dental Association

Q17.

Which of the following best describes you?

This question was not displayed to the respondent.

Q19.

Which of the following health profession/s are you registered in, in Australia?

You may select more than one answer

This question was not displayed to the respondent.

Q35.

Before you answer questions about the guidelines

Please ensure you have read the [public consultation papers](#) before providing feedback as the questions are specific to the revised guidelines for mandatory notifications.

The following questions will help us to gather feedback about the revised guidelines.

Q9.

How easy is it to find specific information in the revised guidelines?

The revised guidelines are a significant improvement and will make it much easier for practitioners to determine when to report and on what basis.

Q10.

How relevant is the content of the revised guidelines?

Very relevant

Q12.

Please describe any content that needs to be changed or deleted in the revised guidelines.

There are references to Section 0 throughout the document which doesn't appear to exist.

Q14.

Should some of the content be moved out of the revised guidelines to be published on the website instead?

- Yes
- No

Q40.

If yes, please describe what should be moved and your reasons why.

Q22.

How helpful is the structure of the revised guidelines?

Allows practitioners to go directly to the relevant section

Q24. Do the revised guidelines clearly explain when a mandatory notification is required and when it is not?

- Yes
- No

Q31. Please explain your answer.

Q32. Are the flow charts and diagrams helpful?

- Yes
- No

Q15.

Please explain your answer.

However, it is unclear why a) in the non treating practitioner chart there is a question asking if you are providing a health service - it's a redundant question and b) there is a box advising about voluntary notifications when the practitioner has made a reasonable belief that there is no impairment, intoxication, departure from accepted professional standards or sexual misconduct

Q33. Are the risk factor consideration charts helpful?

- Yes
- No

Q34.
Please explain your answer.

somewhat helpful but this remains a subjective area

Q29.
Are the examples in the revised guidelines helpful?

- Yes
- No

Q36.
Please explain your answer.

If possible, it would be good to have different scenarios for treating and non-treating practitioners to better differentiate between the two groups

Q16. 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)?

- Separate **guidelines** about students
- Separate **section** about students

Q39.
Please explain your answer.

It is safer to have everything in one place

Q30.

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.

Is this made clear in the revised guidelines?

- Yes
- No

Q37.

Please explain your answer.

There is sufficient information to make practitioners aware of their obligations given that should a Board take disciplinary action, it is assumed that it would be based on an individual situation and therefore difficult to provide too much detail in this document.

Q27.

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

It is suggested that further information is given on page 5 about the reporting thresholds even though these are expanded on later in the document. This section should explain that there are differences. Would suggest highlighting the specific words in the table e.g. substantial risk of harm versus risk of substantial harm. It would also be important to ensure the table is on a single page otherwise headings are lost. On page 11 of the document the paragraphs under 31 could flow better. Suggest moving the paragraph commencing with "However, a lower threshold for making a mandatory..... to after the following paragraph and merge the paragraph commencing with "With the exception of concerns about sexual misconductto the one commenting "If you are concerned about a practitioner and deleting the duplication.

Q17. It is proposed that the guidelines will be reviewed every five years, or earlier if required.

Is this reasonable?

- Yes
- No

Q38.

Please explain your answer.

Unless there is evidence that the professions remain confused, it would be unnecessary to review the guidelines any earlier.

Q24.

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

The ADA remains concerned that a significant departure from professional standards, as this can only be determined by a registered health practitioner of the same registration category (ie. Dentist-Dentist, Chiropractor-Chiropractor), as it is highly unlikely that another health practitioner or employer would understand enough about that area of clinical practice.

Q31.

Please add any other comments or suggestions for the revised guidelines.

The ADA is concerned that, notwithstanding the stratification of the Risk Threshold, practitioners may choose not to seek care for fear of the potential effects on their registration. We are unaware of any examples of where this may have occurred, and the processes and results.

Q27.

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*.

This question was not displayed to the respondent.



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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	Australian Dental Association (Federal and Branches)
No	Are you a registered health practitioner? Yes/No If yes, which profession(s)? Are you a student? Yes/No 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)	██████████
Contact details (optional)	██████████

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 a significant improvement and will make it much easier for practitioners to determine when to report and on what basis.
2. How relevant is the content of the revised guidelines?
Very relevant.
3. Please describe any content that needs to be changed or deleted in the revised guidelines.
There are references to Section 0 throughout the document which doesn't appear to exist. Editing should pick up additional typographical errors noted.

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.

No it can be duplicated but should be retained in the document as well.

5. How helpful is the structure of the revised guidelines?

Allows practitioners to go directly to the relevant section.

6. Do the revised guidelines clearly explain when a mandatory notification is required and when it is not?

Please explain your answer.

Yes in the text and with the help of the examples.

7. Are the flow charts and diagrams helpful?

Please explain your answer.

Yes they are better. However, it is unclear why a) in the non-treating practitioner chart there is a question asking if you are providing a health service - it's a redundant question and b) there is a box advising about voluntary notifications when the practitioner has made a reasonable belief that there is no impairment, intoxication, departure from accepted professional standards or sexual misconduct.

8. Are the risk factor consideration charts helpful?

Please explain your answer.

Yes, somewhat helpful but this remains a subjective area.

9. Are the examples in the revised guidelines helpful?

Please explain your answer.

Yes but if possible, it would be good to have different scenarios for treating and non-treating practitioners to better differentiate between the two groups.

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.

Would prefer to have it all in one document for employers as it is safer and easier to have everything in one place.

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.

Yes. There is sufficient information to make practitioners aware of their obligations given that should a Board take disciplinary action, it is assumed that, it would be based on an individual situation and therefore it is difficult to provide too much detail in this document.

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

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