



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 These responses will not be published.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?

This question was not displayed to the respondent.

Q22. Please write the name of your organisation.

This question was not displayed to the respondent.

Q17.

Which of the following best describes you?

- I am a health practitioner
- I am a member of the community
- I am an employer (of health practitioners)
- I am a student
- Other

Q19.

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

You may select more than one answer

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

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?

Easy

Q10.
How relevant is the content of the revised guidelines?

Found them to be relevant, particularly the breakdown of reporting groups.

Q12.
Please describe any content that needs to be changed or deleted in the revised guidelines.

Would like to see something more added about making malicious or vexatious reports, as I am aware of some employers and practitioners making reports that are purely malicious and unfounded. How would AHPRA view these types of reports, how would they be managed, who would they be referred to etc.

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?

The flow charts are particularly helpful and the content makes reporting requirements much clearer.

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.

Mostly yes, but it would be helpful if more information or examples were included for reporting on 'significantly departing from professional standards' that place the public at substantial risk of harm. For example, the examples provided involve direct clinical actions such as medication errors and treatment practices; maybe an example or two for the following types of repeated behaviours that are not being managed, as to whether they meet or do not meet reporting requirements or are appropriate or not: - Poor clinical decision making e.g. reallocating nurse caseloads and directing allied health clinicians (non-nursing) to 'case manage' community patients who receive Clozapine treatment. - Failing to provide appropriate clinical handovers that result in poor patient outcomes. - Bullying and / or harassment in the workplace with associated workplace stress that affects other clinicians' ability to function appropriately, putting patients at risk. - Breaching policies and procedures - clinical and non-clinical. - Working beyond scope of practice. - Directing junior staff to work beyond scope of practice. - Hostile approach with psychotic patient resulting in patient suicide? - 'Doctoring' clinical and related documents to falsely portray actual events. etc. etc. etc. I think many practitioners struggle with these type of notifications, and knowing if they are relevant to report to AHPRA or not.

Q32. Are the flow charts and diagrams helpful?

- Yes
- No

Q15.

Please explain your answer.

Q33. Are the risk factor consideration charts helpful?

- Yes
- No

Q34.

Please explain your answer.

Helpful but would like to make the following observations: Intoxication risk chart page 14 - are 'practice context' and 'extent of reflection' relevant? If they rate high for 'extent and/or duration' and 'pattern of behaviour', does it matter how much they reflect or if they work as part of an integrated team? Impairment risk chart on page 20 - asks 'how well the impairment can be managed with treatment' which are rated from highly receptive to unreceptive. Would it be more relevant to say '... is managed' instead of '... can be managed' as 'can be' may indicate maybe, and the point is to assess risk based on facts not guesses? Rating responses - responsive or unresponsive, not sure what this is saying, as it appears to be similar to the engagement ratings. Suggest e.g. 'Well managed and 'Not managed' or 'Well controlled and 'Not controlled'

Q29.

Are the examples in the revised guidelines helpful?

- Yes
- No

Q36.

Please explain your answer.

Please refer to earlier response.

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.

No need for two documents, a separate section would be adequate and all information kept in the one document would make more sense to me.

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.

Had to search hard to find this information again.

Q27.
Is there anything that needs to be added to the revised guidelines?

Please see earlier responses.

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

Is this reasonable?

- Yes

Q38.

Please explain your answer.

5 years is a long time and things change quickly, I would think 3 years and earlier if required.

Q24.

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

Q31.

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

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*.