



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 These responses will not be published.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?

The wording of the guidelines is more specific

Q10.

How relevant is the content of the revised guidelines?

Mental health is referred to specifically, which is good

Q12.

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

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?

It distinguishes between the different levels of risk really well, it's easier to work things out

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.

It's reassuring to know that I can have treatment for (depression for example) and not to trigger an automatic notification. It's easier to trust the doctor and psychologist that you work with, to say that you're not having a good run, and that they will work with you. So that you can keep your job and Registration; and do your job well. It makes having the treatment that you want/need less confronting, and it's better for the patients too. You don't have to pretend that you're coping if you aren't at that moment; there isn't a "penalty box" if you're not doing well.

Q32. Are the flow charts and diagrams helpful?

- Yes
- No

Q15.

Please explain your answer.

It just clarifies things, makes it easier to understand.

Q33. Are the risk factor consideration charts helpful?

- Yes
- No

Q34.

Please explain your answer.

Q29.

Are the examples in the revised guidelines helpful?

- Yes
- No

Q36.

Please explain your answer.

Mental health is mentioned specifically, which is good.

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.

Students work under supervision of an RN, there's more oversight. It makes it easier to know what/when to escalate, if necessary to the clinical supervisor

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.

Because if a colleague was practicing with an "impairment"; if the risk was that high, you would report it to the manager in the first instance. Because they have the capacity to do something immediately if it is needed, to manage the risk.

Q27.

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

It covers most things quite well

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.

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*.

This question was not displayed to the respondent.