



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? Queensland Nurses and Midwives' Union (QNMU)
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.

The QNMU supports AHPRA in their preference for **Option 2 – Proposed reviewed guidelines**.

We ask AHPRA to read our submission in conjunction with that of our peak body the Australian Nursing and Midwifery Federation (ANMF).

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

The QNMU recognises AHPRA needs to update the Mandatory Reporting Guidelines in accordance with recent changes to the legislation.

We feel the boards should also publish a one page statement explaining the changes to the existing guidelines and how they affect practitioners.

In our view, the guidelines would benefit from including more relevant examples such as treating practitioners with epilepsy.

Section 1.5 of the Guidelines states an employee practitioner may need to make a mandatory report even when the employer has its own processes relating to mandatory reporting obligations. This paragraph could helpfully include a statement that a practitioner is not required to make a mandatory report if they reasonably believe that a report has already been made.

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

The QNMU believes the content is relevant but could include more examples as stated above. See our response to question 15 for more details.

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

The QNMU believes the guidelines for employers should include more information on how to manage risk.

We found the coloured table on page 26 difficult to follow and may need to be in a different format for clarity.

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, the QNMU believes all content should remain in one document as a single source of truth. However, AHPRA could consider extracting specific critical sections that link back to the whole document, for example information for treating practitioners so this specific information can be located quickly if required.

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

The structure is appropriate given the new guidelines address three distinct audiences.

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

Please explain your answer.

The guidelines could give more emphasis to the levels of risk involved in not reporting to ensure the risks associated with not reporting are balanced against protecting the interests of the practitioner and the intention of maintaining a higher threshold for such reporting.

7. Are the flow charts and diagrams helpful?

Please explain your answer.

The flow charts should include definitions in a footnote. They could also be designed to act as a stand-alone resource.

8. Are the risk factor consideration charts helpful?

Please explain your answer.

No further comment.

9. Are the examples in the revised guidelines helpful?

Please explain your answer.

The examples are helpful but there is a risk that if the guidelines are too complex, treating practitioners may report out of concern for non-compliance rather than on the basis of the health of the practitioner patient.

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.

As impairment is the only type of mandatory notification applying to students, we support the ANMF in its recommendation student related guidelines be separated from registered health practitioners, so due emphasis can be placed on the different reporting requirements.

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.

In our view, the revised guidelines should explain the disciplinary action a national board may take for not reporting otherwise there is the risk that due to “mixed messaging” treating practitioners will default to reporting, even when this may not be necessary or in the best interests of the practitioner patient.

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

In our view, the revised guidelines could include more useful examples of sexual misconduct as this area is fraught with risk.

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

Is this reasonable?

Please explain your answer.

The QNMU considers a three year review period would be more appropriate given the complexity and importance of the document.

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

As part of an overall communications plan, we recommend AHPRA email all health practitioners highlighting the changes to mandatory reporting for treating practitioners. We ask the National Boards to consult with unions on any further changes and provide at least 8 weeks for the consultation period.

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

- Sections 3.1 of Guidelines – We recommend the third paragraph, regarding the substantial risk of harm, be incorporated into the beginning of section 3.1, to ensure it is clear that, for example, simply practicing with an impairment is not a sufficient ground for a mandatory notification.
- Section 3.2 – We recommend this section include more specific examples of matters that arise – e.g. a suicidal or drug-affected practitioner patient presenting to an Emergency Department; a practitioner patient receiving inpatient mental health or addiction treatment, etc, and explain circumstances in which these matters may or may not need to be reported.
- Section 3.5 – We recommend this section include further examples.
- Sections 4.1 and 5.1 – We recommend the requirement for substantial harm when practicing with an impairment be made more specific in the first paragraph and the second paragraph identify the specific level of risk required to necessitate a report.
- Section 5.1 – We suggest AHPRA could usefully include advice to employers about not attempting to defer their responsibilities for performance management to AHPRA.
- Section 5.2 – We suggest this section could include more specific information regarding how employers can manage risks, such that a notification is not required. This section could also address return to work programs, performance improvement plans, and employers making reasonable adjustments for practitioners with impairments, etc. The table to assist in assessing risk could also include how well a practitioner is being managed by the employer, etc.
- Section 5.3 – re example 2, we suggest this should require the supervisor to make their own enquiries rather than simply relying on information provided by others, particularly given the guidance in section 2.2 regarding reasonable belief.
- Section 5.4 – We suggest the third paragraph regarding performance and risk management be reinforced, perhaps highlighted or in a text box, etc.

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.