



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 These responses will not be published.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.

School of Optometry and Vision Science, UNSW Sydney

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 separation of the guidelines into three different types of reporters, while well intentioned, appears to potentially create more confusion as to what role the health practitioner must be in to be required to make a report. The specific differences in obligations of reporting as a treating vs non-treating versus employer of practitioners is not straightforward and requires a greater level of investigation and consideration (finding Table in section 1.2) before a practitioner would be confident in whether or not they have to report and for what a report is needed.

Q10.

How relevant is the content of the revised guidelines?

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?

Moderate. The flow charts are helpful, but an overall flow chart to help direct people reading the document to where they should direct their attention would be more helpful.

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.

The examples and classes are clearly written but requires a compare and contrast between the different situations for registered practitioners to know the different levels and requirements for notification depending on what role they are in.

Q32. Are the flow charts and diagrams helpful?

Yes

No

Q15.

Please explain your answer.

The flow charts are helpful but occur too late within the document. An initial flowchart/algorithm that can be consulted near the beginning of the document to point practitioners to the relevant section to work through if they need to do a mandatory report would be helpful in directing practitioners to the relevant sections easily. It would be also helpful to note to practitioners in the flowcharts the differences in levels of concern (substantial vs otherwise) in the flowcharts so that the differences between the categories can be made clear.

Q33. Are the risk factor consideration charts helpful?

- Yes
- No

Q34.

Please explain your answer.

The risk factor considerations are only somewhat helpful. There appears to be an attempt to delineate between threshold of “substantial” when as a treating versus a non-treating reporting practitioner, but there is not enough guidance here to truly help practitioners know whether they are in a mandatory or voluntary reporting scenario. This creates a grey area that may be argued is subject to interpretation.

Q29.

Are the examples in the revised guidelines helpful?

- Yes
- No

Q36.

Please explain your answer.

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.

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.

This is not clear from reading the guidelines at a glance and requires you to fully read the specific section of the guideline. It could be considered to be placed more prominently in the section regarding how the National law protects practitioners (1.4)

Q27.

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

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*.