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? The Society of Hospital Pharmacists of Australia
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)	[redacted]
Contact details (optional)	[redacted]

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
2. How relevant is the content of the revised guidelines?
3. Please describe any content that needs to be changed or deleted in the revised guidelines.
1. Clarification on Health practitioner responsible for making a mandatory notification Section 2.2 indicates that the person with the most direct knowledge of the conduct should be encouraged to consider making a notification themselves. However, Example 2 in Section 5.3 suggests that the employer who was made aware by other staff members of an intoxicated employee practitioner, should themselves make a mandatory notification. This may seem as contradicting information if the staff who informed the employer, are also health practitioners themselves. A statement in Example 2 suggesting that if the staff were health professionals the employer would encourage them to make a notification themselves, would help clarify that the health practitioner with the most direct knowledge of the conduct is responsible to notify. **2. Defining the term 'harm'** The guidelines frequently refer to the term 'harm' without a definition to support health practitioners. SHPA would appreciate clarity on whether harm is only associated with conduct or incidents that result in negative clinical impact on patients i.e. changes to treatment or hospitalisation, or whether it also incorporates near misses and mild/rectifiable clinical impact on patients. **3. Concerns arising from the definition of 'departure from standards'** Whilst SHPA develops several standards of practice to support pharmacist members working in hospitals across Australia, we are acutely aware of workforce limitations that make consistent alignment to standards challenging. The current definition of 'significant departure from accepted professional standards' does not take into consideration workforce demands and related breaches of standards. For example, due to the limited number of pharmacists working in hospitals, particularly after-hours and on weekends, it is typically difficult to ensure the SHPA Standards of Practice for Clinical Pharmacy Services recommendation of 1:30 pharmacist to patient ratio is observed at all times. This also deviates from National Safety and Quality Health Service Standards' Medication Safety Standard, which discuss the provision of patient education, medication reconciliation and medication review for patients receiving care in hospitals.

Contravening these standards may place the public at risk of harm, however given that it is not within the control of an individual practitioner to rectify the situation, it is likely to be unreasonable for this scenario to trigger a mandatory notification.

SHPA is aware that in New South Wales, which has one of the lower hospital pharmacist staffing ratios, the Clinical Excellence Commission has stated that in 2016-17, there were approximately 28,000 medication-related incidents in hospitals were reported and 99 of these resulted in serious patient harm.

A retrospective analysis shows an increased mortality associated with after-hours and weekend admission to the intensive care unit in hospitals with patients admitted after-hours having a 17% hospital mortality rate compared with 14% of patients admitted in hours and weekend admission resulting in a 20% hospital mortality rate compared with 14% on weekdays.

Whilst these statistics are not directly associated with reduced numbers of hospital pharmacists, it highlights the fact that workforce limitations may certainly place the public at risk of harm and as such SHPA would appreciate guidance from AHPRA if departure from these professional standards on workforce staffing ratios, are in scope.

References

- The Society of Hospital Pharmacists of Australia. (2013). Standards of Practice for Clinical Pharmacy Services. JPPR. Vol 43, No 2 (suppl)

- Bhonagiri, D., Pilcher, D., & Bailey, M. (2011). Increased mortality associated with after-hours and weekend admission to the intensive care unit: a retrospective analysis. Medical Journal Of Australia, 194(7), 376-376. doi: 10.5694/j.1326-5377.2011.tb03021.x

4. Non-treating practitioner: mandatory notification of departure from standards

Section 5.4 indicates that if the 'risk of harm' to the public resulting from a practitioner's significant departure from standards can be mitigated through controls such as performance/risk management strategies, a mandatory notification does not need to be made. This point is not made clear in the rest of the guidelines. A phrase such as *'placing the public at risk of harm that cannot be mitigated through other strategies'* would help clarify this notation across the document.

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.**
5. How helpful is the structure of the revised guidelines?
It may be useful to rearrange the current structure of each section to follow this format: 1. brief definition 2. flowchart 3. risk assessment table (if available) 4. examples The last component of the flowchart is often a measure of the risk which is when the risk assessment table following would be used. The examples placed at the end of each section would help cement the understanding attained from the information above.
6. Do the revised guidelines clearly explain when a mandatory notification is required and when it is not? **Please explain your answer.**
Please see response to question 3.
7. Are the flow charts and diagrams helpful? **Please explain your answer.**
Yes, the flow charts and diagrams are helpful, however SHPA also recommends developing a practitioner friendly resource incorporating all the flow charts in the guidelines as a quick visual guide to support practitioners. At present the document is lengthy and requires the practitioner to invest a significant amount of time in determining if mandatory notification is necessary. A quick visual guide would inform practitioners if there may be a need for mandatory notification or whether their concern warrants a voluntary notification instead. If a mandatory notification may indeed be required, practitioners can then go on to reading the full guidelines.
8. Are the risk factor consideration charts helpful? **Please explain your answer.**
The risk factor charts are in a way useful in highlighting factors to be considered, however they do not provide a way of tallying the overall risk and identifying if it is high enough to warrant a mandatory notification. It would be beneficial to include a means of calculating the risk and determining need to notify.
9. Are the examples in the revised guidelines helpful? **Please explain your answer.**
Yes, however in section 4 Guidelines for non-treating practitioners, Example 1 outlines a scenario where a non-treating practitioner is unlikely to require making a mandatory notification

of an impairment. It would however be useful to include an example of when a non-treating practitioner may indeed need to consider notifying an impairment.
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.**

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.**
12. Is there anything that needs to be added to the revised guidelines?
13. It is proposed that the guidelines will be reviewed every five years, or earlier if required. **Is this reasonable?** **Please explain your answer.**
14. Please describe anything else the National Boards should consider in the review of the guidelines.
To support the uptake of the guidelines, SHPA recommends the guidelines should provide options and pathways for notifiers to seek clarification on whether reporting is required when they are uncertain. Although the tables and flow charts in the guidelines are useful, they have a binary Yes or No approach to nuanced professional practice scenarios where the most appropriate outcome is not evidently clear in many circumstances. Providing this support or directing health practitioners to the appropriate channels would ensure that health practitioners are able to carry out the correct action with appropriate advice.
15. Please add any other comments or suggestions for the revised guidelines.

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.