

Module 2: Replacing fear with facts: understanding notifications.  
Regulation and professionalism for medical students in Australia

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1	<p>Welcome to the Medical Board of Australia's training package in regulation and professionalism for medical students.</p> <p>In this module we talk about replacing fear with facts to help you better understand how we manage complaints, or notifications as they are called in the National Registration and Accreditation Scheme.</p>
2	<p>The Medical Board of Australia and the Australian Health Practitioner Regulation Agency acknowledge the Traditional Custodians of Country throughout Australia and their connection to land, sea and community.</p> <p>We pay our respects to Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander Peoples.</p>
3	<p>We welcome the opportunity to communicate directly with you. This is the second module in a series designed to help medical students understand the regulation of doctors in Australia and the importance of professionalism and good communication in their practice.</p> <p>The first module introduced medical regulation and its purpose. This module explains the Board's work in supporting professional practice. It explores how we manage notifications and how it feels for doctors to receive one. A notification is the term we use to describe a complaint made to us about a doctor. Other modules will look at what motivates patients and others to complain and some professional challenges you might experience. Along the way, we'll unpack some of the terminology too.</p>
4	<p>Just to remind you of what we covered in Module 1, we talked about the purpose and scope of regulation; how it affects students; recognising why patients and families complain; how you might address concerns early; and who's involved in medical regulation.</p>
5	<p>By the time you finish this module you'll understand our approach to managing notifications and how we support professional practice. You'll also be aware of strategies for dealing with a notification should you receive one. Finally, you'll hear about the experiences of some doctors who have had a notification.</p> <p>Building a positive culture of medical professionalism is important. These modules aim to explain medical regulation and community and Board expectations. Notification case studies help you to recognise lapses in professional behaviour.</p>
6	<p>In this module real doctors share their insights and reflections about having had a notification and what they wished they had known. These examples demonstrate the type of situations that can arise and the flow-on impact on those involved.</p> <p>We'll look at how notifications are managed and the different types of outcomes that are possible and what you can do if you get a notification.</p> <p>We'll also provide explanations of some terms that we use in relation to notifications.</p>

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7	<p>As the code of conduct for doctors in Australia says, 'Good medical practice requires doctors to reflect regularly on their practice and its effectiveness, consider what is happening in their relationships with patients and colleagues, and look after their own health and wellbeing.'</p> <p>Many students and doctors worry about getting a complaint. One of the reasons we focus on professionalism is because it is linked to safe and effective care.</p> <p>Safe and professional practice helps prevent notifications.</p> <p>The Board sees its role as both supporting professional practice and managing those notifications that are made.</p>
8	<p>'A notification was made about me'.</p> <p>'It's completely normal for a notification...to make health practitioners feel miserable, completely miserable, angry, frustrated, anxious, depressed.</p> <p>This is something that happens to thousands of excellent practitioners every year.</p> <p>If there is one thing I could do differently... I would go and talk to someone right at the beginning because then I would have known I wasn't alone.'</p> <p>Who would you go to if you had a notification made about you? Who have you gone to in the past for help?</p>
9	<p>Notifications are an important part of patient safety. They're a way for patients and carers to raise concerns about their healthcare.</p> <p>Notifications can identify when a doctor might not be practising safely or professionally. In doing so, they help to reduce ongoing risk to the public and improve the quality and safety of healthcare.</p> <p>It's worth understanding that most notifications don't require regulatory action.</p>
10	<p>So, how common are notifications?</p> <p>Last year just over 10,000 notifications were made about doctors across Australia.</p> <p>Doctors make up around 16% of all registered health practitioners, but they account for around 58% of all notifications.</p> <p>Around 6% of all doctors receive a notification each year.</p> <p>While it's not clear why doctors receive more notifications compared to other registered health practitioners, some of these factors, might contribute:</p> <ul style="list-style-type: none"> <li>• Over the course of their life, a person is more likely to consult a doctor (and to consult one more often) than other registered health practitioners.</li> <li>• Doctors have an important role in the diagnosis and management of the health of their patients.</li> <li>• Doctors are seeing a higher volume of patients in shorter consultation times than most other health practitioners.</li> <li>• Patients have expectations – or hopes – of things going well and receiving quality care.</li> </ul> <p>When these expectations are not met for various reasons, it may lead to more notifications.</p> <p>Some doctors receive a disproportionate number of notifications over their career.</p>

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	<p>Past research into complaints about doctors in Australia found that 3% of practitioners accounted for 49% of all complaints to health complaints commissioners.</p>
11	<p>The majority of notifications are made by patients, their family or other members of the public.</p> <p>Health complaint organisations that deal with different aspects of the health system also refer complaints to us about doctors.</p> <p>We work with these organisations to make sure a complaint ends up in the right place.</p>
12	<p>Are all notifications about serious issues?</p> <p>Most practitioners assume that we only accept serious cases and can be frustrated when we tell them we have received a notification about something they consider to be minor and not consequential.</p> <p>There is no minimum threshold that needs to be met for a person to make a complaint. We have to look at all complaints and take them seriously.</p> <p>We know that a notification is important to a person making it. Something has happened that they are not happy with. However, a notification does not necessarily mean that there is a problem with a doctor's practice or that their career is in jeopardy.</p> <p>A significant number of notifications are considered to be low risk and there isn't a need for regulatory action.</p>
13	<p>How is a notification managed?</p> <p>All notifications are considered and decided by both a doctor and a community representative.</p> <p>When we consider a notification, we do not assume that the doctor has been at fault.</p> <p>We are acutely aware about how important it is to minimise stress and anxiety for both the doctor and the notifier in this process.</p> <p>The doctor about whom the notification is made would normally have a chance to see it.</p> <p>The doctor then has an opportunity to reflect on and respond to the concerns. Their medical indemnity insurer will usually help with that. We strongly advise all doctors to seek their advice early.</p> <p>The Board considers all information put before it, and unless there is a serious risk to public safety, a doctor can continue practising while the notification is considered.</p>
14	<p>How long does it take to resolve notifications?</p> <p>Here are some stats on the time it takes. In 2021/22 for notifications closed by all Boards and Ahpra. 38% were closed in less than 3 months and 91% were closed in under a year.</p> <p>7% of notifications took 1 to 2 years to be closed, while a very small percentage (2%) were open for more than 2 years.</p> <p>With notifications that are low-risk and unlikely to need any further action, we try to close them quickly. More serious matters are prioritised.</p>
15	<p>It's important to understand how notifications are resolved – the outcomes that are possible and what, in general, happens.</p>

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	<p>Of the notifications closed in 2021/22:</p> <ul style="list-style-type: none"> <li>• 58% resulted in us taking no further action.</li> <li>• 32% were referred to another more appropriate organisation to manage it. For example, Medicare billing issues are referred to Medicare.</li> <li>• 5% resulted in a doctor having restrictions placed on their practice</li> <li>• 4% resulted in a doctor being cautioned or reprimanded</li> <li>• Less than 1% of notifications resulted in a doctor's registration being cancelled or suspended.</li> </ul>
16	<p>What does no further action mean?</p> <p>No further action means the Medical Board has decided that regulatory action about the doctor is not required.</p> <p>This might be for a range of reasons. It might be that the doctor's practice was appropriate, but the patient does not understand this.</p> <p>For example, a parent might complain that the doctor made their child gag when they used a tongue depressor to view the child's throat.</p> <p>Further action might not be needed if the doctor can demonstrate to the Board that they have taken action to mitigate the risk to the public.</p> <p>For example, they may have undertaken additional education in an area to improve their knowledge or develop their skills. Their response to the Board demonstrates that they're insightful and have a realistic plan of how they'll change their practice.</p> <p>In some instances, the Board may be satisfied that others, such as employers, have put in place measures to ensure future patients are protected. This would likely result in no further action.</p> <p>For example, they may require the practitioner to work with additional supervision.</p>
17	<p>Receiving a notification can be confronting and feel overwhelming.</p> <p>Most doctors pride themselves on their professionalism and competence so receiving a notification can shake their confidence.</p> <p>Also, doctors assume that notifications are only about serious concerns. They think that notifications will compromise their careers and livelihood. In most cases, these assumptions are not correct, but this is what doctors tell us they believe.</p> <p>Doctors also tell us they fear their registration might be at risk and they fear others will learn about their notification.</p> <p>'When I received the notification, even though I was told there was no case against me, I felt very anxious until I could contact someone the next day. I had never received even an informal complaint against me in 30 years. I was worried what the complainant's issue was that was so bad it went to the regulator.</p> <p>Doctors say it helps to speak to Ahpra directly about the notification.</p> <p>'The lady who conducted the initial contact explained how it would work and she helped ease my shock and anxiety.'</p>

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	<p>Doctors who have been through a notification say that it is important to get help and support early including from peers, a GP and professional indemnity insurers who can help them through the process.</p> <p>‘Don’t be scared to ask for help. Get yourself a GP.’</p> <p>‘The process can take an extremely long period. Seek the assistance of your insurer early.’</p>
18	<p>‘A notification was made about me’.</p> <p>‘I wish I’d catastrophised less ... not concentrated on a possible disastrous outcome but tried to keep it more in perspective about what was a likely outcome.</p> <p>One of the first actions once the notification came was to write a response to the questions and allegations ... and I found that process very time-consuming. It led to a lot of self-reflection and my attitude was to be as open and honest as I possibly could ...</p> <p>As the process went on, my anxiety levels rose considerably ... guilt, adequacy as a doctor, immediately I became more defensive and more cautious.</p> <p>Having a GP was very important and, in my case, a psychologist. I realise my experience is pretty normal going through this.</p> <p>Sharing both the facts and the feelings with others has been one of the most helpful things getting through this process.’</p>
19	<p>What can you do if you get a notification?</p> <p>You can contact the assigned case officer who will discuss the notification and answer your questions.</p> <p>We encourage you to contact your medical indemnity insurer. They have a lot of experience supporting doctors with notifications and with helping them to draft responses. Remember, they have been through this process many times with other clients. They can provide you with valuable independent advice and support.</p> <p>You can seek support from your general practitioner, a psychologist, or a doctors’ support service. The Board funds independent and confidential doctors’ health services in every state and territory. Go to the doctors for doctors’ website for 24/7 help.</p> <p>Watch this short video to hear again the major messages about what happens when someone makes a notification about you.</p>
20	<p>Do we take the patient’s side in notifications?</p> <p>It’s not uncommon for doctors to feel judged when they are told that someone has made a notification about them. One doctor said that seeing a patient’s allegation repeated in Ahpra’s initial letter made them feel that what the patient had said was accepted as fact.</p> <p>‘Complainants can say untruthful things with personal bias and insult me professionally. I would have liked to challenge that person and ask them to justify their comments.’</p> <p>We don’t take sides. Many notifiers say that they think we take the doctor’s side. Doctors sometimes say that they think we take the notifier’s side.</p> <p>Our job is to collect the evidence impartially. We make a decision based on the information we have and on our assessment of the risk the doctor may pose.</p>

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	<p>We aim to telephone every doctor about whom a complaint is made. That way we can explain the notification and the process.</p> <p>'The matter was resolved quickly and not in a punitive way. I think the whole matter was handled in a kind and expeditious manner. It was nothing like I imagined it to be.'</p>
21	<p>Where does public safety fit in regulation?</p> <p>Public safety is our priority – our focus is on your future actions as a doctor.</p> <p>It's not about blame. It's about protecting the public. Our focus is on assessing and managing any ongoing risks, so when a person sees a doctor, they know they are accessing safe healthcare.</p> <p>As Dr Anne Tonkin, Chair of the Medical Board says: 'Our first priority is public safety. Our response to a notification isn't about punishment, but how to ensure someone is fit to practise.'</p>
22	<p>Can you learn from having a notification?</p> <p>Some practitioners acknowledge that there can be valuable learning arising from a notification.</p> <p>'It is a fair process and just hang in there. It gives doctors an opportunity to reflect on their practices and improve ... take it as constructive criticism though it is very stressful to wait for the outcome.'</p> <p>'The outcome was fair and reasonable and ... recognised the large effort I put into my response and into my self-improvement.'</p> <p>Practitioners with education conditions may be required to provide the Board with a written reflection about the issue raised in the notification and how their practice has changed.</p> <p>'Be honest. Change what you believe should be changed. Consider the service that you are providing to your patients and the community as of primary concern.'</p>
23	<p>We have discussed why professionalism is important. One of the ways we try to help guide and support doctors is by developing standards, codes and guidelines so they know what the Board expects.</p> <p>For example:</p> <ul style="list-style-type: none"> <li>• we have developed guidelines on the expected standards for telehealth consultations to support doctors to conduct telehealth consultation in a way that is safe and professional</li> <li>• we have also developed a social media guide to help doctors understand and meet their legal obligations when using social media.</li> <li>• the Board has a range of registration standards that explain doctors' professional obligations. For example, standards for continuing professional development to help doctors maintain and enhance their knowledge and skills to ensure ongoing safe practice.</li> <li>• We consult widely across the profession and the community when developing or revising standards, codes and guidelines.</li> </ul>
24	<p>This diagram shows how Ahpra assesses risk. Matt Hardy, Ahpra's National Director of Notifications explains how this works in practice.</p> <p>When we get a notification we first of all have to understand, from the patient's perspective what's gone wrong. So we look at the details of the notification. Sometimes, based on what they're said, it's clear to us that a significant problem exists and we need to act on that.</p> <p>But a lot of the time the notification itself doesn't tell us whether we need to act or not. So what we also do is engage with practitioners to understand more about where and how they practise and think about</p>

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	<p>whether the notification that's been raised could present as an issue in that particular place or at that particular type of practice.</p> <p>Lastly, we take a look at you, look at your regulatory history with Ahpra or other schemes before Ahpra existed. We take a look at whether there have been prior notifications about you. We take a look at the length of time you have been registered, whether or not anything has shown up on an audit that could be of concern, and, if you've had restrictions in place previously, how did you go at meeting the requirements of those restrictions. For most people, the end result of our risk assessment is there's nothing required from us as the regulator to keep you practising safely and professionally.</p> <p>But sometimes, based on that risk analysis, we might decide that we need to engage further with you and sometimes even intervene to make sure that all of your future patients are being protected and you've got the ongoing commitment to safety and professionalism present in your practice.</p>
25	<p>Read through these statements and see if you think they are true or false. We'll give the answers on the next slide.</p>
26	<p>Answers</p> <p>The Medical Board and Ahpra are on the side of the person who makes a notification. False. We are independent and charged with protecting the public.</p> <p>A notification means I must stop practising. False. You can continue to practise, except in rare circumstances.</p> <p>I always have to tell my employer if a complaint is made about me. False. In the rare times when you do, the Board will advise you.</p> <p>Many practitioners feel anxious and upset when they receive a notification. True. Receiving a notification can be very stressful.</p> <p>Most notifications take years to resolve. False. Around 70% of notifications are resolved within six months, but some do take longer.</p> <p>It's best not to tell anyone if I get a notification because word will get around. False. Getting support is important.</p> <p>The Medical Board comprises medical practitioner and community members. True. Both Medical practitioners and community members are on the Board</p>
27	<p>What does immediate action mean?</p> <p>Sometimes, the Board receives information about a doctor that, if true, would likely put the public at serious risk. For example, serious sexual misconduct or significant criminal allegations, charges or convictions.</p> <p>If the Board believes that a doctor's practice is putting the public at serious risk, it can take immediate action to deal with that risk.</p> <p>In some cases, the Board may also consider the broader public interest. For example, deeply derogatory comments made by a doctor publicly on social media about people from diverse groups.</p> <p>Immediate action is an interim step to restrict a doctor's registration while a notification is investigated.</p> <p>Immediate actions include:</p> <ul style="list-style-type: none"> <li>• suspending, or imposing a condition on, a doctor's or student's registration</li> <li>• accepting an undertaking from a doctor or student</li> </ul>

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	<ul style="list-style-type: none"> <li>• accepting the surrender of a doctor's or student's registration.</li> </ul> <p>In 2021/22 immediate action was taken on 5.5% of all notifications the Board received.</p>
28	<p>Mandatory notifications are for situations where there is serious, unmanaged risk to the public from a doctor.</p> <p>Mandatory notifications about doctors are not common. In 2021/22, there were 489 mandatory notifications made about doctors in Australia. That is 4.5% of all notifications received.</p> <p>There are four concerns that may trigger a mandatory notification about a doctor from another health practitioner or their employer:</p> <ul style="list-style-type: none"> <li>• impairment</li> <li>• intoxication while practising</li> <li>• significant departure from accepted professional standards, and</li> <li>• sexual misconduct.</li> </ul> <p>The threshold for reporting a concern about impairment, intoxication and practice outside of professional standards is very high. There must be a substantial risk of harm to the public from the health practitioner.</p> <p>A health issue on its own, is not grounds for a mandatory notification.</p>
29	<p>There is only one ground for a mandatory notification about a student.</p> <p>Practitioners and education providers need to notify us when they have a 'reasonable belief' that a student has an impairment that, when undertaking clinical training, may place the public at substantial risk of harm.</p> <p>Practitioners treating students in Western Australia are exempt from this requirement.</p> <p>A substantial risk of harm, in the context of undertaking clinical training, is a very high threshold.</p> <p>Remember, that unlike doctors, students do not practise independently.</p> <p>Students in training are under direct clinical supervision. That means that the threshold for placing the public at substantial risk is different.</p> <p>It is also vital to understand that a health condition and impairment are not the same thing.</p> <p>An impairment is an illness or condition that has a detrimental impact on a student's capacity to undertake clinical training.</p> <p>There are lots of health conditions that don't result in impairment.</p> <p>For example, a student suffering from a psychotic episode, may be impaired as the episode would affect their clinical training. However, illnesses like depression and diabetes are less likely to affect their training.</p> <p>While there are not many of them, notifications are sometimes made about students. Usually, the student's university deals with any complaints made about them.</p> <p>We have developed guidelines on mandatory notifications about students. Read them to learn more.</p>



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30	<p>Doctors sometimes delay seeking treatment for a health or mental health issue because they are concerned their treating practitioner may make a mandatory notification.</p> <p>As Dr Anne Tonkin, the Chair of the Medical Board of Australia, says in the ‘Mandatory notifications – an overview’ video:</p> <p>‘People often tell me that they’re worried about getting help because they are frightened about mandatory reporting – but one of the best ways to avoid being reported is to get help early before an illness becomes an impairment that may put the public at risk.’</p> <p>Treating practitioners in Western Australia providing a health service to a practitioner patient are exempt from the requirement to make a mandatory notification.</p> <p>Watch our Mandatory notifications video to learn more</p>
31	<p>What should you know about impairment?</p> <p>It is critical for practitioners and students to understand that a managed health condition is not likely to result in impairment.</p> <p>It is important to seek treatment early for health issues because it reduces the risk of an issue developing into an impairment.</p> <p>Seeking early treatment is also viewed by the Medical Board as a constructive step.</p> <p>The threshold for making a mandatory notification is very high. That means, there needs to be a substantial risk of harm to the public for a mandatory notification about impairment to be necessary.</p>
32	<p>Let’s hear what a student has to say.</p> <p>‘When it comes to students it’s really important for us to know that it’s okay and it’s safe for us to seek help. And in fact, this is encouraged.</p> <p>‘It’s so important to get the skill of self-care right when you’re a student because that’s something you’re gonna need through your whole career as a practitioner. We have to take of ourselves before we can really take care of others.’</p>
33	<p>In 2021/22, 10,873 notifications were made about doctors. Of these just under 5% were mandatory notifications made about 356 doctors.</p> <p>71% of the mandatory notifications we closed resulted in no further action.</p> <p>29% resulted in us taking regulatory action.</p>
34	<p>Vexatious complaints are generally made purely to hurt or annoy the doctor through the complaint.</p> <p>While it may be difficult for a doctor to understand why the notification was made, most notifiers are frustrated and complain because they don’t feel heard, and they want to prevent future patients having the same experience.</p> <p>Very few notifications can be classified as vexatious. It’s estimated that less than 1% of complaints dealt with in Australia and internationally are vexatious.</p> <p>While uncommon, vexatious complaints can cause enormous damage and can have a big effect on everyone involved. Because of this, Ahpra staff are trained to identify them.</p>

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35	<p>Anyone can make a notification.</p> <p>For any of the 16 regulated health professions, if you are concerned about a practitioner's conduct, health or performance you can make a notification.</p> <p>If you are unsure, you can contact Ahpra to discuss your concern.</p> <p>You could also discuss your concern with a trusted colleague or mentor.</p>
36	Read through these questions and write down some notes. We'll give some guidance on the next slide.
37	<p>How did you go?</p> <p>What should I do if I have a notification made about me?</p> <p>Don't panic!</p> <ul style="list-style-type: none"> <li>- speak with a senior staff member or trusted colleague</li> <li>- contact your medical indemnity insurer</li> <li>- seek professional support to minimise stress and anxiety</li> <li>- thoughtfully reflect on your performance and/or conduct.</li> </ul>
38	<p>Do all notifications have to be considered by the Medical Board?</p> <p>Yes. All notifications are considered by the Board.</p>
39	<p>If I receive a notification, is it likely to result in my registration being suspended or cancelled?</p> <p>Very rarely – only if there is a significant risk to public safety.</p>
40	<p>What percentage of notifications end in no further action?</p> <p>The majority (over 58%) of notifications end in no further action.</p>
41	<p>In what ways can I be proactive in addressing and dealing with a notification?</p> <p>You can demonstrate insight into your performance or conduct and make good use of resource materials. You can also complete appropriate education modules to update your knowledge where possible.</p>
42	<p>Should you acknowledge that a mistake has been made (in circumstances where this is clearly indicated)?</p> <p>Yes. Open disclosure to the Medical Board and the notifier and/or patient is beneficial and indicates good character and professionalism.</p>
43	<p>What are the best ways to avoid a notification?</p> <p>Notifications can be avoided by adhering to the Code of conduct and practising ethically.</p> <p>Ensure:</p> <ul style="list-style-type: none"> <li>• you communicate clearly and respectfully, and check a patient's understanding</li> <li>• you obtain informed consent for any examinations or procedures.</li> <li>• you maintain comprehensive contemporaneous records (if not documented, it didn't happen)</li> <li>• you undertake appropriate and timely follow-up; and</li> <li>• ensure your own personal safety and protection in a consultation.</li> </ul>

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44	<p data-bbox="280 304 475 331">Congratulations.</p> <p data-bbox="280 360 1469 421">You've now completed the Medical Board's second module in the training package in regulation and professionalism for medical students.</p> <p data-bbox="280 450 1437 510">Now we've taken you through our approach to managing notifications and supporting professional practice, you'll be aware of strategies for dealing with a notification should you receive one.</p> <p data-bbox="280 539 564 566">What's coming up next?</p> <p data-bbox="280 595 820 622">Module 3: Listening: what matters to patients.</p> <p data-bbox="280 651 1481 712">In this module we'll identify what patients are looking for in their healthcare. We will better understand the reasons why people complain.</p> <p data-bbox="280 741 1007 768">We will share insights on how a notification could be avoided.</p> <p data-bbox="280 797 1414 824">The module will also discuss how to develop strategies and tools for good professional practice.</p>