



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? Medical Deans Australia and New Zealand
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)	Dabrina Issakhany
Contact details (optional)	dissakhany@medicaldeans.org.au

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
Yes, the information is easy to find and clearer in the revised Guidelines.
2. How relevant is the content of the revised guidelines?
<p>The role of voluntary reporting is important, as students may be working in a range of clinical environments and concerns may be identified by a range of both clinical and non-clinical observers (e.g. administrative staff, other health professionals).</p> <p>This section would benefit from more information to assist in decision making, and the inclusion of case studies to help people understand where voluntary notification would and would not be appropriate.</p>
3. Please describe any content that needs to be changed or deleted in the revised guidelines.
<p>The guideline states that intoxication and sexual misconduct by students is not considered grounds for notification. This would benefit from clarification to address a situation where a student is intoxicated in clinical placement or when sexual misconduct involves a patient. Students in clinical placements are sometimes given a level of clinical responsibility for patients and as such, are expected to respect the usual boundaries of clinical practice, and this certainly can impact on patient welfare if the student with this responsibility is doing so while impaired.</p> <p>AHPRA would need to clarify whether it is inferred that this is the responsibility of the education provider to address. Regardless, the document should make clear whether the reference to intoxication in the guidelines are referring to intoxication in the course of clinical placement that would place patients at risk, and whether sexual misconduct occurs in the context of clinical placement.</p>
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, it all appears to be relevant. It may be helpful to also have the flowcharts appear on AHPRA's website in the section about notifications, as well as in the guideline, to highlight their importance.
5. How helpful is the structure of the revised guidelines?
The content and structure of the revised guidelines – especially with the inclusion of the flow chart and risk chart – is more helpful than the previous iteration.

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

Please explain your answer.

This revised version is an improvement and many aspects are much clearer. The example is very useful and the use of separated using call-out boxes is helpful in drawing attention to them within the text. More examples are always preferred.

Clarifying the distinction between treating and non-treating practitioner is important and very useful, and it's helpful that it differentiates illness from impairment.

However, as mentioned above, the distinction between intoxication and impairment is unclear. If a practitioner is intoxicated while performing their duties, are they not suffering impairment? This is notable in regards to students where intoxication does not require notification but may present significant risk to patients while the student is on placement – it is not clear why this is not included as grounds for mandatory notification where it impacts on placement.

We'd also like to emphasise that there needs to be guidance around 'professionalism' outside of impairment; when should education providers notify AHPRA with regards to "significant departure from accepted professional standards" when this relates to matters such as professional conduct, ethics, behaviours?

There should also be guidance for situations where a student reports to an education provider the evidence of impairment, intoxication, or behaviour indicating actual or potential sexual misconduct by a supervising practitioner during a clinical placement.

The following wording needs to be made consistent:

- In the selection under considerations in the flowchart "Education provider or practitioner: Impairment", the first question about impairment states "Do you believe that the student is undertaking clinical training with an impairment?". However in the equivalent section in the flow chart in the guideline for registered practitioners it states, "Do you have a reasonable belief that the practitioner is practising with an impairment?". These two questions should use the same terminology when referring to either a "belief" or a "reasonable belief" given the explanation provided in section 2.2 of the guidelines about mandatory notification about health students.
- Similarly, the wording in the following step, "Reasonable belief" in the flowchart differs, where the case of practitioners are only required to provide a voluntary notification if there is a "reasonable belief that the **impairment is placing the public at risk of harm**", whereas guidelines for health students require a voluntary notification if there is a "reasonable belief that the **impairment might place the public at risk of harm**". It would be useful to understand if this difference is deliberate and if so, why.

7. Are the flow charts and diagrams helpful?

Please explain your answer.

Yes they are helpful, although it would also be helpful to detail what happens in the event of notification – what are the timelines and actions that follow? This is particularly important for a student who may have received a notification about them.

8. Are the risk factor consideration charts helpful?

Please explain your answer.

Yes they are, however, there could be more on where/how those concerned about a practitioner or student may get advice e.g. emphasising role of AHPRA in providing confidential advice (if they see that as appropriate and within their remit), or suggesting contact with their insurer.

9. Are the examples in the revised guidelines helpful?

Please explain your answer.

The examples are helpful, as is the reference to adjustments that may be made to reduce risk and hence, if those adjustments are complied with by the student, may negate the need for reporting.

However more student examples are needed, as currently there is only one. Whilst it would not be possible to provide examples of every possible scenario where one may consider there is a requirement to make a notification, a range of examples – either in the guidelines or separately – would be most helpful to translate the guidelines into practice.

Medical Deans would be happy to collaborate and work with AHPRA to develop suitable and practical examples or case studies, to support students and education providers to better understand their obligations.

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.

A separate guideline for students is very useful as it distinguishes the requirements and circumstances necessitating notification. Please keep it this way.

At the moment there are no examples included in this section – this needs to be addressed.

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.

We suggest this is expanded, as it will be a significant concern for practitioners, and a potential area of confusion.

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

There are a few areas identified that could warrant further consideration, such as situations where:

- a student observes evidence of impairment of a practitioner while they are on clinical placement. In this instance, the student and/or education provider have a responsibility to report if they have grounds to believe the behaviour may place a patient at risk;
- a clinician behaves in an inappropriate way with students, for example “grooming”, or actual sexually inappropriate behaviour – whilst concerning from a professional perspective, we presume AHPRA would be expecting this to be dealt with by internal processes of the University or employer. However, difficulties can arise when it is an isolated practitioner

(such as a solo practitioner) and it raises concerns about the clinician's behaviour in general and potential risk to patients.

In addition, as mentioned above, an expanded number of examples could be provided through web links to give greater depth to the document, especially around levels of risk of harm.

It would also be useful to have web-based information that is easy to read but that is also provided in a printable format such as a PDF.

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

Is this reasonable?

Please explain your answer.

Yes, unless external factors require this to be revised.

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

Overall, the guidelines are a helpful document in highlighting the thresholds for reporting (risks to patients) and differentiating impairment from illness.

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.