



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 These responses will not be published.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?

*This question was not displayed to the respondent.*

Q22. Please write the name of your organisation.

*This question was not displayed to the respondent.*

Q17.

Which of the following best describes you?

- I am a health practitioner
- I am a member of the community
- I am an employer (of health practitioners)
- I am a student
- Other

Q19.

Which of the following health profession/s are you registered in, in Australia?

You may select more than one answer

- Aboriginal and Torres Strait Islander Health Practice
- Chinese Medicine
- Chiropractic
- Dental
- Medical
- Medical Radiation Practice
- Midwifery
- Nursing
- Occupational Therapy
- Optometry
- Osteopathy
- Paramedicine
- Pharmacy
- Physiotherapy
- Podiatry
- Psychology

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?

Fairly easy, using the search function on a computer.

Q10.

How relevant is the content of the revised guidelines?

Relevant.

Q12.

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

Overall, the new guidelines still act to deter medical professionals from seeking help from another medical professional. When there is already a better, functioning system being used in WA, why not adopt it?

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.

All of it - it is easier to find things online than to find the right file then search the file.

Q22.

How helpful is the structure of the revised guidelines?

It's ok.

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.

I think they are clear, but concerns remain about the way people will interpret them. Practitioners fear that they cannot be honest about mental health or substance use, even in situations that would not require mandatory reporting as per the guidelines.

Q32. Are the flow charts and diagrams helpful?

- Yes
- No

Q15.

Please explain your answer.

They are clear.

Q33. Are the risk factor consideration charts helpful?

- Yes
- No

Q34.

Please explain your answer.

The charts are helpful. What is not helpful, for example re: departure from standards, is that AHPRA registers 'health practitioners' whose practice is not reality-based - eg, Chinese Medicine, chiropractors, osteopathy. So when a notification is made about a chiropractor recommending nonsense for a real medical problem, AHPRA asks the board of chiropractors who say it's ok. Of course it's ok to them, their whole 'profession' is nonsense and shouldn't be given the credibility it has been by being registered with AHPRA. "Departure from accepted professional standards" is only helpful if those standards are evidence-based.

Q29.

Are the examples in the revised guidelines helpful?

- Yes
- No

Q36.

Please explain your answer.

I think they are helpful - but if I had a situation that is given as non-reportable (like I was intoxicated once but am managing my stress more productively, or I departed from standards once but there is a management plan in place), I still would not be honest with my treating doctor for fear of repercussions.

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.

The would be a lot of cross-over so I think a separate section would suffice.

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.

That is stated, but seems like a distinction without a difference. "It's not illegal to (x) but you can still get arrested for it"

Q27.

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

Perhaps some more clarity about what is an impairment - particularly around mental health.

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.

1. Most importantly, this is about doctors who continue to suffer in silence and kill themselves at a higher rate than the general population. We work hard to destigmatise mental health but doctors themselves remain afraid to seek help for fear of the repercussions on their career. I don't think that these guidelines are going any way toward helping that, despite the examples given that would not trigger a mandatory report. This is not sending the message "It's ok to not be ok". It continues to send the message "you can't be 100% truthful with the doctor you finally seek help from because they might report you as a danger to your patients". 2. Professional standards need to be set by some sort of external, overseeing medical board for all registered health practitioners. For example, paramedics should answer to paramedics, but their clinical practice should be (and is) answerable to objective, evidence-based standards. Doctors answer to doctors, and again should be answerable to objective standards. The problem is when "chinese medicine" and other non evidence-based practitioners answer to one another, they protect each other because they are not answerable to objective, evidence-based standards - if they were, these professions would not exist. The first step would be to recognise that making them registered practitioners was a mistake.

Q31.

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

Please consider adopting the WA approach.

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*.