



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 These responses will not be published.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

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 information is well organised and it is easy to find most things. However, it would be good to have a specific, clear, and unambiguous definition for 'substantial risk of harm' as this phrase is relied upon heavily by the document.

Q10.

How relevant is the content of the revised guidelines?

The content seems relevant to the issue of mandatory reporting.

Q12.

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

1. In Section 1.5 the wording reads: 'Treating practitioners with a principal place of practice (PPP) in Western Australia do not have to make a mandatory notification when, while providing health services to a health practitioner or student..' Two things are grammatically incorrect about this sentence: firstly, the use of 'when, while' needs to be changed; secondly, there are two full stops when there should only be one. 2. The abbreviation 'PPP' is not required as the full term 'principal place of practice' is written on all three occasions the abbreviation is employed. Additionally, this should not be changed to use the abbreviation only, as it is not used regularly enough in the whole document to warrant abbreviation.

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?

I think the structure is helpful as it enables readers to find the sections which are relevant to them.

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.

There are no clear and unambiguous definitions for 'substantial risk of harm' and 'risk of substantial harm' despite these terms being constantly used in the document. While I appreciate these terms arise from legislation and that examples have been employed to illustrate what constitutes a 'substantial risk of harm' and a 'risk of substantial harm', there is a world of difference between the positive and negative examples provided (i.e. the document provides no advice as to more ambiguous cases). Understandably, the guidelines cannot be an exhaustive reference text, but I believe it is necessary to define the terms 'substantial risk of harm' and 'risk of substantial harm' with great clarity since mandatory reporting requirements hinge on the meaning of these phrases.

Q32. Are the flow charts and diagrams helpful?

Yes

No

Q15.

Please explain your answer.

The flow charts are mostly helpful but are flawed as it is not possible to tell from them (or anywhere else in the document) what constitutes a 'substantial risk of harm' or a 'risk of substantial harm'.

Q33. Are the risk factor consideration charts helpful?

- Yes
- No

Q34.
Please explain your answer.

These should be provided more as four separate continuums rather than being in a single table, as otherwise, it makes readers wish to use the table itself for decision-making (which they cannot, as it is not designed as a decision-making matrix).

Q29.
Are the examples in the revised guidelines helpful?

- Yes
- No

Q36.
Please explain your answer.

The examples sit on reasonably extreme ends of the spectrum. Some 'grey area' examples are needed to permit readers to understand when something begins to constitute a 'substantial risk of harm' or a 'risk of substantial harm'. The example related to the 'future risk of sexual misconduct' is confusing as the example does not mention anything about the patient-practitioner's health care practice. The guidelines advise that mandatory notification relates only to sexual misconduct occurring in the context of a practitioner's health care practice. Hence, the example should mention this and a counterexample should be provided where sexual misconduct occurs outside of the practitioner's health care practice.

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 standards are very different, so it makes sense to have separate guidelines for easier reference.

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.

I did not take notice of this when I first read the guidelines. However, I saw it once I read the question.

Q27.

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

1. An example of what does not constitute a 'future risk of sexual misconduct' would be useful, such as: 'Your practitioner-patient discloses that they have a strong sexual attraction towards children, including their own patients. However, your practitioner-patient indicates they do not act upon this attraction and that they always ensure a chaperone is present in consultations with children. This does not trigger mandatory notification requirements.' 2. In my view, non-treating practitioners should also be required to make a mandatory notification for a 'future risk of sexual misconduct' (however, I acknowledge this may be outside the scope of this review).

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.

All guidelines should be revised regularly and, given the requirement for consultation, five years seems like a good time frame.

Q24.

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

Please make the text boxes bigger for the submissions. It is quite annoying to write and edit a paragraph with such small text boxes (as such, I apologise for any spelling or grammatical errors, but the text boxes were not very cooperative).

Q31.

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

The people involved in drafting the guidelines should be congratulated for all the thought and work they put into this document.

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*.