



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 These responses will not be published.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?

Reasonably easy

Q10.

How relevant is the content of the revised guidelines?

Quite relevant

Q12.

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

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?

Quite helpful

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.

Q32. Are the flow charts and diagrams helpful?

- Yes
- No

Q15.
Please explain your answer.

Q33. Are the risk factor consideration charts helpful?

- Yes
- No

Q34.
Please explain your answer.

Q29.
Are the examples in the revised guidelines helpful?

- Yes
- No

Q36.
Please explain your answer.

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.

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.

Q27.
Is there anything that needs to be added to the revised guidelines?

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.

Given the rising number of notifications and also increasing complexity of cases and new treatments becoming rapidly available which bring with themselves their own complexities , revisions should happen sooner than five years.

Q24.

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

The mandatory notifications have a high potential to be misused , for example as a means of personal retaliation by another practitioner, or because of professional jealousy. The health workplaces are complex environments and there are always problems between health professionals (which might be even unrecognised) for various reasons, ranging from deferences in culture and personalities to differences in skills, and occurrence of an error or incident (which is not uncommon) might be a good opportunity to take action by making a notification about another practitioner, by at least putting them in considerable stress, which might lead to further errors and placing the public at harm (which mandatory notification aims to prevent). I think mandatory reporting should be reserved for exceptional cases(the majority of notifications close with no further action). While this revision of guidelines and raising the thresholds is a good step in this way, I think there is still scope for further clarification of when the notification should be made, and restricting it to more particular situations and also prevention of misuse (e.g. for retaliation and personal reasons), for example by putting clearer regulatory actions in place should this be the case. Also correlation with regulatory guidelines in other countries (such as US and UK) might be helpful.

Q31.

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

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*.