



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? School of Applied Psychology, Griffith University, Qld
YES	Are you a registered health practitioner? Yes If yes, which profession(s)? Psychology Are you a student? No
We may need to contact you about your response. Please write your name and contact details below.	
Name (optional)	
Contact details (optional)	

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
Easy enough
2. How relevant is the content of the revised guidelines?
Very relevant and the way in which the revised guidelines are presented is extremely clear and easy to follow.
3. Please describe any content that needs to be changed or deleted in the revised guidelines.
<p>We have made specific comments at question 10, but we will add here that we have concerns about Example 1 on page 8 (Section 2.3 What are my obligations) in the <i>Guidelines for Mandatory Notifications for Health Students</i> and Example 2, on p 13 (section 3.2 When must I report impairment) in the <i>Guidelines for Mandatory Notifications for Health Practitioners</i>.</p> <p>The case is that of a practitioner with a mental health condition that is well managed but may indeed be severe as hospitalisations are typically only required under severe circumstances, and where the advice in the <i>Guidelines</i> is that this should not trigger a mandatory notification, and where the advice does not recommend that a voluntary notification be made.</p> <p>Our main problem with this, is that if the practitioner is a provisionally registered psychologist who is also a student in a postgraduate program in clinical psychology, this practitioner is very likely to be working with vulnerable clients with mental health conditions themselves. Our concern is that the mental health condition of the practitioner (although well managed) may actually impair therapy in that the following possibilities may occur:</p> <ul style="list-style-type: none">• Trigger psychological distress in the intern/trainee postgraduate student in clinical psychology• Trainee may avoid particular issues in therapy to avoid feeling distressed her/his self• Trainee may become over involved /over identify with the client• Trainee may be at risk of over self-disclosing• Trainee may be at risk of transgressing boundaries <p>Furthermore while in a training program whereby students (provisionally registered psychologists) are encouraged to seek help, also are encouraged to engage in self care activities and even when these are monitored as a component of the professional portfolio, our experience is that students are often reluctant to disclose psychological difficulties for fear that this may impact on their continued enrolment in the program. This makes it very difficult for education providers, and clinical supervisors who are not aware of the difficulties to provide additional assistance and or to make reasonable accommodations to help the student successfully develop competency and complete the program.</p> <p>We would like the Guidelines at these sections to have a sentence or two that recommends or requires that under such circumstances, a voluntary notification should (not can) be made.</p>

The second issue we have in this section, relates to the risk of harm. Substantial risk is a very high threshold for reporting potential risk of harm to the public. Again, regarding this specific example, any harm to vulnerable client may indeed be considered substantial. For example a provisionally registered postgraduate student who is unable to “explore”, confront’ or ‘challenge’ a client regarding suicidal ideation for example for fear that this could lead to the client requiring hospitalisation, and the trainee’s own experience of having been hospitalised may ultimately cause harm to the client, in the client not receiving the most appropriate help.

In the training context while clinical supervision (typically, but not always using observation) is likely to pick up these types of avoidant behaviours, once a trainee is on an external placement, there may be little if any observation of their clinical work, and unlike other health practitioners, the work of psychologists is conducted in private behind closed doors.

On page 9 of the *Guidelines for Mandatory Notifications for Health Students*, at point #2 of the Flow Chart, the ‘reasonable belief that the impairment *might* place the public at risk of harm’ is to us a much better bar to hold a provisionally registered psychologist (and in particular a student in a postgraduate program) to.

The third issue is that if Education Providers rely on the student reporting that they are continuing with their therapy/regularly attending their psychiatrist/psychologist, and there is no external monitoring of this, then the onus will be on supervisors and education providers to monitor the psychological wellbeing of the student. Not only does this set up dual relationships between the student and the supervisor/education provider, it also runs the risk of supervision becoming therapy. This not only potentially disadvantages the student who will not be receiving adequate supervision for his/her clients, but also for the clients who may not be having their therapy supervised adequately.

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.

Flow charts both places please.

5. How helpful is the structure of the revised guidelines?

The structure of the Guidelines is good overall, but please see comments in Section 10 regarding existing guidelines for Provisionally registered psychology students.

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

Please explain your answer.

Please see comments in Section 3 and Section 10. We suggest that there needs to be a section in the *Guidelines for Mandatory Notifications for Health Practitioners* that deals specifically with provisionally registered students in postgraduate psychology training. This section could also refer to the Education providers responsibilities for notifications. We believe the bar for risk of harm should be lower for provisionally registered psychologists (psychologists in training) than that for registered health providers and that Education Provides should be mandated to report.

7. Are the flow charts and diagrams helpful?

Please explain your answer.

To some extent these are helpful but need to include the points made in Section 10.

8. Are the risk factor consideration charts helpful?

Please explain your answer.

Yes, these flow charts are good, however as mentioned above, psychology students on external placements without direct observation of their interactions with clients may be at greater risk of harming vulnerable clients, than perhaps other health practitioners who are always supervised or perform their duties in the presence of a senior or more experienced practitioner.

9. Are the examples in the revised guidelines helpful?

Please explain your answer.

Yes these are useful, relevant and cases often seen in practice, although the example with the mental health condition does worry us with respect to practising psychologists. As indicated above hospitalisation for mental health conditions is a very high bar – it is extremely difficult to be hospitalised and typically being suicidal is the bar for admission. This is a very high bar for anyone working with vulnerable clients, less severe psychological difficulties that are longstanding with or without hospitalisation, may also lead to impaired practice.

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.

Problem exists as there are different requirements for mandatory notifications based on whether the person is a student or a practitioner. It would be more helpful to have one set of guidelines that specifically set out which reporting requirements apply to provisionally registered psychology students on placement.

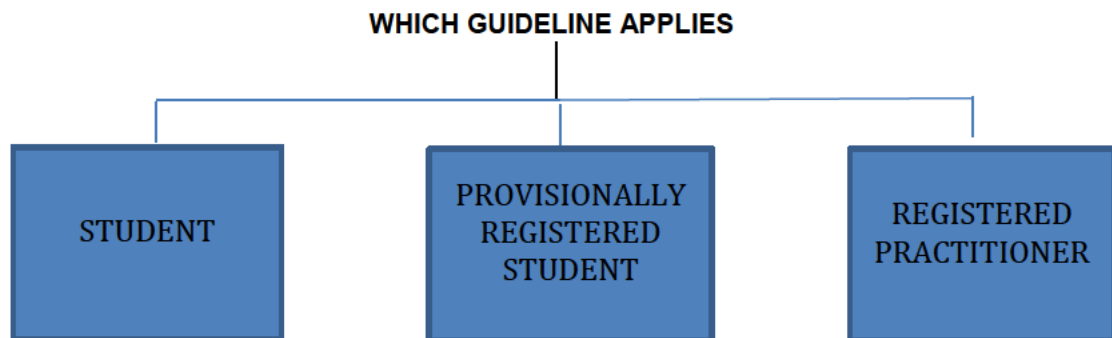
Below are some identified issues with the proposed guidelines for students versus registered practitioners:

Guidelines for mandatory notifications about health students and Guidelines for mandatory notifications about registered health practitioners.

Currently the two Guidelines vary significantly in the case of student versus registered health practitioner. That is a psychology student who holds provisionally registration with AHPRA and is enrolled as a student in a HD program comes under both sets of guidelines.

- (1) Having 2 separate guidelines for notification of students and health practitioners could easily result in health practitioners who are educators erroneously arriving at the conclusion that no mandatory notification is required if they consult only the student guidelines believing this applies to provisionally registered psychology students. E.g., there is no mandatory reporting of intoxication of students under the student guidelines as this is dealt with within the university processes. Whereas it is mandatory under the practitioner's guidelines to report an intoxicated health practitioner.

SUGGESTION: To integrate the 2 guidelines and include a flow chart to determine which mandatory reporting requirements apply to students (registered versus non-registered) and health practitioners who are working in health settings.



(2) Within the guidelines for registered practitioners, there is no section that articulates the requirements for Education providers and the registered educators (clinical academics and clinical supervisors) who are responsible for the clinical practice of provisionally registered psychologists completing an APAC accredited program.

Suggestion to clarify the role of the registered educators– P. 19 : 4 Guidelines for mandatory notifications about registered health practitioners. Guideline for **non-treating practitioners**. Where it says “This section is for non-treating practitioners (a practitioner who did not become aware of the concern while (and if) providing treatment to another practitioner and who is likely to be a manager, colleague or co-worker).” **SUGGESTED CHANGE Needs to also include ...likely to be an educator, manager, colleague or co-worker”**

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.

It appears that the National Psychology Board would publicly expose an Education provider should it fail to make a mandatory notification. However, as outlined above if a student in a postgraduate psychology program is struggling with a severe and longstanding mental health condition and his/her treating psychiatrist believes that a notification is not needed, and the advice relating to provisionally registered psychologists would suggest education providers do not need to make a notification either, yet should a complaint be made about the provisionally registered psychologist who is also a postgraduate student), it could be possible that the education provider may well (and probably should) be held to account. This provides further justification for either combined guideline for students who are also provisionally registered.

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

Perhaps a definition regarding 'substantial'

Perhaps further assistance for Education Providers who are training provisionally registered psychology students (or other health students for that matter) in the case of a differing opinion with a treating psychiatrist/psychologist about the necessity of a notification.

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

Is this reasonable?

Please explain your answer.

If the guidelines are clear and all the above concerns are addressed then a review in five years would be reasonable. What we are strongly suggesting is that the guidelines are made clearer and that this will in turn reduce the risk of potential failure by an education provider to make the appropriate decision about a notification which may indicate an earlier review of the guidelines.

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

We think that the Guidelines should state somewhere that there is an expectation that if a registered health practitioner is suffering with a health condition (physical or psychological) then the appropriate action is to seek treatment and to have the condition recorded voluntarily. That way, should there be an escalation of the health condition, or a relapse and peers, employers, education providers, treating practitioners, would not have to agonise so much about notifying AHPRA, a health assessment could be commenced much more quickly and the stigma around practising with a health problem (particularly mental health) would be reduced, and it would be seen as acceptable and a much less punitive process be facilitated than in the current situation.

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

See section 14 above.

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.