



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? Australian Nursing and Midwifery Federation
We may need to contact you about your response. Please write your name and contact details below.	
Name (optional)	Annie Butler, Federal Secretary
Contact details (optional)	03 9602 8500 email: fedsec@anmf.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.

Introduction

The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 275,000 nurses, midwives and carers across the country.

Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.

Our strong and growing membership and integrated role as both a professional and industrial organisation provide us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.

Through our work with members we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.

The ANMF welcomes the opportunity to provide a response to the Nursing and Midwifery Board of Australia's (NMBA) public consultation on draft guidelines for mandatory notifications. The ANMF has contributed to the development of these guidelines through a number of avenues including attending consultations, workshops and providing a submission to the preliminary consultation.

1. How easy is it to find specific information in the revised guidelines

The information is easy to find from a user's perspective, considering the main users are likely to be treating practitioners, non-treating practitioners, employers and education providers.

As the consultation paper layout does not reflect the way this information will be viewed on the NMBA/AHPRA website, it is important to ensure this ease of use transfers to online formatting.

To avoid users needing to scroll between the text and definitions, embedding definitions so they appear when a mouse is hovered over words or phrases would enhance ease of use. Examples of terminology this could be used for include, 'reasonable practitioner', 'substantial risk of harm', 'reasonable belief' and 'direct supervision'.

2. How relevant is the content of the revised guidelines?

The content provided in the draft revised guidelines is highly relevant to practitioners, employers, and education providers.

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

Guidelines- Mandatory notifications about registered health practitioners

Page Number/ section	
<p>P7</p> <p>1.5 What doesn't need to be reported?</p>	<p>Paragraph 5: <i>To assess whether the process or circumstances reduce the risk of harm to the public, an employee who is a practitioner should talk to their employer about the concern</i>, needs to be adjusted.</p> <p>Although, the employer is an important resource available to nurses and midwives, the word 'should' needs to be deleted, as in some circumstances the employer is not best placed to identify processes or circumstances that reduce the risk of harm to the public. There may also be situations where the employer is the person subject to a notification or even be impeding practitioners from meeting their professional standards.</p> <p>The sentence should therefore be adjusted as follows: <i>To assess whether the process or circumstances reduce the risk of harm to the public, an employee who is a practitioner may find it helpful to talk to their employer and/or their professional association about the concern.</i></p>
<p>P8</p> <p>2.2 What is 'reasonable belief'</p>	<p>Paragraph 3: <i>Your mandatory notification should be based on personal knowledge of reasonably trustworthy facts...</i></p> <p>Using the term 'your' is unclear – some readers may think it is referring to a notification against them. This should be rephrased to: <i>Mandatory notifications should be based...</i></p>
<p>P13</p> <p><i>Treating practitioner: Impairment</i></p>	<p>Third box on the right: The title should be <i>no mandatory notification</i> instead of <i>voluntary notification</i>, as the outcome of this section results in no notification. Voluntary notification is an alternative option only if the requirements are met. This change should be applied to the relevant diagrams throughout the document.</p>
<p>P22</p> <p>4.3 <i>When must I report intoxication while practising?</i></p>	<p>First box, example 2: <i>Because you have directly observed signs of intoxication, you may need to make a mandatory notification.</i></p> <p>The term 'may' should be deleted as it creates doubt. The examples are intended to provide clarity and using 'may' is unclear.</p>
<p>P23</p> <p>4.4 <i>When must I report a significant departure from professional standards?</i></p>	<p>Paragraph 1:</p> <p>The following addition is made to this paragraph to assist with readability.</p> <p><i>You may need to make a mandatory notification if, after you report concerns to your employer about a colleague's standards of practice you still do not believe that the risk to the public is adequately managed. It may be useful to talk to your employer about your concerns before you decide if you need to make a mandatory notification.</i></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.

The content in the revised guidelines should remain. The information provided is relevant and there is no duplication. The concepts described are complex and in this case less is not more. The examples and diagrams are also very useful to assist the reader to understand their obligations.

It is important that when the information is presented on the web, a user is able to directly access the relevant area, to ensure ease of information and clarity.

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

The structure of the guidelines is useful and clear. The separation of the information for registered health practitioners and health students is supported by the ANMF.

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

Please explain your answer.

With the additions of the recommended changes above, the guidelines do explain when a mandatory notification is required. The ANMF notes that the National Law relies on the notifier to consider the situation, consider the legislation, and make an informed decision as to whether they should make a notification. As outlined in the document, in many situations the answer is not clear. For this reason it is important that nurses and midwives understand where they can go for help, including a confidential colleague, employer, AHPRA, and the ANMF state and territory branches.

7. Are the flow charts and diagrams helpful?

Please explain your answer.

The flow charts are useful. As outlined in our response to question 3, box 3 of flow charts on page 13, 15, 17, 18, 21 - 24, and 27 - 30 should be titled *no mandatory notification*, as that is the outcome of this section. Voluntary notification is an alternative option only if the requirements are met.

It may also be useful to colour the yes/no boxes instead of the outcomes as these are small to improve useability.

8. Are the risk factor consideration charts helpful?

Please explain your answer.

The risk factors are helpful and provide guidance for the reader to consider. It would be useful if examples of the direct impact on practice of these risk factors were provided as hyperlinks for practitioners who may want more detailed information. For example, why isolated practitioners are at higher risk or further explanations outlining the 'extent of self-reflection'.

9. Are the examples in the revised guidelines helpful?

Please explain your answer.

The examples are easy to understand and are useful.

One change is suggested to p.22, under 4.3 *When must I report intoxication while practising?* This change is that in the first box of example 2: *Because you have directly observed signs of intoxication, you may need to make a mandatory notification.* The term 'may' should be deleted as it creates doubt. The examples are intended to provide clarity and using the term 'may' is unclear.

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.

The ANMF notes the requirement for mandatory notification of students persists in the reform of the National Law. As outlined earlier, we support separation of the guidelines. Our position, as stated in a submission to Discussion Paper *Mandatory reporting under the Health Practitioner Regulation National Law*, 2 October 2017, is that there should not be a requirement for a mandatory report from treating practitioners in relation to students. This is consistent with our view that the Western Australia exemption model for mandatory reporting for treating practitioners should have been adopted for all health practitioners.

Given that impairment is the only type of mandatory notification applying to students, it is preferable to have the student related guidelines separated from registered health practitioners, so that due emphasis can be placed on the different reporting requirements.

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.

Yes it is clear in the guidelines 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.

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

There is a significant number of ANMF members who seek information and advice from their state or territory branch officers about the issue of mandatory self-reporting. It would, therefore, be worthwhile to have a section in the Guidelines about s130 of the National Law and the requirements to give notice of certain events.

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, it appears reasonable to review the guidelines every five years, with the option for earlier review if required. However, research on incidents of mandatory reporting should be undertaken utilising the data AHPRA has and will continue to gather, including those made by treating practitioners. This information should be used to inform revisions of the guidelines using the evidence base.

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

Once the guidelines are finalised, AHPRA should email all health practitioners notifying them of the changes and why they have occurred. The ANMF considers that AHPRA should be active in this space and not passively assume practitioners will find out by some other means. In particular the communication campaign about the revised guidelines should highlight that due to amendments to the National Law, there are new guidelines for treating practitioners. The ANMF is also well placed to assist AHPRA/NMBA with the dissemination of this updated information to our members through our existing communication mechanisms, including our national journal, websites and extensive social media presence.

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

Forms used by health practitioners for mandatory and voluntary notification need to be consistent with the changes to these guidelines, and show clearly the difference between these types of notifications and outline the processes for each.

Thank you for the opportunity to contribute to the consultation on these guidelines. As the national professional and industrial organisation for nurses, midwives and care workers, the ANMF are well placed to assist our members to understand the changes to the National Law relating to mandatory notifications and, when required, support them to make a notification.

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.