



Australian Council of Deans of Health Sciences (ACDHS) response to the Australian Health Practitioner Regulation Agency's (AHPRA's) consultation: Guidelines for mandatory notifications for health students

The Australian Council of Deans of Health Sciences (ACDHS) welcomes the opportunity to provide comment regarding AHPRA's proposed revised guidelines for mandatory notifications for health students. ACDHS is the peak representative body of the Australian universities that provide tertiary education in the allied health sciences.

ACDHS member universities include:

| | |
|-------------------------------|-------------------------------------|
| Central Queensland University | Monash University |
| Charles Sturt University | Queensland University of Technology |
| Curtin University | University of Canberra |
| Deakin University | University of Newcastle |
| Flinders University | University of Queensland |
| Griffith University | University of South Australia |
| James Cook University | University of Sydney |
| La Trobe University | Western Sydney University |

While it is noted that many of our members teach a broader range of health programs, the following professions fall within the remit of our Council:

| | |
|---|---------------------------|
| Audiology | Pharmacy |
| Clinical exercise physiology/sport and exercise science | Physiotherapy |
| Medical laboratory science | Podiatry |
| Nutrition and dietetics | Psychology |
| Occupational therapy | Prosthetics and orthotics |
| Optometry | Medical radiation science |
| Orthoptics | Social Work |
| Paramedicine | Speech pathology |

Comments from the Australian Council of Deans of Health Sciences (ACDHS) therefore cover a number of professions of allied health regulated by AHPRA.

Response to the draft guidelines

1. How easy is it to find information in the draft guidelines?

The information provides clear guidance around mandatory reporting. However, it would be helpful if there was further early guidance about mandatory vs voluntary notification.

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

The content of the draft guidelines for student mandatory notifications is very relevant.

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

ACDHS suggests that more examples are provided to illustrate when a notification would *not* be considered appropriate – the risk threshold use by AHPRA is not clear or transparent and therefore advice on how to consider

the risk level for mandatory reporting of a health student be relevant and helpful. More importantly, example(s) of when a notification would be appropriate would be useful.

Referencing Section 1.2: “These guidelines do not affect other legal mandatory reporting requirements – for example, about child abuse. Nor do they cover when treating practitioners, non-treating practitioners or education providers must report health students.” The phrase “...must report health students” could be clearer, e.g. “...students enrolled in health programs.”

Referencing 1.5: Where Person A “reasonably believes that someone else (Person B) has already made a notification”. While we appreciate the efficiency of such a process, consideration of more than one notification may provide information relevant to AHPRA’s determination of whether the risk threshold has been breached. However, in any event we recommend a strengthening of the statement to *knows* rather than *believes* that Person B has already submitted a notification.

Parts of section 2 on mandatory notifications by treating practitioners state, notifications are, “...more limited for you than other groups.” This requires clarification / expansion. (See comments in Section 9 below)

4. Should some of the content be moved out of the draft guidelines to the website?

No.

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

The structure is helpful, however there is quite a bit of repetition. Consideration could be given to having a generic section that applies to non-treating practitioners, treating practitioners and employers, with supplementary sections for each that describe the specific differences in requirements.

The addition of FAQs would be useful.

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

The inclusion of the Appendix A: National Law extract Division 2 Mandatory Notification is at odds with the Guidelines relating to what constitutes notifiable conduct. The Guidelines state that ‘concerns about intoxication, standards of practice or sexual misconduct cannot trigger a mandatory notification about a student’, and further that “ ...they are not grounds for a mandatory notification under the National Law... ” It is the Council’s view that:

1. There must be no ambiguity between the Guidelines and the National Law;
2. Sexual misconduct and intoxication are equally possible whether a person is a student on clinical placement or fully qualified health practitioner; and,
3. Intoxication by health practitioners (including students in clinical training) is an impairment that may place the public at substantial risk.

ACDHS recommends that Section 2.1 of the Guidelines be reviewed to ensure consistency with the National Law as it relates to impairment.

7. Are the flow charts helpful?

Yes.

8. Are the risk factor consideration charts helpful?

ACDHS recommends examples illustrating low, moderate and high-risk situations would be useful.

9. Are the examples in the draft guidelines helpful? If not, how can they be improved?

As discussed in point 3, additional examples would be useful, particularly where there may be ambiguity.

For example is it not clear in areas where there is provisional registration (e.g. clinical psychology) whether the provisionally registered psychologist is considered a student or a health professional. Some clarification about student definition would be helpful – ie enrolled in a registrable health program which undertakes clinical training with interaction with members of the public.

10. Should there be a separate Guideline for mandatory notifications about students or should the information be integrated within a single Guideline (but as a separate section)?

It would be more helpful to have one set of guidelines that covers reporting requirements but where it is clear who is considered a student and who is considered a registered practitioner. Special cases like provisional registration of psychology students should be clarified as to where they are considered.

11. The draft 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 clear?

Yes, it is clear. A short example to illustrate this further would be helpful as well as a description of the consequences of not reporting.

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

Section 2 discusses issues of ‘substantial risk’, ‘reasonable belief’ and threshold levels. ACDHS recommends a definition of these terms to mitigate any ambiguity. The inclusion of a glossary and examples would be useful. Similarly, with reference to health students, (section 2.3), ACDHS recommends including an example of when mandatory notification *would* be required.

It is proposed that the guidelines will be reviewed every five years, or earlier if required. Is this reasonable?

The five-year review timeframe is supported.

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

ACDHS recommends that the Guidelines include a statement that there is an expectation that if a registered health practitioner is experiencing 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 a health assessment could be commenced much more quickly, the stigma around practising with a health problem (particularly mental health) would be reduced, resulting in a much less punitive than in the current situation.

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

ACDHS considers the development of a health workforce that ensures public safety integral to a first-class health system. We acknowledge that AHPRA has a responsibility to protect the public by ensuring that health practitioners who are suitably trained and qualified practice in a safe and ethical manner. We look forward to assisting the Agency in ensuring safe clinical training while at the same time supporting access and equality for students.

13 November 2019

