Mandatory Reporting for Registered Health Practitioners

Submission

Purpose

The purpose of this submission is to provide the views of the Pharmaceutical Society of Australia (PSA) on the reform of mandatory reporting obligations in response to the Australian Health Ministers’ Advisory Council’s Discussion Paper: Mandatory reporting under the Health Practitioner Regulation National Law.

About PSA

The Federal Government has granted the Pharmaceutical Society of Australia (PSA) with national peak health body status. The Government rewarded PSA’s advisory, policy formulation, education and representation of pharmacists as part of the Health Peak and Advisory Bodies (HPAB) Program.

PSA proudly represents Australia’s 30,000 pharmacists working in all sectors and locations.

PSA’s core functions include: providing high quality continuing professional development, education and practice support to pharmacists; developing and advocating standards and guidelines to inform and enhance pharmacists’ practice; and representing pharmacists’ role as frontline health professionals.

Summary of Submission

PSA strongly believes that practitioners should be able to seek treatment for health issues confidentially, without fear that their professional careers will be at risk.

PSA recommends that the Australian Health Ministers’ Advisory Council consider progressing Option 2, as outlined in the discussion paper.

PSA believes that Option 2 is the only model presented in the discussion paper which comprehensively addresses the three major concerns regarding mandatory reporting; patient confidentiality and support for health issues, past conduct and a nationally consistent approach.

PSA believes that it would be important to communicate to the health profession and the general public more broadly, that employers and other registered health practitioners who are not treating practitioners, such as colleagues, would continue to be under a mandatory obligation to report notifiable conduct.
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Background

PSA recognises that mandatory reporting obligations are designed to protect the public by ensuring that the Australian Health Practitioner Regulation Agency (AHPRA) and other regulatory agencies are aware of conduct that can place the public at risk and take any necessary action to address the risk.\(^2\)

However, PSA is aware, through both anecdotal and local evidence, that these obligations have the unintended consequence of deterring practitioners from seeking treatment for their own health conditions. For example, beyondblue's 2013 National Mental Health Survey of Doctors and Medical Students found that 34% of respondents identified “impact on registration and right to practice” as a barrier to seeking help for anxiety or depression.\(^3\) This proportion appears to be consistent across professions – as a recent survey of pharmacists in Australia found that 33% of pharmacists surveyed identified “impact on registration and right to practice” as a barrier to seeking help.\(^4\)

This lack of access to treatment due to concerns over mandatory reporting may potentially have a significant negative impact on both the individual practitioner and public safety.

Considerations for Reform

PSA strongly believes that in the interests of the practitioner and public safety, practitioners should be able to seek treatment for health issues confidentially without fear that their professional careers will be at risk. It is for this reason that PSA recommends that the Australian Health Ministers’ Advisory Council progress Option 2, as outlined in the discussion paper.

Option 2 – the removal of mandatory reporting by the treating practitioner only – is the only model presented in the discussion paper which comprehensively addresses the three major concerns regarding mandatory reporting; patient confidentiality and support for health issues, past conduct and a nationally consistent approach. Furthermore, as Option 2 is based on the current arrangements in Western Australia, it has the benefit of being a known model – and has previously been recommended for consideration by a 2011 Senate Inquiry.\(^5\)

If this model were to be implemented, PSA believes that it is important to note that other reporting obligations would remain in National Law. In particular, PSA believes that it would be important to communicate to the health profession and general public more broadly, that employers and other registered health practitioners who are not treating practitioners, such as colleagues, would continue to be under a mandatory obligation to report notifiable conduct.

PSA does not believe that the adoption of the model outlined in Option 2 would have a significant impact on the total number of reports. Evidence suggests that the significant majority of mandatory notifications are made by employers, colleagues or practitioners other than the treating practitioner. In 2016, retrospective case file review and analysis found that only 8% of mandatory reports about medical practitioners were by treating practitioners – with reported practitioner-patients typically being treated for mental illness or substance misuse.\(^6\)

Additionally the fact that treating practitioners would continue to have professional and ethical obligations to report if there is a serious risk of harm, should be made clear to all health professions, and again the public more broadly to curtail any concern regarding public safety.
The pharmacy profession in Australia has robust and comprehensive codes, standards and guidelines for ethical and professional practice, including PSA’s Code of Ethics\(^7\), Professional Practice Standards\(^8\) and the Pharmacy Board of Australia’s Code of Conduct for Pharmacists\(^9\). As such, PSA believes that pharmacists in Australia are well equipped to exercise professional judgement and meet their professional and ethical obligations to report a serious risk of harm.

PSA, as the peak national body for all pharmacists, supports pharmacists – and indeed all other health practitioners – being able to access treatment for health issues without concern for patient confidentiality or the potential impact on their registration. As such, PSA believes that Option 2 provides the most appropriate model for mandatory reporting.

Submitted by

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\(^1\) Pharmacy Board of Australia. Pharmacy Registrant Data: June 2017. At: http://www.pharmacyboard.gov.au/documents/default.aspx?record=WD17%2f23708&dbid=AP&chksnum=j%2bbbk8tAoB4akPZC AQMJ0cA%3d%3d


