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AUSTRALIAN DENTAL ASSOCIATION

31 August 2018

Mr James Liddy
Queensland Department of Health

Via email: NRAS.Stage1A@health.qld.gov.au

Dear Mr Liddy

RE: Consultation on proposed reforms for mandatory reporting by treating practitioners

Thank you for providing the Australian Dental Association (ADA) with the opportunity to participate in the confidential consultation on the proposed reforms for mandatory reporting by treating practitioners.

The ADA notes in April 2018, Health Ministers agreed to take steps to ensure that registered health practitioners are able to seek treatment for health issues and impairment with confidentiality while preserving the requirements for patient safety and that further consideration has been undertaken to develop possible amendments to the Health Practitioner Regulation National Law to support a nationally consistent approach. The proposed reforms are outlined in the document titled, "*Proposed reforms for mandatory reporting by treating practitioners".* The ADA further notes that Health Ministers are conducting a targeted consultation on these reforms.

Having considered the questions in the consultation paper the ADA remains concerned that Health Ministers did not adopt the Western Australia model which has shown that it does not impact on patient safety and has broad stakeholder support. In its previous submissions on this matter, the ADA indicated that this model encouraged health practitioner to seek appropriate treatment confidentially and without fear for the consequences of doing so. Furthermore, it provided consistency across the national scheme.

Consultation questions

1. Does the proposed legislation reflect the key principle agreed by Health Ministers that the National Law must ensure health practitioners can seek help when needed and protect the public from harm?

The proposed changes to the legislation appear to raise the existing 'risk' threshold to that of 'substantial risk'. This is a move in the right direction. However, lowering the harm threshold is not supported. It would be more appropriate to retain the harm threshold while raising the risk threshold so that the wording in the legislation for the treating practitioner read as '*Significant risk of substantial harm*'. Significant risk of substantial harm would maintain the current wording in

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relation to harm while raising the level of risk to significant for the treating practitioner. Such wording would seem to better meet the intention of Health Ministers which is to adopt a higher threshold for mandatory reporting by treating practitioners while not deterring affected practitioners to seek treatment. The ADA also believes that implementing this change will encourage affected practitioners to fully disclose the nature and extent of their impairment and allow the treating practitioner to make a holistic assessment of risk as intended by the proposed reforms.

The legislation also provides a "decision tree" that allows a treating-practitioner to consider: whether the patient-practitioner is taking steps to manage their impairment, the effectiveness of the treatment, and related matters. This change would appear to provide additional 'space' for the treating-practitioner to do what they are trained to do - consider the patient's situation and treat them accordingly, without the mandatory reporting laws requiring a report to be made in most cases.

2. Does the proposed legislation give appropriate guidance to treating practitioners about factors they may take into account when considering a registered health practitioner's impairment?

The decision-making tree outlined in Section 141 B (5) is provided as a visual aid to the treating practitioner to determine if the affected practitioner is taking adequate steps to address their impairment. However, the consultation paper suggests that it does not apply to a practitioner whose impairment is related to drugs and alcohol or when they have not complied with expected professional standards. The ADA is concerned that this is creating different thresholds for mandatory reporting but more importantly, may act as a deterrent to some practitioners to seek treatment or fully disclosed important factors about their condition.

The ADA reiterates its position that the WA model has demonstrated that affected practitioners can be managed by treating practitioner effectively and safely and urges Health Ministers to reconsider adopting this model.

If you require any further information, please do not hesitate to contact the Deputy CEO, Eithne Irving on the email address below or on 02 8815 3332.

Yours sincerely,

Dr Hugo Sachs
President

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26 November 2018

HCDSDFVPC
Parliament House
George Street
Brisbane Qld 4000

By email: health@parliament.qld.gov.au

Dear Committee

Re: **Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2018**

The Australian Dental Association (ADA) is the peak national body representing dentists in Australia. Our 16,000 members work across all sectors including public and private services, academia and research and in metropolitan, rural and remote areas.

Over the last 10 years, we have raised concerns with the mandatory reporting requirements embedded in the Health Practitioner Regulation National Law, as we believe that they do not encourage impaired practitioners to seek help. Most recently we provided the attached letter for consideration during a confidential consultation undertaken by the Queensland Department of Health on behalf of Health Ministers.

As you can see from this letter, the ADA believes that there are significant problems with the proposed reforms as currently worded and requests that the Committee reject the changes in favour of the WA model which has proven to be an effective way in which to protect the public while still supporting impaired practitioners.

If you require any further information, please do not hesitate to contact the Deputy CEO, Eithne Irving on eithne.irving@ada.org.au or on 02 8815 3332.

Yours faithfully,

Dr Carmelo Bonanno
Federal President

Enc.