

Navigating treating practitioner mandatory reporting

What you need to know...

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What you need to know – we'll cover...

- Treating practitioner mandatory reporting **changes**
- Mandatory reporting – **yes and no**
- **Key issues** – impairment, sexual misconduct
- **Complexities** – intoxication, poor practices
- What happens **after a report**
- **Q&A**



Treating practitioner mandatory reporting - Changes to come



Notifiable conduct – from February 2020 (anticipated)



Notifiable conduct	New - treating practitioner (ex WA)	Colleague – unchanged
Impairment – physical / mental health condition / disability detrimentally affecting (or likely to) capacity to practise	Placing the public at substantial risk of harm by practising with an impairment	Placed the public at risk of substantial harm by practising with an impairment
Intoxication – under the influence of alcohol or drugs	Placing the public at substantial risk of harm by practising whilst intoxicated	Has practised while intoxicated
Sexual misconduct – see Medical Board boundaries guide for definition / examples	Has engaged, is engaging in or is at risk of engaging in sexual misconduct in connection with practice	Has engaged in sexual misconduct in connection with practice
Poor practices – serious departures from accepted professional standards obvious to any reasonable practitioner	Placing the public at substantial risk of harm by practising in a way which is a significant departure from accepted professional standards	Placed the public at risk of harm by practising in way which is a significant departure from accepted professional standards

NB – there will continue to be no treating practitioner mandatory reporting in WA

Mandatory reporting for students applies to impairment only

Treating practitioner mandatory reporting – yes and no



A treating practitioner mandatory report?

Treating practitioner mandatory report scenarios

- Cognitively impaired with little insight
- Unstable with bipolar disorder
- Regularly misusing Propofol
- Sexual relationship with a patient

Not treating practitioner mandatory report situations

- Depressed or anxious engaged with GP, taken time off work and following advice
- Past alcohol issues, insightful and no intoxication for some time
- Self-critical of management of isolated clinical incident with poor patient outcome
- Early motor neurone disease, insightful, limiting work and engaged with treatment

Key issue – impairment

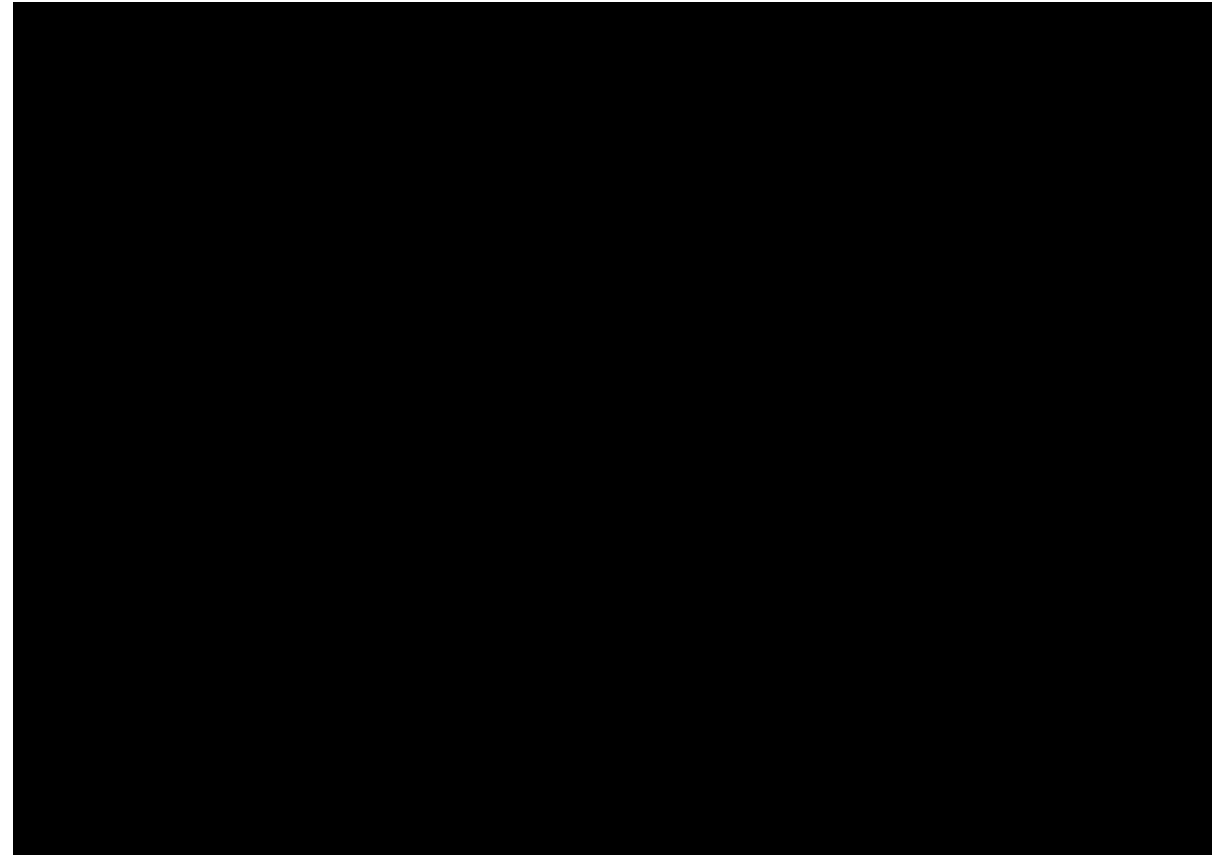
The anxious junior doctor / medical student



The anxious junior doctor / medical student - Video



- Is this reportable impairment?
- Remember risk factors
 - Nature, extent and severity
 - Practice context
 - How well manage with treatment
 - How engaging with treatment
- Supporting them as a treating doctor
- Things that need to be in place



[Video](#)

Key issue – sexual misconduct



Too close? - Video

- Is this reportable?
- Key elements making it reportable?
- An impairment element?

- Video



Complexities – intoxication and poor practices



- **Complexities**

- Intoxication – under the influence of alcohol or drugs when practising
- Poor practices - significant departures from accepted practices – obvious to any reasonable practitioner

- **How deal with them**

- **AHPRA draft guide** – discretionary factors
- **Intoxication** – extent and duration, practice context, frequency, self-reflection
- **Poor practices** – practice context, ability to judge departure, remediation, self-reflection

What happens after a mandatory report



What happens after a mandatory report?

- Medical Board / Council – which 'track'?
- Time
- Outcomes
- Treating practitioner role
- Impact on doctor patient



Q&A session + key things to remember



Q&A + key things to remember

- Doctors must feel free to **seek necessary care**
- Treating practitioner mandatory reporting threshold is very high
- Mandatory reporting **not about insightful doctors** not putting the public at substantial risk of harm
- For a doctor 'on the edge' a **mandatory report may be the best** thing for them
- Use **senior colleagues and MDO** when making reporting decisions



Questions?

