

Self-Reporting to Ahpra: A Guide

Reading time:

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Self-reporting about your health, conduct or performance is not to be taken lightly and has the potential to create immediate and lasting restrictions to your practice. If you think you may need to self-report to Ahpra, the first thing we suggest you do is contact MIPS.

MIPS' medico-legal advisers are exempt from mandatory reporting obligations¹, so you can discuss issues freely without fear of being notified to Ahpra and with the certainty the conversation will remain confidential.

In MIPS' experience, an individual who self-reports early, with a willingness to deal with the issue demonstrates insight and thus is likely to be looked upon more favourably by the regulator and the Boards. For this reason, MIPS strongly recommends assistance is sought by you before your situation reaches a point where a patient or colleague decides they must make a notification about you.

Reporting obligations to Ahpra

Keep in mind that there are definite reporting obligations to Ahpra that every healthcare practitioner has to declare about themselves. This declaration is needed at your yearly registration, but also be aware that there are some critical events that must be notified to Ahpra within seven days and some less essential matters that must be reported within 30 days.

Ahpra guidelines – Reporting obligations

Reporting guidelines within seven days

A registered healthcare practitioner is to report to the relevant National Board, within seven days, if any of the following events has occurred:

- the practitioner is charged with an offence punishable by 12 months' imprisonment or more
- the practitioner is convicted of an offence punishable by imprisonment
- the practitioner is no longer covered by professional indemnity insurance that complies with the Board's standard
- the practitioner's practice rights at a hospital or other health facility have been withdrawn or restricted due to the practitioner's health, conduct or performance

- the practitioner's Medicare billing privileges are withdrawn or restricted
- the practitioner's right to prescribe or otherwise use scheduled medicines is cancelled or restricted
- the practitioner's registration under the law of another country is cancelled, suspended, or made subject to a condition or restriction.

Section 131 of the National Law requires a registered health practitioner to write to the relevant National Board, within 30 days to notify of:

- a change in the practitioner's principal place of practice
- a change in the practitioner's address for correspondence from the Board
- a change in the practitioner's name.

Annual statement obligations

Practitioners who apply to renew their registration each year must provide an annual statement to the National Board, under Section 109 of the National Law.

Mandatory reporting

Mandatory reporting refers to your obligation as a registered healthcare practitioner to notify Ahpra and the Boards when you have formed a reasonable concern of a fellow practitioner or student.

Under the amended legislation, the threshold for reporting a concern about impairment, intoxication and practice outside of professional standards has been raised. The threshold is now reached when there is a substantial risk of harm to the public. These changes apply in all states and territories except Western Australia and affect the mandatory reporting obligations for treating practitioners.² Treating practitioners are registered health practitioners who treat other health practitioners as patients.

Criteria for initiating a valid mandatory notification

Under the recently modified National Law, a treating practitioner caring for another health practitioner or student must have enough foundations and well-grounded evidence that their patient is posing an ongoing and significant risk of harm to the public.

As stated by Dr Anne Tonkin, Chair of the Medical Board, "... I want to make it very clear that the Board is only interested in hearing about practitioners if they have an impairment likely to affect their practice and pose a substantial risk to the public. A doctor who is managing a health condition by seeking help, or who takes some time off to get well, is very unlikely to meet the threshold and should not be reported."²

When should I make a notification?

A mandatory notification about a practitioner (including yourself) can be triggered by concerns about:

- impairment
- intoxication while practising
- a significant departure from accepted professional standards, and
- sexual misconduct.

Depending on the type of concern, you must assess the risk of harm to the public when deciding whether to make a notification or not. In this context, 'the public' means:

- a practitioner's patients or clients, and
- the wider community that could be put at risk of harm

Keep in mind that in order to make a notification, you must form a "reasonable belief". This means that you are required to demonstrate knowledge, not just a suspicion, of the circumstance that led to your concern. As such, this is likely to happen in cases where you directly observe the incident or behaviour. Your professional background, level of insight, experience and expertise will help you assess if your concern constitutes a reasonable belief. Mandatory notifications should be based on personal knowledge of reasonably trustworthy facts that would justify a person of reasonable caution, acting in good faith, to believe that the concern and a risk to the public exists. Rumours, gossip or speculation are not enough to form a reasonable belief.¹

If you think a colleague is required to self-report you may also have a mandatory reporting obligation. Again, you should call MIPS on 1800 061 113 to discuss. If you cannot convince a colleague to make a self-report in a timely manner, then a mandatory report should be made. MIPS will be able to help you determine if the colleague's actions fulfils the requirement of 'notifiable conduct'. If you have a reasonable belief that a fellow colleague has made a notification, there is no requirement for you to make a notification about the same issue.

Podcast: Self-reporting avoids a formal undertaking with Ahpra

In this candid chat with MIPS, intern Dr Toon Ong, opens up about how 11 April 2020 almost derailed not only his career in medicine, but his life. On that morning, Dr Ong awoke to symptoms of a right thalamic bleed, which he later discovered was caused by a cavernoma in his thalamic region. You'll be warmed by his positive spirit and his perspective on his tragedy as a "silver lining". Dr Ong expressed his gratitude to his doctors for his recovery and MIPS for helping him avoid a formal undertaking with AHPRA.



Available on

References

1. [Guidelines: Mandatory notifications about registered health practitioners](#). March 2020
 2. [All doctors should feel comfortable to seek help](#)
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