

**Health, Communities, Disability Services and Domestic and Family Violence Prevention Comr**

**From:** Claire Jackson [REDACTED]  
**Sent:** Monday, 26 November 2018 8:18 AM  
**To:** Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee  
**Cc:** [REDACTED]  
**Subject:** 012 Mandtory Reporting Legislation

[REDACTED] [REDACTED]

Mr Aaron Harper MP  
Chair,  
Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee  
[health@parliament.qld.gov.au](mailto:health@parliament.qld.gov.au)

Dear Sir,

We are writing with concern regarding the matter below:

Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2018

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

The proposed amendments to the Bill above fail to meet their stated purpose of ensuring that health practitioners have confidence to seek treatment. Rather than clarifying the matter, these amendments further complicate the assessment of risk .

We strongly believe there should be absolutely NO distinction between the treatment of mental health issues regarding a registered health practitioner and that of a patient from any other occupation. Just like all other people in Australia, any practitioner-patient interaction should allow discussion of health issues in a strictly confidential environment.

Any barrier to the best and most comprehensive treatment must be removed for any Queenslanders seeking help. However, currently in every state bar WA, a health practitioner cannot seek treatment for a mental health condition without fear of being reported to AHPRA and publicly identified. Reporting can harm a practitioner's reputation and lead to a lengthy investigation. This has led to health practitioners not seeking help for these conditions & ultimately to a high number of suicides. From 2001 to 2012, 369 suicides were reported across a range of health professionals across Australia. (*Suicide by health professionals: a retrospective mortality study in Australia, 2001–2012* <https://www.mja.com.au/journal/2016/205/6/suicide-health-professionals-retrospective-mortality-study-australia-2001-2012>). But between January 1, 2011, and December 31, 2014, there were 153 health professionals who died as a result of suicide. Within the profession, that represented a suicide rate of 0.03 per cent, the highest among white-collar workers. <https://www.theaustralian.com.au/national-affairs/health/disincentive-stops-medics-seeking-help/news-story/f6dc24c6912e7de28076d3a313e55014>. Beyondblue's 2013 survey of more than 12,000 doctors found that one in three were concerned that seeking treatment could have an adverse effect on their registration and right to practise. Additionally, one in two respondents raised lack of confidentiality as a barrier to seeking help.

The *Health Practitioner National Law (WA) Act 2010* exempts doctors in Western Australia from mandatory reporting practitioners when under their professional care. The intent of the exemption is that a treating practitioner need not report a practitioner undergoing active treatment, so long as they do not impose a risk to the public. Under this model, practitioners are able to seek help when needed without

fear of repercussions. Western Australia intends to retain these current arrangements and not join in a COAG process that falls short of current functional arrangements.

We strongly support uniformity with the WA approach

Yours faithfully

Dr Bill Glasson AO

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