

Dr Isaac Seidl

MBBS MHA GradDipStrat FRACGP FRACMA psc(j)

The Townsville Hospital
100 Angus Smith Drive
Douglas Qld 4814
Provider Number 217756FT

Ph: 4796-1053
Fax: 4796-1051
Email: isaac_seidl@health.qld.gov.au

17 July 2009

Australian Health Ministers' Advisory Council
National Registration and Accreditation Implementation Project

To Whom It May Concern:

**PERSONAL SUBMISSION – HEALTH PRACTITIONER REGULATION NATIONAL LAW
2009 EXPOSURE DRAFT**

Thank you for the opportunity to make a submission on this important area. As a former permanent Australian Defence Force doctor, I am a supporter of national registration insofar as it *should* make transitions from state to state easier.

The one area on which I wish to make representation is that of *mandatory reporting*. As a general principle, I support this as an important patient safety initiative. However, I have some concerns about the implications for health professionals in certain settings.

I have had a study interest in Doctors' Health, specifically self-care, a subject on which I have presented at conferences and in educational fora.

My main concerns are:

1. A doctor, who as a *patient* of a health professional, 'reasonably believes' that their health professional has behaved in a way that constitutes reportable conduct, would be bound by this law to report. This is destructive to the *patient*, who should be able to 'step out' of their role as a health practitioner (and the legal obligations thereof) for the time they are a *patient* – we encourage doctors to have their own general practitioners, and we should put our money where our mouths are and allow them to adopt the full role of *patient*, not just part of it.
2. A doctor, who in treating a health practitioner, becomes aware of a past history of reportable conduct (even a single occurrence), is still bound to report it, even if that conduct is no longer relevant nor has impact on safety. This compromises the important doctor-patient relationship and may lead to non-disclosure of past medical history that is seminal to the consultation. Perhaps we ought to make mandatory, reporting of conduct


that is ongoing or in the reasonable opinion of the treating professional, imminent.

3. Even a 'corridor conversation' or a comment made over a coffee between friends can result in triggering the mandatory reporting requirements. Whilst these interactions between colleagues do not constitute the kind of formal doctor-patient relationship to which I refer above, I have no doubt that such informal talks do form an important part of doctors' health. They may even encourage doctors in distress to seek formal assistance and disclose difficulty to the registration authority.

In summary, whilst I support national registration on the whole, and I agree with the spirit of mandatory reporting, I feel there needs to be more work done in this area to ensure that *primum non nocere*, first do no harm, not only applies to the practitioners, but also to the law governing them.

With kind regards,

Yours sincerely



Isaac Seidl