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| Consultation form |

This form will assist you to make a submission to the National Health Practitioner Ombudsman (the Ombudsman) regarding her own motion investigation into delay and procedural safeguards for health practitioners subject to immediate action.

# Completing this form

We have designed this form to be accessible for as many people as possible. Where the form offers a choice between multiple options, indicate your selection with an ‘x’.

Space is provided to respond to the questions listed.

**Please return your completed form by 5.00pm on Monday 31 March 2025 via email or post to:**

Email: <submission@nhpo.gov.au>

**Mail:** National Health Practitioner Ombudsman,GPO Box 2630, Melbourne, VIC 3001

You can also contact us by phone if you have any questions or to make a verbal submission: 1300 795 265 (interpreter services: 131 450).

## How will information I provide in this form be used?

Your submission will help the Ombudsman’s investigation to understand more about how immediate action-related processes are working, and whether improvements are needed.

We will not disclose your personal information without your consent, except where required to do so by law. Your submission will not be published, and we will not share your submission with the Australian Health Practitioner Regulation Agency (Ahpra) or the National Boards.

You are not required to provide any personal information in order to make a submission to the Ombudsman. Where you choose to provide personal information, we may use it to seek clarification on your submission, or to request your consent to reproduce information contained in your submission as part of the Ombudsman’s final report.

If you provide your contact details, we will provide an update when the investigation’s report is published (based on your communication preferences) and if relevant, at other key progress points.

Our office is dedicated to ensuring appropriate protection of personal information. For more information about how we collect and handle personal information please review our [privacy policy](http://www.nhpo.gov.au/privacy-and-confidentiality) on our website: <www.nhpo.gov.au/privacy-and-confidentiality>.

If you have a question regarding the submissions process or your privacy, or if would like to request alternative arrangements to provide a submission, please contact us using the details outlined above.

# About you

## Do you wish to remain anonymous?

You can make a submission anonymously. However, this means that we will not be able to contact you about your submission. Please note that if you choose to make your submission by email, we may be able to identify you from your email address. To remain anonymous, please post your submission.

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| Yes |  | No |  |

If **Yes**, please go to [‘Your submission’](#_Your_submission).
If **No**, please continue below.

## Are you making a submission on behalf of an organisation/someone else?

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| I am making a submission on behalf of an organisation |  |
| I am making a submission on behalf of another person |  |

If you selected one of these options, please continue below.
If none of these are applicable to you, please go to [‘Your contact details’](#_Your_contact details).

### Please fill out the details of the organisation or person on whose behalf you are making a submission

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| Organisation/Individual’s name |  |
| Please provide their contact details (if relevant) |  |

#### If you are making a submission on behalf of an individual, what is the nature of the relationship between you?

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| --- | --- |
| Please specify |  |

## Your contact details

This section is for your own contact details.

### What is your full name?

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### How would you prefer us to contact you?

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Phone |  | Email |  | Post |  | Other |  |

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| Please provide your contact details based on your preference/s for communication (for example, your email address and/or phone number). |  |

### Are you, or have you been, a registered health practitioner?

Please select ‘N/A’ if you are making a submission on behalf of an organisation or individual.

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| Yes |  | No |  | Prefer not to say |  | N/A |  |

If you selected ‘Yes’, please continue below.
If you selected an option other than ‘Yes’, please go to [‘Your submission’](#_Your_submission).

#### Have you ever been subject to immediate action?

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| Yes |  | No |  |

# Your submission

The Ombudsman welcomes submissions from all individuals and organisations. In particular, the Ombudsman seeks to understand how immediate action-related processes are working in practice, and your experience or knowledge about:

* timeliness in the management of matters following immediate action being taken
* safeguards to ensure practitioners are treated fairly when immediate action is in place.

Where possible, please include relevant examples or data in your responses.

## Please provide your responses to the following consultation questions.

### 1. Do you think Ahpra and the National Boards handle matters where a health practitioner is subject to immediate action in a timely way?

Please explain your answer. You may wish to explain what your expectations for timeliness are, and whether your expectations have been met.

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### 2. Are you aware of any barriers to the timely finalisation of a matter where a practitioner is subject to immediate action?

Please explain your answer. If you identify any barriers, please describe whether you think these barriers relate to Ahpra and the National Boards’ processes or are outside their control.

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### 3. Do you think improvements are needed to ensure matters are handled more quickly when a practitioner is subject to immediate action?

Please explain your answer. If you think improvements are needed, please describe the improvements you think would be beneficial.

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### 4. Do you think health practitioners are treated fairly when they are subject to immediate action?

Please explain your answer. You may wish to consider what you think it means to be treated fairly and whether this occurs/occurred.

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### 5. Do you think there are sufficient procedural safeguards for health practitioners who have had immediate action taken against them?

Please explain your answer. Existing procedural safeguards include the ‘show cause’ process and the ability to appeal a decision to take immediate action to a Tribunal. You may wish to consider whether certain procedural safeguards are effective.

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### 6. Do you think reforms or additional procedural safeguards are needed for practitioners subject to immediate action?

Please explain your answer. If you answered ‘Yes’, please describe what reforms or additional procedural safeguards you think are necessary and why.

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### 7. Please share any other information you think would be helpful to the investigation.

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Thank you for completing this form and your contribution to this investigation.

## Access to support services

We recognise that responding to these questions may be challenging, particularly for practitioners who have been the subject of regulatory action. We encourage you to seek support if needed, including from your general practitioner or other relevant health practitioners. Further details for some available support services, including those designed to support health practitioners specifically, are provided below.

**Lifeline**

Call: 13 11 14 or visit: [www.lifeline.org.au](http://www.lifeline.org.au)

**Black Dog Institute**

Designed by health professionals, for health professionals, The Essential Network (TEN) makes accessing support quick, easy and confidential.

Visit: [www.blackdoginstitute.org.au/the-essential-network/about-ten](http://www.blackdoginstitute.org.au/the-essential-network/about-ten)

**Drs4Drs**

Drs4Drs has been established by the medical profession for the medical profession. Through a network of doctors’ health advisory and referral services, independent, free, safe, supportive and confidential services are available across Australia.

Visit: [www.drs4drs.com.au](http://www.drs4drs.com.au)

To receive this document in another format phone 1300 795 265, using the National Relay Service 13 36 77 if required, or email us <submission@nhpo.gov.au>.

Authorised and published by the National Health Practitioner Ombudsman.