

Thank you for considering my submission.

I previously lodged a submission to the senate enquiry into bullying in the medical industry which preceded this current senate enquiry. I trust that the committee has access to that material because I believe that it added valuable context to this discussion, and referred to some specific events. However, I am aware that that material doesn't meet the terms of reference for the current enquiry, and as such, can not be submitted this time.

I am a practising chiropractor in South Australia and have been in clinical practice for 17 years. I have been a member of the Chiropractor's Association of Australia (SA Branch) during the duration of my career, and served on the state executive from 2001 – 2008. I served as state president for 2 years during this time.

As far as I'm aware, I have never had a complaint made against me to the registration board, and have always made every effort to be compliant with all regulatory requirements. None of my comments are based on personal interaction with the complaints process. In May of 2016 I participated in a random audit of my practice, conducted by the Chiropractic Board of Australia, and was found to have met all compliance requirements.

I have made the following comments because it is my belief that certain special interest groups with a political motive / agenda to discredit other health professionals have systemically abused and manipulated the medical complaints mechanism within AHPRA to further those agendas.

My understanding is that the case involving Dr Gary Fettke in Tasmania provided some of the impetus for this new enquiry into the inappropriate use of AHPRA to force disciplinary action against health practitioners despite the notifications being based on somewhat flimsy complaints.

I would like to offer the following as a basis for developing a model for AHPRA to implement, in order to screen complaints / notifications and decide which action should be taken. It is perhaps serendipitous that we can apply the acronym **PAINS** to describe this model as it applies to these types of notifiers.

PAINS model to screen Notifications being made to AHPRA and relevant Registration Boards

P **Pollution of the matter by going to the media prematurely.** *Has the notifier exploited connections to the media to push their agenda and influence public perception before the relevant registration board has had the opportunity to undergo due processes of investigation? Has this artificially aroused the intervention of politicians and ministers in response to biased public opinion?*

A **Actuality.** *Was there an actual event / breach or is the notification about the potential for an event or misunderstanding. In other words "Practitioner A is alleged to have committed breach B on date C" is a very specific allegation that can be investigated in light of available evidence. Contrast this with "It is possible that member of the public A could look at social media post B or advertisement C and reach conclusion D instead of conclusion E?" This is open to a huge amount of speculation and making assumptions.*

Further to this, was there an actual patient injured or disgruntled by a clinical interaction? If there was, then there are grounds for a notification, however, if not (ie the person being treated or examined was satisfied with their treatment outcome and the conduct of the practitioner), then that

leaves little justification for an unrelated third party to lodge a notification. In the Fettke case, my understanding is that the notification was not based on any adverse event actually occurring.

I **Involvement.** *Is the notifier the person involved directly, indirectly or totally unrelated. If the notification is being made by a patient who was directly wronged or traumatised by a practitioner, then this should constitute grounds for the most high level consideration. If the person is a friend or relative of the patient involved or bore witness to the offence being alleged, then this is the next step down. Alternatively, if the notifier is a completely unrelated third party who has never consulted the practitioner in question or had any involvement with a particular patient interaction, but is making the notification based on hearsay or uninformed opinion, then this should constitute the lowest priority and severity in the eyes of the board or AHPRA. In the Fettke case, the notifier was an unrelated third party.*

N **Number of complaints** *issued by a single notifier or group of notifiers. I consider it unlikely that an individual person will have cause to lodge multiple notifications involving a range of different practitioners. Obviously if a patient has had one or two incidents that have prompted them to take the time to make a serious notification, then it warrants consideration by the registration board. If an individual or group of individuals have lodged a large number of notifications in a short space of time, then it is increasingly likely that it is a special interest group with a specific agenda that they are trying to enact by manipulating the AHPRA notification mechanisms. In my opinion, this pattern should be identified and frowned upon, as it would consume a huge proportion of the registration board resources, and also feeds into the pollution category, where the notifier then complains to the media that the registration board is “not taking action” despite notifications being lodged.*

S **Severity.** *It may be stating the obvious, but offences necessitating notifications to AHPRA would clearly vary in severity. Something like sexual misconduct is a very grave incident that presents a clear danger to the public and would command urgent investigation and action. In comparison, ambiguous wording on a business website that could potentially be misinterpreted is several orders of gravity lower, particularly if there was no actual incident between a patient and a practitioner that sparked the notification, but instead someone with an axe to grind was trawling through websites looking for a reason to make a notification.*

I hope that this suggested screening approach constitutes a framework on which existing policies can be superimposed, in order to develop a way to establish which notifications to AHPRA are serious and urgent and require the attention and resources of the registration boards, and which notifications are vexatious in nature and are being made to drive a premeditated political agenda.

Thank you once again for your consideration and I look forward to the outcomes of your report.

Yours Sincerely