# Reporting Conduct Form (completed by HSP)

## **Report to the Department CEO in accordance with Parts 10 and 11 of the *Health Services Act 2016* (HS Act)**

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| **Part 1: Report details and nexus to patient safety** | | | |
| *Part 1A: Report details* | | | |
| Date assessment prepared: | | |  |
| Health Service Provider (**HSP**): | | [choose from list] | |
| Responsible Authority:[[1]](#footnote-1) | | [Enter Chief Executive's name here] | |
| Employing Authority:[[2]](#footnote-2) | | Choose an item. | |
| Matter being reported | | There are three possible types of report, as follows: | |
| s 146(1) | The responsible authority must report any conduct of a staff member that the responsible authority suspects on reasonable grounds constitutes or may constitute professional misconduct or unsatisfactory professional performance to:[[3]](#footnote-3)   1. the professional board or authority that deals with the registration of the staff member as a health practitioner; and 2. the Department CEO. | | |
| s 146(2) | A staff member’s responsible authority must, on becoming aware that the staff member has been charged with having committed, or has been convicted or found guilty of, a serious offence,[[4]](#footnote-4) report the staff member’s charge, conviction or the finding of guilt to the Department CEO. | | |
| s 167(2) | The employing authority of an employee must notify the Department CEO, if the employee has been found under this division to have committed any breach of discipline AND if the disciplinary action ordered was dismissal, or if the breach of discipline could result in serious risk to the safety of patients. The notification must be in writing within 30 days of the finding being made. | | |
| **The matter is being reported under**: | | | |
| s 146(1) | Suspected professional misconduct; /or  Suspected unsatisfactory professional performance | | |
| s 146(2) | Charged with having committed a serious offence; or  Convicted or found guilty of a serious offence | | |
| s 167(2) | A breach was found, *and* the disciplinary action ordered was dismissal; and/or  A breach was found, *and* the breach of discipline could result in a serious risk to the safety of patients | | |

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| *Part 1B: Details of the Staff Member subject of the report (in bold type)* | | | | | | |
| Name: | | | | Date of birth: | | |
| HE no.: | | | Registration no/s: | | | |
| Occupation: | | | Is the registration a prerequisite for the position held? If yes, which registration? | | |  |
| Position/Job title: |  | | | | | |
| Type of engagement: | Employee  Contracted staff  CMP  Other (specify): | | | | | |
| Location: | [Insert location in full] | | | | | |
| Status of engagement: | still employed/engaged  dismissed resigned  suspended  directed to remain from the workplace  abandoned | | | | | |
| **System Case Management System (CMS) Reference Number** | | | | |  | |
| *Part 1C: Details of report to Department CEO* | | | | | | |
| Documents attached  (Refer to as Attachment 2 and onwards in this form) | | 1. Detail attachment, example, Letter of Allegation (if provided)  2. AHPRA search date and results  3. | | | | |
| **Description of conduct or performance issue(s)**  The description of the conduct or performance issue(s) should include:   * a summary of the allegation(s) including date(s) and location * patient details, deidentified or referenced with the URN only * any risk or danger to a patient, staff member or any other person, or the broader health system * any other relevant information, including that used in assessing the issue. | | | | | | |
| **Actions taken by the HSP**  Detail the actions taken in relation to the conduct or performance issue(s), including:   * any preliminary enquiries undertaken, and their findings/outcome if available * any action being taken, or proposed actions or processes (discipline, substandard performance, fitness for work) * the relevant legislation, policies and/or procedures supporting the actions or processes – for registered health practitioners * the date and results of a search of the Australian Health Practitioner Regulation Agency (**AHPRA**)Register of Practitioners (to be provided as Attachment 2), including any conditions, undertakings or reprimands on the Register against this practitioner * reports to external agencies: AHPRA, Western Australian Police (**WA Police**), the Corruption and Crime Commission (**CCC**), the Public Sector Commission (PSC) or the Ombudsman (refer to section 2B(1)) * for a suspected criminal offence, the relevant breach of legislation if known; for example, Unlawful use of a computer, section 440A of the *Criminal Code Act Compilation Act 1913*. | | | | | | |

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| *Part 1D: Nexus of conduct or performance issue to patient safety* | | | | | | | |
| **Description of the nexus:** *Insert description of nexus*  Could the conduct have directly/indirectly impacted upon the safety of patients? If so describe: | | | | | | | |
| **Part 2: Identification and mitigation of identified risks** | | | | | | | |
| *Part 2A: Assessment of impact of conduct or behaviour* | | | | | | | |
| Using the table below, complete the following assessment (**tick box where applicable**). The consequence table attached to this form at Appendix 1 may be useful in assessing the impact. | | | | | | | |
| **Impact** | **Level** | **N/A** | **Insignificant** | **Minor** | **Moderate** | **Major** | **Catastrophic** |
| Impact on patient's health/safety/  wellbeing | |  |  |  |  |  |  |
| Impact on staff or other's health/safety/ wellbeing | |  |  |  |  |  |  |
| Critical services interruption/impact on work environment | |  |  |  |  |  |  |
| Non-compliance with legislation, policy, procedure | |  |  |  |  |  |  |
| Reputation damage/loss of public confidence in WA Health | |  |  |  |  |  |  |

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| *Part 2B: External reporting requirements and other considerations* | | |
| A staff member's responsible authority has certain obligations to report conduct under s 146 or s 167 of the HS Act. There are also external reporting requirements for some matters, including to AHPRA, the CCC, the PSC, the Ombudsman and the WA Police. HSPs are also required to follow particular processes in relation to disciplinary matters.  The information provided by completing Parts 2B(1), 2B(2), 2(B) 3 and 2 B(4) below will assist the Department CEO's decision-making in relation to whether to register the person's details in the CMS for Pre-employment Integrity Check purposes, and whether to notify other HSPs of the matter. | | |
| *Part 2B(1): External reporting requirements* | | |
| Reporting requirement\* | Response | Report date |
| If the matter concerns a registered health practitioner, given the requirements of s 146(1), has the matter been reported to AHPRA?  If no, in the actions taken by HSP section, explain why the matter has not been reported. | Choose an item. | Click here to enter a date. |
| If the matter concerns a suspected criminal offence, has it been reported to WA Police?  If no, in the actions taken by HSP section, explain why the matter has not been reported. | Choose an item. | Click here to enter a date. |
| If the matter concerns serious misconduct, has the matter been reported to the CCC in accordance with s 4 of the *Corruption, Crime and Misconduct Act 2003* (WA)?  If no, in the actions taken by HSP section, explain why the matter has not been reported. | Choose an item. | Click here to enter a date. |
| If the matter concerns minor misconduct, has it been reported to the PSC in accordance with s 28 or s 45H of the *Corruption, Crime and Misconduct Act 2003* (WA)?  If no, in the actions taken by HSP section, explain why the matter has not been reported. | Choose an item. | Click here to enter a date. |
| If it is a matter reportable to the Ombudsman under s 19 of the *Parliamentary Commissioner Act 1971*, has it been reported to the Ombudsman?  If no, in the actions taken by HSP section, explain why the matter has not been reported. | Choose an item. | Click here to enter a date. |
| Has the matter been reported to any other authority?  (For example, Mandatory reporting of Child Abuse in WA, in accordance with the *Children and Community Services Act 2004*)  If yes, provide details provide response in the actions taken by HSP. | Choose an item. | Click here to enter a date. |
| *Part 2B(2): Process used to manage issue* | | |
| Have any processes associated with the conduct been concluded?  If no, what stage is the process or processes at? | Choose an item  Choose an item. | Click here to enter a date. |
| Has the person had their scope of practice or duties been altered?[[5]](#footnote-5)  If yes, provide details: | Choose an item. | Click here to enter a date. |
| Is this the first instance of this behaviour by this person?  If no, provide details of previous matters/reports/ outcomes: | Choose an item. |  |
| Could this matter be seen as contributing to a pattern of behaviour, potentially indicating behavioural/performance problems?  If yes, provide further detail to the report. | Choose an item. |  |
| *Part 2B(3) Employment status* | | |
| Is this person a former employee? | Choose an item. |  |
| Is consideration being given to the former employee provisions, pursuant to the *Health Services (General) Regulations 2019*? | Choose an item. |  |
| Has the person resigned from or abandoned the position related to the report? | Choose an item. | Click here to enter a date. |
| Is the person employed/engaged elsewhere in the WA public health system?  If known, provide details: | Choose an item. |  |
| To your knowledge, is the person employed/engaged by a private health provider?  If yes, provide details if known: | Choose an item. |  |
| *Part 2B(4): Other considerations* | | |
| Are there other relevant considerations or lessons learnt from this matter?  If yes, provide details: | Choose an item. |  |

\*Attach a copy of any external reports as Attachment 2

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| **Assessment Prepared by:** | First Last Name  **POSITION**  **DEPARTMENT / UNIT** | **Date:** Click here to enter a date. |
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| **Sign off:** | First Last Name  **CHIEF EXECUTIVE**  Choose an item. | **Date** Click here to enter a date. |

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| **Part 3: Closure report** Choose an item. |

\* If applicable complete now, or complete as soon as practicable and within 30 days.

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| *Part 3A: Provide an update of matter and additional actions by HSP* |
| Provide details of the current situation in relation to the matter, and any additional actions taken by the HSP, including:   * whether the Closure report relates to a closure of a matter relating to s146(1) or 146(2) or to a notification in relation to s167 of the HS Act. Provide details. * a list of the allegations * whether each allegation was substantiated or not, and outcomes of any management process/es. Provide legislative reference if applicable * any decision making rationale * an update to the matter which may not have been provided in the initial report * an update report if external reporting has occurred * a current AHPRA registration of practitioner check. |

Attach relevant documents

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| **Part 4: Outcome (if applicable)** | | | | | | |
| Date of decision | | Click here to enter a date. | | | | |
| Outcome | Choose an item. Click here to enter a date. | | | | | |
| Was Disciplinary and/or Improvement Action implemented? | | | Disciplinary Action | | Improvement Action | |
| Choose an item. | | Choose an item.  Provide details of 'other action' taken: | |
| Was the matter dealt with as per the Substandard Performance Process? | | | Choose an item. | |  | |
| Was the matter dealt with via the disputes mechanism process (for CMPs)? | | | Choose an item. | |  | |
| Has the person entered into a deed of settlement or other post-separation agreement? | | | | | | Choose an item. |
| Has the person appealed the outcome? | | | | | | Choose an item. |
| For s 167(2) matters, could the conduct have resulted in a serious risk to safety?  If yes provide details: | | | | Choose an item.  [] | | |

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| **Closure Report Prepared by:** | First Last Name  **POSITION**  **DEPARTMENT / UNIT** | **Date:** Click here to enter a date. |
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| **Sign off:** | First Last Name  **CHIEF EXECUTIVE**  Choose an item. | **Date:** Click here to enter a date. |

# Appendix 1 – Consequence table

Using Table 1, choose the most appropriate category for the identified consequence from the left-hand side of the table, then work along the columns of that row to find the best fit for the severity of the consequence as identified by the worst, realistic, primary consequence(s) should a conduct or performance matter arise.

If the conduct or performance results in a 'near miss', the assessment should still be based on a reasonable, realistic, worst-case scenario.

It is *not* necessary to address each consequence category within the table.

There may be multiple categories applicable to each consequence. Unauthorised secondary employment, for example, can be both an 'impact on staff category' and a 'non-compliance with policy' category. Where this occurs, each consequence must be assessed individually.

It is also possible for one category to have different levels of consequence—theft, for example, may be of different levels, with different impacts.

The descriptors and examples provided are not exhaustive and are intended only as a guide to assist decision-making. Nor are the severity levels such as insignificant, minor etc intended to be measured or clinically assessed. These are provided as a starting point. The context in which individual conduct and behaviour matters occur may result in an assessment that is higher or lower on the consequence rating scale.

**Table 1—Consequence rating**

| **Consequence level** | **Insignificant** | **Minor** | **Moderate** | **Major** | **Catastrophic** |
| --- | --- | --- | --- | --- | --- |
| **Category** |
| *Impact on patient's health/safety/wellbeing\** | * Minimal impact requiring no/minimal increased level of care * No detriment to the patient e.g. no loss of money or belongings, no loss of trust | * Increased level of care * Recovery without complication * Some non-clinical impact on patient e.g. some loss of money or belongings, or some loss of trust | * Moderate increase in level of care * Recovery without serious complication * An event that impacts on a small number of patients * Increased non-clinical impact on patient e.g. loss of money or belongings, or loss of trust | * Significant increase in level of care * Significant complication and/or significant permanent disability * An event that impacts on several patients * Mismanagement of patient care with long-term impacts * Increased non-clinical impact on patient e.g. loss of money or belongings, or loss of trust | * Death or permanent total disability * An event that impacts upon a large number of patients |
| \*Assessment of this category could be impacted by a number of factors, including the level of vulnerability of the patient, power relationships in play, culture and remoteness of location. |
| *Impact on patient's health/safety/wellbeing\** | **Examples:**   * Inappropriate posting on social media e.g. a photo that includes a patient * Repeated failure to follow policy/procedure e.g. failure to notify if taking sick or personal leave | **Examples:**   * Loss of trust due to medication error; or other staff member behaviour * Inappropriate verbal comments * Inappropriate use of social media with impact on patient * Inappropriate or unnecessary physical contact | **Examples:**   * Inappropriate verbal comments/unprofessional behaviour * Providing advice to a patient contrary to current treatment or WA Health/HSP position * Bullying/harassment * Accessing and/or disclosing confidential information, not for a work purpose * Inappropriate use of social media, with impact on patient * Falsification of records * Breach of a clinical policy (e.g. consent, chaperone, neglect) with near miss or impact | **Examples:**   * Physical assault that requires medical treatment * Disclosure of confidential information, not for a work purpose * Under the influence of alcohol/drugs at work * Theft * Convincing a patient to alter their financial affairs favour staff member e.g. a will, bank access * Patient treatment following withdrawal of consent | **Examples:**   * Physical assault resulting in serious injury * Patient treatment following withdrawal of consent * Under the influence of drugs at work * Sexual assault * Significant breach of/total disregard for a clinical policy resulting in serious injury or death * Harm resulting in death or permanent total disability |
| *Impact on staff or others' health/safety/wellbeing*  *('Others' includes volunteers, students, visitors etc)* | * No injury and/or no first aid required * No time off work * No loss of money or property | * Minimal impact requiring first aid or equivalent only * A small amount of time lost or period of altered duties due to injury * Some impact e.g. some loss of money or belongings, or some loss of trust | * Increased level of medical attention required * Moderate time lost or period of altered duties due to injury * Increased impact on person e.g. some loss of money or belongings, or some loss of trust | * Severe health crisis and/or injuries * Prolonged period of absence or period of altered duties due to injury * Abuse of power or relationship of trust to gain a benefit or cause a detriment | * Death or permanent total disability * Negligent behaviour that has a serious impact on a person(s) |
| **Examples:**   * Personal discussion with other staff member, causing disruption/ disturbance | **Examples:**   * Non-aggressive inappropriate comments * Unwanted physical attention * Inappropriate verbal comments/unprofessional behaviour * Unauthorised secondary employment | **Examples:**   * Repeated unwanted physical attention * Repeated inappropriate verbal comments/ unprofessional behaviour * Sexualised comments and/or behaviour * Inappropriate touching * Bullying/harassment * Accessing and/or disclosing confidential information * Unfair treatment including withholding acting appointments or shifts * Reputation being undermined by circulation of rumours or inappropriate materials | **Examples:**   * Physical assault that requires medical treatment * Disclosure of confidential information * Under the influence of alcohol/drugs at work * Bullying/harassment/ discrimination leading to staff resignation or moving ward | **Examples:**   * Physical assault resulting in serious injury * Under the influence of drugs at work * Sexual assault |
| *Critical services interruption/impact on work environment* | * No material disruption to dependent work * No patient/public impact * Spontaneous recovery with no intervention required * No exposure or disruption to access | * Short-term low staffing level that temporarily reduced service quality * Short-term temporary suspension of work * Quick recovery with minimal intervention * Minimal exposure or disruption to access | * Medium-term temporary suspension of work * Manageable impact * Backlog requiring extended work, overtime or additional resources to clear * Medium level intervention indicated to bring about recovery * Short to medium-term restriction of access or exposure | * Prolonged suspension of work * Additional resources, budget and/or management assistance required * Significant intervention * Permanent cessation of harmful activity * Action resulted in significant loss of funds or required significant funds to remedy | * Indeterminate prolonged suspension of work * Impact not manageable * Non-performance * Other providers appointed |
| **Examples:**   * Repeatedly late for work * Failure to return paging devices, phones or other equipment * Losing or taking home drug keys | **Examples:**   * Inappropriate use of facilities or equipment * Using software that is not approved by HSP | **Examples:**   * Inappropriate use of computer equipment exposing ICT to security breach * Failure to present for shift and not advise, resulting in cancellation of procedures * Negligent management e.g. not ensuring adequate financial, human or physical resources * Failure to report Clinical Incidents/hazards/issues of significance in accordance with policy | **Examples:**   * Very long-term or permanent denial of access or exposure * Failure to follow procedure, resulting services shutting down e.g. due to contamination * Deliberately allowing radioisotopes to be exposed in an area | **Examples:**   * Failure to report Clinical Incidents/hazards/issues of significance in accordance with policy, resulting in serious injury or total permanent disability |
| *Non-compliance with legislation, policy, procedure* | * Minor procedural breach * Evidence of good faith by degree of care/diligence * Little impact | * Minor breach, with objection/complaint lodged * Minor harm, with investigation * Evidence of good faith arguable | * Moderate/more serious breach * Lack of good faith evident * Performance review initiated * Material harm caused * Misconduct established | * Significant breach or gross negligence * Significant harm * Serious misconduct * Multiple repeats of similar behaviours * Criminal offence | * Very serious breach * Criminal negligence or act * Serious criminal offence |
| **Examples:**   * Sharing access card with other staff member, and no impact from this sharing * Personal discussion with other staff member causing disruption/ disturbance | **Examples:**   * Inconsistent attendance at work * Refusal to follow a lawful direction * Unauthorised secondary employment | **Examples:**   * Refusal to follow a lawful direction * Unauthorised research * Inappropriate verbal comments/unprofessional behaviour * Bullying/harassment * Accessing and/or disclosing confidential information * Theft of drugs, PPE or other Health assets * Sharing passwords * Unauthorised destruction of government records * Corrupt practices; nepotism * Failure to follow S4R/S8 Policy—medication not secured—with minimal impact on patient | **Examples:**   * Physical assault * Disclosure of confidential information * Under the influence of alcohol/drugs at work * Theft * Misusing government credit card/travel entitlements * Repeated falsifying of work/leave hours * Negligence in performing duties * Harm to patient due to failure to follow policy * Police charges and/or conviction for a serious criminal offence * Failure to follow S4R/S8 Policy—medication not secured—with impact on patient | **Examples:**   * Theft of drugs * Failure to follow policy, leading to death or permanent disability of patient * Police charges and/or conviction for a serious criminal offence e.g. grievous bodily harm * AHPRA imposing immediate suspension |
| *Reputation damage/loss of public confidence in WA Health* | * No exposure * Settled quickly * No impact | * Non-headline exposure * Settled quickly by HSP response * Negligible impact | * Repeated non-headline exposure * Slow resolution * System-wide response required * Ministerial enquiry/briefing * Qualified Accreditation of a health facility | * Headline profile * Repeated exposure * Ministerial involvement * High priority recommendation to preserve accreditation | * Maximum multiple high-level exposure * Ministerial censure * Direct intervention * Loss of credibility and public/key stakeholder support * Accreditation withdrawn |
| **Examples:**   * Any breach of the code of conduct | **Examples:**   * Voicing opinion regarding government policy on social media | **Examples:**   * Perception of discrimination e.g. on the basis of race, culture, age, disability, gender * Giving unfair advantage to a supplier or contractor * Failure to properly maintain equipment | **Examples:**   * CCC releases report into operations of a HSP * Sexual assault of patient or staff member resulting in some media coverage | **Examples:**   * Unexpected death of patient |

1. Section 144 of the HS Act defines the Responsible Authority as the Chief Executive of the HSP. [↑](#footnote-ref-1)
2. Section 103 of the HS Act defines the Employing Authority as the Board or Chief Executive, depending on how the HSP is governed. [↑](#footnote-ref-2)
3. The HS Act defines pprofessional misconduct or unsatisfactory professional performance as defined within the *Health Practitioner Regulation National Law WA 2010* (WA National Law) at Part 1 s 5. [↑](#footnote-ref-3)
4. Serious Offence has the same meaning as section 80A of the *Public Sector Management Act 1994*. [↑](#footnote-ref-4)
5. Section164 of the HS Act provides options to suspend or alter the employee’s scope of practice or duties. [↑](#footnote-ref-5)