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Via online submission

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### MIGA submission – NTC Assessing Fitness to Drive review

As a medical defence organisation and professional indemnity insurer, MIGA appreciates the opportunity to comment on the proposed changes to the Assessing Fitness to Drive guideline.

#### Page 32

- **2<sup>nd</sup> paragraph, last sentence**
  - o Reword to “...situations where a patient is ~~either~~ ... unable to appreciate the impact...”
  - o Given there are three options use of ‘either’ could create confusion
- **3<sup>rd</sup> paragraph, last sentence**
  - o Change to read “The Northern Territory does not currently provide ~~this protection indemnity cover...~~”
  - o This avoid a potential misapprehension that NT health professionals are not entitled to insurance / indemnity cover for making such a report
- **6<sup>th</sup> paragraph, 3<sup>rd</sup> sentence**
  - o Add to existing sentence as follows “...health professional feels that informing the patient of the disclosure may place the health professional **or others** at risk of violence, **or the broader community at risk of harm**”
  - o This recognises disclosure could lead to risks of violence to persons beyond the health professional (e.g. a family member who disclosed information to the health professional) or to the broader community (e.g. those on the road put at risk by a driver agitated by disclosure of their impairment)
  - o It would also involve amending the link in the following sentence to read “...section 3.3.3. Patient hostility towards the health professional **or others**.”) and making commensurate changes to that section (see further below)
- 7<sup>th</sup> para, 1<sup>st</sup> bullet point – change to read “the seriousness of the situation (i.e. the immediate risks to public safely **both from the patient’s attitude and the degree of risk their condition poses**)”.

#### Page 33

- **3<sup>rd</sup> paragraph**
  - o Change to read “...the National Privacy Principles, the ~~Health Information~~ Privacy Principles and other privacy legislation...”
  - o At a state level, it is usually Health Privacy Principles which apply. Information Privacy Principles generally do not apply to healthcare situations. To include reference to them may lead to confusion
- **5<sup>th</sup> paragraph**
  - o Add new 2<sup>nd</sup> bullet point “discussing the problem with colleagues”
  - o This change validates a potential, simple approach to addressing the issue

- Amend existing 2<sup>nd</sup> bullet point – “referring the person for a **second or** specialist opinion”
- This change recognises the professional may be a specialist already, making it is a matter of seeing if the patient will respond better to a second opinion
- Heading 3.3.3. Patient hostility towards the health professional – change to read “3.3.3. *Patient hostility towards the health professional **or others***”

#### Page 34

- Add new 2<sup>nd</sup> paragraph between existing paragraphs “Patient hostility may be not only towards a health professional, but also to other persons. For example, a family member who discloses to the professional the patient’s failure to follow the professional’s advice on driving.”
- This addresses the issue identified above relating to the broader hostility a patient may display.

#### Page 35

Box 2, 2<sup>nd</sup> paragraph

- 2<sup>nd</sup> sentence – change to read “From 30 March 2020, telehealth (video-call) and phone consultation items became available to all Medicare-eligible Australians for a wide range of consultations, **subject to certain limitations**”
- There are limitations which may impact telehealth use in this context, including a need for the patient to have been seen face to face by a GP or at their practice in the last 12 months to be Medicare eligible
- Add new 3<sup>rd</sup> sentence “These measures were introduced in response to the COVID-19 pandemic. A longer term telehealth model (post 31 December 2021) is currently under development”.

#### Page 49

- Last paragraph beginning “If the patient did not notify...” – recommend deleting
- It is difficult to say the professional would not be at legal and professional risk across a wide range of individual circumstances
- There may be a basis for criticism of a professional if they were not aware of something, but should have inquired further or suspected something.

#### Pages 217 to 218

- Appendix 3, Legislation relating to reporting by health professionals - NT mandatory reporting – change final sentence to read “No express **protection for the reporting professional indemnity** is provided under s. 11”.

#### Additional resources

NPS MedicineWise provides a range of clinical resources which may assist around assessments involving opioid or medicinal cannabis use. The resources are available at [www.nps.org.au](http://www.nps.org.au).

If you have any questions or would like to discuss, please contact me.

Yours sincerely

