

Appendix B: Template Healthcare Professional Report

Purpose

The second output of the National project on sterilisation data collection practices is the development of a template for reports provided by healthcare professionals to Boards and Tribunals in sterilisation cases (customisable for use in each jurisdiction).

The purpose of the Healthcare Professional Report (HPR) template is to assist Boards and Tribunals in exercising the power to consent to sterilisation procedures, and to promote consistency across jurisdictions when dealing with an application for sterilisation.

Background

This template Healthcare Professional Report (HPR) was developed following the Federal Senate Community Affairs References Committee inquiry into *Involuntary or coerced sterilisation of people with disabilities in Australia* (2013). The inquiry raised concerns about the level of sterilisation of people with disability, and sought consistent data recording and reporting across all Australian jurisdictions.

Given the gravity of a decision to sterilise a person, in every state and territory the power to consent to such a procedure is vested in an independent Board or Tribunal (and in some jurisdictions, also the Family Court in relation to children).

Boards and Tribunals must make a decision about the capacity of the person to consent to the proposed procedure, which is known, or is reasonably likely in all circumstances, to render a person permanently infertile whether or not that is the purpose for which they are carried out.

About the template

This template HPR should be used to guide Boards and Tribunals in the development of specific jurisdictional HPR with the purpose being to ensure all Boards and Tribunals receive the evidence required in order to make a decision on the application.

In some jurisdictions this will be an additional administrative process that may require removal of any duplicating information, like that contained in required medical reports. The Board or Tribunal will likely still require a separate medical report to be completed by a specialist in the relevant area of medicine who is not involved in the person's care, and who has no interest in the outcome of the hearing.

There may also be additional information that will be required as a result of specific state or territory legislative requirements.

Instructions for completing the Healthcare Professional Report for special procedure applications

The Healthcare Professional Report (HPR) is used by the Board/Tribunal as evidence in a hearing to determine whether it will consent to a special procedure for a person with disability/decision-making impairment.

The report must be completed by a healthcare professional, a psychologist or a medical practitioner, or a combination of healthcare professionals may need to complete the report.

The person making an application to the [Board/Tribunal](#) for consent to a [special procedure](#) for a person with [disability/decision-making impairment](#) (the applicant) is responsible for having the report completed by the healthcare professionals.

How to complete the HPR

When filling in the HPR, applicants should take the following steps:

- type or print clearly so the report can be photocopied
- ensure all relevant sections of the form are completed by healthcare professionals
- If space provided in any section of the report is insufficient, applicants should please type or write on a separate sheet and attach it to the HPR.
- photocopy the report and keep the copy as your own record.

If the applicant or healthcare professional is uncertain about filling in any part of the HPR, they should contact the [Board/Tribunal](#). Further information on the HPR is also available on the [Board/Tribunal's](#) website.

The applicant should return the completed HPR to the [Board/Tribunal](#) staff member who requested that the HPR be completed. Alternatively, the HPR can be posted or delivered directly to the [Board/Tribunal's](#) offices with the application form (available on the [Board/Tribunal's](#) website).

After the HPR is submitted

The [Board/Tribunal](#) will conduct a hearing to decide if consent should be granted.

If you need further information about making an application contact the [Board/Tribunal](#) or visit the [Board/Tribunal's](#) website.

[The Board/Tribunal will generally accept the HPR as documentary evidence without the need to call a healthcare professional as a witness at a hearing. A notice of invitation to attend the hearing may be sent, however, unless specifically notified, the healthcare professional is not required to attend.](#)

[If a healthcare professional is required to attend the hearing, they may be able to do so by telephone. Board/Tribunal staff members will discuss this with the applicant or healthcare professional before the hearing.](#)

[Or it may be that:](#)

[A healthcare professional is always expected to attend the hearing. Board/Tribunal staff members will discuss this with the applicant or healthcare professional before the hearing.](#)

Healthcare Professional Report for special procedure applications

1. Date of Report	
Report Date:	

2. Name, gender and date of birth of person to whom application relates					
First Name:		Last Name:		Gender:	
Date of Birth:					

3. Name of applicant	
Applicant name:	

4. Name and position of healthcare professional providing this report			
First Name:		Last Name:	
Position:			
In what capacity do you know the person:			
How long have you known the person:			
How many times has the person consulted you:			
Date of last personal examination:			
Are you aware of person's medical history?			

5. Disability and effect upon decision making (Attach any relevant supporting documents for evidence of disability and the contact details of those relevant practitioners)	
Describe the person's disability	
How long has the disability been evident:	
Is the disability static, deteriorating, fluctuating or improving?	
Please provide details of the diagnosis and history of the person's disability and its effect on decision making	

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6. Medical needs of person (Attach any relevant supporting documents in relation to the person's medical condition and the contact details of those relevant practitioners)
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What is the person's medical condition/s? Is the person's condition stable? (Include any relevant information about reproductive health of the person, including any difficulties in relation to menstruation and gender reassignment)

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Are there any specific medical problems relating to being on long-term hormonal contraceptive medication?

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Are there any medical or disability-related problems that could make you consider that pregnancy, labour and post-pregnancy states would be associated with serious medical illness or be life threatening?

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If surgery is contemplated, are there particular peri-operative medical problems associated with the operation?

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Would the patient have any risks being an inpatient in the hospital setting and how would these be addressed?

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Is the patient's home situation such that any post-discharge surgical routine care or complications would be able to be monitored and addressed?

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Do you think that the patient would benefit medically by having successful sterilisation?

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7. Proposed Procedure (Attach any relevant supporting documents in relation to the proposed procedure and the contact details of those relevant practitioners)

Explain the proposed procedure which is intended or reasonably likely to have the effect of rendering the person permanently infertile.

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Are there less restrictive procedures or alternative treatments that have been attempted, or considered, that would not render the person infertile? Would alternative or less invasive treatment be more appropriate to promote and maintain the person's health and wellbeing?

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What are the risks and complications associated with the proposed procedure?

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What are the risks for the person's health, personal and social wellbeing if the proposed procedure does not proceed?

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What would be the impact on the person's life in general, and their family and/or carers if the proposed procedure does, or does not, proceed?

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8. Capacity to consent to procedure (Attach any relevant supporting documents in relation to the person's capacity and the contact details of those relevant practitioners)
Can the person understand the nature and effect of the proposed procedure?
Discuss what indicators or evidence there is of the person's capacity to consent to the proposed procedure?
Is the person aware of all the choices available and does the person understand the consequences of each choice?

9. Wishes of person
Describe what the person has communicated to you
Is there any relevant past conduct that has made the person's attitude to this procedure clear?
Are there any documents such as an advance care plan, an enduring guardianship/attorney instrument or other documents which may indicate the person's attitude to this procedure?

Explain what others (family, other professionals) consider the wishes of the person to be.

10. Wishes of other relevant parties
Are there other interested parties who have views about the proposed procedure? If so, please explain those views

11. Person's attendance at the hearing						
Will the person be attending the hearing? If no, please provide details why						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Yes</td> <td style="width: 25%; text-align: center;"><input type="checkbox"/></td> <td style="width: 25%;">No</td> <td style="width: 25%; text-align: center;"><input type="checkbox"/></td> <td style="width: 25%;">Other</td> <td style="width: 25%; text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Other	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Other	<input type="checkbox"/>	

Confidentiality										
The information in this report may be provided by you without the consent of the person about whom it is written. However, the Board or Tribunal may provide a copy of this report to the person about whom it is written or an 'interested party' to the proceedings. If you have any concerns about disclosure of information from the report, please indicate below.										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Have you discussed this report with the person?</td> <td style="width: 10%;">Yes</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%;">No</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Do you have concerns about disclosing the contents of this report to the person about whom it is written or any 'interested party'?</td> <td>Yes</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>No</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Have you discussed this report with the person?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Do you have concerns about disclosing the contents of this report to the person about whom it is written or any 'interested party'?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you discussed this report with the person?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>						
Do you have concerns about disclosing the contents of this report to the person about whom it is written or any 'interested party'?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>						
Please explain any concerns:										

Signature and acknowledgment				
I have provided this report in good faith and have reasonable and probable grounds for believing the report to be true.				
First name:		Last name:		Phone no:
Address:				
Type of healthcare professional:				
Signature:		Date:		
Would you like to receive a hearing notice in respect to this matter?			Yes	<input type="checkbox"/>
			No	<input type="checkbox"/>

Privacy
If you wish to know how the Board or Tribunal may use this information, please refer to the privacy statement on the website

Office use Only	
Date report received	Date data entered
Attach to Application Number	