3 November 2025

Ms Kate Sanderson
Coroner's Registrar
Coroners Court of Victoria
65 Kavanagh Street
SOUTHBANK VIC 3006

Email: team3@courts.vic.gov.au

Dear Ms Sanderson

Investigation into the death of William Heddergott - COR 2020 006253

Thank you for your correspondence dated 1 August 2025 in which you seek a written response to the recommendation of Coroner John Cain that:

The Royal Australian and New Zealand College of Psychiatrists work with the Medical Board of Australia to implement mandatory family violence training and CPD for Australian psychiatrists.

The Medical Board of Australia (the Board) carefully considered the Coroner's Finding without inquest into the death of William Heddergott at its meeting on 27 August 2025.

The Board was deeply saddened by this case and extends its sympathies to the family and friends of Mr Heddergott.

The Board recognises that Family, Domestic and Sexual Violence (FDSV) is an important public health issue in which health practitioners with the knowledge, skills and attributes to appropriately support people who may be experiencing DFSV can make a significant impact and even save lives. The issue goes beyond psychiatrists, extending to all health practitioners who consult patients. In some instances, the health practitioner may be one of the few people that a person experiencing FDSV sees without the perpetrator of the violence present.

In addition to supporting individuals who are experiencing FDSV, health practitioners also have a role in supporting individuals who are using FDSV and diverting them towards services that will help them to stop the violence.

Actions being taken by the National Registration and Accreditation Scheme in relation to FDSV

The National Registration and Accreditation Scheme of which the Medical Board of Australia is a part of, is taking a range of actions in relation to FDSV at the request of Health Ministers in relation to Action 4 of the First Action Plan 2023–2027, under the National Plan to end violence against women and children 2022 -2032. Action 4 is to *Build the capacity of services and systems that support victim-survivors to provide trauma-informed, connected and coordinated responses that support long-term recovery, health and wellbeing.*

Framework for action

The Scheme framework for action is focused on three streams of work:

a. Building the capability of the health workforce to recognise and respond to FDSV

b. Regulatory responses to health practitioners perpetrating FDSV

c. Building the capacity of the National Scheme to understand the dynamics of FDSV and engage with victim-survivors in a trauma-informed way

Building the capability of the health workforce to recognise and respond to FDSV

This stream identifies that health practitioners are in a unique and key position to support victim-survivors. As the regulator of health practitioners, the National Scheme has a key role in supporting health practitioners to have the knowledge and skills to recognise and respond to victim-survivors and to identify and support people who use violence to access appropriate services. The Scheme has committed to leverage National Boards' existing regulatory frameworks (such as through professional capabilities, registration standards, codes and guidelines) and provide additional guidance to support practitioners to understand National Boards' expectations.

Specific works include:

Statement from Ahpra, National Boards and Accreditation authorities that provides a clear position to health practitioners, the public, education providers, professional associations and other stakeholders that health practitioners need the knowledge and skills to recognise and respond to victim-survivors and people who use violence. The statement has been drafted and was considered by Boards in May 2025. It will need to be tested with people with lived experience.

Strengthening codes of conduct – While this is applicable to all professions in the National Scheme, the Medical Board is scheduled to review its code of conduct and will update it to more clearly communicate the Board's expectations of medical practitioner in relation to FDSV.

Strengthening continuing professional development – Guidance can be developed and published communicating National Boards' expectations that health practitioners will prioritise undertaking CPD in FDSV and the importance of all health practitioners' having appropriate knowledge and skills in relation to FDSV.

Strengthening professional capabilities

This includes:

- Developing and publishing guidance communicating National Boards' expectations that health practitioners will prioritise developing their capability/competence to recognise and respond to FDSV.

- With the independent Accreditation Committee, develop guidance for National Scheme entities on Good practice guidance on developing professional capabilities (guidance published in February 2025) and then develop a common professional capability on FDSV which could be adopted when professional capabilities are reviewed – this is in progress.

As National Boards' review professional capabilities (or equivalent), they may incorporate capabilities that make explicit the expectation that health practitioners need the knowledge, skills, attributes to recognise and respond to victim survivors of FDSV and identify and support people who use violence, through the common capability. Work on developing a common professional capability on FDSV has started, however implementation is contingent on review of professional capabilities.

Develop a resource hub for practitioners – this involves centralising National Scheme information about FDSV on the Ahpra website, including providing information and guidance to help build the capacity of the health workforce to have the knowledge and skills required. This is in progress.

Regulatory response to health practitioners perpetrating FDSV

A range of work is being done in relation to this including:

- Joint statement from Ahpra, National Boards and co-regulatory authorities in Queensland and NSW clarifying that health practitioner regulators are united in their view that family violence is unacceptable and perpetrating family violence could lead to regulatory action for registered health practitioners. This has been published on the Ahpra website.

- Develop and publish explanatory material about FDSV offences alongside revised National Boards' Criminal history registration standard (to be commenced).

Building the capacity of the National Scheme to understand the dynamics of FDSV and engage with victim-survivors in a trauma-informed way

This includes:

- FDSV resource hub for Ahpra staff and development of an Ahpra Family and domestic violence policy

- Training for Ahpra staff and members of National Boards and committees – the Medical Board's National Special Issues Committee (Sexual boundaries and family violence), which considers matters involving FDSV, regularly arranges for relevant professional development

- A scalability assessment to explore whether the Ahpra Notifier Support Service can be expanded to support notifiers who are victim/survivors. The scalability assessment is being completed by Ahpra's Research, Evaluation and Insights team and is nearing completion.

The Medical Board's response

The Board considers that there is an opportunity for wider reform, beyond psychiatrists, extending to all medical practitioners.

Working with the RANZCP

While the Board understands how the Coroner reached the recommendation that the Royal Australian and New Zealand College of Psychiatrists (RANZCP) work with the Medical Board of Australia to implement mandatory family violence training and CPD for Australian psychiatrists, it does not believe that this solution will necessarily result in the significant change required which is for all health practitioners, particularly those in primary care, to be trained and able to respond constructively to patients experiencing or using FDSV.

The Chair of the Medical Board will meet with the President of the RANZCP to further discuss the issue of FDSV. There may be further work we can do together on this.

The RANZCP has reported to the Board that it has:

- Incorporated family violence content into the Fellowship training curriculum and CPD offerings.
- Developed and promoted a curated 'family violence learning pathway' that includes a position statement, podcasts, e-modules, webinars, workshops and jurisdiction-specific training and commitment-to-change exercises and quality improvement projects.
- Engaged the Family and Domestic Violence Network, Branches, and the New Zealand National Office to support program delivery.

The RANZCP plans to:

- Continue to expand and promote the learning pathway to improve accessibility and uptake.
- Evaluate member feedback and participation data to inform possible future consideration of mandatory components.

Continuing professional development

The Board does not mandate specific continuing professional development. It is regularly approached to require that practitioners complete specific CPD and while this may appear to be an attractive option, the Board's general approach is for practitioners to base their CPD on their individual practice and learning needs. It has moved away from CPD as a tick box exercise that involves counting time and now requires most medical practitioners to have a CPD home which is accredited by the Australian Medical Council. Medical practitioners are required to develop an annual professional development plan that meets their specific learning needs and then complete 50 hours of CPD with a mix of educational activities, reviewing their performance and measuring their outcomes. This approach is evidence based and aims to improve professional standards.

While appreciating the simplicity of mandating specific CPD for a specific cohort of practitioners, the reality is that this is unlikely to yield the anticipated results. It is likely to become a tick box exercise without the engagement required for meaningful learning.

The Board prefers to encourage all practitioners (not just psychiatrists) to consider whether they need further training in FDSV as part of their CPD. There are widely available resources. For example, the Royal Australian College of General Practitioners which is the specialist college with the largest number of members, has excellent resources available. The RANZCP has also developed resources.

While the Board does not consider that mandating CPD is appropriate, it will encourage practitioners to consider whether they would benefit from further professional development and training and encourage them to include this in their CPD.

Code of conduct

The Board has a code of conduct called 'Good medical practice'. The code describes the Board's expectations of registered medical practitioners and is one of the primary documents that the Board uses to decide whether an individual practitioner's professional conduct has been appropriate.

The Board is due to review its code of conduct and will use the opportunity to include guidance around recognising and reacting constructively when faced with patients that are experiencing or using FDSV.

Raising the profile of the importance of education in FDSV

The Board interacts regularly with medical practitioners via its monthly newsletter. The newsletter includes regular updates about regulatory matters and is an opportunity for the Board to communicate important issues. The Board will use the newsletter to continue to raise the importance of practitioners being trained to identify and respond appropriately to patients experience or using FDSV.

Conclusion

The Board agrees that this is an important issue and medical practitioners can make a real impact on those experiencing and using FDSV.

The Board will implement an alternative to the Coroner's recommendation – part of which has been implemented and part of which will be implemented.

The rationale for this is that this is an issue that is wider than just for psychiatrists. All medical practitioners who see patients should have the skills to identify and manage or appropriately refer individuals who are experiencing or using FDSV.

A great deal of work has been undertaken over the recent years, particularly in response to the National Plan to end violence against women and children 2022 -2032. The National Registration and Accreditation Scheme of which the Medical Board is a part of, has a framework for action and is reporting to Health ministers on its progress.

Rather than mandating compulsory CPD, the Medical Board prefers to encourage medical practitioners to reflect on their learning needs, to encourage practitioners to consider whether CPD in FDSV is required and to direct them to resources.

The Board will work towards raising the profile of FDSV and the positive role that medical practitioners can play including by strengthening the code of conduct and through the Board's newsletter.

We will also continue to liaise with the RANZCP.

If you would like to discuss this further, please contact Sarah Harper, Acting Executive Officer, Medical, [redacted]

Thank you for giving the Medical Board the opportunity to consider this important issue.

Yours sincerely

Dr Susan O'Dwyer
Chair, Medical Board of Australia