



The Royal Australian  
College of General  
Practitioners

## *RACGP Submission to the Finance and Public Administration Reference Committee*

*Inquiry into the administration of health practitioner  
registration by the Australian Health Practitioner  
Regulation Agency*

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18 April 2011

## **1. Introduction**

The Royal Australian College of General Practitioners (RACGP) thanks the Finance and Public Administration Reference Committee for the opportunity to continue to contribute to discussions regarding national registration.

The RACGP is the specialty medical college for general practice in Australia, responsible for defining the nature of the discipline, setting the standards and curriculum for education and training, maintaining the standards for quality clinical practice, and supporting general practitioners in their pursuit of excellence in patient care and community service.

This submission is made in response to the inquiry announced on the 23 March 2011, regarding the administration of health practitioner registration by the Australian Health Practitioner Regulation Agency (AHPRA).

Details of the Senate Committee's inquiry can be found at:

[http://www.aph.gov.au/senate/committee/fapa\\_ctte/health\\_practitioner\\_registration/info.htm](http://www.aph.gov.au/senate/committee/fapa_ctte/health_practitioner_registration/info.htm)

## **2. Overview of concerns**

In relation to the administration of health practitioner registration, the RACGP's concerns relate to:

1. Delays in processing medical practitioner registration;
2. International medical graduates working in areas of need;
3. Reliability of the AHPRA database;
4. Accessibility to AHPRA staff; and
5. Consistency of registration processes.

Other remaining concerns regarding national registration include:

1. Retired medical practitioners; and
2. Mandatory reporting.

## **3. RACGP response to the Senate Inquiry**

### **3.1 Delays in processing medical practitioner registration**

Since the implementation of the national registration scheme, the RACGP has been contacted by a number of general practitioner members advising that their registration has lapsed because AHPRA had not processed their registration renewal in a timely manner.

In these situations, general practitioners are unable to see their patients as they are no longer registered. This causes unnecessary angst for the affected patients and general practitioners, can put the general practitioner's credibility at risk as they are in effect 'de-registered', and ultimately leads to reduced workforce capacity.

No medical practitioner should be in a position where they are no longer registered due to AHPRA's failure in processing their registration in a timely manner.

To streamline the registration process, the College believes that AHPRA should develop specific registration renewal forms fit for purpose (i.e. registration renewal forms for each registration category), as opposed to the current use of generic forms, which result in confusion and inefficiency.

### **3.2 International medical graduates working in areas of need**

Prior to the introduction of national registration, it was possible for International Medical Graduates (IMGs), who held limited registration related to an area of need, to practice in more than one location. For example, some IMGs worked in a practice during the week in one location, and then provided after hours and relief work in another area of need.

However, since the introduction of national registration, many IMGs are unable to work in multiple locations as their registration limits them to a provider number in a single location only.

Despite the fact that these changes were not communicated to the profession prior to implementation, the changes are counter productive as they:

- Reduce the flexibility of the medical workforce, which is in contrast with the stated aims of national registration; and
- Reduce the availability of locum and relief doctors in rural and remote areas.

Moreover, there continues to be a dearth of information regarding the registration requirements for IMGs practising in jurisdictional areas of need. As a result, there is ongoing confusion for doctors seeking limited registration, particularly in relation to the required letters of support from the RACGP. For example, some IMGs seeking general registration are required to provide a letter of support from the RACGP. However, the College can only support general practice positions providing there is a pathway to the specialty qualification and specialist registration. The seeming contradiction for the IMG applicant, and the practices seeking their services, confounds the confusion and contrariness surrounding AHPRA processes.

Ultimately, the changes made to the limited registration requirements for IMGs are both contradictory and unrelated to quality and safety.

### **3.3 Reliability of the AHPRA database**

Concerns regarding the reliability of the AHPRA database continue to be an issue for the general practitioners and the public, despite ongoing concerns raised by both the RACGP and the general practice profession.

A number of our members have indicated that their qualifications and general practice Fellowship details are either:

- listed incorrectly on the register; or
- completely absent from the register.

As an example, many members of the RACGP have indicated that their registration category is listed as “general”, as opposed to “specialist”, despite being Fellows of the RACGP and therefore recognised specialist general practitioners.

Even more concerning is that some RACGP members have advised that - despite renewing their registration - the public database displays their registration as lapsed, while others remain registered on the public database despite not renewing their registration.

Such data discrepancies are ongoing, confusing for both the profession and the public, and potentially dangerous.

### **3.4 Accessibility to AHPRA staff**

A common issue raised by our members is that they are unable to access AHPRA staff to clarify important issues regarding their registration. Members report that they are placed on hold for hours at a time, that they are always transferred through to voicemail, that their calls are not returned, and ultimately that they cannot get through to an AHPRA staff member.

The RACGP reflects this concern, particularly in our state and territory faculties which support members in these jurisdictions. It has proved almost impossible to access state or territory offices of AHPRA, except through a central number, which is always engaged. No local contact persons are detailed on the AHPRA website, and RACGP staff have resorted to sourcing email addresses through networking.

### **3.5 Consistency of registration processes**

The national registration process remains inconsistent from state to state, with a number of state registration offices continuing to implement previous state based policy.

For example, in Queensland, IMG's are often subject to ongoing progress requirements on their limited registration, whereby failure to meet the progress requirements can result in refusal to renew the doctor's registration.

There are no such national requirements in place, and inconsistent processes from state to state both contradict the concept of national registration, and cause unnecessary difficulties for the profession.

A well planned transition from state and territory-based medical registration to a national system would have anticipated the impact of existing variations and managed the change to minimise impact upon the medical professionals involved and, by default, their patients. To date, this has not been the case.

As a matter of urgency, AHPRA must to consult with the profession to develop a strategic, staged, and transparent plan to address the inconsistent registration processes in the states and territories.

## **4. Other concerns regarding national registration**

### **4.1 Retired medical practitioners**

Under the national registration arrangements, all medical practitioners are required to pay the full registration fee, fulfil the continuing professional development requirements of the relevant specialty, and have recency of practice.

The arrangements effectively preclude retired and semi-retired medical practitioners from any continued involvement in their profession. Given Australia's current workforce shortages, combined with the large number of medical students and interns currently undergoing training, it seems counter productive to preclude these medical practitioners from contributing to the medical profession.

Retired and semi-retired medical practitioners should be supported to continue to contribute to their specialty, especially in teaching and supervisory roles.

The RACGP believes that the current arrangements require consultation and discussion between the Government, AHPRA, and the profession to determine an appropriate solution.

### **4.2 Mandatory reporting**

It remains disappointing to see that mandatory reporting has been included in the legislation, under section 141 of the *Health Practitioner Regulation National Law Act 2009*, despite ongoing and well-considered feedback provided by the health professions.

The RACGP has advised the Government, AHPRA, and the Medical Board of Australia on numerous occasions that mandatory reporting is a multifaceted and complex issue, and has called for further discussion and consultation to find a workable solution.

To reiterate previous submissions, the issue is that mandatory reporting is likely to have the opposite of the intended effect. The legislation, as currently proposed, will result in medical and health practitioners hiding their personal and professional impairment issues from their colleagues. This will exacerbate the issues and drive them underground, rather than decrease the risks to patients, the public, the practitioners themselves, and their colleagues. Only the current system of collegiate support and peer review can ensure that impairment issues will be dealt with in the patients' interest.

The College also believes that, as a matter of urgency, the legislation should be amended to exempt the health professional's treating doctor from mandatory reporting under Section 141 of the legislation.

Ultimately, health professionals must be able to seek treatment, advice, and support without fear of being reported by their colleagues.

The RACGP strongly believes that it is important to strengthen patient safety and improve standards, and that the public should be made safe from impaired health practitioners by registration measures and/or training and support measures.

However, the mandatory reporting system as currently proposed is not the solution to any identified issues regarding patient safety, and we believe that it should be either removed from the legislation, or considerably revised to include *meaningful* consultation with the health professions to ensure that the legislation is both acceptable and workable.

The RACGP is yet to hear from the Government, AHPRA, or the Medical Board of Australia regarding these concerns.