ACRRM submission to the Finance and Public Administration Reference Committee

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

18 April 2011

1. Introduction

The Australian College of Rural and Remote Medicine (ACRRM) thanks the Finance and Public Administration Reference Committee for the opportunity to continue to contribute to discussions regarding national registration.

ACRRM is accredited by the Australian Medical Council (AMC) as an approved medical specialist college to undertake training and assessment of doctors to enable recognition as a specialist general practitioner. The College sets training curricula, education programs and undertakes a range of rigorous post-graduate assessments for Australian medical graduates and overseas trained doctors. It also sets, monitors and certifies compliance with the continuing professional development requirements for general practitioners.

Although ACRRM qualifications (Fellowship) will allow general practitioners to work as specialist GPs anywhere in Australia, the College is particularly committed to providing access to the unique education, support and advocacy needs of those working in remote and rural areas throughout the country.

ACRRM has been a strong advocate of national registration. The rural and remote health workforce is generally very mobile, so the ability for health professionals to work across various State and Territory borders without needing to be assessed for registration each time represents a sensible improvement to the system.

Similarly, the introduction of nationally consistent methods and systems for assessing practitioners against regulatory and registration requirements, should create improved transparency and understanding of requirements for both the general public and health professionals. National recognition of outcomes from these processes should also assist to reduce bureaucracy and inefficiencies in re-assessment of qualifications and standards.

AHPRA has achieved its goal of implementing the transition to the new system of national registration for 10 health professions. This has been a highly significant and important undertaking for Australia and the Agency deserves recognition and credit for completing this, particularly within the short time frame that was set for it.

As with any new, large scale national system there are bound to be a range of operational problems and challenges that impede the smooth implementation of the system during its first 12 months. AHPRA has clearly experienced a range of issues from the time of transition, with database reliability, at medical registration renewal period, and throughout for the registration and accreditation of overseas trained doctors.

Some of these issues may have been able to have been identified and overcome had the initiative had a longer planning, consultation and preparation phase. However, some issues only become apparent once a system is in place and operational.

ACRRM believes AHPRA has been generally competent in its establishment and administration of the new registration system but there is need for AHPRA to improve its performance and responsiveness in order to build confidence and support for the system within the health professions and the general public.

2. Terms of Reference

Term of Reference (a)

Capacity and ability of AHPRA to implement and administer the national registration of health practitioners

AHPRA has no doubt attempted to ensure sufficient capacity and expertise to run its organisation appropriately, however the organisation's ability to make informed decisions about such matters has been understandably limited due to the fact that the Agency's:

- regulatory context;
- organisational governance and structures;
- staffing and delegated authorities; and
- operational, data and IT systems

are all new and (relatively) untested.

Add to this the contributing factors of scale, complexity, responsibility of the task, the extremely short timeframe, and the substantial challenges of change management (internally and externally), and it is quickly evident that the project has and will continue to require extremely high levels of resourcing and expertise.

In retrospect it seems likely that the initiative did not have sufficient capacity in place when AHPRA launched the system and particularly at the time of medical registration renewals.

Significant delays and frustrations were experienced by registrants and stakeholders alike. AHPRA did not seem to have sufficient communication strategies, staffing levels, complaints mechanisms or technical systems in place to cope with the demand.

Term of Reference (b)

Performance of AHPRA in administering the registration of health practitioners

It is acknowledged that AHPRA has launched and implemented the new system on time and fairly successfully in the main.

The lack of mature and reliable data and communication systems, including an adequate and acceptable complaints' handling system, has let down the organisation and its reputation at this early stage.

The most significant issue that has impacted the perception of AHPRA's performance has been its decision to severely restrict access for individuals and organisations to contact appropriate AHPRA officers personally to discuss new processes or status related issues. There has generally been an absence of personal contact and, by extension, a perceived absence of care and responsibility within the system. For example: a total reliance on email to which there was often no timely reply; the use of generic phone numbers for registration matters that often rang through to generic voicemail or left people on hold for hours; and no listed information about who or what position in AHPRA was responsible for decisions. This created high levels of frustration for busy medical practitioners as well as a sense of being anonymous and at the mercy of a faceless (and powerful) bureaucracy.

There are still a range of important issues that have not been adequately addressed and/or communicated at operational level such as the need for:

- consistent application of national standards and processes across state AHPRA offices and mutual recognition of same between AHPRA authorities. For example:

  - ACRRM is AMC accredited to conduct Pre-Employment Structured Clinical Interviews in Queensland and completed more than two hundred last year which has had a significant impact on workforce particularly in rural and remote communities. Although this assessment model and method has been fully accredited by the AMC, it must now be separately submitted to AMC for accreditation for each state by the AHPRA state office (in collaboration with ACRRM) and then to the national AHPRA office in order to be approved for use. ACRRM believes that there must be a nationally consistent process which is clear. To be truly national any organization that is AMC accredited to conduct PESCI's must have recognition across Australia.

  - There are still many individual cases where testing and assessments of registrants and their documentation need to be replicated and or re-applied in various states because of different state-based AHPRA requirements, particularly for overseas trained doctors.

- unambiguous information and two-way communication about the various roles and authorities of key agencies (e.g. AMC vs AHPRA, State AHPRA vs National AHPRA vs Medical Board, AHPRA vs Government) to ensure that professional responsibilities and boundaries are well understood and respected. For example:

  - A significant example of roles and authorities is that ACRRM was accredited by the AMC in October 2010 to undertake assessment of overseas trained

doctors who had advanced standing through competent authority and wished to enter general practice. Prior to this the Competent Authority Pathway to registration was only available to overseas trained doctors applying to work in hospital positions. The accreditation of ACRRM Competent Authority Pathway for General Practice was significant as it provided new opportunities for those doctors to enter rural and remote general practice. Unfortunately to date AHPRA has not signed off on this accreditation or advised their State Medical Registration Committees of this. Consequently a valuable pathway to registration that holds value to both overseas trained doctors and rural communities is still not open;

- communication of timeframes and provision of a reasonable service level obligation to practitioners and other regular users and agents that facilitate registration matters; and

- proactive mechanisms within APHRA to manage and encourage *meaningful* consultation collaboration, communication and feedback about issues (at all levels) that affect other organisations' operations and/or issues that are new or changing under the AHPRA system. For example:

  - ACRRM worked closely with the state medical boards over many years, particularly with the Medical Board of Queensland, in regard to overseas trained doctor assessment and support given they are such a significant part of the rural and remote workforce. In early 2010 the Medical Board of Queensland and ACRRM agreed that a number of overseas trained doctors going through the Pre-Employment Structured Clinical Interview process would benefit from mentoring support. As an outcome ACRRM has been conducting (at College expense) a small mentoring pilot project for a 12 month period for 5 doctors referred by the medical board at that time for support services as part of their registration conditions. In good faith ACRRM has continued to provide this support only to be told recently that the Queensland AHPRA office "did not know anything about this" in spite of the fact they have received regular reports for ACRRM on the doctors progress; and

  - As previously stated, ACRRM conducts over 200 Pre-Employment Structured Clinical Interviews per year for Queensland but still has needed to be proactive is seeking out names and contacts for key personnel for communication purpose as the only information provided for some time was the 1800 number.

Term of Reference (c)

Impact of AHPRA processes and administration on health practitioners, patients, hospitals and service providers

- Significant delays in processing medical practitioner registration

A number of ACRRM members reported significant delays to their medical registration renewals under AHPRA. This created a high level of anxiety and stress for the doctors generally as well as adversely affecting their ability to see patients and generate income during the relevant period. Employers of those doctors who had experienced delays in registration renewals were also impacted adversely.

The registration delays also adversely impacted patients who had no choice but to seek alternative medical care, and or wait longer for their consultations. Most of these patients would have already waited for relatively long periods for their appointment due to existing workforce shortages in rural and remote areas.

- Inaccurate database and/or registration website

  Some members reported that the medical board register contained inaccurate and/or missing information about their qualifications and status, despite accurate information being provided by the individual and ACRRM concerning fellowship status.

  Many members reported that their listing indicated they were "general" registrants rather than "specialist" registrants, despite being Fellows of ACRRM. This has the *potential* to affect Medicare Australia recognition for the practitioner and therefore the doctor's patients as they would only be eligible for A2 (rather than A1) rebate levels as general registrants. That said, the College is unaware of any actual cases of this having occurred to date.

  Data discrepancies such as these also have the potential to substantially undermine the professional standing of the doctor with patients and amongst the profession (e.g. when agencies check the register to validate credentials as part of employment, teaching or other professional applications).

- Lack of detailed transition of corporate knowledge and arrangements between previous and new systems

  From a professional college perspective effective working relationships that had been cultivated over many years were entirely lost when AHPRA commenced. Many of the experienced people in previous state medical boards did not transition to state AHPRA and it has taken a long time for the responsibilities and names of new staff members to be shared with the College – even in those portfolios where there was active, weekly, communication required for activities such as communication about results of overseas trained doctor assessments.

  This has led to a general decline in efficiency within the system and confusion and lack of confidence in the new system. It has also meant that many policy and administration issues have needed to be discussed again and reconfirmed. This has unnecessarily wasted time and resources.

Term of Reference (d)

Implications of any maladministration of the registration process for Medicare benefits and private health insurance claims

No specific comment.

Term of Reference (e)

Legal liability and risk for health practitioners, hospitals and service providers resulting from any implications of the revised registration process

No specific comment.

Term of Reference (f)

Liability for financial and economic loss incurred by health practitioners, patients and service providers resulting from any implications of the revised registration process

There has clearly been financial and economic loss incurred by practitioners, patients and service providers as a direct result of delays and errors with the revised registration process. Similarly, the College is aware that inconsistent decisions between AHPRA state offices regarding registration of overseas trained doctors have had the potential for substantial adverse financial and professional impacts.

The College is currently unaware of whether or how these matters are being addressed by AHPRA or the relevant parties. There seems to be little information available about this process.

Term of Reference (g)

Response times to individual registration enquiries

ACRRM is unaware of any public data that demonstrate what the response times are for individual registration enquiries. Anecdotal feedback indicates large differences between and within states.

With its experience of the past nine months of operation AHPRA should be in a position to publish some indicative times and benchmarks for its performance and report against these in future. ACRRM believes such transparency would go a long way towards increasing the level of confidence and transparency for the new system.

Term of Reference (h)
APHRA's complaints handling processes

This matter has been referred to previously in this submission.

Term of Reference (I) and (J)
Budget and financial viability of AHPRA and any other related matters

It would seem that AHPRA is currently under-resourced to undertake its roles and responsibilities effectively and efficiently.

The College would be very concerned if the primary source of income for operations of AHPRA were registration fees. Given that the scale and range of AHPRA activities and responsibilities includes registration as well as policy development, risk management, public safety and accreditation related activities, the College sees a clear need for appropriate levels of public funding to be made available to adequately support a quality service by APHRA.