AMA Submission

to the

Senate Finance and Public Administration References Committee

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

April 2011

Introduction

The Australian Medical Association is the peak representative body of the medical profession. The AMA represents doctors in training, general practitioners, specialists and clinical academics across the spectrum of salaried doctors and private practitioners across Australia.

The AMA appreciates the opportunity to provide comments on the administration of the health practitioner registration by the Australian Health Practitioner Regulation Agency (AHPRA).

It is appropriate that this inquiry be held at this time. AHPRA was charged with managing the transition to national regulation of the medical profession and other health practitioners. The inquiry will no doubt highlight the many and significant problems that medical practitioners and other health practitioners have encountered with their registration during the transition. At the risk of simplifying the problems, the AMA has provided its own list in Attachment A to this submission.

The AMA wants to impress upon the Committee that the management of the transition from state based registration to national registration has been an absolute debacle.

As registration status affects the livelihood of every medical practitioner, it is critical that the registration body is highly responsive to every individual registrant's needs. AHPRA failed to understand this role and consequently it did not provide appropriate one on one service to registrants. Medical practitioners, and their employers, were unable to verify their registration status with AHPRA, and call centre staff were unable to fix registration problems on the spot.

This administrative failure by AHPRA to properly plan for and coordinate the transition to national registration has had a detrimental effect on individual medical practitioners, and on services to patients. In failing to ensure that every medical practitioner transitioned smoothly to national registration, AHPRA failed to act in the public interest. Patient care was put at risk because medical practitioners could not work.

In particular, many junior doctors, who are mostly employed in the public sector, were placed in difficult situations that they were unable to rectify on their own. Their employers were similarly unable to effect fast and satisfactory action by AHPRA. The consequence was that some junior doctors were asked to work regardless of their registration status.

It is not acceptable for these problems to be passed off by the Health Ministers and AHPRA management as inevitable because of the magnitude of the task of transitioning ten health professions to national registration. This approach leads us to conclude that the problems will continue.

Consequently, it is the AMA's hope that the inquiry will inform and guide AHPRA's management of the key functions of health practitioner regulation into the future, those being registration, complaints and performance management.

It is the AMA's view that many of the administrative failures that medical practitioners were subjected to during the transitional period could have been avoided if AHPRA had fully understood from the start that the complexities of registration, and in particular that registration of medical practitioners is more complex than other health practitioners.

Unique business processes are needed to properly and efficiently register medical practitioners. It is the only profession where registrants move through the various categories of registration i.e. from student, to provisional, to general registration through to specialist registration. In addition, there are special categories with limited practice and registrants also move into and out of the non-practicing category.

This means that at the beginning of each year, AHPRA has to handle around 11,000 registration applications from the medical profession, so that students can begin their university courses, and graduates can commence working.

Added to that, AHPRA must handle around 4,000 new registration applications from overseas trained doctors during the year, many of who commence work in January. Then, in September each year, the entire registered medical workforce must renew its registration.

The cycle of medical registration has been well understood by the previous state based Board over many years. Staffing resources and administrative procedures were in place to ensure efficiency of registration and rapid renewal and provision of practicing certificates. In many States certificates were delivered within a week or two of applications being received, a practice that now takes AHPRA some months.

The AMA is concerned that AHPRA did not have the strategic foresight to plan for the known workloads. We are particularly concerned that AHPRA considers that it has overcome the difficulties with the transition to national registration and that from now on registration will be a smooth process for registrants. We are not convinced this is the case, because we have not seen evidence that business protocols exist to guide the administration of the registration process and deal with the unique registration situations for medical practitioners.

Accordingly, the AMA would like to see a requirement for AHPRA to undertake proper business planning of the registration processes for each of the health professionals, and consult the respective health profession groups about the particular processes needed for each group. It is very important that the national registration process is highly efficient and responsive to the needs of the respective professions. We would like similar arrangements for handling complaints.

Response to the terms of reference

This submission addresses each of the terms of reference for the inquiry in turn.

(a) capacity and ability of AHPRA to implement and administer the national registration of health practitioners

In the AMA's experience there are a number of factors that have diminished the capacity and ability of AHPRA to register medical practitioners in the first year of national registration:

- AHPRA did not understand the core business requirements for registering health professionals and the impact on the health system.
- Consequently, there was no strategic planning to ensure all aspects of the registration and renewal processes were addressed – resulting in significant delays and disruption for the profession, employees and patients.
- There is evidence of misjudgement of the capacity needed, with a subsequent failure to ensure sufficient numbers of AHPRA administrative staff, to handle the registration renewals in September 2010 and the 11,000 registration applications from the medical profession at the start of 2011.
- Registrants were asked to complete generic application forms that were not fit for purpose, which added to the difficulty of and time for registrants to complete forms correctly and AHPRA staff to process the applications.
- The basic standards to be met for registration were unclear or non-existent and led to uncertainty and confusion amongst the profession, employers and AHPRA staff themselves.
- During the transition, relationships with health facilities (employers) appeared to instantly cease, restricting the ability of employers to assist medical practitioners through the registration process. This has not yet improved, with telephone calls not being returned and emails remaining unanswered.
- The lack of any apparent standard operating procedures or business practices resulted in inconsistent and incorrect advice to applicants seeking registration.
- The loss of senior regulatory expertise resulting from the transition severely impacted on AHPRA's capacity to understand the problems and effectively administer the legislation.

We understand that AHPRA has recently been given more funding which has increased the capacity of AHPRA to handle the volume of registration applications. However, in the event that AHPRA requires even more resources, we believe the Health Ministers will not provide the additional funding required, but instead seek to increase registration fees to cover this.

Therefore, AHPRA needs to commit to business planning with the respective professions to ensure the administration of national registration is as streamlined as it can be. Registration forms need to be developed to cover the spectrum of registration categories and circumstances, including transition from one category to another (eg provisional to general). This will ensure that only the minimum information is collected and processed by AHPRA to enable registrants to move between categories. Measures such as this will improve AHPRA's ability to administer the scheme efficiently, without needing to increase its capacity at the expense of the registrants (i.e. increased registration fees).

(b) performance of AHPRA in administering the registration of health practitioners

Large numbers of medical practitioners have been affected in many ways and to differing degrees by the transition to the national registration scheme – ranging from having to resubmit lost forms through to an inability to work because registration had lapsed. We also have evidence of inconsistent information being given to registrants about their registration status.

Given the significant increase in registration fees, it is not unreasonable for the medical profession to have expected a seamless transition to national registration. By this measure, we have to rate the performance of AHPRA as poor.

Since the start of national registration on 1 July 2010, the AMA has committed a significant amount of time and resources to:

- advising AHPRA of the administrative issues that needed to be addressed;
- assisting AHPRA by communicating AHPRA processes to our members to avoid unnecessary delays with registration and non renewal of registration;
- resolving individual members' concerns with AHPRA offices; and
- advising AHPRA of registration and communication problems and provide suggestions to resolve them.

This has included the transition to national registration on 1 July 2010, during the registration renewal process in September 2010, during the registration of new medical students in December 2010 and during the January 2011 period in which changes of registration occur for interns and other junior doctors.

AHPRA has been very responsive to the AMA, and has made a senior officer available to AMA staff in order to identify and deal with issues quickly. However, problems have been dealt with in an ad-hoc way. AHPRA has managed the problems in a reactive fashion once problems are raised. There is very little evidence of any preventative measures being adopted by AHPRA.

A more systematic approach is needed to ensure future problems are anticipated and prepared for.

(c) impact of AHPRA processes and administration on health practitioners, patients, hospitals and service providers

The impact of non-registration as a result of poor administration, or administrative failure by AHPRA is very significant. Once a medical practitioner learns they are not registered they cannot practice medicine. If a change in registration category was delayed i.e. provisional registration to general or specialist registration, the medical practitioner could not commence in their new position. In both cases the doctor cannot earn an income, and there are fewer medical practitioners available to provide medical care to patients.

The AMA has not kept a tally of the number of our members who have advised us that they have stopped practising when they became aware they were no longer registered. In any event it would not be a true representation of the full impact on the medical workforce. However, it is unacceptable that even one practitioner who met all of the registration requirements and application deadlines was unable to work as a result of administrative delays or failures.

(d) implications of any maladministration of the registration process for Medicare benefits and private health insurance claims

It has been very unfortunate that some medical practitioners were advised by Medicare Australia, and not AHPRA, that their registration had lapsed. This meant that, unbeknown to them, some practitioners provided services while they were not registered. Consequently, their patients were not entitled to receive Medicare rebates for those services.

While AHPRA and Medicare Australia have devised a mechanism which will permit some patients to receive their benefits, there is no guarantee that all patients who should have received their benefits will in fact receive them.

The AMA is pleased that this issue is being addressed. However, it has created additional administrative burden for the affected medical practitioners and their practices. The mechanism requires the medical practices to resubmit rejected claims. Practices will also have to tell their patients that they can resubmit their claims for benefits. We are concerned about the additional costs imposed on medical practices for having to rectify this problem on behalf of their patients, and had hoped for a more automatic solution for these practices.

To avoid these problems into the future, the AMA wants improved communication processes between AHPRA and Medicare Australia. Firstly, there must be a mechanism to ensure that medical practitioners are advised by AHPRA that they are no longer registered, and not by Medicare Australia. Secondly, there must be a sufficient period of notification before the registration is cancelled so that medical practitioners can put in place appropriate arrangements for patient care. Finally, as a stopgap measure, before cancelling access to Medicare benefits Medicare Australia should first check whether a practitioner is billing Medicare items and if so double check the registration status with AHPRA.

(e) legal liability and risk for health practitioners, hospitals and service providers resulting from any implications of the revised registration process

The AMA understands that medical indemnity insurers will cover their members for periods where they were not registered and for which AHPRA has backdated registration. However the legal implications for individuals will not be known unless and until a claim is made and the matter is brought before the courts.

Further, we are unclear about the legal implications for medical practitioners remaining on the public register with an expiry date on the register, even though AHPRA advice is that if a medical practitioner appears on the register, they are deemed to be registered regardless of the expiry date.

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

The AMA welcomes this term of reference, as there has been no consideration about addressing the loss of income for those medical practitioners who were not able to practice as a result of administrative failures or unreasonable delays by AHPRA.

While it would be difficult to set up a scheme to retrospectively provide compensation for financial loss as a result of non-registration because of the transition to the national scheme, consideration should be given to establishing a scheme for future events.

(g) response times to individual registration enquiries

The response times to enquiries has been grossly inadequate. AHPRA adopted an outsourced 'call centre' model which resulted in poor advice, misdirected calls and unreturned enquiries. Medical practitioners have reported making several attempts to contact AHPRA staff without success. Email contacts have been unanswered for over 2 months and applicants have given up. The situation is the same for employers who are assisting medical practitioners with registration so they can commence work with the health facility.

Poor response times and lack of assistance and advice by AHPRA have greatly impacted on International Medical Graduates (IMGs) who are offshore and attempting to register for the first time with the Medical Board of Australia. IMGs are particularly important to the medical workforce in the less populated and more remote areas. Delays in registration of IMGs have a direct impact on access to medical services by rural and remote communities.

The delay in receiving a practicing certificate has been a particular concern. Certificates are presented to employers on initial employment and as part of the credentialing process under the hospital safety and quality framework. Due to delays, doctors have been unable to present a practicing certificate.

To add to the problem, AHPRA's on line register lists medical practitioners who have made the applications for renewal, but have expiry dates well before the current date. Employers are informed to ignore the expiry date and that if the medical practitioner appears on the register, they can be taken as being registered.

This has been counter intuitive for hospitals and other employers who have been advised to check against the medical register. The integrity of the register has been

corrupted and employer confidence in the information on the public register is significantly diluted.

(h) AHPRA's complaints handling processes

The AMA is concerned that the problems with registration have overshadowed the handling of complaints.

AHPRA provides administrative support and assistance to the State and Territory Medical Boards, also has a role to play in advising the Boards and in ensuring consistency of process and decision making in all complaints handling matters, including the actions Boards can take as a result of complaints.

It is vital that the State AHPRA offices, in conjunction with the State Medical Boards, have clear and documented operating protocols to ensure that complaints about medical practitioners are dealt with consistently around the country. As yet, we are not aware that these protocols have been written. They should be drafted and made available for public consultation before being finalised.

The importance of operating protocols is highlighted by recent matters where the AMA has evidence of administrative and bureaucratic methods significantly interfering with the normal rights of persons. We also believe that some complaints could have been resolved simply and more efficiently, but have instead been drawn out at the expense of the registrant and AHPRA resources.

(i) Budget and financial viability of AHPRA

In our submission to the Senate Community Affairs Committee inquiry into the scheme in 2009, the AMA predicited that the national registration scheme would be complex, cumbersome, bureaucratic and expensive. Our fears about significant increases in registration fees for medical practitioners were realised. The cost of implementation exceeded the initial costing of $19.8 million, and recently Health Ministers provided more funding for AHPRA.

No economies of scale has been identified. Under the previous State and Territory boards there was a surplus of funds despite the registration fees being approx 50 per cent less than they are now. Despite this surplus being transferred to AHPRA as part of the national contribution, the registration fees for medical practitioners increased significantly.

The medical profession will not tolerate any further increase in the registration fees to cover the increasing costs of the scheme. AHPRA must now perform its functions within the existing budget by working with the respective professions to identify the efficiencies of each of the registration processes and develop business protocols to ensure consistency around the country.

Further, there must be a clear budget of the operational costs of administering the legislation and the regulation of the medical profession, and this should be commensurate with the fee structure.

Conclusion

The administration of the transition of medical practitioners to national registration has been a debacle. At this time, the AMA is not convinced that the many and significant problems experienced during the transition will be avoided in the future, particularly during peak periods such as the beginning of the clinical year and renewal of registration in September.

AHPRA protocols and processes must be documented so that registrants can be confident about how their matters will be handled, and that the registration and regulation of the medical profession accords with the legislation.

There must be greater transparency of the operating budgets and the specific costs of administering the various professions.

Confidence in the national scheme will only be improved if a registration process is designed to specifically address the unique circumstances of medical practitioners. AHPRA must immediately consult with the AMA to establish a medical registration system that is efficient, cost effective and works in the public interest.

Communication

Verbal

- Call center model to handle registrant enquiries does not allow individual registrant issues to be resolved – staff can only provide scripted information in response to simple, generic enquiries.

- Waiting time for telephone enquiries up to 1 hour – registrants hindered in making simple enquiries.

- Registrants not provided with contact details of staff who can resolve their issues – they have to wait for a return call.

Written

- There have been delays in registrants receiving paperwork from AHPRA.

- Applications and other paperwork submitted by registrants by certified mail to AHPRA has been lost.

- Registration forms are not fit for purpose – registrants are being asked to provide information they have previously submitted to AHPRA, or provide information that is not relevant to their registration category e.g. 2,000+ interns having to provide demographic information and qualifications already provided for provisional registration.

- Forms are inconsistent – witnessing and 100 point identity check requirements differ across forms.

- Wrong information is sent to registrants – registrants who received registration certificates were advised two weeks later by email they were no longer registered.

Registration database

- AHPRA letters to registrants sent to incorrect addresses – failure to ensure the integrity of the data, no transfer of paper information provided by registrants into the database, and no audit of initial data transfer.

- The testing of the integrity of the data is via registrants' highlighting flaws rather than proper internal audit and testing processes.

- Registration status and categories on public register inconsistent with information provided to registrant – registrants, employers and insurers cannot rely on it as a trusted source to verify registration status.

Administration

- Lengthy delays in processing applications – affecting registrants' ability to obtain visas and Medicare provider numbers and commence work.

- Registrants first advised of non-renewal of registration by Medicare Australia, not AHPRA.

- Discrepancy of operation between state AHPRA offices indicates no standard operating procedures and protocols in place.

- No governance arrangements in place for consistent application of the National Law and registration processes.

- Expected and predictable matters handled in an ad hoc way - indicating no proper planning and understanding of core business requirements for registering health professionals and the impact on the health system.