

13th April 2011

Senate Finance and Public Administration Committees
PO Box 6100
Parliament House
Canberra ACT 2600

To whom it may concern:

Re: Inquiry into the administration of health practitioner registration by the Australian Health Practitioner Regulation Agency (AHPRA)

My name is [REDACTED] and I am a junior doctor working as a Hospital Medical Officer at [REDACTED]. I have grave concerns regarding AHPRA and the Medical Board of Australia, their demonstrated capacity to administer medical registration and 'value-add' for medical practitioners. I felt a personal submission to the Senate Inquiry was warranted considering the large number of my colleagues who have also spent much time and effort attempting to register this year. There has been increasing frustration with the agency and its processes, its delayed responses and action to queries and a general feeling that 'things were easier with the Medical Practitioners Board of Victoria'.

Specific points have been outlined below according to the Inquiry's Terms of Reference.

(a) capacity and ability of AHPRA to implement and administer the national registration of health practitioners AND (b) performance of AHPRA in administering the registration of health practitioners AND c) impact of AHPRA processes and administration on health practitioners, patients, hospitals and service providers

- AHPRA seems to have implemented national registration with very little forethought and knowledge of registration requirements or the process.
- In 2010, all interns were posted forms for continuation of Provisional Registration rather than Applications for General Registration.
 - It was initially by *word of mouth*, rather than through AHPRA that interns discovered they had to fill in a different form. Onus was then put on health services to inform their interns of the wrong paperwork rather than AHPRA contacting them. I feel it was the responsibility of AHPRA to resend correct paperwork and information detailing what was required to each intern.
 - For those that applied with the posted (Provision Registration) form, they were charged the incorrect fee. Some complained about delays in receiving their refund.
 - The general registration application form asked for much irrelevant information for those medical practitioners that have been trained domestically. This has now been rectified with separate forms for domestically trained practitioners and Australian Medical Council graduates.

- There have been significant delays in receiving registration certificates.
 - Registration certificates have taken up to ten weeks to arrive after confirmation of registration and payment, even for those who have called AHPRA asking for this to be expedited.
 - Registration certificates are required for applications to training programs. Junior doctors have had to spend (precious!) afternoons off to visit AHPRA offices in person. Some have been unable to apply to their desired training program in 2011.
- There have been difficulties with registration for those who have transferred to Victoria from interstate.
 - In one instance, a Fellow transferring from Western Australia had to visit the AHPRA office to get his registration approved after calling on multiple consecutive days with no results. His application was granted on the spot when he turned up in person. He was unable to work during this time; this had ongoing effects as the hospital continued to pay him during this time, other doctors were required to take up extra on-call and there was one less experienced surgeon able to operate or see patients during this period.
 - The same doctor was asked by AHPRA to register three times in a six-month period. When he was asked to re-register the third time he contacted AHPRA who informed him they had made a mistake and he was never required to register or pay the second time. He also complained of a delay in receiving refund of his second registration fee.

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

- As mentioned previously, the delays with registration processing and inability to work has severe and costly impacts on health practitioners, patients and service providers.
- Junior doctors pay an opportunity cost with the extensive time they spend on the phone to AHPRA or visiting offices in person; this is a significant cost considering that they have limited time off during the working week, or must make up time lost to work by working (generally unpaid) overtime.
- There has been a significant increase in registration fees for junior doctors
 - Those in their second postgraduate year out have been particularly affected with a full year registration charged for a six-month period (as they transition from provisional registration to general registration). It was not clear on application paperwork that \$650 would be charged for a six-month period from March to September; all junior doctors affected have received their certificate surprised to find that it expires at the end of September 2011. I believe that AHPRA should be charging pro-rata amounts during this transition period.
 - AHPRA will face this issue again as each year's intern group transitions from the provisional registration period (ending in March) to the general registration period. From my understanding, they plan to continue with this ridiculous, revenue-raising process.
 - In relation to the above point, AHPRA have 'discounted' provisional

registration down to \$325 from \$650, justifying why full registration cost can be charged for the shorter transitional period. Considering provisional registration for interns was \$220 with the Medical Practitioners Board of Victoria the year prior, this is not a discount.

- While national registration is attractive to junior doctors for flexibility of work, the majority of junior doctors only work in one state as they have a one-year contract with a particular hospital. National registration only benefits the very few who work in multiple states. Registration costs have risen significantly since the introduction of AHPRA (despite promises they would not) without improvement in services questioning the cost-benefit ratio of national registration for junior doctors.
- For the majority of junior doctors, national registration is the only contact they will have with AHPRA for the whole year; the registration fee is excessive when compared to nursing and other allied health professionals. These other health professionals have the same services provided by AHPRA (registration, register of practitioners, continuing professional development etc.) at a much lower annual registration fee.
- AHPRA should not and cannot stereotype junior doctors as earning significant annual salaries and penalise them as such. Junior doctors work at an hourly rate with the reality being that most work more hours than they are paid for. AHPRA should be charging registration fees that reflect the service they provide. Such fees are currently unjustified considering the poor services and ability to administer registration that has so far been demonstrated.
- Registration fees have been 'banked' immediately upon receipt while other activities such as refunding incorrect monies and sending certificates have taken much longer to process. From the point of view of the junior doctor, this makes AHPRA look like a revenue-raising body.

(g) response times to individual registration enquiries

- Junior doctors are constantly time pressured and have frustrations with waiting times and navigating through the system to be put onto the correct people. Many do not have time to call up but instead rely on information already given by AHPRA (as demonstrated, not always correct) or from colleagues.
 - Multiple peers have called up AHPRA to chase their registration certificates so they can apply for training programs or work in 2011. Some have called multiple times due to inaction or visited in person for this to actually occur with a few giving up on the process entirely.
 - In one instance, incorrect information was given over the phone to an individual. This individual applied for registration but was contacted to re-do his application as the information he was given was incorrect leading to a delay in registration.
- Very few junior doctors raise concerns or complaints with AHPRA as they are time poor.

National registration has been a disappointing experience thus far with very little

benefit from the viewpoint of the junior doctor. Flexibility to work throughout Australia is a positive change that some junior doctors could benefit from. However, considering the headaches of registration, the debacles that AHPRA has caused and the rise in registration fees, the process has not been easy or worthwhile for my peers and me.

I would suggest that AHPRA:

- Consults with the health professionals, including junior doctors, on what relevant information is required for registration and how to streamline and improve the registration process.
- Redesign administration and registration processes so that it *actually works* with the whole process (from initial notice to register to completion with receipt of the registration certificate) taking a maximum of a few weeks.
- Classify medical professionals into the appropriate category to ensure they receive correct general information from AHPRA at all times.
- Develop systems so that when contact by any medium is made with AHPRA, the appropriate person is contacted and they are qualified to give relevant and correct information.
- Reconsider fee structure to ensure transparency and reflect the quality and quantity of services that AHPRA provides for health (particularly medical) practitioners.
- Liaise with health practitioners regarding registration and any issues that may have arisen.
- AHPRA and its processes must be transparent, responsible and accountable.

Thank you for your time and consideration of the issues I have raised.

Kind regards,