



**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 (AHPRA)**

**PURPOSE**

1. The Pharmaceutical Society of Australia (PSA) makes this submission to the Senate Finance and Public Administration References Committee's Inquiry into the administration of health practitioner registration by the Australian Health Practitioner Regulation Agency (AHPRA).
2. PSA's comments relate primarily to the following clauses in the Inquiry's Terms of Reference:
  - (b) performance of AHPRA in administering the registration of health practitioners;
  - (c) impact of AHPRA processes and administration on health practitioners, patients, hospitals and service providers;
  - (g) response times to individual registration enquiries;
  - (h) AHPRA's complaints handling processes; and
  - (j) any other related matters.
3. PSA's submission reflects the experiences and perspectives of the organisation on behalf of the pharmacy profession including pharmacists, intern pharmacists and pharmacy students.

**BACKGROUND**

4. PSA is the peak professional organisation representing Australia's 25,000 pharmacists working in all sectors and across all locations. PSA's core functions are: supporting pharmacists' commitment to high standards of patient care; providing continuing professional development, education and practice support to pharmacists in all sectors of professional practice; and representing pharmacists' role as frontline health professionals.
5. PSA is a voluntary membership-based organisation with a high proportion of its membership consisting of practising pharmacists. Intern pharmacists and pharmacy students are also members of the organisation.

**PRIOR TO THE COMMENCEMENT OF AHPRA**

6. Since the first announcement of the establishment of a national registration scheme for health professionals was made, PSA supported the proposal, recognising the need for reform to produce a more sustainable and responsive health workforce to meet evolving health care needs of Australians. PSA's support was based on the belief that uniform national registration standards for each profession would create efficiencies in the system while maintaining quality and safety of health services.
7. During the consultation stages there was a degree of caution within the pharmacy profession because, while health practitioner registration was state/territory-based, our

profession felt it had good arrangements in place with the existence of a national umbrella registering authority — the Council of Pharmacy Registering Authorities (COPRA) — to bring greater national uniformity and consistency to pharmacist registration processes.

8. PSA was also aware that the existing state and territory pharmacy boards would be dissolved once a national registration body came into operation. While we were made aware of plans to create new state/territory entities (similar to the then existing pharmacy boards) to carry out residual functions, PSA was extremely concerned that there appeared to be no plans to utilise the considerable experience and expertise residing in the eight jurisdictional boards. Steps were being taken to provide preference to existing state/territory staff with employment opportunities in the new national agency (and possibly the planned new state/territory entities), however, PSA is not aware if consideration was given to harnessing the cultural and professional knowledge and operational experiences of these boards.

9. Recognising that the task to establish a national registration scheme for ten health professions was anticipated to be considerable, a recommendation was included in a joint pharmacy response<sup>1</sup> in October 2006 as follows:

*Pharmacy recommends that all Pharmacy Board functions remain at the state level, including the registration process, at least in the first instance. Under this scenario, pharmacists would be registered either with the state based boards or nationally with the [new] pharmacy body [under the national registration scheme] in a national database.*

10. As it was not clear if this issue had been adequately canvassed, PSA re-iterated its views through a similar recommendation in April 2009:<sup>2</sup>

*Consideration must be given to allow existing infrastructure to be retained wherever possible and reshaped under the new scheme where needed rather than dismantling and reinventing systems unnecessarily.*

11. PSA believed it was “sensible and logical to retain and maintain the infrastructure, contribution and expertise of these bodies as much as possible under the new scheme” and that this was “in the interests of maintaining continuity for the protection of the public” and would also be “of significant benefit in effecting a smooth transition to the new scheme”.<sup>3</sup>

12. The establishment of a new national registration scheme included a proposal to appoint profession-specific ‘panels’ which would have carriage of functions including oversight of national registration of each profession. PSA was in full agreement with this proposal. These panels subsequently became the profession-specific boards (eg. the Pharmacy Board of Australia).

13. Apart from these concerns (and several others which are not relevant to this Inquiry), PSA was supportive of the initiative to establish a national registration scheme and expressed a desire to be fully engaged in the consultation processes.

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<sup>1</sup> Australian Association of Consultant Pharmacy, Australian College of Pharmacy Practice and Management, Pharmaceutical Defence Limited, Pharmaceutical Society of Australia, The Pharmacy Guild of Australia, The Society of Hospital Pharmacists of Australia. Joint Pharmacy Response to the proposal by the Council of Australian Governments (COAG) for National Accreditation and Registration of Health Professionals. October 2006.

<sup>2</sup> Pharmaceutical Society of Australia. Submission to the Senate Community Affairs Committee’s Inquiry into the national registration and accreditation scheme for doctors and other health workers. 30 April 2009.

<sup>3</sup> *ibid.*

## THE EXPERIENCE OF THE PHARMACY PROFESSION WITH AHPRA

14. Being the professional organisation for pharmacists, PSA has a close working relationship with the Pharmacy Board of Australia (PBA). There is regular communication between the two bodies and we work in partnership on many issues relevant to the registration of (and other professional matters relating to) pharmacists and intern pharmacists.

15. PSA has noticed that, in some instances, pharmacists' views aired publicly regarding their experiences with the national registration processes could be regarded as direct criticism of the PBA. However, it has been our observation that the complaints in fact relate primarily to the operations of AHPRA. We therefore believe the criticisms of the PBA have been misdirected and have occurred because pharmacists have been more used to dealing with a pharmacy "board" (previously at state/territory level) and AHPRA as an entity has not been visible to the average practitioner.

16. Administrative problems with registration processes and other matters under AHPRA were brought to PSA's attention by pharmacists within weeks of commencement of the national registration scheme. The early reports were mostly from:

- a. the cohort of intern pharmacists completing their supervised practice requirements and final registration examinations in mid-2010 who needed to transition from provisional registration to general registration in order to continue practising legally; and
- b. pharmacists who required login details (user identification and password) to access their personal details online.

17. Significant problems continued to be reported in the latter months of 2010 and appeared to be further compounded by the timing of renewal of registration, possibly for the following reasons:

- a. for pharmacists, the registration renewal dates were staggered for different jurisdictions due to the transition process but nevertheless, the renewal of registration was concentrated in the last quarter of 2010;
- b. this period coincided with the end of the academic year when graduates of pharmacy degrees were submitting applications to AHPRA for approval of provisional registration prior to commencement of their internship; and
- c. the period also coincided with a new cohort of intern pharmacists completing their supervised practice requirements and final registration examinations, and lodging their applications to AHPRA to transition from provisional registration to general registration as a pharmacist.

18. The types of problems encountered by pharmacists and intern pharmacists include the following:

- a. AHPRA was unable to advise when or how soon application papers were likely to be processed. To PSA's knowledge, the actual time taken to process applications has ranged between three weeks and eight weeks. This was a major source of angst for:
  - (1) new registrants (mostly intern pharmacists formally entering the profession for the first time) as they were not able to work as a pharmacist legally; and

- (2) students applying for provisional registration in order to commence their supervised practice hours as an intern pharmacist;
- b. further delays were experienced by many pharmacists who did not receive prompt confirmation even when their application had been processed and they were on the register. Some pharmacists were simply advised to check the online register on a daily basis to see if their application had been processed;
  - c. the significant delays in processing registration renewals were in sharp contrast to what pharmacists had experienced previously (before national registration) in their dealings with state/territory pharmacy boards. Previously, pharmacists were experiencing approximate renewal turn-around times (including receipt of evidence such as a confirmation letter, registration card or payment receipt) typically between one day and two weeks;
  - d. extreme difficulties in getting through to AHPRA via the 1300 number for enquiries. In many instances, pharmacists reported the number went unanswered for “many days”;
  - e. never receiving a follow-up call after lodging a query, despite being advised by AHPRA that someone would call back with an answer;
  - f. lack of information being made available by AHPRA telephone operators;
  - g. varying information being provided by AHPRA telephone operators;
  - h. lack of response to emailed queries, even when these had been lodged following suggestions by AHPRA telephone operators to do so when they had been unable to assist; and
  - i. sporadic communication by AHPRA to registrants or professional organisations regarding delays in processing applications or responding to queries. Many pharmacists contacted PSA in the hope that we would be able to provide useful information; however, we were also experiencing difficulty sourcing accurate and current information from AHPRA.

19. Overall, the impact on pharmacists and intern pharmacists affected by these delays was significant. Unnecessary financial burden and significant stress and anxiety were experienced by the individuals involved and their families. In some cases, intern pharmacists had accepted positions in rural areas and made a commitment to move away from family and friends recognising the shortage of pharmacists in those areas but were subsequently unable to commence work as planned due to delays in AHPRA processing their application for registration.

20. Many employers were also significantly affected as new employees could not commence employment as planned, or there was uncertainty about the legal status of existing employees. This could have potentially affected the standard of health service delivery to consumers. Some employers also made arrangements to employ the ‘new pharmacists’ as intern pharmacists while waiting for confirmation from AHPRA and to provide rental (or other forms of) assistance to minimise any financial burden.

### **SUMMARY**

21. PSA welcomes this Inquiry into the administration of health practitioner registration by AHPRA. We would be pleased to provide further information or assistance to the Senate Committee with a view to strengthening the operations of AHPRA.

**Submitted by:**

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