

SUBMISSION TO SENATE

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

I am writing on behalf of the [REDACTED] Medical Centre to inform the Senate Committee of the circumstances surrounding the eight month delay in obtaining general registration for Dr [REDACTED] in order for her to enter general practice within [REDACTED] Medical Centre in [REDACTED].

Areas of Concern

1. Dr [REDACTED] did not fit the boxes that AHPRA needed to process her application, the main sticking point being that Dr [REDACTED] obtained her Institute of Medical Education & Training before she sat and passed her Australian Medical Council examination.
2. Inability of AHPRA to handle the volume of administrative work within a reasonable time frame
3. Failure of staff to give appropriate advice
4. Lack of appropriate resources to handle telephone inquiries- evident by the extensive delays in answering or returning calls
5. Lack of knowledge by staff about who was the person within the AHPRA organisation best equipped to handle the inquiry and the passing around of the inquiry between staff. No case manager assigned.
6. Number of times the AHPRA Registration Approval Committee or Board meet to decide on the outcomes of applicants

All of the above points contributed to the delay in Dr [REDACTED] registration at a time when rural Australia is in dire need of general practitioners.

I provide the following information to support the above concerns:

CHRONOLOGICAL ORDER OF EVENTS BETWEEN DR [REDACTED] & AHPRA

Background- Dr [REDACTED] had worked in the Australian hospital system --Sept 2004- 2008. You can see from her correspondence (not enclosed) she successfully completed numerous training terms at both [REDACTED] Hospitals- during this time she held "Limited Registration". Dr [REDACTED] decided to start a family and during this time inadvertently let her registration drop. In this time away from the workforce Dr [REDACTED] gained her Australian Medical Council certificate

1. July 2010- Dr [REDACTED], Dr [REDACTED] (spouse) & Mr [REDACTED] (practice manager [REDACTED] Medical Centre) held several conversations with AHPRA staff trying to gain advice on the steps needed to gain full registration for Dr [REDACTED]. **They were advised that Dr [REDACTED] would need to undertake full training again and was discouraged from lodging an application for registration with AHPRA**

2. August 2010- Unwilling to accept the advice from AHPRA Dr [REDACTED] asked Dr [REDACTED] from [REDACTED] Medical Centre to assist.
3. 8 Aug 2010- Dr [REDACTED] emails AHPRA- providing some information and asking for clarification of some **questions 20-22** in the registration application form
4. 8 Aug 2010- AHPRA replies- pass enquiry on- some general advice
5. 9 Aug 2010- AHPRA if previous email is correct will not hear from higher authority
6. 9 Aug 2010- AHPRA advice that Dr [REDACTED] file needs to be reviewed
7. 9 Aug 2010- Aust General Practice Training(AGPT) accept Dr [REDACTED] into Rural Training Pathway- unfortunately she must have AHPRA unconditional registration granted before 17 Jan 2010.
8. 12 Aug 2010- AHPRA advise Dr [REDACTED] needs to undertake Institute Medical Education Training(IMET)
9. 12 Aug 2010- Dr [REDACTED] emails AHPRA on Dr [REDACTED] acceptance into AGP Training program and asks for further information
10. 13 Aug 2010- Dr [REDACTED] emails saying that Institute Medical Education & Training had been meet and Dr [REDACTED] had completed her Internship. Asked for clarification of **questions 20-22** in AHPRA application form
11. 16 Aug 2010- AHPRA email advised that IMET must be undertaken after the AMC exam- **(problem is DR [REDACTED] did her IMET before she completed her AMC- she doesn't fit the box).**
Also refers to **draft paper** for general registration standard.
12. 17 Aug 2010- Dr [REDACTED] emails AHPRA confirming IMET complete and other general enquiries
13. 30 Aug 2010- AHPRA general information, only want to deal with Dr [REDACTED]
14. 30 Aug 2010- Dr [REDACTED] asks for assistance in completing **questions 20-22** in AHPRA application
15. 3 Sept 2010- RPA recommendation to general registration for Dr [REDACTED]
16. 3 Sept 2010- general practice training program support for Dr [REDACTED]'s unconditional registration
17. 5 Sept 2010- Dr [REDACTED] email awaiting assistance from AHPRA
18. 6 Sept 2010- AHPRA advise application needs to be made by post, etc.
19. 6 Sept 2010- AHPRA advice on continuing professional development standard
20. 6 Sept 2010- Dr [REDACTED] asks AHPRA guidance in her understanding of **questions 20-22**
21. 20 Sept 2010- Dr [REDACTED] asks AHPRA guidance in her understanding of **questions 20-22**
22. 22 Sept 2010- AHPRA quote standards and advise that **not able to tell in advance whether aspects of submission will be acceptable and satisfy requirements**
23. 23 Sept 2010- organising professional development activities with training group
24. 24 Sept 2010- Dr [REDACTED] joins RACGP in order to do professional development
25. 1 Oct 2010- NSW Medical Board advise Occupational English Test now out of date for general registration
26. 19 Nov 2010- Dr [REDACTED] asks AHPRA advice on submitting application
27. 22 Nov 2010- AHPRA advise on submission of application
Asked for assistance from local member, [REDACTED] MLA
28. 22 Dec 2010- AHPRA confirmation of receipt of application – request for application fees
29. 22 Dec 2010- AHPRA registration of application
30. 22 Dec 2010- Dr [REDACTED] information to AHPRA
31. 24 Dec 2010- AHPRA acknowledgement of receipt of information from [REDACTED]
32. 5 Jan 2010- Dr [REDACTED] asks AHPRA if information from [REDACTED] Hospital received
33. 6 Jan 2010- AHPRA – no information received from [REDACTED]
34. 11 Jan 2010- AHPRA advises application will be assessed
35. 21 Jan 2010- Dr [REDACTED] requests information from AHPRA about application
36. 21 Jan 2010- AHPRA advises staff on leave – redirect emails

37. 27 Jan 2010- Dr [REDACTED] requests information from AHPRA about application

38. 28 Jan 2010- AHPRA advise registration committee sitting 15th February

Received a number of phone calls from Mr [REDACTED] who passed on information from his investigations of the matter with AHPRA.

39. 17 Feb 2011- General Registration Granted

After general registration was granted by AHPRA Dr [REDACTED] was then faced with applying for her Provider Number through Medicare Australia- a process that takes 28 days.

Dr [REDACTED] finally commenced practice in our surgery on 29 March 2011- a total period of nine months

Conclusion

The purpose of the submission is three fold:

1. To highlight the inaccessibility and inflexibility of AHPRA should an application vary slightly from the predetermined format. There appeared to be no recourse for a single authority in a decision making capacity to be responsible for the application, and to respond in a timely fashion to the queries raised by the applicant.
2. The rural shortage of doctors is at crisis point. The Medical Centre was very fortunate that the general practice training provider for Dr [REDACTED] ([REDACTED] Training) were able to keep her offer of a GP Registrar training post open pending AHPRA granting full registration.
3. Due to the obstacles and delays it would have been easy to let the issue slide. This would have delayed commencement in general practice by another twelve months. Dr [REDACTED]'s spouse is also a GP in [REDACTED]. Had the Medical Centre not taken a stance on this registration issue, in all probability the family would have been forced into moving to Sydney so Dr [REDACTED] could regain employment in the hospital system. The result being two general practitioner registrars lost to Rural Australia

I would like to thank the Senate Inquiry for their time in reading this submission

On behalf of the [REDACTED] Medical Centre

[REDACTED]
Practice Manager