Submission to Finance and Public Administration References Committee for Inquiry into the administration of health practitioner registration by the Australian Health Practitioner Regulation Agency (AHPRA)

The Rural Workforce Agency of Victoria (RWAV) works to provide sustainable health workforce solutions for disadvantaged communities, particularly rural, remote and aboriginal communities. RWAV recruits general practitioners and health professionals from around Australia and internationally.

RWAV has commenced 95 general practitioners in rural, regional and Aboriginal health services since 1 July 2010. RWAV's programs and services also include re-location, matching, placement and on-going support services for GPs and allied health professionals, facilitating access to professional development, marketing of general practice, research and policy advice.

As part of a collaboration with the Post-Graduate Medical Council of Victoria and the Medical Practitioners Board of Victoria, RWAV achieved Australian Medical Council accreditation in 2009 to conduct Pre-employment Structured Clinical Interviews (PESCIs) in Victoria for general practice. These are conducted independently operating under the auspice of a separate operating arm: Health Workforce Assessment, Victoria (HWAV). From January to December 2010, HWAV has conducted 179 PESCIs.

RWAV welcomes the opportunity to comment and would be pleased to talk to this submission if required.

Inquiry Terms of Reference:

On 23 March 2011 the Senate referred the following matter to the Finance and Public Administration References Committee for Inquiry and report by 13 May 2011:

The administration of health practitioner registration by the Australian Health Practitioner Regulation Agency (AHPRA) and related matters, including but not limited to:

a) Capacity and ability of AHPRA to implement and administer the national registration of health practitioners;
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;
d) Implications of any maladministration of the registration process for Medicare benefits and private health insurance claims;
e) Legal liability and risk for health practitioners, hospitals and service providers resulting from any implications of the revised registration process;
f) Liability for financial and economic loss incurred by health practitioners, patients and service providers resulting from any implications of the revised registration process;
g) Response times to individual enquiries;

h) AHPRA's complaints handling processes;
i) Budget and financial viability of AHPRA; and
j) Any other related matters.

Executive Summary:

The Council of Australian Governments agreed in 2006 to establish a single national registration scheme for health professionals. The March 2008 COAG Agreement noted that the scheme would:

- Recognise the importance of protecting the public and ensuring that practitioners are suitably qualified
- Facilitate workforce mobility by reducing the administrative burden for health practitioners wishing to practice (Part 2b)
- Facilitate rigorous and responsive assessment of health practitioners (Part 2d)
- Include the enablement of a flexible, responsive and sustainable Australian health workforce.

The Guiding Principles of the Act set out under Section 3(3) of The Act, that:

- The scheme must operate in a transparent, accountable, efficient, effective and fair way (Section 3a)
- Fees to be reasonable (Section 3b)
- Restrictions of practice to be imposed only if it is necessary to ensure health services are provided safely and of an appropriate quality.

RWAV strongly supports the implementation of a national scheme, but is concerned that since the introduction of the scheme, there has been:

- Serious and significant administrative delays and duplication of processes that has impacted on the medical workforce and Australia's ability to recruit and place medical practitioners in a timely, efficient and fair way
- A disconnect between APHRA requirements and other key Agency requirements
- An increase of complex, time-consuming and costly requirements for the medical practitioner, employer and supporting agencies
- The lack of a robust national approach, particularly in relation to limited ' Area of Need' registration of GPs
- Creation of undue barriers to registration that will compromise Australia's reputation as a destination of choice and hinder Australia's ability to attract crucially needed qualified medical practitioners in a globally competitive market, particularly in relation to rural and remote areas of need.

This submission raises a series of issues and provides recommendations to address existing barriers and difficulties in relation to the current administration of the National Scheme, including assessment and registration of General Practitioners.

SUMMARY OF RECOMMENDATIONS

1. That implementation of the Scheme is reviewed to ensure that administrative systems are effective, timely and transparent.

2. That all responsible agencies under the Scheme are required to report quarterly against set performance targets including capacity to administer the scheme in an effective, transparent, fair and timely fashion.

3. That the Ministerial Council exercises its power to monitor and direct non-performing agencies under the The Health Practitioner Regulation National Law Act 2009 (The Act) with particular regard to consistency and performance as required under the legislation and its guiding principles.

4. That a central secure repository is established for certified documents that key agencies involved in the certification and registration process can access.

5. That the period of validity for a Certificate of Good Standing be extended to completion of registration process.

6. That all District of Workforce Shortage and Preliminary Assessments for District of Workforce Shortage status are automatically granted area of need status.

7. That applications for limited registration under area of need status should be administered under the District of Workforce Shortage process, rather than being a three stage, cross-jurisdictional process.

8. That application forms are reviewed to ensure consistency and accuracy in requirements across the system.

9. That the relevant sections of the Act (Division 6, 80 (1), Part 5, 31.5, Section 85) be reviewed to ensure that they meet principles of natural justice and applicants aren't penalised by the inefficiencies in the registration process.

10. That AHPRA national and jurisdictional personnel are sufficiently resourced and trained.

11. That AHRPA timelines and performance benchmarks are set for all processes and systems, both at operational and committee levels.

12. That all required documentation is clearly detailed on the registration application form.

13. That a quality framework and customer service focus within AHPRA is established.

14. That the Australian Medical Council accredited PESCI be nationally recognised and transferrable across all States, as per the intention of the Scheme.

1. Introduction

The Council of Australian Governments (COAG) agreed at its 14 July 2006 meeting that "a single, national registration scheme for health professionals" should be established. The March 2008 Agreement noted: "The legislation will provide that all bodies within the scheme will have regard to the objectives of the national scheme."

RWAV supports the intent and objectives of The Health Practitioner Regulation National Law (Victoria) Act 2009 (The Act) namely:

- Recognising the importance of protecting the public and ensuring that practitioners are suitably qualified
- Facilitating workforce mobility by reducing the administrative burden for health practitioners wishing to practice (Part 2b)
- Facilitating rigorous and responsive assessment of health practitioners (Part 2d)
- Including the enablement of a flexible, responsive and sustainable Australian health workforce.

Furthermore, RWAV strongly agrees with the Guiding Principles of the Act set out under Section 3(3) of The Act, that:

- The scheme must operate in a transparent, accountable, efficient, effective and fair way (Section 3a)
- Fees to be reasonable (Section 3b)
- Restrictions of practice to be imposed only if it is necessary to ensure health services are provided safely and of an appropriate quality.

We note that The Act therefore recognises both quality as well as sustainable workforce objectives.

2. Role of APHRA

The Australian Health Practitioner Regulation Agency (AHPRA) was established to support the National Boards for the specified health professions to perform their functions including:

- Providing administrative assistance and support to the National Boards and the Board committees
- In consultation with the National Boards, developing and administering procedures for efficient and effective operation of the National Boards
- Establishing procedures for the development of accreditation standards, registration standards and codes and guidelines so that the National Scheme operates in accordance with good regulatory practice
- Negotiating with each National Board on the terms of a health profession agreement, setting out the services to be provided by AHPRA to each of the National Boards receiving and dealing with applications for registration and with notifications about the performance, conduct and/or health of individual practitioners
- In conjunction with the National Boards, keeping up-to-date and publicly accessible national registers of practitioners and national registers of students and
- Providing advice to the Ministerial Council about the administration of the National Scheme.

Our submission raises a series of issues and recommendations in relation to the impact of the National Scheme and the administration by APHRA on the assessment and registration of General Practitioners, particularly Limited Area of Need Registration, which commonly applies to rural and remote primary care practice.

3. Inquiry Terms of Reference (A,B,C,G)

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

The Council of Australian Governments (COAG) agreed to establish a single, national registration and accreditation scheme to "help health professionals move around the country more easily, reduce red tape, provide greater safeguards for the public and promote a more flexible, responsive and sustainable health workforce".[1]

RWAV deals with APHRA and registration issues on behalf of International Medical Graduates (IMGs) and Australian trained doctors on a daily basis through:

- our role as a recruiter supporting both primary care services and General Practitioners to find employment and gain medical registration; and
- Through a separate agency, Health Workforce Assessment Victoria - which conducts Pre Employment Structured Clinical Interviews (PESCIs) for general practitioners in Victoria.

RWAV strongly supports the intent of the national scheme, but is of the view that implementation has been ad-hoc and lacks robustness evidenced by:

- A lack of a national approach, particularly in relation to ' Limited Area of Need' registration of general practitioners
- Significant administrative delays and lack of accurate advice to doctors and RWAV staff on registration processes and requirements
- Duplication of processes that has impacted on the medical workforce
- A disconnect between APHRA requirements and other key agency (such as the Australian Medical Council and Specialist Colleges) requirements in a process that has become very complex, time-consuming and costly for the medical practitioner, employer and administrative agencies.
- Major communication and customer service issues (for example, doctors waiting on hold on the telephone for period exceeding half an hour)

Attachment A outlines the complexity of the process involved in recruiting general practitioners into vacancies in rural Victoria. This demonstrates that the system as a whole is an extremely complex process for both practitioners and employers that involve multiple regulatory and administrative applications and approvals at multiple stages. *(RWAV has made a submission to the House of Representatives Standing Committee on Health and Ageing Inquiry into Registration Processes and Support for Overseas Trained Doctors.)*

[1] Australian Health Workforce Online, http://www.ahwo.gov.au/natreg.asp

Delays can result in practices losing potential recruitments and/or practices withdrawing offers of employment due to the length of time it takes the candidate to obtain medical registration. Such delays can deter potential candidates thus undermining the intention of the legislation to ensure workforce mobility and flexibility. Communities of need such as rural, remote and aboriginal communities with workforce shortages are very reliant on the recruitment of GPs, especially IMGs. Delays are both socially economically and costly to the communities and patients. This compromises the sustainability of fundamental health services to communities of high health need.

For example, an IMG seeking employment in Australia may need approvals from:

- Verification of education and qualifications by the Educational Commission for Foreign Medical Graduates (ECFMG)
- English Language requirements
- Australian Medical Council for recognition of qualifications and certified paperwork
- Accredited Pre-employment Screening Clinical Interview Provider (PESCI)
- APHRA for registration approvals
- RACGP/ACRRM for the recognition of prior overseas general practice experience, Fitness for Intended Clinical Practice Interview (FICPI), approvals for the specialist pathway, Fellowship exams
- Department of Immigration and Citizenship
- Medicare Australia for provider numbers
- Department of Health and Ageing for District of Workforce Shortage for the approved vacancy
- State Government recommendations on Area of Need
- Approval for eligibility for a specific IMG programs

Due to the significant challenges and complexity of the current system, RWAV has introduced a case management process to assist practitioners navigate the process and support them in their paperwork to achieve registration and employment.

*An outline of the timeframes of the registration process is tabled in **Attachment B**.*

3.1 A National Approach

At the commencement of the scheme AHPRA "decided it was necessary and appropriate to maintain State and Territory Boards for the effective and timely management of applications for registration and for managing notifications"[2]. The Medical Board of Australia had its inaugural meeting on 23 March, 2011 to reflect on experiences since the introduction of the scheme and to discuss operational processes. At this meeting, it was noted that between jurisdictions there were many differences in how core activities were approached and the Board will undertake further work to promote consistency.[3]

Administrative Delays and Duplication

RWAV strongly agrees with the need to ensure that practitioners are suitably qualified. However, within the multiplicity of agencies and requirements, there are significant

[2] Medical Board Australia Communique 17th meeting of the Medical Board of Australia 23 March, 2011 http://www.medicalboard.gov.au/News/Communique-from-the-Board-23-March-2011.aspx
[3] Medical Board Australia Communique 17th meeting of the Medical Board of Australia 23 March, 2011 http://www.medicalboard.gov.au/News/Communique-from-the-Board-23-March-2011.aspx

inefficiencies and duplications that would not appear to meet the test of efficiency, cost or fairness.

For example:

- **Duplicated certified documents**
  The same certified documents (qualifications, certificates of good standing, medical registration, internship) are required to be provided to the Australian Medical Council to AHPRA, as well as the specialist GP colleges for assessment multiple times. We understand that this process is the result of privacy issues however they result in substantial costs and delays to the registration of medical practitioners. In turn, this prevents them from commencing in practice and providing badly needed primary care services.

  Recommendation:
  - A central secure repository is developed for certified documents that key agencies involved in the registration process can access.

- **Certificates of Good Standing**
  Doctors require a Certificate of Good Standing (COGS) from the Medical Board of the country in which they were previously registered. This Certificate remains valid for a period of 3 months. Applications to APHRA are currently taking up to 3 months to process and some are going over the 3 month period, which means that the COGS becomes invalid. Duplicate COGS must be provided from one registering authority to another. This has resulted in doctors having to re-apply for another COGS from their jurisdictional registering authority with additional costs and delays. In addition, IMGs are required to present to the board in person for ID checks and sufficient time required for this process does not seem to be allowed for.

  This administrative process is not only creating unreasonable burdens upon the practitioner, but must be incurring significant administrative costs to a range of bodies and authorities, both in Australia and overseas.

  Recommendation:
  - That the period of validity for a Certificate of Good Standing be extended to completion of registration process.

- **Area of Need Registration**
  IMGs applying for limited area of need registration are required to provide evidence that their position is located in an area of need by the respective State Health Department. This needs to be approved prior to an application being sent to the Medical Board. The majority of IMGs applying for medical registration also require a 19AB exemption under the Health Insurance Act 1975, in order to access a Medicare Provider number (and Department of Health and Ageing approval that an area is a District of Workforce Shortage). This creates significant duplication, costs and time delays.

Recommendation:

- That all District of Workforce Shortage and Preliminary Assessments for District of Workforce Shortage status are automatically granted area of need status.

- That applications for limited registration under area of need status should be administered under the District of Workforce Shortage process, rather than being a three stage, cross-jurisdictional process.

- **Application Form Errors**

  Question 19 on Application for Renewal of Limited Registration ARLR-03, requests that "Registrants who hold limited registration for area of need specialist practice must provide evidence in the form of a letter from the relevant Specialist College confirming the College continues to support the practitioner at the approved sites under the previously agreed conditions as specified in the College endorsement of the area of need position". However these doctors are not Registrars therefore the RACGP or ACRRM would not be aware of the doctors until they enrol to sit their fellowship. It is not the responsibility of the Colleges to endorse area of need. Despite errors and inconsistencies being advised to AHPRA, there not appear to be any quality improvement process in place.

- Permanent Resident IMGs and Temporary Resident Doctors are eligible to use the competent authority pathway subject to their qualifications and experiences. These doctors are required to complete a PESCI, however Question 41 in Form AANG-03 Application for limited registration for an area of need as a Medical practitioner, provides the option for a doctor to select that a PESCI is not required.

Recommendation

- That application forms are reviewed to ensure consistency and accuracy of requirements across the system.

- **Processing Delays**
  The processing time for general registration is currently 6 weeks and limited (Area of Need) is currently taking up to 3 months. In addition, other agencies such as Medicare require one month to process provider numbers and DoHA require one month to process a 19AB Exemption, an application can sometimes take 5 to 6 months to gain approval. This often results in practices losing a candidate and potential recruitment opportunities being lost to rural general practice and communities of high health need.

Delays that risk registration

RWAV appreciates the important role APHRA plays in ensuring that doctors are competent to be registered in Australia. However, RWAV has a number of doctors currently being case managed that have had extremely unreasonable delays with their applications due to inefficient systems. This has wide implications for doctors, practices and patients.

Under Division 6, 80 (1) of the Act states that:

"Before deciding an application for registration, a National Board may –

(a) Investigate the applicant, including, for example, by asking an entity –
    I. To give the Board information about the applicant; or
    II. To verify information or a document that relates to the applicant;

In addition, points (b), (c) and (d) of the Act, identify that any information the Board requests should be provided by the applicant "within a reasonable time stated in the notice".

Part 5, 31.5 of the Act states that "If no time is provided or allowed for doing anything, the thing is to be done as soon as possible, and as often as the prescribed occasion happens".

Taking into consideration the above principles of the Act RWAV is concerned that doctors are at risk of not being registered due to poor efficiencies and performances. This breaches principles of natural justice. Furthermore, the Act also states under Section 85 that:

> "If a National Board fails to decide an application for registration within 90 days after its receipt, or the longer period agreed between the Board and the applicant, the failure by the Board to make a decision is taken to be a decision to refuse to register the applicant"[4].

Recommendation

- That the relevant sections of the Act (Division 6, 80 (1), Part 5, 31.5, Section 85) be reviewed to ensure that they meet principles of natural justice and applicants aren't penalised by the inefficiencies in the registration process.

Responsiveness

During the process of case managing doctors, RWAV has experienced delays in applications being processed. Regular correspondence and phone calls have been made to AHPRA by RWAV and the doctors involved in attempts to progress cases. It is not uncommon for numerous phone calls and emails to go unanswered. When contact is eventually made it is very common to be given contradictory information and/or no timelines for when applications will be processed.

In addition AHPRA's website has a number of standards available, along with frequently asked questions however they are spread across the website which may make it difficult for doctors to find. In addition, no timeframes are provided with the documentation.

Recommendations:

- That AHPRA national and jurisdictional personnel are sufficiently resourced and trained.
- That timelines and performance benchmarks are set for all processes and systems, both at operational and committee levels.
- That all required documentation is clearly detailed on the application form.
- That a quality framework and customer service focus is established.

[4] Part 1.3 (3a) Health Practitioner Regulation National Law (Victoria) Act 2009 No. 79 of 2009, 1 July 2010

PESCIs

In 2009, the Medical Practitioners Board of Victoria, the Postgraduate Medical Council of Victoria and RWAV formed a consortium which was accredited by the AMC to provide Pre-Employment Structured Clinical Interview (PESCI) assessments for Victorian medical practitioners.

All OTDs applying for registration in Victoria are now able to participate in a PESCI through the independent assessment centre of Health Workforce Assessment Victoria. The cost of assessment is set by the Australian Medical Council.

Trained and suitably qualified medical assessors are subcontracted by the Centre and the assessment process is reviewed by a committee that makes direct recommendations to the Australian Health Practitioner Regulation Agency (AHPRA). The committee overseeing the assessment process is made up of University Academics and Medical Educators, General Practitioners from both the RACGP and ACRRM and experienced examiners. Doctors are assessed through clinical scenarios based upon the domains of general practice. Scores and performance reported are provided to APHRA as well as references and recommendations for supervision, mentoring and support against a placement matching skills and support needs.

The Assessment Centre is continually refining the assessment process, ensuring it is rigorous, fair and transparent.

Doctors are offered an interview within one week of application and an option for interview within 8 weeks. Between January and December 2010, HWAV conducted 179 Pre-employment Screening Clinical Interviews (PESCIs), in stark contrast to other states.

However, currently the Victorian PESCI and accredited by the AMC at a National level is not being accepted by other States. This has resulted in some doctors having to undergo additional PESCIs if they wish to move inter-state at significant additional costs and time delays. The HWAV Assessment Centre has the capacity to provide assessments for general practitioners from all States. This could reduce the significant delays currently faced in other jurisdictions.

Recommendation:

- That the Australian Medical Council accredited PESCI be nationally recognised and transferable across all States, as per the intention of the Scheme.

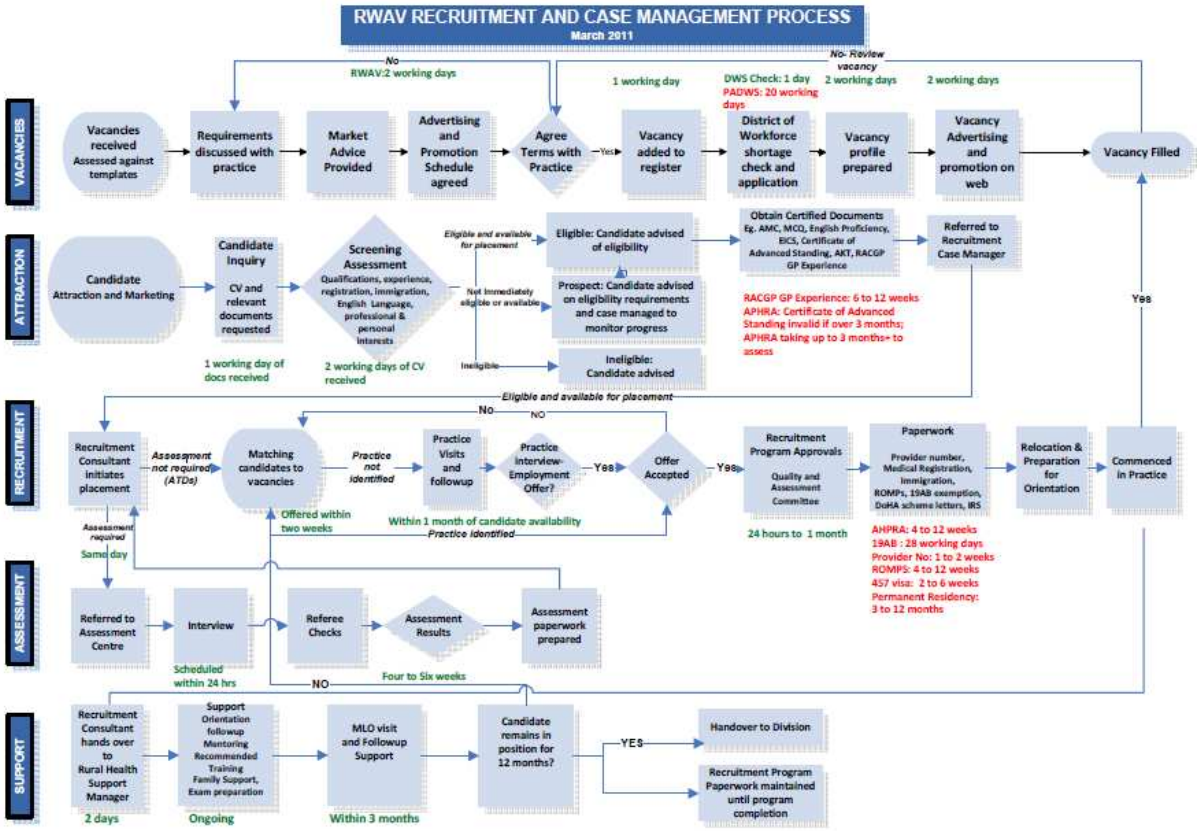
Conclusion

RWAV strongly supports establishing a single national registration and assessment system that will help health professionals move around the country more easily, reduce red tape, provide greater safeguards for the public and promote a more flexible, responsive and sustainable health workforce.

RWAV is concerned that a lack of a robust national approach, serious and significant administrative delays, poor communication and undue barriers to registration have impacted on the medical workforce and Australia's ability to recruit and place medical practitioners. We are also concerned that this will continue to compromise Australia's reputation as a destination of choice and hinder Australia's ability to attract crucially needed qualified medical practitioners particularly in relation to rural and remote areas of need, in a globally competitive market.

RWAV welcomes the opportunity to provide comment and would be please to speak to our submission.

Attachment A



Attachment B: Costs and Timeframes for IMG Pathways into General Practice

PROCESS	COST ITEM	STANDARD	COMPETENT	Specialist RACGP Cat 1	SPECIALIST RACGP Cat 2 & 3 only	SPECIALIST ACRRM	Timeframes
AMC							
	IELTs or OET	310	310	310	310	310	up to 4 weeks
	AMC pathway fee	230	230	230	230	230	
	EICS certificate (AMC Reference number is enough to get registered)	55	55	55	55	55	1 - 3 months
	AMC Primary Source Verification (as above)	230	230	230	230	230	
	Certificate of Advanced Standing	600	600	N/A	600	600	6 weeks
	Incomplete Documentation Fee	110	110	N/A	110	110	
	Assessment of Workplace performance	275	275	N/A			
	MCQ	2100	2100	N/A		2100	held every 2 - 3 months
	MCQ results	60	60	N/A		60	usually given within 2 weeks
	AMC Clinical per attempt	2850	2850	N/A		2850	12 - 24 months
	Clinical Retest (if needed)	1585		N/A			within 3 months and can be taken only 3 times max
RACGP ELIGIBILITY							
	Categorization fee			195	195	N/A	1 - 4 weeks
	Applied Knowledge Test (AKT)			N/A	1570	N/A	held every 6 months
	IMG Liaison Support			N/A	1740	N/A	
	Prior Assessment of GP Experience			N/A	500		3 months +
ACRRM							
	Paper based assessment					550	
	PESCI					1650	
	Spec Path IMG Fee					253	
	Review Plan					1100	
	ACRRM IMG Annual support fee					2200	
	Fellowship exams ACRRM (MSF, Min CEX, Stamps)					2965	
ACCREDITED ASSESSOR							
	PESCI HWAV	1650	1650	N/A			4 - 8 weeks
	FIPCI - RACGP			N/A	1500		2 - 3 months
AHPRA							
	Registration application	650	650	650	650	650	4 – 6 weeks +, Ltd Reg > 3 mths
	Registation annual fee	650	650	650	650	650	4 - 6 weeks +
PATHWAY COSTS							
	Pathway Fee				184		
	College membership fee			995	995		
	An Eundum Gradum application fee Cat 1			350			4 - 6 weeks
	Fellowship exam (RACGP)			N/A	4600 - 6265		up to 2 years
Provider Number							4 weeks +
TOTAL UP TO*		**11355**	**9770**	**3665**	**14119 - 15784**	**16563**	
* Not all OTDS will require all processes							
** IMMIGRATION costs can include Migration agent fees and Departmental charges and will vary depending on the VISA categories ($3,000-$6,000)							4 weeks to 6 months +