COMMONWEALTH OF AUSTRALIA

Official Committee Hansard

SENATE

FINANCE AND PUBLIC ADMINISTRATION REFERENCES COMMITTEE

Administration of health practitioner registration by the Australian Health Practitioner Regulation Agency

(Public)

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SENATE

FINANCE AND PUBLIC ADMINISTRATION REFERENCES COMMITTEE

Wednesday, 4 May 2011

Senators in attendance: Senators Mark Bishop, Fierravanti-Wells and Fifield.

Terms of reference for the inquiry:

To inquire into and report on:

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 registration enquiries;

(h) AHPRA's complaints handling processes;

(i) budget and financial viability of AHPRA; and

(j) any other related matters.

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LOW, Mr John Stuart, Member, Forum of Australian Health Professions Councils

SMALLWOOD, Professor Richard, AO, Chair, Forum of Australian Health Professions Councils

Committee met at 08:36

CHAIR (Senator Fifield): Good morning. The committee will now commence its inquiry into the administration of health practitioner registration by the Australian Health Practitioner Regulation Agency. I welcome representatives of the Forum of Australian Health Professions Councils. Information on parliamentary privilege and the protection of witnesses and evidence has been provided to you. The committee has your submission, and I now invite you to make a short opening statement. At the conclusion of your remarks, I will invite members of the committee to put questions to you. Just before I call on you to make your opening statement, I should indicate to the witnesses at the table and also to committee members that we invited the Department of Health and Ageing to be witnesses at this inquiry. We thought this to be appropriate. Initially, the department accepted, but they then withdrew. That is a matter of some concern to this committee.

Senator FIERRAVANTI-WELLS: I would like to take up that point. Last week I saw a draft and, if I understand correctly, no explanation was given by the department as to why they are no longer appearing. I would like to put on record my concerns, because this inquiry has some history. It has a history of a bill and certain undertakings that were given by Minister Roxon at the time of the passage of the bill. There are concerns by the coalition that have been put on the record. There has been a Senate hearing where the concerns of the coalition and practitioners were put on the record. Indeed, because of the debacle that has happened in relation to registration we are actually now talking about ex gratia payments and possibly act of grace payments. Given the undertakings that Minister Roxon made during the passage of the bill, in particular that no GP would be disadvantaged and that practitioners would not be disadvantaged, I find it appalling that after the debacle of this registration process the Department of Health and Ageing will not be fronting up this morning to answer questions in relation to their part and their role in this debacle. I would like, through you, to communicate to the department that they need to appear and that they need to appear tomorrow or at some stage before this committee hearing is concluded and ask them to please explain to the Australian public this debacle and the reasons why it has happened.

CHAIR: Thank you, Senator. I think that is a fair point. As this committee is going for two days, we do have the opportunity to press the request with the Department of Health and Ageing. Even if the department were not pushed by the committee to appear, it should want to appear of its own volition at this inquiry, but the committee will certainly be pressing its request for that to happen.

Senator FIERRAVANTI-WELLS: I would remind the secretary of the department and the minister herself of the undertakings that she gave on 24 February 2010 when this bill was passed, when she tabled her second reading speech. On the basis of that alone I think it would be appropriate for the department to attend. If it refuses to attend, perhaps it could give a formal reason as to why it is refusing to attend. Thank you.

CHAIR: We will seek that, Senator. Officers of the department may well be watching as we speak.

Senator FIERRAVANTI-WELLS: I am sure they will be.

CHAIR: They could well appear beside the AHPRA tomorrow so that we do not have a situation where a question is put and we are told that it is actually a matter for the core department.

Senator FIERRAVANTI-WELLS: Thank you.

CHAIR: Thank you, Senator. I now invite witnesses to make an opening statement.

Prof. Smallwood: Thank you, Senator, and thank you for the opportunity to speak to our submission. Perhaps I could first briefly explain the role of the forum and of the Health Professions Councils. We comprise the accreditation arm of the National Registration and Accreditation Scheme. The Health Professions Councils are independent standards bodies that accredit the training programs and the training organisations for the primary health profession degrees—for example, the Australian Medical Council accredits the medical schools and their programs. We also set the standards for accreditation. They, of course, then have to be approved by the boards and ultimately the ministerial council can intervene if they think it is appropriate on workforce grounds.

Some of the councils also accredit specialist training and have a range of other functions. The forum is a coalition of these councils that has been together since 2007 and has had a fairly close involvement in the

National Registration and Accreditation Scheme implementation project. I think we have formed an important reference group for consultation on the development of the national law and then on its implementation. Since 1 July 2010 we have worked closely with the national boards and with AHPRA on primarily accreditation issues. The Health Professions Councils are not directly involved in issues of registration of individual health practitioners, so the terms of reference that we are addressing really amount to the first two and the last two rather than going seriatim through all the terms of reference.

Having worked closely with AHPRA and understanding some of the issues that it has faced in this first round of registration and in coming to grips with the world of accreditation, we feel that it was nonetheless appropriate that we put a submission in to this committee, given our involvement with AHPRA.

The councils have been very supportive of the National Registration and Accreditation Scheme and we see very clearly the potential benefits, but we do understand the difficulties experienced by a number of individuals in this current registration round. That has been, I think, for all concerned a matter of considerable regret.

Our sense is that it is a moot point as to where the root cause of the difficulties lies, but we do note that there are some important contributing factors. One is the scope and complexity of the changes. It is a very large and complex undertaking—for example, 80 state and territory boards being brought down to 10; 37 support organisations for those boards being brought down to one; and 65 acts of parliament coming down to one. There has been a loss of senior staff with a loss of experience and expertise and important communications and networking. Paradoxically, the more junior and middle staff largely did transfer over, but what they have done is promulgate the behaviours pre the national law so that there has been considerable inconsistency still across jurisdictions in some of the decisions and the way they are made, which, again, has been a bit difficult for individual practitioners trying to sort out their registration.

There was delay in legislation in bill B and bill C. In any event, our sense was that they were very tight time lines and it was in a sense an optimistic timetable for setting this all up by 1 July 2010. I think the argument can be made that the resources that were accorded AHPRA were probably inadequate.

The final thing that I think is a contributing factor is that it was an enormous data transfer. The data that were held in the various state and territory jurisdictions were in need of cleansing—the data that were coming across were flawed to a degree. In a general sense, it was perhaps somewhat unrealistic to expect a flawless transition. The sense that we have had in working with AHPRA is that they have been doing a not unreasonable job.

To comment about the ongoing work between AHPRA and the boards and the health professions councils, we are currently working to fashion service agreements and a quality framework. We feel that the joint working party on that is making very effective progress.

A final word on the implications of the new national registration and accreditation scheme for the health professions councils: the councils have had to institute various changes in governance and membership to fit in to the new set-up, including a number of process changes to comply with the national law. I would point out that the issue of the independence of the councils is something that is being worked through. Before the national law, of course, they were entirely independent entities. Now they report to the boards and it is a little unclear sometimes whether it is AHPRA or the boards that they need to be working with.

Finally, on the issue of funding, this scheme is being set up as user pays, whereas in the past for accreditation government has certainly provided ongoing support. The issue of any immediate change of government support will really mean that registration fees and accreditation fees may need to rise sharply. So there is still uncertainty about funding which will be affecting the councils in different ways and which we are talking with AHPRA and the boards about.

CHAIR: Thank you, Professor. I must take you up on a couple of things. I think that you said that it is a moot point as to who or what might be responsible for what many people have referred to as a 'debacle'. I cannot agree with that because we are in the business of accountability in this place. I think that you also said that AHPRA has done a not unreasonable job, and I think that you would probably stand alone amongst the submissions that we have received in that regard. I just note that you referred to the scope and complexity of this issue and so given that you would expect to have problems. In a previous incarnation I was involved in the implementation of the new tax system and the GST and, by a degree of complexity, I think that is probably significantly greater than this exercise. Yet that went off pretty much without a hitch. So I will give you the opportunity to respond to those comments.

Prof. Smallwood: From our point of view, I think that it remains moot particularly the very tight timelines and the resources in terms of both finances and developing trained staff. A lot of the difficulties experienced by health professionals go to those issues. The other comment that I would make is that there was an exercise across

the states and territories for mutual recognition of registration some years ago and that took two to three years to bed down. Mr Frank might like to comment on the detail of that and on the question of the contributing factors to this one.

Mr Frank: The Australian Medical Council was involved in the 1992 mutual recognition developments in Australia, which, prior to this development, were probably the most significant regulatory reforms that we had had. At that time we had to collapse data from all the state and territory medical registers into a single system to enable mutual recognition to be actually implemented in Australia. We found when we did that exercise that about 10 per cent of the data that came across was flawed; it contained errors in it. In talking to colleagues internationally—in Canada, for example, which is also developing a mutual recognition scheme—they have found a similar sort of problem when they had tried to come up with these sorts of processes. So when the national registration scheme was implemented we expected that something of that order could be expected in transmitting the data across into the new national system.

That process usually requires cleansing the data well beforehand. With mutual recognition we had about a year or two to do that, but in this particular instance they did not. They could not transfer the data until bills B and C were both implemented. There was a very short timeframe to get that across and get it up by 1 July. In a joint project that we have been working on with the Medical Board of Australia to try to address a couple of specific issues around medical registration, we have found that the work that is being done by AHPRA since 1 July has reduced the error rate in the datasets that we have been looking to by about two per cent. That is a significant improvement in the quality of the data coming through. So there is no doubt that there have been issues around data quality. There is no doubt that the systems were not properly implemented or tested beforehand because of the time frames, because before those bills had been passed there was no legal authority to hand that data across to the new systems so they could not test it with live data. So it is our belief that while there are still problems with that data, it has certainly improved significantly from what had occurred prior to 1 July.

Senator FIERRAVANTI-WELLS: So, in summary: it would appear that the government, in its rush to get this through, did not look at problems and similar situations in the past and, quite frankly, does not appear to have provided sufficient resources for the changeover. That seems to be it in a nutshell, doesn't it?

Mr Frank: This was a COAG project, so it was not a single government that was involved in this, to my understanding. The funding that was provided was provided through the COAG process, so all the states and territories were involved in developing it.

Senator FIERRAVANTI-WELLS: I appreciate that, but I am looking at it from a federal government perspective. And, given the undertakings and the issues that have occurred in the past, surely these issues would have been before not just state governments but, most importantly, the federal government when this whole project was considered and planned for?

Mr Frank: I cannot comment on the relationship because we were not involved in that implementation.

Senator FIERRAVANTI-WELLS: Then perhaps I can ask you: from your perspective, what assurances were given to you by AHPRA or the department or any other agency about a smooth transition to this national registration process?

Mr Frank: I think we received the same advice that all the parties did. We were briefed from time to time with the implementation program, but we were not directly involved in the actual planning and execution of that implementation program, other than in the consultative process that applied to all professions.

Senator FIERRAVANTI-WELLS: So, in other words, you were just provided with information; you did not provide feedback?

Mr Frank: We did. We provided feedback.

Prof. Smallwood: I think that, throughout the development of NRAS and its implementation, there has been unease about the time lines and the speed with which it was required to go ahead, particularly with some delay in the bills.

Senator FIERRAVANTI-WELLS: So when did you first become aware of the issue and all the problems in relation to registration? Is this something that you envisaged, and then what happened later was only a confirmation of the issues that you were concerned about before, or did you just suddenly become aware that there were these major registration problems after 1 July?

Prof. Smallwood: I think that, given the complexity and the amount of data transfer required, and the fact that the data were not 100 per cent perfect, it was likely that there were going to be events at the registration that were other than smooth.

Senator FIERRAVANTI-WELLS: But my point is: from your perspective, did you raise concerns with governments, and in particular the federal government, about where you perceived the problems were going to be? And at what point did you raise those concerns?

Prof. Smallwood: My memory is not precise on this, other than to say that during consultations the question of time lines was always there and raised by a number of people during the consultation process.

Senator FIERRAVANTI-WELLS: Professor, can you put some times to those consultations? What period are we talking about?

Prof. Smallwood: Ian, can you be precise about that?

Mr Frank: Yes. A series of issues papers were developed in 2008 and 2009 in particular. They related to various aspects of the scheme including, finally, the bill B, which I think was the last large-scale consultation that was undertaken. Various submissions were put in, by councils individually, health groups individually and various other stakeholders, to those. If one were to look at those submissions, one would see that, in all of them, issues around the time lines and the need for a focus on data transfer, training and the complexity of melding the legislation were identified in all of those reports. There were concerns expressed that this was a very complex exercise—notwithstanding that the tax may not be as complex as the GST, but nevertheless—because we were dismantling so many existing structures to create a new one. I think pretty much all of the submissions that came in to the implementation team—the project team that was looking at it—raised issues about the complexity of the time lines, the data quality and the need for training et cetera.

Senator FIERRAVANTI-WELLS: It is clear also from the previous Senate inquiries and the various material on the public record that there were concerns about the complexity. It is not unreasonable that now we have a situation where all those complexities—notwithstanding that they were put on the public record—should have been given greater attention. What are the issues that have been raised with you and your member councils about the AHPRA processes? You have obviously had an ongoing process in relation to the problems that have been envisaged. What sort of issues have been raised by your member councils?

Mr Low: The focus of the councils is on accreditation rather than registration. In coming to the National Registration and Accreditation Scheme we were informed by two major documents: one was the intergovernmental agreement and the other was the consultation paper on the proposed arrangements for accreditation. They really informed the councils as to what they could expect from the registration scheme. In the intergovernmental agreement, clause 12.6 stated:

Where appropriate, registration fees will continue to contribute to the accreditation function and transitional arrangements will apply as necessary.

We were basically under the impression that the costs of accreditation were going to be subsidised by registration fees under contractual agreements, plus any other expenses that the accreditation bodies met through cost recovery for services provided. For example, those charges to individuals for examination would be part of cost recovery by the councils. So we came to a position where we believed the NRAS would be self-funding—in other words, the registration fee would have a component for registration and a component for accreditation—and that costs directly related to accreditation incurred by the councils would be subsided through the registration fee income.

During the first year of the operation of the scheme it has also become apparent that many of the national boards believe that fees relating to accreditation functions should be based on some user-pays principle. This is coming through from the national boards and AHPRA: that the accreditation fees are a user-pays function. The interpretation that has been placed on that is that the only users of the accreditation scheme are the universities because the universities are the ones that get their courses accredited and are thereby able to attract undergraduates.

Our position is that if you are going to go down this user-pays path—and I do not think the councils are necessarily opposed to this—there are in fact two users of the accreditation scheme. The universities are one of those but the others are quite clearly the boards themselves because without any accredited courses they have no basis on which to register new graduates. So there is a perception that the users are not only the universities but also the national boards and they should be required to pay—if not the entire cost of accreditation, at least a substantial amount of that. I think there are a number of options that could be raised and I think the one that the majority of councils would support most strongly is where the national board meets all the costs of accreditation, where those costs are directly related to the accreditation function. The second option represents a sort of funding partnership between the users of the system—that is, the national boards and the universities—with each contributing a share. How that share would be split up would be a matter for negotiation, I suppose.

Senator FIERRAVANTI-WELLS: How much do you envisage that that is going to add overall in fees and costs?

Mr Low: I would have hoped that when the boards did their budgets and after they did their budgets the costs of accreditation would have been incorporated into the registration fee, because quite clearly the policy of government, as iterated in the intergovernment agreement, the consultation papers and indeed the bills, although they are not specific, was that the registration fee would be made up of those two elements, one of registration and one of accreditation. If the system is now strapped for cash, in that they cannot afford it, it means that the original budgeting was unrealistic.

Senator FIERRAVANTI-WELLS: That was my point earlier on to Mr Frank. Somebody right at the beginning of this process did not add up the sums. They did not do the mathematics properly. That is what appears to be the situation. Whether it is in terms of the point that you are making, Mr Low, or in terms of the point about the set-up and the data transfer, it seems that somebody did not do the mathematics correctly. I would like to understand, and obviously you are contributing to assisting me in finding that. But that seems to be the problem here or one of the major problems. And now we have a situation where we have to scramble, it would appear, to find additional funds to meet a very crucial part of this whole process. Correct me if I am wrong, Mr Low. Is that not the situation?

Mr Low: I am not privy to the budgets of the national boards—

Senator FIERRAVANTI-WELLS: No, I am asking for your observation, Mr Low, because clearly we now have a financial issue at the end of the process. Implicit in what you are saying is the proposition that, had the budgets been done properly right at the beginning and had somebody thought through properly what the actual costs were going to be, perhaps we would not be in the position we are in today.

Mr Low: If there are insufficient funds in the budgets of the national boards then obviously the sums were not done at the beginning or there was a lack of appreciation of what the costs of accreditation are.

Senator FIERRAVANTI-WELLS: My concern now, in the light of that, is: are we going to see standards in relation to accreditation being lower as a consequence of financial miscalculations?

Mr Low: The standards are there, and unless the standards are changed the standards will not be lowered because we will accredit against the existing standards. So, unless there is some dilution of those standards, I do not think there is a concern. The concern is the effectiveness of the organisations' ability to function where there is no adequate funding flow from the national boards and AHPRA into the councils.

Senator FIERRAVANTI-WELLS: Thank you. I am conscious of the time, Mr Chairman. I will put further questions on notice.

CHAIR: Thank you, Senator.

Senator MARK BISHOP: Professor Smallwood, in your introductory remarks you made some comments about the loss of senior staff and expertise. Can you just put some flesh on the bones? Was that at council level or board level?

Prof. Smallwood: It was at senior staff level. For example, as I understand it, all of the CEO positions were spilled. It did lead to a loss of expertise which would have been valuable, I think, if they had still been in the system.

Senator MARK BISHOP: When you say 'spilled', do you mean they were spilled and people were able to reapply, or were they abolished?

Prof. Smallwood: No. With the new structure, there was not the same spread of positions, so they had to decide whether they wanted to reapply for an equivalent position in the new scheme. One or two did, but some did not.

Senator MARK BISHOP: 'One or two did.' Are you saying some did not or the vast majority did not?

Prof. Smallwood: Mr Frank might have some specific numbers on that, but there was a substantial loss of senior management.

Mr Frank: There is no doubt that a number of very senior administrative personnel from a couple of the boards—in the case of medicine, certainly—that had very large populations of registered medical practitioners and had quite complex systems of performance review, disciplinary processes and what have you were not retained in the new system. Some of that was because of financial considerations. There was a ruling that above a certain level of salary they were not going to automatically transfer over, that those positions would be spilled. That was a decision taken at the time. But the effect is that we have lost to the system at a crucial point some very experienced people.

Senator MARK BISHOP: Professor Smallwood, you identified six or seven features: the complexity and scope of the changes, the loss of senior staff, an optimistic timetable for establishment, inadequate resources for AHPRA, problems with data transfer, the lines of authority in terms of the councils—that sort of thing. At the beginning of the process, was a scoping study done by any of the relevant agencies as to a work timetable for implementation of the change that addressed all of those issues?

Prof. Smallwood: I presume that they were thought about. I cannot specifically answer—

Senator MARK BISHOP: Why can't you answer?

Prof. Smallwood: The particular task group led by Dr Louise Morauta which was setting up the implementation process for NRAS had a lot of information on its plate. As I understand it, scoping was done, but it had a huge volume of work to get through in a very short time.

Senator MARK BISHOP: That is clearly at the heart of the issue, certainly in this session. My question is: at the beginning, was there an organised, methodical, timed process for the implementation of change? You have told me that there was a mass of information. I presume there was, but that is avoiding the question. I want to know: was there a schedule of implementation and change established for the industry and its component parts to work through over what is now a bit over a two-year period?

Prof. Smallwood: I think the answer is yes, but—

Senator MARK BISHOP: Why do you answer yes? Why do you say you 'think'?

Mr Frank: An implementation project team was established by COAG, and that project team was given the charter to fully plan and implement the rollout of the National Registration and Accreditation Scheme. The project team was a COAG team—that is, it was not, I believe, a Commonwealth initiated group, although it did have participation from various states and territories around Australia, from key personnel from the regulatory environment and from the government environment. My understanding is that it did produce or research the scoping of this exercise, but the information that it obtained was not made public to all the other stakeholders because of—I understand—arrangements about sign-off of that information or sign-off of the implementation through the COAG process.

Senator MARK BISHOP: Okay, thank you, I have got that. But that COAG team would be a relatively small team of senior policy people, would it not?

Mr Frank: I believe it did include senior policy people but I cannot comment on the actual make-up of the team.

Senator MARK BISHOP: Why can't you comment?

Mr Frank: I do not have the details before me. I do know that it was headed by Dr Louise Morauta—

Prof. Smallwood: The committee I alluded to, Dr Morauta's committee.

Mr Frank: and she was formerly from the Department of the Prime Minister and Cabinet, but I think she was seconded to work on this particular team. The other members of the team, I believe, included senior policy and other administrative staff from various states, but I do not have the membership of that team before me. It could be obtained, but I just do not have that information in front of me.

Senator MARK BISHOP: All right then. Who—which organisation or set of individuals—is responsible for the implementation of the change? You have identified six or eight pertinent problems, and each of them might well have a solution in due course. Who is responsible for the implementation of the change?

Mr Frank: Ultimately, in terms of accountability, it would be the Council of Australian Governments, COAG, because—

CHAIR: That means no-one!

Senator MARK BISHOP: Yes, that is right. It is going around in a little circle. Who have they delegated that responsibility to?

Prof. Smallwood: Presumably to health CEOs.

Senator MARK BISHOP: The health CEOs of what?

Prof. Smallwood: To AHMAC—states, territories and the Commonwealth.

Senator FIERRAVANTI-WELLS: Which makes my point as to why the Department of Health and Ageing is not here, because it would have been very helpful.

CHAIR: Senator Fierravanti-Wells, Senator Bishop has the call.

Senator MARK BISHOP: Could you answer that question again. Who did COAG delegate the responsibility for implementation of the plan to?

Prof. Smallwood: My understanding would be that they would involve the health CEOs across states, territories and the Commonwealth.

Senator MARK BISHOP: The CEOs of the relevant health departments?

Prof. Smallwood: Yes—who constitute AHMAC.

Senator MARK BISHOP: In that case, then, is the problem at a state level or is the problem at a national level, because they are all state executives?

Prof. Smallwood: As I understand it, it is governments collectively and health jurisdictions collectively that have made the decisions about how this goes forward.

CHAIR: That is very clear. So, Professor Smallwood, it might indeed be helpful if we had the Commonwealth Department of Health and Ageing here as a witness, you think, to shed some light?

Prof. Smallwood: I have no comment.

Senator MARK BISHOP: You have identified also a shortage of funding. You said resources for AHPRA were inadequate, Professor Smallwood. How short is the shortage?

Prof. Smallwood: I cannot put a precise figure on it. Mr Frank can probably be more precise than I can, but I think there was $19.8 million for AHPRA to set up the whole exercise. That would perhaps have set up the IT system plus some more, but prima facie it seemed to us to not cover the ground.

Mr Frank: It is perhaps worth noting that, if you take all the 10 health professions together that are involved in bringing together the scheme and you look at the 85—I think it was—different regulatory bodies that existed across the states and territories to look after those, none of those could be described as being flush with resources. We work with colleagues in Canada and the US and we know that the resourcing of the regulatory process in Australia is significantly lower than it is in those two countries alone. So the resources that already existed on the ground prior to NRAS were probably fairly thin, you might say.

To then create something on the scale that they have talked about here by simply saying, 'Oh, well, we'll take all of the resources that currently raise the registration fees, assets et cetera and bring them across into the new system but to a completely different new system,' I think suggests that perhaps that had been underestimated to start with, because if you try to build something totally new from the ground up it is going to be more expensive than just finetuning existing systems that are already out there. As Professor Smallwood has already said, for those of us who have worked with mutual recognition and worked in IT systems before, the thought that $19 million was the seeding funds for this would probably not even cover the costs of IT consultants doing this sort of development work. So we had concerns from the outset that that was probably a bit of an underestimate of the complexity and of the need that would be required to support this exercise.

CHAIR: Senators, we need to move on to our next witnesses if you are happy to yield there. Thank you. I thank the witnesses at the table.

SORIMACHI, Dr Kay, Director, Policy and Regulatory Affairs, Pharmaceutical Society of Australia

WETT, Ms Liesel, Chief Executive Officer, Pharmaceutical Society of Australia

[09:20]

CHAIR: Welcome. Information on parliamentary privilege and the protection of witnesses and evidence has been provided to you. The committee has your submission, and I now invite you to make a short opening statement. At the conclusion of your remarks, I will invite members of the committee to ask questions. Do you have an opening statement?

Ms Wett: I do. Thank you, Chair. I would like to thank the committee for inviting the Pharmaceutical Society of Australia to provide evidence at this public hearing today. As I said earlier, I am the CEO of the society and I have one of our policy team, Dr Kay Sorimachi, with me today. The society is actually the largest body representing pharmacists in Australia. As a member based body and a professional organisation, we represent pharmacists across all sectors of the profession. Our members also span the whole continuum of the profession from pharmacy students to intern pharmacists to qualified pharmacists. The society's objective is to facilitate the most effective role of pharmacists and pharmacy practice in the Australian healthcare system. To achieve this, we have core functions which include supporting pharmacists' commitment to high standards of patient care; providing continuing professional development, education and practice support to pharmacists in all sectors of pharmacy practice; and representing pharmacists' role as frontline healthcare professionals in the Australian healthcare system.

We are regarded as the ethical and professional standard-setting body for the pharmacy profession. We issue professional guidelines and practice standards, and we are the custodians of the profession's competency standards. We also issue a code of ethics specific to the pharmacy profession, which supplements the overarching professions code which is issued through the board of the 10 health professions. We support pharmacists to practise in a manner that complies with the legislation and meets the standards expected by peers, but we also strive to promote a culture for best practice. We are a provider of continuing professional development and education activities and programs for pharmacists, and we also deliver an intern training program for intern pharmacists. It is for these reasons primarily that we have a strong interest in the registration matters affecting pharmacists. And we have a close working relationship with the Pharmacy Board of Australia which has adopted our professional standards as the benchmark for pharmacists' practice in the delivery of patient care.

I will not spend valuable time today repeating our submission because I am sure you have all read it. But I do believe that the types and extent of problems that pharmacists have experienced are broadly consistent with the experiences reported by members of the other health professional groups. We have three brief case studies that we are happy to present to you that further illustrate the experiences of PSA. PSA is an organisation that represents pharmacists. We have 16,000 members. And we would like to present that additional information today, should the committee wish to hear it. The committee may also be aware that the issues of concern to pharmacists have overwhelmingly related to delays in registration, whether new registrations, transition from provisional to general registration or annual renewals of registration.

For this reason, we do not know if there have been any other concerns as to other aspects of the administration of AHPRA, so we will not be commenting on those matters today. I would, however, like to reiterate PSA's support for an implementation of a national registration scheme. Given the significant scope of this initiative, we recognised that some teething problems were probably likely. We understand that changes have been effected or are planned to be effected by AHPRA. Ultimately we would like to see greater transparency and consistency in registration processes and other activities which directly affect health practitioners and the services they then provide to the community; effective and timely responses to queries and in the processing of applications; and better communication with health practitioners as well as stakeholder organisations such as ours.

As health practitioner registration affects the livelihood of individuals and this can in turn have an impact on health service delivery to the public, we believe that swift resolution of outstanding issues is of importance. It has appeared to us that the systems within AHPRA were unable to cope with the volume of queries through the 1300 number or lodged through emails on the website. This seemed to be compounded by staff that were obviously new being under-resourced or untrained to respond to straightforward queries. Appropriate allocation of resources and staff training is critical for AHPRA and will be more so once student registration has commenced and the registration of other additional professions comes on board.

We will continue to be available as a conduit for key messages and assisting the dissemination of information to the pharmacy profession. Using PSA as a vehicle to communicate to pharmacists will engender trust and the

confidence of pharmacists, so we are here to help, and we would be pleased to be involved in providing any assistance or advice to meet the objectives of AHPRA.

The delays in processing of registration applications and renewals have had a considerable impact on PSA itself, as the national representative body of the profession, and on individual pharmacists and intern pharmacists. Many interns who were eligible to commence employment and therefore earn a living as a pharmacist were unable to do so as they experienced significant delays in their registration and their papers being processed and were left in the dark while waiting, as information from AHPRA was inaccurate, conflicting or not available. This also had a flow-on effect to other pharmacists who were unable to take leave as planned, on staff rosters et cetera. People had to reschedule their holiday leave, bring in locums and pay high fees to locum agencies to source them on short notice.

As mentioned earlier, we have three case studies which we are happy to share today, or we would be happy to take questions.

CHAIR: Thank you, Ms Wett. The case studies you may wish to table if we do not have the opportunity to go into those in detail in the time that we have.

Ms Wett: Sure, no problem.

CHAIR: You might want to take that opportunity now.

Ms Wett: Yes, thank you.

CHAIR: Thank you.

Senator FIERRAVANTI-WELLS: I will take you directly to your members who have been affected. Could you provide some figures to us. Most of the submissions talk about members being affected, but I want to get some actual figures, Ms Wett, because it is very clear that AHPRA are trying to downplay the effect on members. That is why I would like some figures from you, such as where members have been affected in some way by registration delays or mistakes, including a failure to be informed of registration renewals. Did you have people who were in that category?

Ms Wett: We had a number of pharmacists that contacted us. One of the major impacts for us was that PSA is one national entity with six state branches, and our branches were taking between 10 and 15 phone calls a day from pharmacists who did not know if they were registered and did not know where their process was at. They could not get through on the 1300 number. There was no answer. Their emails remained unanswered. Kay, is there other feedback we received?

Dr Sorimachi: Even when they did finally manage to get through on the numbers, because the operators were unable to assist them they were then asked to lodge email queries instead, which then went unanswered.

Senator FIERRAVANTI-WELLS: Yes. In fact, they were obviously unable to get through, and that covered the whole ambit of things, whether it is renewals, a simple query et cetera. Did some of your members receive letters about renewal of registration despite already having paid fees and filed the appropriate forms?

Ms Wett: Some did. We had one example where two pharmacists in a pharmacy practice together lodged and paid on the same day. One received documentation and one did not. That one contacted, did not get any feedback and then went back to pay again and was asked, 'Why are you paying again?'

So I think there is a gap in the processes at AHPRA in making sure that there is a consistent delivery to the professions.

Senator FIERRAVANTI-WELLS: Were any of your members deregistered?

Ms Wett: I do not know.

Senator FIERRAVANTI-WELLS: Could you take that on notice, please?

Ms Wett: Yes.

Senator FIERRAVANTI-WELLS: Were any not informed that they had been deregistered? Again, you can take that on notice.

Ms Wett: I will have to take that on notice too.

Senator FIERRAVANTI-WELLS: You talked about the impact on the practices, and I would like you to take on notice some examples. Maybe your case studies actually look at financial consequences of that, but I would be happy to hear any more in relation to particular impacts on practices. And what about impacts on patients, on members of the public? Can you explain a little bit more about the impact on members of the public and patients?

Dr Sorimachi: To be honest, we do not have the exact feedback from patients.

Senator FIERRAVANTI-WELLS: Can you get back to your state branches? Perhaps you could take that on notice.

Dr Sorimachi: Sure.

Senator FIERRAVANTI-WELLS: Also any legal ramifications, for example, that there have been. Or, if you are aware of any, could you take notice any pharmacists who suffered deregistration or who may have practised without registration and any concerns you may have about potential legal implications in relation to that?

Ms Wett: Yes, we will take that on notice, but you cannot practise without registration.

Senator FIERRAVANTI-WELLS: No. What I am concerned about is if something happened—

Ms Wett: If people did not know?

Senator FIERRAVANTI-WELLS: If people did not know. What is the situation for your members in relation to legal liability, hypothetically, if something happens and a year down the track somebody sues one of your members? That is the sort of issue. Perhaps you could give us a little bit more information in relation to that. How many of your members were affected by registration issues this year compared to previous years? If you do not have those figures, could you take that on notice?

Ms Wett: Sure, not a problem.

Senator FIERRAVANTI-WELLS: Thank you. What about the impact on your organisation's resources and those of your state branches? Did you to have to put on extra staff? Could you give me a little bit more information about that?

Ms Wett: One of the things that we noticed was that because of the influx of calls there was a lot of double handling. We were trying to contact AHPRA as well to find solutions for pharmacists who either wanted to start jobs and earn a living or were unclear of their registration status. So a number of our priorities would have been put to the side to try and deal with our members' concerns, being a member organisation, and that would have had an impact on our deliverables as an organisation.

Senator FIERRAVANTI-WELLS: Could you go back to your state branches and perhaps give us some nuts and bolts and figures that you could add? With any of these questions, if there is anything else that you would like to add, please feel free to supplement. When will the next tranche of registrations for your organisation be?

Ms Wett: The students will be coming on board, but there will be re-registration again in November. So there is not much time.

Dr Sorimachi: There are also midyear cohorts of intern pharmacists who will be seeking general registration.

Senator FIERRAVANTI-WELLS: Do you have an estimate of how many issues you still have outstanding with AHPRA and the number of people who are still unregistered or being deregistered?

Ms Wett: It is my understanding that all of the registrations have been processed. There were just significant delays, particularly for the interns, who could not start jobs.

Senator FIERRAVANTI-WELLS: Can I take you to the assurances that you as a peak body were given through this process, particularly from AHPRA and DoHA, about a smooth transition to national registration?

Ms Wett: One of my statements was that we thought there would be some teething problems. I suppose what we did not think was that they would be so great and affect the services that were delivered. Kay, did you want to comment on our position?

Dr Sorimachi: PSA was involved in the earliest consultation stages. We did foresee problems, given the complexity of the transition. This was not simply amalgamating a number of organisations into one. It consisted of 10 diverse health professions being brought together. The number of registrants and therefore the accompanying data that needed to be put together was considerable. We were also aware that, because pharmacy as a profession had been operating under state and territory legislation in terms of registration for many years, the state entities, our pharmacy boards, had considerable experience in this. We were concerned that in the transition some of this expertise would be lost. So even as early as October 2006 we had suggested that perhaps in the initial stages the state and territory pharmacy boards remain as organisations whilst the transition was made. In April 2009, I think, we reiterated that position. We were concerned that in looking forward to the 2010 implementation that aspect had not been taken into consideration and that in simply dismantling all the state and territory pharmacy boards we would lose all the benefits that resided in those entities.

Senator FIERRAVANTI-WELLS: When did you first become aware that the registration process was very much a debacle, if I can put it in those terms?

Dr Sorimachi: It was probably once AHPRA commenced operations.

Senator FIERRAVANTI-WELLS: July?

Dr Sorimachi: July, yes—possibly even the earliest weeks of July, because we had a midyear cohort of interns who had finished their supervised training requirements at the end of June or early July. So they were seeking to register almost immediately at the time of commencement.

Senator FIERRAVANTI-WELLS: So you were immediately into it. You had problems immediately. What did you do? Did you contact AHPRA, the department?

Ms Wett: Anyone we could.

Senator FIERRAVANTI-WELLS: Did that include the federal minister?

Ms Wett: No. We have not written to the minister.

Senator FIERRAVANTI-WELLS: From your perspective, you basically directed your complaints to AHPRA and the department?

Ms Wett: And the Pharmacy Board.

Senator FIERRAVANTI-WELLS: In summing up, does it come down to a poor implementation plan and not enough resources? If you had to summarise the reasons for this debacle, what would you put it down to?

Ms Wett: Obviously we do not work there, so we do not know enough about their implementation plan. However, being a large member based organisation we do understand the complexities of making sure you have a good member base to lodge queries and ensuring that you follow up. It would seem to us that, given the scope, the resources were not adequate to cope with the merging of the 10 professions into a new database and a new entity with new people.

Senator FIERRAVANTI-WELLS: Tell me, when you did contact these organisations, what was the response that you got?

Ms Wett: I suppose it was varied, wasn't it?

Dr Sorimachi: We did not get satisfactory responses to queries at the national level. However, in some instances individuals or our state branches contacted the AHPRA state offices, and that led to some good outcomes. Pharmacists are used to working within their jurisdiction. They know the people within their jurisdiction and they already have professional contacts with the people who were previously working in the state pharmacy boards who may have transitioned into the AHPRA state offices. So perhaps we have had more success in getting outcomes from the state offices of AHPRA.

Senator FIERRAVANTI-WELLS: Chair, I am conscious of the time and so I will put any further questions on notice.

Senator MARK BISHOP: Can you just explain the difference between your organisation and the Pharmacy Guild of Australia?

Ms Wett: The Pharmacy Guild is a representative body of pharmacy owners. The Pharmaceutical Society of Australia is a member based body that represents all pharmacists across all parts of pharmacy practice.

Senator MARK BISHOP: Is the majority of your membership directly owners or employees–

Ms Wett: Sixty-five per cent of our membership are employee pharmacists.

Senator MARK BISHOP: You identified problems in terms of registration and other ongoing problems. You made reference to expertise, staffing, board retention and funding. But you also said that you supported a continuation of the national implementation, the national model, the national progress. Why do you continue to support–

Ms Wett: Because it is the best practice model. We should have national registration for health professionals.

Senator MARK BISHOP: In the scheme of things, are the problems you have identified in terms of registration, getting advice by email and phone hook-ups and the like, minor administrative issues capable of reform, or are they major problems that go to the heart of the new system?

Ms Wett: I think that they are issues that can be resolved.

Senator MARK BISHOP: You said that you had made complaints to the department and to the council–

Ms Wett: To the board.

Senator MARK BISHOP: To the board. What has been the response of those organisations?

Ms Wett: They tried to intervene where they could, obviously. The Pharmacy Board was used to a registration process for pharmacists so they had a lot of expertise. One of the things that I think we need to be able to do is to leverage off the expertise that is within the profession or any professional group and make sure that messages are clearly articulated as swiftly as we can be. If there are problems or issues with, for example, the 1300 number that our pharmacists experienced, that should have been communicated easily to the peak body groups so that we could let people know that there was an issue with that and that it would be resolved as soon as possible. When there is no information, that makes it a bit hard and people start to worry.

Senator MARK BISHOP: Of course they do. For the implementation of these administration arrangements for registration and ongoing registration and communication of information and that sort of thing, who is the body charged with that job?

Ms Wett: It is AHPRA's job.

Senator MARK BISHOP: So AHPRA is the body that has been unable to carry out those processes?

Ms Wett: I suppose so. They are the people that were tasked with delivering.

Senator MARK BISHOP: Have you made a set of complaints about these issues to the department?

Ms Wett: No, not to the department, but to AHPRA.

Senator MARK BISHOP: Why have not you gone to the department?

Ms Wett: We thought that the best thing to do was to try to sort them out at the source to start with.

Senator MARK BISHOP: That is a fair response. When did you initiate complaints with AHPRA?

Ms Wett: I think that we have spoken to them all the way. We have tried to source information from them along the way–since July then.

Senator MARK BISHOP: July of when?

Ms Wett: Last year.

Senator MARK BISHOP: Has their response since July of last year–almost 10 months ago now–started to improve as yet?

Ms Wett: I cannot comment on that.

Senator MARK BISHOP: Why can't you comment?

Ms Wett: Because I have not rung them again.

Senator MARK BISHOP: Since July?

Ms Wett: I have not been with the organisation since July, but, no, we have not rung them. I have not personally–

Senator MARK BISHOP: I asked you a question about where the problem was–

Ms Wett: It is with AHPRA.

Senator MARK BISHOP: I asked who was responsible and you said AHPRA. I asked when and you said July–

Ms Wett: They communicate regularly. They send out communiques et cetera.

Senator MARK BISHOP: So in early May 2011, what is the status of your previous complaints concerning the implementation by AHPRA?

Ms Wett: In my opening statement I did say that we did understand that they were putting in place processes to ensure that this would not happen again.

Senator MARK BISHOP: Do you stand by that?

Ms Wett: I hope so. We will be in big trouble otherwise.

Senator MARK BISHOP: You have come here and made very serious allegations and serious complaints. You have sourced the problem to AHPRA. I want to know whether the complaints that your organisation has been making to AHPRA are being attended to to your satisfaction.

Ms Wett: I understand that they are.

Senator MARK BISHOP: So the advice of your organisation is that the problems you have identified are being attended to?

Ms Wett: That is what I understand.

Senator MARK BISHOP: When you say you understand that, what do you mean by that? That is the advice of the subordinates in your organisation to you as the CEO?

Ms Wett: Yes, that is correct.

Senator MARK BISHOP: If the problems you have complained of are being attended to, what other issues are in need of resolution or the attention of this committee?

Ms Wett: I suppose what we would flag is that, in bringing on new organisations or new professions to be registered and students, we want to ensure that they have adequate resources to deal with that.

Senator MARK BISHOP: But that is a general issue and not an issue particular to pharmacy owners and the like. Is that correct?

Ms Wett: That is correct, yes.

Senator MARK BISHOP: So your current advice is that there were a set of problems post July last year relating to registration and similar issues. You have drawn those problems to the attention of AHPRA and you are satisfied that they are attending to them and you are not making further complaint today on those issues.

Ms Wett: That is correct.

Senator MARK BISHOP: But you do flag future concerns relating to like professional organisations.

Ms Wett: That is correct.

Senator MARK BISHOP: And you have made that clear to AHPRA as well.

Ms Wett: Yes, with volume.

Senator MARK BISHOP: Very good. So you do not see any need at this stage to be taking further issues outside of AHPRA to the department?

Ms Wett: No. That is correct.

Senator MARK BISHOP: Thank you.

CHAIR: I do not think there are any further questions, so thank you very much for your attendance today.

DOUMANI, Dr Stanley Joseph, Director, Australian Doctors Fund

MILGATE, Mr Stephen, Executive Director, Australian Doctors Fund

[09:47]

CHAIR: I welcome representatives of the Australian Doctors Fund. Information on parliamentary privilege and the protection of witnesses and evidence has been provided to you. The committee has your submission and I now invite you to make a short opening statement, at the conclusion of which I will invite members of the committee to ask questions.

Mr Milgate: The Australian Doctors Fund thanks the committee for consideration of our representations. Our submission makes it very clear that we do not believe that AHPRA is an appropriate agency to be dictating the regulation of Australian medical practitioners. We have stated that we believe that AHPRA is a flawed, unsafe and unaccountable model with unprecedented authority to shape and dictate the future direction of health professions in this country. We recommend that the Australian medical profession be regulated separately from the AHPRA model, and this would include restoring all state medical boards and having the president of each board making up a real national medical board with an independent identity.

The administrative problems that AHPRA have created are well known to the committee. Examples have been outlined in our submission. These are not teething problems. We have a one size fits all model when the effective regulation of the medical profession requires recognition of its unique diversity, including regional diversity, and of its special role in the delivery of medical treatment within the Australian healthcare setting. There are now six intermediaries between a medical practitioner and the Minister for Health and Ageing in regard to medical registration and other regulatory matters. Under the previous system, there was one. This is not progress. Furthermore, members of the public, doctors and other health professionals and parliamentarians have no effective way of reaching and attaining accountability when the system produces unfair, unjust and unsafe outcomes. We, the citizens, are denied effective, direct parliamentary representation in regard to a large portion of the regulation of health care in our own country and in our own state under this system.

The ADF is currently proposing a new set of registration categories for senior active doctors. Around 18,000 doctors would enter this category because of defects in the current system. Our representations on this issue will involve nine health ministers and nine shadow health ministers as well as a host of heads of related agencies. National registration, which created AHPRA, was never about registration. It was always about ideologically driven health workforce modification, an experiment without a compelling case and one that needed a public disguise.

Confidence in AHPRA is at an all-time low within the Australian medical profession. What was sold to doctors as a new, streamlined administrative system has garnered greater controls and has caused uncertainty, anger and resentment across the profession. The ADF realises that the federal parliament is a minority shareholder in this entire process, having only one-ninth of the effective representation in this COAG created agency. Nevertheless, we call on all parliamentarians to act decisively to ensure that Australia has a sound, safe and accountable system of medical registration and regulation.

CHAIR: Thank you very much, Mr Milgate. I also commend you for points 8 and 9 of your submission. It really encapsulates the lack of accountability in the current structures. I would just like to ask one quick question. What is the nature of the organisation, the ADF? It is not clear from the submission. I looked on your website and it was not apparent to me.

Mr Milgate: We are a unique organisation. We have had up to 6,000 subscribers, almost all doctors along with a handful of other people. We are a health policy think tank. We are in receipt of no government money. We have had a continuous committee of doctors of various specialties across all states, meeting every Tuesday morning for 20 years. So we have spent about 2,500 hours in face-to-face discussion with doctors on health issues. The AMA was a founding and supporting organisation of the Australian Doctors Fund. It is a long established research think tank, if you like, supported by medical professionals.

Senator FIERRAVANTI-WELLS: Mr Milgate, thank you for your submission. I reiterate what the Chair Fifield said about the simplicity with which you have summarised the issues here. Can I take you to a couple of points. One is about early warning signs. You have obviously had a long involvement in this process, and being a policy think tank you do not have membership as such but you are aware of a lot of the problems and the issues. When was your first involvement as an organisation in this registration process?

Mr Milgate: When the Productivity Commission report, of which I have a copy in my satchel, was produced, in December 2005, alarm bells started ringing. Those alarm bells would ring for anyone who bothered to study

that report. The last page of the report says that the Productivity Commission could not measure the productivity of health professionals; it did not have sufficient information. I can quote it for you--I think it is on page 385 of that report—on notice.

That report, commissioned by state governments, all of which were of one political persuasion at the time, was in our view a stitch-up because it cut and pasted significant amounts of various other submissions, it heavily qualified itself and its recommendations paralleled a couple of strong influences on it. We are not accusing the Productivity Commission of any misdoing, except that in their report, if you read it carefully, they made it quite clear that they had substantial qualifications on their recommendations and that the report was written in parallel with COAG officials at the time.

Senator FIERRAVANTI-WELLS: So in other words what you are seeing is that this was a state-sponsored process which started back in 2005.

Mr Milgate: Yes.

Senator FIERRAVANTI-WELLS: It was a parallel process to COAG, and then effectively—and I will come to Professor Duckett in a moment—was picked up by COAG after a change of government in 2007. Is that it in a nutshell?

Mr Milgate: That is correct. We had state health departments under a single political banner at that time who were very keen to get this set of ideas—this model and this experiment, which we state is based on the work of Professor Duckett—into shape, for reasons of modifying the Australian health workforce. The concept is to produce a generic, one-size-fits-all health worker—health technician—where the lines, specialties and differences between each individual health profession are much blurred. The system is bigger than this. It involves integrating education. It involves integrating regulation. It involves expanding the CMBS. It involves a mashing, if you like, of as many of the boundaries as possible so that we produce what we believe is a utopian vision of a single health worker.

Senator FIERRAVANTI-WELLS: A centralised model.

Mr Milgate: Yes, a centralised command and control model.

Senator FIERRAVANTI-WELLS: A bit like the COAG health reform, which is clearly becoming the beginning of the British national health system. We have heard evidence about that in other proceedings, Mr Milgate, and I think you might have given evidence in the COAG health reform process as well; I am not sure. But that was certainly the evidence that was given by some of the doctors in relation to this ideological shift to centralised systems and basically that sort of concept.

Mr Milgate: Yes, this is an importation of large chunks of the National Health Service based on general medical councils and other edifices, and that has been a constant theme over the last couple of years.

Senator FIERRAVANTI-WELLS: Tell me about Professor Duckett, who seems to duck in and out—no pun intended! I know that you have been quite restrained, I think, in some of your descriptions, but perhaps you would like to expand on that.

Mr Milgate: I might make it known that it is in Professor Duckett's rights to publish papers and advocate ideas of change, and we support his democratic right to do that. That is not an issue, and he is entitled to do that. Nevertheless, the workings of this whole process bear great resemblance to his papers, which were published in 2005, just prior to the Productivity Commission report. I have a copy of both papers and I am happy to distribute them now. These papers do not advocate—in my view, in our view and in the view of many who have read them and advised me—a compelling case for change, but the case for change is based on 'a struggle for autonomy against the medical profession, perceived boredom of nurse practitioners and perceived shortages of medical professionals'—perceived shortages. So searching these papers and ideas—

Senator FIERRAVANTI-WELLS: The language of that—

Mr Milgate: Professor Duckett is very clear to make the point and not to lock in any hard evidence for change other than that he thinks it is time to move to the 21st century and change the roles of health professionals from the top—to impose change rather than let it develop in practice.

Senator FIERRAVANTI-WELLS: I will take you, if I may, to some tin tacks. Obviously you have been involved in the process for some time. What sort of assurances were you given as an organisation by the government and AHPRA about a smooth transition to national registration? Taking on board your criticism of the system itself and dealing with the imposition of this system, were you given any assurances as a body?

Mr Milgate: I can only say that we made representations to Dr Louise Morauta at the time and to her credit she listened very carefully. But the whole problem in making representations during this whole process has been

that there is no one particular minister or public servant who we could actually approach who had any authority to really control the process. Dr Morauta was dealing with eight other jurisdictions and she was dealing with a variety of people at the time, so she could not give any assurances that this would happen or that that would not happen et cetera—because she is an honest person and she could not give those assurances.

Senator FIERRAVANTI-WELLS: But she was driving it in her capacity as a senior officer in the Department of the Prime Minister and Cabinet?

Mr Milgate: Yes, she was and she was the project director. I had meetings with the New South Wales minister at the time, John Della Bosca, who was, again, very receptive to hearing what was happening and very concerned. He in fact made some public speeches about his concern over this process and eventually he was so concerned that he decided to ensure that the complaints process in New South Wales did not adopt the same model. He did that because he was concerned about accountability to citizens with regard to complaints over health practitioners and doctors et cetera.

We made some representations. We were heard by both sides of the political fence. But, again, the process was bigger than any single minister and any single public servant. It was extremely complex and designed to be so.

Senator FIERRAVANTI-WELLS: We are talking about a lot of people here, Mr Milgate. We are talking about some 528,000 Australians or thereabouts. In a population such as ours, that is quite a lot of people. That is one in 40 Australians directly affected if the system goes wrong—and then of course there is a ripple effect through the process. When did you first become aware of the issues with the registration process and what has now turned out to be quite a debacle?

Mr Milgate: As soon as the registration process fell due—

Senator FIERRAVANTI-WELLS: Was that July?

Mr Milgate: Yes. As you have recognised, our ADF contributors would mainly be following that up themselves rather than ringing us, since they see us a policy think tank—although they would certainly let us know that these things were not correct. But we still had a considerable number of these issues coming through to us even though we were not trawling for them or expecting them. As soon as it happened, we began to see instances of doctors—particularly senior doctors—now having virtually no effective classification to work. They want to continue to work but they are being forced out of the profession. They are very bitter and they are entitled to be. There are instances of senior doctors, who go from the age of 55 onwards, trying to get back into the medical workforce but being unable to get an effective classification. I can supply you with names, facts and figures on those issues.

Senator FIERRAVANTI-WELLS: And there are in fact instances where they cannot even prescribe for, or look after, their own families. I have had some representations made to me about some absolutely ridiculous circumstances.

Mr Milgate: We have a 54-year-old GP who wants to come back into the workforce who is finding it difficult to get registered. She is a fitness fanatic and wants to work in a certain area. But perhaps Dr Doumani might also be able to speak on that issue.

Dr Doumani: I cannot speak on that directly. But I am a man who is approaching retirement age and I certainly do not like the idea that I will not be able to practice at all. But if you maintain registration, I do not think that is so much of an issue. One of the things that I do is carry the phone for the ACT Doctors' Health Advisory Service. I have noticed that since AHPRA and mandatory reporting commenced, there has been a dramatic fall in the number of calls that I have been getting. That troubles me because I worry about my colleagues not seeking help when they need it. So that is the area that I am probably best placed to comment on in relation to this, but I do not have any direct evidence—

Senator FIERRAVANTI-WELLS: And that was one of the areas that was trawled through at the last Senate committee hearing, particularly in relation to doctors and that mandatory reporting issue.

Dr Doumani: Contrary to popular opinion, doctors do get sick and do need doctors. It is not good if they do not feel as though they can approach their colleagues.

Senator FIERRAVANTI-WELLS: It is clear when you look at the report of the Senate on the last occasion that this was looked at that this was flagged as a major issue. It is very clear from the material that is now before us that that is still a major problem. As an organisation, who did you contact when you started to get problems?

Mr Milgate: While we are not responsible for those registration processes, we still felt that we had to act. I contacted the chairman of the Medical Board of Australia only to find out that there is no effective medical board. The medical board's website is in fact consumed under AHPRA's website. Every time that you try to contact that

person or a representative, you are directed back to AHPRA. I have contacted the ombudsman's office. The ombudsman—

Senator FIERRAVANTI-WELLS: Have you got on to the minister?

Mr Milgate: I did not contact the federal minister for health. I did not think that there was any point, because she is only a one-ninth shareholder in this process. There is no minister that represents this process. There are multiple ministers, and each will rightly tell you that it is not their baby. So you are directed back to AHPRA. I contacted the ombudsman's office. I had to send him a letter, because there is no email, phone number or name for that person—that person is faceless. He sent that on to AHPRA. Eventually, after threats of bad publicity, a lady, the New South Wales manager, contacted me and attempted to sort some issues out. Nevertheless, the process was circular, with 1300 numbers going to websites going to 1300 numbers going to websites. Our doctors will not work without registration, so they are spending enormous amounts of time on this. One doctor as recently as two weeks ago fronted the office of AHPRA with all her paperwork. Doctors are now physically having to go in to do it. This is not the system that we were promised. Nevertheless—

Senator FIERRAVANTI-WELLS: It is certainly does not accord with the undertaking that Minister Roxon gave when she urged us to pass this legislation, which was that no GP would be disadvantaged.

Mr Milgate: Yes. And a lot of the people who have been disadvantaged are women who work part time and who have families. They do not have the time available to be hassling about a simple process of registration. We would not like, however, these administrative issues to become the central focus of our concern. Our major focus of concern is the non-accountability to a legislature of this entire process. We are appealing to all parliamentarians. This has been created outside of the legislative process and outside direct parliamentary scrutiny. It is registering nearly 500,000 health professionals. We cannot assume that even those who have been registered correctly should be registered. Some of the processes include filling in a piece on the computer. Off it goes. Who knows whether it is being checked, whether the references are being checked or whether what is being claimed is being validated. We say that the system is unsafe. We dwell on the non-registrations. We need to investigate the registrations to see if people have been registered wrongly.

We believe that this model is flawed. We believe that the medical profession should be pulled out of it and the previous architecture restored: direct parliamentary accountability to a state jurisdiction and a proper national board with teeth that provides independent and fearless advice. The other health professions can make their own representations. Many of them see some advantage in gaining extra scopes of practice for MBS rebates and other things from being part of the process. Many of them are in receipt of government money and do not want to damage their relationships with any government, because they negotiate with those governments on various matters. We are independent. We are not bound by those restrictions.

Senator FIERRAVANTI-WELLS: While you are aware of these things in general terms, do you have some specific numbers in relation to the people who have approached you and networked with you? Are you keeping a record of those members who have been affected?

Mr Milgate: No. We have not asked for statistics. In my submission, I have put all the complaints that have come through to us.

Senator FIERRAVANTI-WELLS: Okay.

Mr Milgate: I emphasise that we are not an organisation through which doctors would normally complain. They would go to the AMA; they would go to their various bodies. These people have come through to us out of frustration.

Senator FIERRAVANTI-WELLS: How many of your resources have now had to be deviated to deal with these issues even though it is not your direct area?

Mr Milgate: Since 2005 national registration would have dominated about 70 per cent of our effective time. Answering submissions—the whole gamut of response to what was a deluge of bureaucracies being created. It was a deluge of change with quite a number of bureaucracies still ongoing having to analyse their purpose and respond on behalf of our contributors and get some decent submissions up. It has been very consuming.

Senator FIERRAVANTI-WELLS: Because you have the perspective from a doctor's national body this is only one of the organisations that is envisaged by the grand COAG plans. If these are the sorts of problems that we have had with only one organisation, can we envisage the likely consequences or do you have a view in relation to other areas where we are now going to see multiple bureaucracies across the Commonwealth and the states?

Mr Milgate: Absolutely, the Health Workforce agency is one. We now have this National Performance Authority which is supposed to micromanage the performance of doctors in the public and private sectors even though we have the Australian Institute of Health and Welfare for reporting these statistics. We have the quality assurance bureaucracies, state and federal being duplicated. This goes on and on. The amount of money being spent on extra bureaucracies duplicating the systems is obscene in this country, particularly when we are looking at knocking back PBS and underfunding other areas. It is obscene. It is not being effectively scrutinised, it is not being effectively dealt with and many of the health groups that are supposed to provide some scrutiny of this are not doing their jobs in raising their voices about this either.

Senator FIERRAVANTI-WELLS: I want to ask you about the National Performance Authority. One wonders whether Professor Duckett is going to surface as a likely contender there but I will wait to see whether that is something that is going to happen.

CHAIR: He did surface as the Cookie Monster in a viral video not too long ago!

Senator FIERRAVANTI-WELLS: That is right. In relation to his dealings in Alberta and all those issues. I will leave it there. I am conscious of the time.

Senator MARK BISHOP: In response to questions from the chair you said that your organisation was a think tank supported by medical professionals. You are something like the Institute of Public Affairs?

Mr Milgate: Similar to that, yes. For simplicity, yes. We produce papers. We analyse a lot of health policy, we produce briefing papers for our members, write newsletters et cetera.

Senator MARK BISHOP: Right. You are not an industry association or a professional association as such?

Mr Milgate: No, we would not claim to be an industry association. Our function is well known to our contributors.

Senator MARK BISHOP: How are you funded?

Mr Milgate: We are funded by doctor subscriptions.

Senator MARK BISHOP: It is a volunteer membership base.

Mr Milgate: It is a volunteer membership.

Senator MARK BISHOP: Just doctors or health professionals more widely?

Mr Milgate: Almost all doctors. There are probably half-a-dozen people who have given us a contribution outside of that.

Senator MARK BISHOP: Are you able to give us some sort of indication of your membership base?

Mr Milgate: Yes, we have currently about 3,000 active subscribers or associate members. They either give a membership fee or subscription. We have had up to 6,000.

Senator MARK BISHOP: That is across Australia?

Mr Milgate: Across Australia.

Senator MARK BISHOP: How long have you been in existence?

Mr Milgate: Twenty years.

Senator MARK BISHOP: Okay. The language in your submission was very strong. When I flicked through all of the other submissions last night, yours is the only submission that wants to go back to the situation predating the changes that the government has introduced. Do you acknowledge that?

Mr Milgate: I acknowledge that. I think we tell it as it is. We make no apologies for taking that stance. We do not believe the current system can be fixed.

Senator MARK BISHOP: Okay. That is fine. I just wanted to establish that on the record. You are the only organisation that we have had a submission from that wants to ditch the current system in respect of medical practitioners.

Senator MARK BISHOP: I have been flicking through the AMA submission here in our book. It is quite detailed and identifies a whole range of problems, most of which we discussed earlier in terms of processing registration, time lines, advice to practitioners, standards and those kinds of things. So I have a picture of the problems. They do not call for the restoration of the previous system. Why is that?

Mr Milgate: Well, it would be very embarrassing. Initially the AMA opposed national registration. Then the AMA decided that, since the momentum was under way, they would support it with some concerns. Having supported it, it would be extremely embarrassing for them to say now that they were wrong.

Senator MARK BISHOP: Why do you say that? Have they said that to you?

Mr Milgate: No, I read their publications. They took the position that the process could be worked but Dr Pesce stood up at forums that I was at and said that he had grave concerns over much of it. I think they felt that, since all state governments were in it—and in their defence, state governments were in it—and they are not a political party, it was inevitable—that was the word used. There was nothing they could really effectively oppose. They said they would try to get the best situation possible.

Senator MARK BISHOP: That is a real politic approach to things.

Mr Milgate: Yes. There are two groups: those who I think are more realistic and those who are optimistic about making bad things work better.

Senator MARK BISHOP: You are making quite a political statement there, and I accept that. The government has now changed in three states. Is there any approach coming through the relevant industry groups and associations within the wider health community for pre-existing state government support for the change to the new system to be altered?

Mr Milgate: I think it is early days with some of these governments, but I believe it is going to happen. Certainly it will be happening from us. Once this process is analysed by state legislatures, I believe there is going to be some interest in protecting their own constituents and having some governance over the regulation of health practitioners in their state. I do not want to pre-empt that. It is still early days. I think the current process is not strongly supported by those who know the problems that have been created.

Senator MARK BISHOP: Have you received any requests or indications from the relevant health ministers in Western Australia, Victoria and New South Wales that they would be receptive to such an approach as yet?

Mr Milgate: I have not solicited those requests and they would not necessarily know to send them to me, because we have not advertised that we are seeking such requests.

Senator MARK BISHOP: Let me put the question this way then. As well as being a representative of your own organisation you have wider contacts in the medical profession and the health community, all the different industry groups. Have you received any advice from them that the relevant state ministers are receptive to such an approach as yet?

Mr Milgate: No, I have not received any written advice to that effect. I have not started to canvass their opinions on where they stand. New South Wales only got a new health minister—

Senator MARK BISHOP: It is early days, I accept that.

Mr Milgate: It is early days. My communication with ministers has been essentially not seeking that as yet.

Senator MARK BISHOP: We have a submission here from AHPRA. Part way through their submission they assert—and you are certainly welcome to challenge this later—that there have been no problems of any consequence in Western Australia and South Australia. Paragraph 55 states:

> For example, Western Australia and South Australia have not experienced any major issues regarding the processing of registration renewals. In Western Australia there have been reports of isolated admin issues affecting individual or specific groups of health practitioners but they are not considered to be a major concern and rather are a reflection on the significant change arising from the introduction of NRS.

Let us accept at face value that in those two outer states, smaller jurisdictions, there have not been heart-wrenching problems—you and others have used the word 'debacle'. That means that, by definition, there are problems in the other four jurisdictions, principally on the east coast. Are there problems that your organisation is aware of in Queensland, New South Wales and Victoria that are not a problem in the other two states?

Mr Milgate: We have not really analysed the nature of the problems and where they are coming from. We have not canvassed opinion in those states. We are aware that some doctors have had a smooth registration process—they have got something, they have filled it in and it has gone through. As I said, it may also be of concern whether—

Senator MARK BISHOP: We have heard all morning—and we will hear later today—doom and gloom about registration and ancillary processes. AHPRA has made a strong assertion that there are, at worst, minimal problems in those two states, and they support some analysis.

Mr Milgate: As I said, our submission is about the accountability of AHPRA, not any individual public servants, computer systems and other administrative issues. Our major concern is that we do not believe that any parliamentarian, of any political party in this country, wants an unaccountable organisation running 500,000 health professionals which is unreachable, has nine bosses and is virtually unaccountable by design. We do not believe that that is in the national interest, and that is where our focus goes. As to the administrative issues, we

understand that these happen with new organisations— computer systems et cetera. We believe there is a considerable lack of ability to correct flaws and redress et cetera not only in the registration system but in complaint systems. But our essential concern is for public safety, the national interest and the rights of legislatures to hold people accountable for their actions.

Senator MARK BISHOP: I do understand that point, and it is a strong point. Why are other health professional organisations, some of which are well-established and very rich and very influential, not putting the same proposition?

Mr Milgate: There are two things. First of all, because this was sold as a registration process, most of the medical profession thought that what we were doing was simply moving to a nice, new streamlined computer system. They did not see all the other jurisdictional issues. That is because the term 'national registration' is a no-brainer; it sounds like we are going to get simultaneous registration in all states and administrative reform and people are improving the system. So a lot of people were put on sleep mode: 'not an issue'. That is the first thing.

I think the second issue is that people are analysing their positions and seeing how they can make progress from where they are at. Some people believe that this is unchallengeable, that what is being done cannot be undone, so they are pessimistic about the chances of real change and think, 'Maybe we will just go for a few modifications to the system.' But my management committee does not hold that view.

Senator MARK BISHOP: Let us follow the line that you are going down. There are nine ministers who are ostensibly the final port of authority. Do you think for one minute that the health ministers of New South Wales, Victoria, Queensland or any other jurisdiction are going to surrender total authority to a Commonwealth minister in this field of endeavour?

Mr Milgate: I cannot answer for the state ministers. I do not know their reaction to that.

Senator MARK BISHOP: But that is where the decision making is going to occur.

Mr Milgate: Yes. I only know that they will explain to me that they are one-ninth of the process.

Senator MARK BISHOP: That is correct; they are. You say that that process is intellectually flawed and you want to have some person who is responsible to the parliament for the administration of the industry. By definition, that will be a Commonwealth minister.

Mr Milgate Previously, the state health minister, through the state parliament, was able to question the medical board and others involved in the registration of doctors, and health complaints and other things, and initiate inquiries and resolve the issues on behalf of the public. Not everybody liked it at the time, but the system worked. There was very direct accountability for the average citizen, who is not empowered with lawyers and funds and time to chase through nine bureaucracies to get a result when they believe they have a problem. All parliamentarians, from all political persuasions, need to have that accountability on behalf of the public, and that is where our main concern is. Dr Doumani wanted to say something.

First of all, I reiterate what Steve said about what it was that held other organisations back from making the same criticisms as those we have made: at a grassroots level—and when I say 'grassroots' I am talking about GPs and I have mixed with—they do not understand it at all; they have absolutely no understanding of what is actually going on here.

At another level, I am fearful of how we deal with doctors in situations where their capacity to practice is impaired in some way. I have a lot of experience with this in the ACT with how the ACT board worked. We had a set of faces that we could go to and a system was in place which was very positive and which would look at either deregistration or having a limited registration for a particular practitioner, putting in place an agreement and rules by which that practitioner could practice as well as a monitoring system which was very strict but effective and got these people rehabilitated. It was very positive; what worries me now is that we have this almost faceless bureaucracy that is unapproachable, and how we deal with somebody about whom the complaint has been lodged with AHPRA is very concerning to me at a practical level.

Senator MARK BISHOP: Perhaps it is just different in the teething process.

CHAIR: Thank you for your time this morning and for being so forthright.

Proceedings suspended from 10:27 to 10:46

BRYCE, Ms Julianne, Senior Professional Officer, Australian Nursing Federation

FOLEY, Mrs Elizabeth Ruth, Federal Professional Officer, Australian Nursing Federation

CHAIR: Welcome. Information on parliamentary privilege and the protection of witnesses and evidence has been provided to you. The committee has your submission. I will invite you to make a short opening statement, after which I will invite members of the committee to ask questions.

Ms Bryce: Thank you for your invitation to appear and give evidence today.

Mrs Foley: The Australian Nursing Federation welcomes the opportunity to appear before the committee to clarify any issues in our written submission to the Senate inquiry into the administration of health practitioner registration by the Australian Health Practitioner Regulation Agency. The ANF has been a strong advocate of the move to a national registration and accreditation scheme for the nursing and midwifery professions in particular and, more broadly, for all health professions in Australia. Since the introduction of a national registration and accreditation scheme on 1 July 2010, we have continued our support for this scheme. Given our commitment to the success of this important scheme, the ANF has been disturbed by the complaints raised by members on issues which have the potential to undermine the credibility of the national scheme.

ANF members have indicated significant issues regarding assessment of qualifications, initial and renewal of registration, and the online register for the new scheme. Many of these issues point to a lack of resourcing for the national registration and accreditation scheme in terms of personnel to handle the volume of registrants, both existing and new applicants, and also in terms of the preparation and knowledge level of the call centre staff. The ANF views this Senate inquiry as an opportunity to ensure that the Australian Health Practitioner Regulatory Agency and the Nursing and Midwifery Board of Australia are adequately equipped for their role as the national regulatory body. It is essential that the regulatory process serves its purpose of protecting the public and that nurses and midwives are dealt with fairly, equitably and efficiently within the scheme.

In conclusion, the ANF wishes to take advantage of this inquiry to recommend that AHPRA establish a formal and ongoing advisory committee of the registered professions and soon to be registered groups. This committee would essentially be an expansion of the existing professional reference group, of which the ANF is a member, whose remit would include discussion of all issues pertaining to the national registration and accreditation scheme.

CHAIR: Have you concluded, Mrs Foley?

Mrs Foley: Yes.

CHAIR: Thank you very much. We will go to questions.

Senator FIERRAVANTI-WELLS: Mrs Foley, in your submission your membership is 200,000 nurses, considering midwives and assistants in nursing. So, when we are roughly talking about 528,000 people across the 10 professions that are being registered, one in four are your members. So certainly you appear to have borne a large brunt of the issues. Perhaps I can take you through some of those in a bit more detail. Can you tell me the percentage or an estimate of the number of members affected in some way by registration delays or mistakes—just a global figure, if you could. If you cannot, please take this on notice and provide me with the details later.

Mrs Foley: I think we will have to take that on notice.

Senator FIERRAVANTI-WELLS: Thank you. Could you also tell me—including for those who may have not been informed of the registration renewal process—of any practical difficulties that your members have had in dealing with AHPRA or in contacting or being unable to contact AHPRA for renewal or checking the status of their registration. I assume you have had those sorts of problems?

Mrs Foley: Yes, we have. I suppose, in terms of numbers, it is probably a little bit difficult, because it is our state branches and—

Senator FIERRAVANTI-WELLS: If you could perhaps take it on notice, to give us a feel, because what we are hearing is this. AHPRA is telling us, 'Oh, no, it is all fine; we are resolving it; we have done this; we have done that,' but the evidence that we are receiving—certainly the evidence of people who have written and in the submissions received—is to the contrary of that. So I would like—in particular, because your organisation covers such a large component of it—to understand in detail and see if we can get actual numbers, or at least an estimate of the sort of numbers that we are talking about. From having a look at your submission, it is clear that there were problems in terms of correspondence with registration—yes?

Mrs Foley: Yes.

Senator FIERRAVANTI-WELLS: And there were letters wrongly sent to renew registration, even though some of your members may have paid fees and already put the proper paperwork in?

Mrs Foley: Yes. We raised that in the submission.

Senator FIERRAVANTI-WELLS: Yes. And some of your members were deregistered?

Ms Bryce: Some of our members were unable to present evidence that they were registered in a timely fashion in order to be able to continue to work. So they were not actually deregistered, but they certainly were not able to produce the evidence required to be able to demonstrate that they were registered.

Mrs Foley: And so it appeared as if they were deregistered.

Senator FIERRAVANTI-WELLS: It appeared so, although there had been a failure to properly inform them that the registration had occurred and so there was the problem then with the default issue.

Mrs Foley: Yes.

Ms Bryce: Yes.

Senator FIERRAVANTI-WELLS: What has that meant in terms of the daily impact? And can you share some of those experiences with us?

Ms Bryce: There has been a sense of frustration about the process required in order to deal with AHPRA and, in some instances, to access the Nursing and Midwifery Board of Australia. So there is a general sense of frustration amongst nurses and midwives at having to go through this process and address it on a number of occasions. We included a couple of examples, and there was one quite lengthy example that was a good summation of the issues that had been raised.

Senator FIERRAVANTI-WELLS: Is this on page 2 of your submission?

Ms Bryce: That is right.

Mrs Foley: I think we have indicated through the submission that there were people who actually could not work and therefore receive wages because of the delays in re-registration or initial registration.

Senator FIERRAVANTI-WELLS: I am conscious of that, and that is why I would like those sorts of instances. Could you say how many of your members were actually affected in those terms and suffered financial consequences? And if you could you give us instances of that and tell us of the legal ramifications for those people who had problems—particularly those of your members who may have practised without registration—and the potential impact of that, that would be helpful. I am concerned about the potential impacts. They may not be evident now. In particular, what happens down the track if there is a potential legal liability in circumstances where one of your members may have practised and that does not become evident now?

Mrs Foley: I think we need to point out that they are not able to practise if they are not registered.

Senator FIERRAVANTI-WELLS: Well, they may have if, unbeknownst to them, they have been deregistered. Do you see what I am getting at? They may have thought that they were registered. Have you had instances like that where some of your members continued to think they were still registered?

Ms Bryce: We gave an example in the submission. Nurses and midwives would never knowingly practise without registration.

Senator FIERRAVANTI-WELLS: Absolutely.

Ms Bryce: In that period leading up to when their registration would no longer enable them to work, they thought that they had completed the processes and that they were registered and they were not appearing online. They followed up continuously to the point where either they were able to demonstrate that they were registered or they were unable to work.

Senator FIERRAVANTI-WELLS: Yes. So on paper they may not have been registered, and I am thinking of circumstances where potentially down the track there could be some legal liability. That is the point. Something may arise in a few years time or something like that, and I am just conscious of the numbers of those sorts of people that may have thought they were registered but in fact were not for a period of time. If you could give me some—

Ms Bryce: I am not aware that we have that data at this stage.

Senator FIERRAVANTI-WELLS: All right. How do issues about registration and the number of members affected by registration this year compare with previous years?

Ms Bryce: Prior to the introduction of the scheme?

Senator FIERRAVANTI-WELLS: Yes.

Ms Bryce: Certainly on a state level we have had issues around that period of time when new graduates are completing. We had boards dealing with large numbers of new graduates with a fairly short time line as a lead-in to when they wanted to work, when they had secured a graduate nurse year program and wanted to start. On a state level there had been considerable work done to facilitate that process so that graduate years were not beginning in January with people unable to demonstrate that they were registered in order to start their graduate program. That in itself had been an ongoing issue at a state level and had continued to some extent under the new scheme, exacerbated by other issues that we were facing relating to some of the changes with the new scheme around recency of practice being introduced, for example, in New South Wales, where it had not existed before. There were some nurses and midwives caught short where they had to demonstrate recency of practice of three months in a very short time line, in about a six-month time line. We put that in the submission. But certainly some of those same issues have continued and then been exacerbated by the fact that there were other issues around English language standard and professional indemnity insurance standard. The new process exacerbated some of those issues.

Senator FIERRAVANTI-WELLS: In terms of your resolving your members' issues, which has an impact on your organisation's resources, have you had to allocate or hire extra staff to deal with these issues, or has it detracted from the work that you otherwise do to have to give attention to this matter?

Mrs Foley: I am not aware that there have been any additional staff employed in any of the state and territory branches, but it certainly has been an additional workload, and our union offices have worked very hard to try to negotiate, to try to liaise, with AHPRA and NMBA on behalf of our members, so there has been a significant extra workload for the existing people.

Senator FIERRAVANTI-WELLS: What about the date of the next tranche of registrations for you? Can you give me that over the next immediate period? And how many members are you roughly talking about?

Ms Bryce: That is a complex question because there is certainly still some variance while we are attempting to have all registered nurses and registered midwives meeting the same time lines. I can give you an example. In Victoria the registered nurses and registered midwives reregistered in December and are now going through that process again to get in line with the May date.

Mrs Foley: The ACT people's registration was due for renewal at the end of March and they have now paid from March to May and then for a full 12 months, so we are still very much going through a process of aligning all of the states and territories with the one time frame. That is why it is complex for us to answer that question.

Senator FIERRAVANTI-WELLS: If you would take that on notice it would be appreciated. As I said, because of the numbers involved in your organisation I would really be interested to put some figures against some of those.

Ms Bryce: It is difficult, but I guess we are dealing with rolling dates on a state-by-state basis with our branches being aware of those dates and when those issues are going to arise. Alerts are occurring based on when that process is happening for each individual state, and it aligns with when their registration due date came into existence and how they are working towards coming online nationally.

Senator FIERRAVANTI-WELLS: Obviously your concern with this registration debacle is ongoing in the sense that you in particular are feeling the pressures of it not just in terms of the 1 July date but in an ongoing way for quite a period of time, it would seem.

Mrs Foley: Yes, although we do have some assurances from AHPRA that they are putting additional measures in place to correct some of the problems that have arisen. We have mentioned that in our submission.

Senator FIERRAVANTI-WELLS: How many members do you have with outstanding issues now with AHPRA? Can you take that on notice?

Ms Bryce: We will take that on notice.

Senator FIERRAVANTI-WELLS: When did you first start getting involved in the process of national registration?

Mrs Foley: I started when I was working for a prior organisation right at the very beginning of consultations, but it has really been longer than that. The Australian Nursing Federation, as I said, has had a longstanding advocacy role in pushing for national registration, so it goes back many years, but certainly the ANF has been involved in consultation processes from the very beginning of the meetings of all of the currently registered health professional groups.

Senator FIERRAVANTI-WELLS: Certainly you would be aware of the many—if I could put it this way—concerns that were raised during the process. We have had inquiries; we have had legislation; we have had all

sorts of things. It is very clear that there have been concerns raised all along. Do you believe that those concerns have been addressed as far as your organisation is concerned?

Ms Bryce: We have continued to work with AHPRA and, prior to that, in the rollout with the organisations. We feel that our issues have certainly been heard and, where they can be, addressed. From a nursing and midwifery perspective, national registration and accreditation is incredibly important. Nurses are extremely portable. They do move around, and not just the ones that live in the border towns where they might be working in more than one organisation. They want to be able to be responsive to work where it is appropriate. Elizabeth and I are very good examples of registered nurses who need to be able to work in their roles in a variety of states and territories. So the concept of national registration and accreditation is incredibly important to nursing. We have been involved from the outset in trying to deal with the unique issues that relate to our professions in this scheme.

Senator FIERRAVANTI-WELLS: I am shadow minister for ageing, so I am very conscious of not just the health component of it but also the work that you do in the aged-care sector.

Ms Bryce: Thank you.

Senator FIERRAVANTI-WELLS: I put on record the work that your nurses, nurses assistants et cetera do in that sector in very difficult circumstances at times. My concern is that there has been an ongoing problem of getting nurses, with nurse shortages, back into the profession. Has this registration issue potentially impacted on some of those women returning to the workforce or leaving the workforce? It is a global question and it can only be an anecdotal opinion, but I would appreciate your thoughts on that.

Ms Bryce: We have ongoing challenges in relation to people re-entering the profession. Obviously, we have important considerations around safety and competence to practice and being able to ensure that the public are protected. But certainly we continue to have frustrations around enabling people to work who are well able to and being able to demonstrate that and to facilitate that process so that they do not choose to work in another profession because they cannot come back into nursing. We have included an example in our evidence where we talk about some of our most senior clinicians, our nurse practitioners, who are candidates and completed and who are ready to be endorsed as a nurse practitioner but the processes are holding them up. We are keen to see those issues resolved. We have been working with the Nursing and Midwifery Board of Australia to try and resolve those issues, because those waits have quite a profound impact on those clinicians.

Senator FIERRAVANTI-WELLS: It has not only a profound impact financially but also on morale and on patients.

Ms Bryce: Absolutely.

Senator FIERRAVANTI-WELLS: I would appreciate it if you could talk a little bit about that, because one of the things, particularly from your perspective, is the impact on patients that this debacle has had. I would appreciate it if you could share some of those thoughts.

Mrs Foley: I would like to go back to the re-entry issue that you were talking about, if I could. In fact, the National Registration and Accreditation Scheme will assist people re-entering the nursing and midwifery field in that previously there were only a small number of programs that people could do to enable them to re-enter the nursing and midwifery workforce. So we have had instances where people, for example from South Australia, might have been able to do a course only through Queensland. They had to register in Queensland, not in South Australia, and so when they wanted to work in South Australia, their home state, they had to re-register in South Australia as well, whereas now they will be able to register nationally. The other component that I want to mention is that the programs for re-entry will be accredited under national accreditation, so that will also assist people re-entering the field.

Senator FIERRAVANTI-WELLS: At a time when there is a critical shortage.

Mrs Foley: Yes.

Senator FIERRAVANTI-WELLS: Can I just—

CHAIR: We are getting close to time. I know that Senator Bishop had a few questions.

Senator FIERRAVANTI-WELLS: I have got more questions. I will put them on notice.

Senator MARK BISHOP: I also welcome the representatives from the Nursing Federation. Senator Fierravanti-Wells referred to the implementation of the scheme as a 'debacle'. I have been through your submission twice now and I do not see that word anywhere. Do you share that view?

Ms Bryce: Certainly it has been frustrating for nurses and midwives to have to deal with the process but we are supportive of the scheme. We want to see it funded appropriately and nurses and midwives dealt with fairly and equitably in the process so that they can provide the care that they need to do their job.

Senator MARK BISHOP: That is fine. I must say your submission was very balanced. I noticed that you did support the establishment of the scheme. You continue to support the implementation of the scheme. You see advantages for your members. But you have identified a set of quite pertinent problems. Let me go through them. The implementation started on 1 July last year.

Ms Bryce: That is right.

Senator MARK BISHOP: We are now 10 months in. You probably wrote your submission some time in March—so nine months in. Are the problems you have identified, without in any way detracting from their seriousness, in the scheme of things of establishing a system around Australia for 500,000-odd people, teething problems capable of being overcome with sound administration or do they go to the heart of the new system and cannot be reformed with proper funding and proper administration?

Mrs Foley: We absolutely believe they are problems that can be dealt with. Through our submission we have tried to say that we believe there needs to be appropriate resources in funding and personnel, and in education of the people who are manning the call centres and working in the various offices of AHPRA so that they will be able to give consistent and informed information and so that behind the scenes there are enough people to be able to cope with the huge administrative workload. We absolutely believe that the system can be improved and, as you say, we totally support national registration.

Senator MARK BISHOP: In their submission, AHPRA said at paragraphs 54 and 55, 'The transition to new arrangements have affected jurisdictions differently, with some states reporting few problems with the establishment of NRAS. For example, WA and South Australia have not experienced any major issues regarding the processing of registration renewals,' and they go on to explain why. Is that your experience, that the critical mass of the problems that are being brought to your attention about registration processes are along the eastern seaboard and not as significant, in volume terms, in South Australia and Western Australia?

Ms Bryce: Certainly from a nursing and midwifery perspective, there is a large concentration of our members in Victoria, New South Wales and Queensland, and they are clearly some of the states where we have had the majority of our issues raised. But that is not to say that we have not had issues raised for nurses and midwives along a similar vein in South Australia and Western Australia. We would not say that there were none, but certainly they are more concentrated in those bigger states.

Senator MARK BISHOP: So your Western Australian and South Australian branches—bearing in mind the smaller membership in smaller states—are bringing proportionally fewer problems to your attention than the bigger states?

Ms Bryce: Yes.

Senator MARK BISHOP: You go to some trouble to identify particular problems that you have received in writing, apparently, from your members as to registration, deregistration, delays, non responses to queries, problems with the emails et cetera. Any new organisation is going to have those problems; have you yet observed a reduction in the level of complaints from your branches, or is the level of complaints still as consistent now in May as it was in the first few months?

Ms Bryce: We will have to take that on notice. We certainly have had months where we are aware that we are going to have more problems; we know that it is a renewal time or we have a cohort of international students who are going to have some issues in relation to meeting the registration standard for the English language and who then need to be able to get work before their visas expire. So we have had certain alert periods where we have had more complaints. We are aware of those, and we are factoring them into our work plan. We consider that that will be an ongoing process. We know that it is an important scheme and we are going to continue to work with AHPRA and the Nursing and Midwifery Board of Australia for the benefit of our members.

Senator MARK BISHOP: I would expect that there would be heaps of problems, as you say, with overseas students or guest workers—

Ms Bryce: Yes.

Senator MARK BISHOP: I would also expect that at the outset of the scheme there would be a real spike in problems, because people are just not familiar with the system. But any responsible organisation would receive advice from its stakeholders and attempt to remedy those problems. What I am really seeking to find out is if

AHPRA is remedying, over time, the problems that your members initially brought to you, or do you still have the same complaints?

Ms Bryce: Yes, we have certainly been dealing with those over time. We actually outlined them in our submission and gave some examples of what have already been addressed—some issues that have been raised and worked on. We will continue to raise those issues with—

Senator MARK BISHOP: Did you understand what I am driving at?

Mrs Foley: I think that our message is that whilst we believe that we have been assured that there have been new processes put in place to address some of these issues, we are trying to say that they clearly need additional resources in order to be able to overcome at least this initial phase of getting all of the health professionals into their first registration. They are limited in the processes that they can change at this stage; they need some additional help in order to be able to make further changes.

Senator MARK BISHOP: In regard to legal liability, you make the point in paragraph (e):

> The predominant risk for nurse and midwives is unknowingly practicing without registration due to the belief that their application for renewal has been received.

I can understand that that is an issue for nurses.

Would you favour a regulation or an amendment to the act that, where the registration process is delayed, through no fault of the worker, the nurse or the midwife but rather for administrative reasons, there be no liability attached to any shortcomings arising from a nurse continuing to work without registration?

Mrs Foley: We would have to take that on notice.

Ms Bryce: That is a difficult question.

Senator MARK BISHOP: It is a policy question really.

Mrs Foley: Yes.

Ms Bryce: It is an incredibly difficult question because the importance of the scheme is about protection of the public. Registered nurses and registered midwives do not want to be able to work without registration. They see regulation as incredibly important to themselves, as health professionals, and to the public they are looking after—that they are assured that we are safe and competent to practice. It does create quite a dilemma to suggest that you could have an interim period where you may or may not be registered to provide care. It flies in the face of the scheme.

Senator MARK BISHOP: I am really addressing the issue you raised where a nurse or a midwife continues to work in the belief that he or she is registered, and that is an erroneous belief, and then liability might attach to a mistake he or she makes.

Ms Bryce: I believe the solution to that is to ensure that the processes are in place to register people in a timely fashion so that they can demonstrate that they are registered, because certainly these people would meet the criteria to renew their registration. It is an administrative process that is not demonstrating that they are. It is not that they have a period where they are not in a position to be registered.

Senator MARK BISHOP: Okay, you do not favour my solution. That is fine. A lot of the submissions concentrate on delays in registration. They say it is a failure of adequate resourcing, or proper training or whatever the reason. Are there any KPIs for the registration processes for health workers and, secondly, if not, do you favour the government directing AHPRA to institute KPIs for the various parts of the registration process so that we know that three weeks after the receipt of the application it is considered, further to which correspondence has gone out and in another two weeks the process is completed.

Ms Bryce: It is our understanding that that process has actually been introduced in more recent times. Our Victorian branch has reported that those sorts of timelines have been introduced to streamline the process for registration. So it is our understanding that that is in train. We think that is a really important process.

Senator MARK BISHOP: Is that only in Victoria or is it across the Commonwealth?

Ms Bryce: I should take that on notice.

Senator MARK BISHOP: I will ask AHPRA in due course.

Ms Bryce: It is certainly the case in Victoria. We have had it reported through our branch that they are very happy that the streamlining of registration process has already begun.

Senator MARK BISHOP: Can you highlight to us particular shortcomings or deficiencies in AHPRA's administration of the registration process, apart from the resourcing, the training, the KPIs and the timelines? Is there anything else?

Mrs Foley: I think we have probably outlined the answer to that question in our submission. I am not sure that we have additional information to provide.

CHAIR: Thank you for your evidence.

JACKSON, Professor Claire, President, Royal Australian College of General Practitioners

[11:19]

Evidence was taken via teleconference—

CHAIR: Thank you very much. Information on parliamentary privilege and protection of witnesses and evidence has been provided to you already. The committee has your submission and I now invite you to make a short opening statement at the conclusion of which members of the committee will be invited to put questions to you.

Prof. Jackson: I thank the Senate committee for allowing us to make a very short overarching statement and then to respond to questions. The college believes that access to medical support is a fundamental right of all Australians and can often be a matter of life and death. AHPRA's responsibilities must be borne in that light. From the GP perspective we are currently undergoing the worst crisis in our workforce in living memory and we have very limited capacity to respond to that. Our concerns about AHPRA's performance have been around the administrative competency. Inaccurate mail addresses for many doctors have led to significant distress and reduced patient access. There is no phone access that is timely to try to sort out problems. Many of our members waited for an hour to try to get through to have questions answered; consequently, their patients and families waited for that time as well. The internet access was of very little help to our doctors in trying to sort through the many problems of the registration and the culture of AHPRA was that it was the doctor's problem and just something they had to put up with.

Despite the fact that it is a national registration program there is inconsistency still between states particularly around the issue of international medical graduates, which we detailed in our submission. The advent of mandatory reporting has allowed two very major areas of injustice, firstly, for ill or depressed doctors who are now much less likely to seek the help and support they need to remain functional medical practitioners and, secondly, the option for somewhat vexatious complaints from previous employers or partners of doctors to slip under the mandatory reporting requirements and create a significant lack of natural justice for our members. I would recommend that the Senate inquiry look at the case of Dr Sonu Haikerwal in detail as I think it raises all the issues the college is concerned about most.

Senator MARK BISHOP: When you use the word 'partners' do you mean married partners or financial partners?

Prof. Jackson: I mean the partners in the practice who are carrying the load. If you are off-line for an hour waiting for a call and there are emergencies and families with sick children waiting then your partners in practice need to carry that load or your patients wait an hour for that often urgent medical attention.

Senator MARK BISHOP: I understand, thank you.

Prof. Jackson: Finally we think that there are two subsets of doctors who have had particularly shabby treatment under the new arrangements. These are international medical graduates in area of need and we put significant work into our deputation there and, secondly, senior doctors who are decreasing their clinical role but are our mentors and an enormous source of education and training support for the profession, particularly given the recent massive increase in training numbers.

We also believe the fact that we are now paying 20 to 60 per cent more for our registration—and in Queensland I have just learnt that will be another $200 a year more for next year—for what is far less effective registration work than we have had previously is also an ongoing problem as those costs will have to be passed on to our patients. Finally, if the purpose of medical registration is to allow consistent standards with maximum portability for doctors moving across rural and remote regions in particular and in efficient and cost-effective administration, we have failed dismally.

Senator MARK BISHOP: Thank you for your opening remarks. I have a few issues I want to work through with you. Notwithstanding the problems you have identified, does the college still support the shift to a centralised system?

Prof. Jackson: Only if it is consistent. The main reason we supported this was to allow doctors, particularly those on the borders between New South Wales, Queensland and South Australia, to be able to move across to practices doing after-hours work and locum work. We felt that the idea of national portability and consistency was a very important one. But that has not really played through. It has become a far more expensive system and, as I said, we are worried that we are going to have to pass those costs on to our patients. There are no part-time opportunities to reduce costs. Most organisations charge far less for doctors with family responsibilities who are doing two or three sessions a week than they do for full timers, but medical registration is not like that. And it is

such an inefficient administrative system that it is a major impost on an already very stretched sector. So, yes, we would support national registration, but we must have an efficient, cost-effective and highly professional infrastructure behind that.

Senator MARK BISHOP: So your support continues to be conditional?

Prof. Jackson: Correct.

Senator MARK BISHOP: You have identified four or five particular problems. Turning firstly to the administrative areas of implementation, are your members yet reporting to you that in latter months there has been some improvement, or is the scale and scope of the problems that they identified at the outset still the case?

Prof. Jackson: To be honest, we will not know until the next lot of registrations are due. We have spent nearly six months recovering from attempting to renew our registration for the last annual requirement, and we are now coming up to the next year's requirement. So I will not be able to answer that question until about August.

Senator MARK BISHOP: Okay. Can you give us any impression at this stage, or is that just not possible?

Prof. Jackson: I only happens once a year and the major problem surfaced between May and the end of last year. We are now waiting for June, and the new registrations will this time hopefully go to the correct address—they will have a street and suburb on them as well as a country. Where there are problems there will be email access that is swift and effective to sort through, or someone at the end of the phone who will answer in less than an hour. If those things run through then we will probably feel much more comfortable.

Senator MARK BISHOP: The issues you have identified are legitimate; I do not quarrel with that. In terms of phone access, addresses not being maintained, internet access and waiting on the phone for a long time, have you made any formal complaints or submissions to AHPRA?

Prof. Jackson: We have made formal approaches to AHPRA. Also, I sit on the committee of the presidents of the medical colleges, which meets five times a year. Dr Flynn attends and we have face-to-face contact and discussion with her at every meeting. Every college, all 23 of us, has shared with her the implications of the change in arrangements to our members. I feel comfortable that we have given regular and full feedback around the limitations over the last 12 months.

Senator MARK BISHOP: Okay, that is very good. Have you had any preliminary response from the senior officers of AHPRA as to their attitude to your list of complaints?

Prof. Jackson: The response has been that there has been a lack of resourcing. But, in terms of concrete, pragmatic change, that has obviously been waiting for new people to be trained, additional websites, infrastructure et cetera. And, as I said, we will not know until the registrations—annual registrations come up in the next couple of months—whether those problems have been appropriately dealt with or not.

Senator MARK BISHOP: I must say, it is a fair comment: if you have not got resources, you cannot fix administrative problems. That is a political question. Have you taken your complaints outside AHPRA to senior officials in the department of health?

Prof. Jackson: We have mentioned them in meetings with the minister, but, no, we have mostly been taking those directly to the Medical Board of Australia, and particularly to Dr Flynn.

Senator MARK BISHOP: And you do not propose to take that outside of that process at this stage?

Prof. Jackson: That is correct. We await with bated breath the outcomes of the Senate inquiry.

Senator MARK BISHOP: Ha ha! Okay! What is the particular problem with doctors living and working in border areas, and why has it not been remedied?

Prof. Jackson: Specifically, in the past we have had to register with each of our individual state boards, and that is a very expensive thing. We still have some inconsistencies between the states—and we put that into our submission—that require some further work. We think that that probably can be worked through, though, if there is appropriate consultation. That is less of a problem than the other problems that I have raised before. But, for example, in Queensland, international medical graduates have ongoing progress requirements on their limited registration which are not in place in other areas. And there are inconsistent processes from state to state that make it difficult for a doctor to understand whether they are actually appropriately working across both states with their registration.

Senator MARK BISHOP: But aren't there national rules and regulations that apply in all states?

Prof. Jackson: There are, but, particularly for international medical graduates, the progress requirements, if they have limited registration, are more onerous in Queensland than in other states.

Senator MARK BISHOP: And is that a feature of the Queensland state system and not the national system?

Prof. Jackson: It may well be.

Senator MARK BISHOP: It sounds like it is, to me, but we will have a look at that. Finally, you made the comment that two groups of doctors were being treated—I think your words were 'in a shabby manner'.

Prof. Jackson: Yes, that is correct.

Senator MARK BISHOP: What is the problem with the more senior GPs?

Prof. Jackson: Traditionally, doctors who retire are allowed very limited referral and prescribing rights to deal with their own families—for instance, to write repeat prescriptions for Rhinocort for sinuses, or, if someone has an emergency over a weekend, to be able to refer those members on to appropriate care. For those doctors who have already retired, those rights have been retained. Doctors who retire after the new arrangements are allowed, if they are in a non-practising category, absolutely no access to those rights. So, No. 1, it sets up two sorts of rules.

Senator MARK BISHOP: Why were future retired doctors treated differently from previously retired doctors?

Prof. Jackson: We have no idea. We believe that it is because in some states the legislation was to allow retired doctors very limited prescribing and referral rights and in others it was not, and so they removed the rights across the board. So we have two classes of retired doctors now. There was absolutely no evidence that the college could uncover, despite repeated requests, that there were any dangers, or safety or other related issues, with these very, very limited rights for retired doctors, for their family members only. So it was not an evidence based decision. Finally, it is very expensive for these doctors to remain in a practising category even if they are only doing occasional clinical sessions. They have to undertake a full 130 QA and CPD points, professional development points, per triennium, which will cost thousands of dollars. They need to retain their registration at a significant level.

Most of our senior doctors have said to us that this is now such a financial impost that, for the small amount of teaching and mentorship they wish to continue doing, they will not be able to sustain it. These are the giants of our profession. They have 40 years of clinical experience, which often far outstrips the sort of experience we have with all the scanning pathology and other issues available to us now, and we really, really want to strongly remonstrate that we should review this decision, acknowledge there is no evidence to it and reinstate these very senior, very experienced doctors to support us in our profession going forward.

Senator MARK BISHOP: Okay, Professor Jackson. I think we have the message here, and there is a representative from AHPRA in the public gallery, so I am sure she will make some comment by way of explanation later on this afternoon. That concludes my questions. Thank you, Professor.

Prof. Jackson: Thank you very much for the opportunity.

CHAIR: There is still more to come, Professor.

Senator FIERRAVANTI-WELLS: Thank you, Professor. Your submission refers to a series of problems. I would like to get some numbers, the numbers of your members that have been affected in some way by delays or mistakes. In 3.3, for example, you refer to problems with reliability of the AHPRA database. Just there, how many of your members are you talking about?

Prof. Jackson: I would say hundreds. Certainly in some states the database was in a much better condition than in others. Particularly in South Australia, a number of doctors just had a letter sent to them, which was 'Dr Jack Smith, Adelaide', and that seemed to be an issue in South Australia and also, I believe, in Western Australia. In other states that did not seem to be as much of a problem. It was a significant number but limited to specific states, from my experience.

Senator FIERRAVANTI-WELLS: Can you tell me how many of your members were not informed of their registration renewal?

Prof. Jackson: We estimate that would be several hundred.

Senator FIERRAVANTI-WELLS: What about the experience of some of your members—the numbers who were unable to contact AHPRA to review or check the status of their registration?

Prof. Jackson: That would again be over 100 who reported that to their state faculties or to our national office.

Senator FIERRAVANTI-WELLS: Are you aware of your members being written to about their registration despite the fact that they had already paid their fees or filed the appropriate paperwork?

Prof. Jackson: That was a common complaint as well.

Senator FIERRAVANTI-WELLS: Are we talking hundreds or thousands?

Prof. Jackson: No, we would not be talking thousands; we would be talking in excess of 100. Obviously, these are just people who ring the college and complain to us. They may ring the AMA. They may ring other medical organisations instead or as well.

Senator FIERRAVANTI-WELLS: So it is not reflective of the actual number who have had a problem; it is only the ones who have contacted you?

Prof. Jackson: It is an indicator, correct.

Senator FIERRAVANTI-WELLS: Certainly. Could you tell me how many of your members were actually deregistered?

Prof. Jackson: We had probably half-a-dozen who reported to us that they had been deregistered and had had some time without being able to return to work whilst they waited for their registration to be sorted.

Senator FIERRAVANTI-WELLS: In those cases, were they not informed or were they informed of their deregistration?

Prof. Jackson: They were informed after the date had elapsed that they were no longer registered and they had to go back and reapply for their registration, have a police check et cetera, and that created a situation where they were effectively unable to work in their practices for several weeks.

Senator FIERRAVANTI-WELLS: And of course for them there is the issue of the deregistration and its effect through organisations like Medicare Australia, because Medicare Australia commence the process of deregistration and you cannot claim through Medicare when the notification is received by either the relevant state board or AHPRA, so that would have had consequences for them but also for their patients, who may have tried to get Medicare rebates.

Prof. Jackson: That is correct. In fact, that was their major concern. As a small business person, when you are unable to make an income, there are significant financial imposts. It was a very major issue for our members, particularly elderly patients who were relying on the relationship they had with their general practitioner and the ongoing knowledge of their biopsychosocial health.

Senator FIERRAVANTI-WELLS: Are you able to assess how many of your member's practices may have been affected as a consequence of all these deregistration problems?

Prof. Jackson: There were very many affected by access to information and perceived misinformation. There was a smaller number—a much smaller number—affected by deregistration.

Senator FIERRAVANTI-WELLS: How many are you talking about when you say 'many'?

Prof. Jackson: I am aware of half a dozen. I have not included in that the international medical graduates because they are a more difficult group and they tend to be much more in evidence in Western Australia and Queensland as having problems. These are doctors who have been on temporary registration arrangements and who, due to the new arrangements, very suddenly were informed that they could not be re-registered because they had not completed their fellowship. Fellowship exams occurs several times a year, and it did not give them time to complete their fellowship prior to the cut off. So the college has spent most of its effort around this issue working with the Medical Board of Australia to try to support our international medical graduates—particularly those in rural and remote areas, where they are 45 percent of the workforce in both those states—to get through to their fellowship as quickly as possible so that they do not miss out on registration. Again it is a patchy consequence nationally.

Senator FIERRAVANTI-WELLS: Are you aware of or have you considered potential legal ramifications for those practitioners who were affected by deregistration?

Prof. Jackson: That is not an issue for the college, but we do know that our members have reflected on that.

Senator FIERRAVANTI-WELLS: Are there estimates in terms of, for example, the potential financial exposure?

Prof. Jackson: No, I could not give you those details, sorry.

Senator FIERRAVANTI-WELLS: Okay. They would be individual—

Prof. Jackson: Those would be individual practices that would be counting that.

Senator FIERRAVANTI-WELLS: Can you tell me the number of your members affected by registration issues this year compared to last year or the previous years?

Prof. Jackson: It is very rare for the college to receive any communication from members around registration issues; they deal with that through their state boards. Most of them are in an established arrangement with an accurate database, and they deal with that individually. The amount of time and the degree of angst that this registration this year has caused our members and the number of phone calls and requests for us to intervene that have come through from our members are of unparalleled proportions.

Senator FIERRAVANTI-WELLS: So you have had hundreds of members affected by this registration issue.

Prof. Jackson: That is correct.

Senator FIERRAVANTI-WELLS: What has been the impact on your organisation's resources in relation to potentially hiring extra staff or the allocating of staff specifically to deal with these issues?

Prof. Jackson: We have had to revert a lot of our member service personnel to working on this. Every state has a faculty office and a faculty board. They have tried to contact as many members as possible to ascertain the degree of effect that this is having and also to get an idea from members specifically what sorts of solutions they would like to see enacted. The CEO and I have had numerous meetings with ministers, with the Medical Board of Australia and with our international medical graduate support group to try to pull together some support and, to be honest, to reassure these doctors that we will come to a solution, that we will improve the system and that we will do everything to help them—although we understand that, as the senator said previously, because there were not the personnel available, it was very difficult to be of assistance in terms of getting them re-registered.

Senator FIERRAVANTI-WELLS: I am aware of the work that the college is doing in relation to the government's health proposals, and that is in relation to both mark 1 and mark 2. In terms of a general reflection, given the problems that we have had with just one aspect—which one would have thought would not have been a major problem but which has turned out to be a major problem—what faith can we or your organisation have in the broader health reform agenda that this government is proposing? In terms of the work that you are directly involved in, if they cannot get a simple registration issue up and running, what about all the rest of the agenda that is being promised and that the college is being asked to be involved in?

Given the work that you are directly involved in in terms of that work, if they cannot get a simple registration issue up and running what about the rest of the agenda that has been promised and that the college has been asked to be involved in?

Prof. Jackson: The college has critical worries around workforce. We now have fewer registrars training in general practice in Queensland under the numbers than we did when I was the registrar liaison officer in the mid-eighties. We are stretched paper thin, particularly in rural and remote areas. We know that 700 doctors nationally have not reregistered. We assume they are retiring but in general practice we need every single person on deck to be able to deliver the high quality services we have traditionally delivered to 90 per cent of our population every year. We cannot afford another year like this last year, or doctors will not reregister and they will just go into early retirement. I do not believe our workforce, particularly in rural and remote areas, will recover. So we have to fix up particularly the administration competency related issues and we have to have a look at mandatory reporting as the two critical issues before we start this whole cycle again in June.

Senator FIERRAVANTI-WELLS: So, potentially, we could be looking at 700 doctors. You have correctly said that you do not know why they have not reregistered. Are you going to look at those 700?

Prof. Jackson: Those figures come from the report given to the Committee of Presidents of Medical Colleges last week by the AMC. Those are doctors nationally. So they are not just general practitioners; they are doctors from all 23 colleges. But my concern is around the very thin workforce that we have currently and to make sure that every single doctor who can reregister does so next year so that we can provide the services our communities depend upon.

Senator FIERRAVANTI-WELLS: On that note, when is the date of your next tranche of registrations?

Prof. Jackson: We were informed just yesterday of the $813 fee that will be charged in Queensland for registration. That will probably mean 30 June.

Senator FIERRAVANTI-WELLS: Tell me, how many members were you looking at in this next tranche of registrations?

Prof. Jackson: We have 27,000 members doing quality assurance and continuing professional development each year. We need every single one of them back on deck on 1 July.

Senator FIERRAVANTI-WELLS: How many of your members have outstanding issues with AHPRA?

Prof. Jackson: I cannot give you a specific number on that. All I can say is that there has been very strong pressure from every state and Northern Territory faculty to fix the problems as soon as possible so that our next tranche of registration is smooth and that we ensure every one who can possibly register remains on the register.

Senator FIERRAVANTI-WELLS: Can I just take you back, obviously the college has been—

CHAIR: Senator, we have about three minutes.

Senator FIERRAVANTI-WELLS: Thank you. The college has been involved from way back, when this was first mooted, and of course you have expressed concern over a long period of time. What assurances were you given by AHPRA and the government about a smooth transition to national registration?

Prof. Jackson: I suppose we were not given assurances but the college understood that there was appropriate infrastructure to deliver this, as I said, with consistent standards nationally, maximum portability for doctors working particularly in areas on state borders and also that it would be efficient and cost effective. As I said, the growing costs of registration are completely unacceptable, given the level of current competency, which is much lower than what we had previously with our state boards.

Senator FIERRAVANTI-WELLS: Just one last question, if I may: when did it become very evident to the college and when did you first become aware of the registration problems?

Prof. Jackson: That was under the previous president, Chris Mitchell. I became president in October. This started mid last year, with great concern from members about the length of time in accessing the medical board to find out if they were registered or not, and the problem snowballed from there. They culminated in the report that we put together for you two months ago.

Senator FIERRAVANTI-WELLS: Obviously, you have ongoing concerns. Taking you back to the comment to Senator Bishop, whilst you support the process it is now very much with conditional support. Given these ongoing concerns, is that conditional support wavering?

Prof. Jackson: We support national registration if it allows portability, but frankly the level of chaos around the registration process at the moment is unsustainable. We must have a much more effective infrastructure to support that national portability and a cap on the growing cost of registration as an urgent initiative if we are to continue on with it.

Senator FIERRAVANTI-WELLS: Thank you, Professor.

CHAIR: Professor Jackson, thank you very much for your time today. We appreciate it.

Prof. Jackson: Thank you, and good luck with it.

CAINES, Ms Justine Maree, Committee Member, Homebirth Australia Inc.

COULTHARD, Ms Chloe, Consumer, Homebirth Australia Inc.

MacGREGOR, Ms Sonja, Committee Member, Homebirth Australia Inc.

[11:50]

CHAIR: I now call to the table representatives of Homebirth Australia. I understand that information on parliamentary privilege and the protection of witnesses and evidence has been provided to you. The committee has your submission. I now invite you to make a short opening statement after which I will invite committee members to ask questions, but at the outset do you have anything to say about the capacities in which you appear today?

Ms Caines: I am the immediate past secretary of Homebirth Australia and also a homebirth mother to eight children.

Ms MacGregor: I am a homebirth midwife.

Ms Coulthard: I am a consumer of homebirthing services—independent midwives. I am currently expecting my fourth child; I am intending to birth at home and I have previously had one child born at home.

CHAIR: Thank you. Do you have a short opening statement?

Ms Caines: Certainly. Homebirth in the last 12 to 18 months has been an issue that has been raised consistently considering the number of women that are able to access homebirth in Australia. For your benefit—because there were two inquiries that dealt with relevant midwifery legislation but I know that you were not present—I will give a very brief overview. Homebirth remains the only service in this country that is not afforded appropriate professional indemnity insurance. Therefore, that is obviously a double whammy as midwives do not have appropriate professional protection and homebirth consumers are the only women in Australia who do not have protection should negligence of that support be proven—and, when we are looking at lifelong care in the worst case scenario of a disabled child, that is considerable. So we are coming from a position of considerable disadvantage.

The Medicare reforms of 2009-10 did not fund homebirth for the birth component. They funded midwives who chose to become eligible for antenatal and postnatal care. So we are coming from that position. Homebirth Australia is a broad church and covers consumers and midwives. That is why Sonja MacGregor and Chloe have attended today as a homebirth midwife and as a current consumer.

The issue that faces us around the national Nurses and Midwives Board is—and, for the record, I do not subscribe to conspiracy theories; I very much work in the realm of the real and the possible—that we are seeing a very directed campaign against homebirth midwives and a process that does not involve natural justice—'procedural fairness' would be a more appropriate term. We are seeing midwives with complaints brought against them that are spurious at best, and the midwife is then often instantly relegated to conditional registration for hospital practice only. The livelihood of many midwives—you will hear evidence later that will probably be more accurate, but I would make an educated guess that at least 50 per cent of the current workforce has only a homebirth practice—is therefore overnight cut in its entirety.

Of significant importance as well, the mother who has contracted that woman appropriately—the care provider, the registered health professional—then does not have the care of that midwife. This has happened as late as 38 and 39 weeks into a pregnancy. We can wax lyrical about human rights and about our obligations to CEDAW and those sorts of issues, but at the end of the day women are not able to make decisions about their bodies and their babies as they are afforded in common law in this country and certainly through the obligations of international treaties. So these are the main concerns currently for Homebirth Australia: are we serious about women making decisions—as do health consumers, I might add, across the broad-spectrum of health every single day in this country? What we have is that even when midwives have acted totally appropriately, documented and met their registration requirements, which are now quite stringent—and we are very happy that there is a very high level of safety, and I want to make that very clear; we operate in an evidence based manner and we are very happy—there is not a level playing field.

We have one midwife who has had a complaint that is not by the current family or any person that is being cared for by her. It is by some third party. It is not based on and does not represent hospital notes that have been gathered. She was then relegated instantly to hospital-based practice, she has lost her livelihood and her clients have lost their care provider. I spoke to a director of obstetrics at a tertiary hospital in Sydney who has 27 years experience, and I said to him, 'In your experience, has this happened to an obstetrician in 27 years?' He said no.

He said that the only case he knew of was after five complaints of a registrar made in quick succession; they then took out a management plan and that registrar was put under some sort of supervised practice. However, with homebirth midwives, across virtually every state, we are seeing a considerably different bar.

At the end of the day—and I will wrap it up here—women will make this choice. Regardless of what individuals think of this, this choice will be made by women. What will happen is that we will force women into what I believe are potentially unsafe positions. A woman will have to make a decision between having a registered health professional or having no-one in attendance. You can simply say that she should just go to the hospital, but that is a very bland assessment of the needs of women in this country, particularly the growing number of women that are choosing homebirth after considerable harm in the hospital system. What are we saying as a society? 'You've experienced harm, you've had a far less than satisfactory experience, you've made an informed decision and yet we're going to say that it's either the hospital system again or giving birth alone.' I think that in 2011 that is a ridiculous position to be in. On the basis of appropriate clinical safety we need to ensure that we have registered midwives to care for women choosing homebirth.

CHAIR: Thank you, Ms Caines.

Senator FIERRAVANTI-WELLS: What is your membership base? How many members do you have?

Ms Caines: It depends. Because we are the peak body—

Senator FIERRAVANTI-WELLS: Just give us a rough idea.

Ms Caines: We have several hundred individual members, and then we also represent the smaller, individual state based groups. For example, Homebirth Access Sydney has several hundred members again.

Senator FIERRAVANTI-WELLS: So it is a combination of bodies and individuals.

Ms Caines: That is right. It may also be a small group in the Hunter Valley of New South Wales that has 20 members. So there is that dual membership.

Senator FIERRAVANTI-WELLS: Can you tell me the number of your members who were affected by the registration problems, delays and mistakes that have been occurring? I am now talking about broadly across the spectrum, not just individuals, that you are aware of through your affiliate bodies and their individual memberships.

Ms Caines: I could not put a figure on it. Probably the best group to answer that would be the Australian Private Midwives Association, because they were more in tune with those registration issues. Certainly it was a considerable number, but I really would not be able to say.

Senator FIERRAVANTI-WELLS: So for anything in relation to statistics and contact with AHPRA in relation to registration problems we should ask the midwives?

Ms Caines: Yes, because they are going through the process. That is not our brief primarily. We know about it cursorily.

Senator FIERRAVANTI-WELLS: How have your members been directly affected?

Ms Caines: Our members are directly affected now because of midwives being conditionally registered or deregistered. One of our executive members is a midwife, so we have that direct problem of midwives who currently have complaints against them.

Senator FIERRAVANTI-WELLS: Can I come to those, please. Of your membership, how many have had problems in relation to registration?

Ms Caines: Again, there will be much fuller evidence provided by the Australian Private Midwives Association, but we know of 27 across the country.

Senator FIERRAVANTI-WELLS: They have problems including deregistration?

Ms Caines: Yes, and the conditional registration of hospital practice only, which obviously instantly deems homebirth impossible. It is gone. An annual case load for a homebirth midwife in full-time practice would be around 30-odd—30 to 40. Not all of them work full time, obviously, but you can do the maths around the potential numbers of women affected.

Senator FIERRAVANTI-WELLS: Yes. I went through the health legislation when those two bits of legislation about midwives were brought in, so that is another issue.

Ms Caines: Yes, it is.

Senator FIERRAVANTI-WELLS: We will not go into that, but I am aware of that part of it. Can you tell me a little bit about the impact on their practices and obviously the impact on patients that these registration problems have had?

Ms Caines: As I said, it would be at least half of Australia's midwives who only practise at homebirths. Therefore, when these complaints are brought forward and the response is instantly a conditional registration of hospital practice only, they are then unable to provide any care to the women who have contracted their services. So it is an instant death, and then the woman is in the position of wondering what she should do. Is she then able to negotiate, and what hard decision does she make? That is obviously highly individual on the basis of her previous experiences.

Senator FIERRAVANTI-WELLS: Tell me, how have the numbers been affected this year compared to previous years? How many registration problems have there been this year, as opposed to previous years?

Ms MacGregor: Previously, if there was a complaint put in by a hospital, they would investigate the complaint and then act on it if there was any need to. Now the process is that, if they receive a complaint from a hospital, it is taken at face value and you have conditions put on your registration—

Senator FIERRAVANTI-WELLS: No ifs, no buts.

Ms MacGregor: within a month.

Senator FIERRAVANTI-WELLS: In terms of the impact on your organisation's resources, how much of your resources has now been directed towards dealing with these registration issues and problems?

Ms Caines: It is considerable, and we are unfunded. This is entirely volunteer labour. Obviously we do have an executive that is half midwife representation and half consumer. Clearly midwives, until recently, have earned a living, but consumers obviously do not and have no ability to claim on tax or anything else. So we are totally unfunded. But over the last couple of years we have worked at the level of funded NGOs because of what we have had to respond to, because we have had two Senate inquiries. We reached a Senate record, I believe, of 2,507 submissions. We also are part of a very small number that have had two inquiries into the same piece of legislation. So we have worked at a very high level and run a considerable campaign. There are very few people in this place that are unaware of what happened during that time, yet now we are even worse off, believe it or not. We faced homebirth becoming illegal; now it is just this death by stealth. So yes.

Senator FIERRAVANTI-WELLS: I will leave it there.

Senator MARK BISHOP: I just wanted to go to your submission, Ms Caines. You said in your opening remarks that there was a directed campaign against midwives, and I believe that was in the context of midwives who are the subject of complaint being immediately directed to limited work activities. When you say 'a directed campaign', what do you mean?

Ms Caines: I would suggest that it is certainly not a long bow to draw that we have been at war—I do not like that term and I do not like to operate in that way, but we certainly have been at war—with the medical profession around appropriate funding and insurance to homebirth services. Remember that the Maternity Services Review was the very first cab off the Health Reform Agenda rank, and from there on it was a massive campaign. The Australian Medical Association took it very seriously. In fact, Dr Andrew Pesce has put it on the public record that he spent the first six months of his presidency of the AMA fighting homebirth; you can draw your own conclusions from that. So, when there is knowledge that a particular individual who does not like homebirth and who encounters a homebirth midwife and a homebirth consumer can make a complaint and that will tick another one off, I would consider that there is a campaign. Certainly the Australian Medical Association and the Royal Australian and New Zealand College of Obstetricians and Gynaecologists have made it exceedingly clear, publicly again, that they do not support homebirth and they have policies that are very much against it. That is in contradiction to, say, the UK, where there is a joint statement around homebirth from the Royal College of Obstetricians and Gynaecologists and from midwives. Why can it exist in the UK, in Canada and in New Zealand while in Australia we have this unbelievable adversarial system that puts women and their babies in the middle—in the firing line, so to speak?

Senator MARK BISHOP: Okay. So just outline to me what the process is. A woman is going through some sort of homebirthing process. For whatever reason, she is referred off to a hospital to give birth. Arising out of that referral, someone in the hospital makes a determination that the treatment at the homebirthing stage was incorrect or inappropriate or whatever, and the relevant individual then effectively has conditions placed on the work she can carry out.

Ms Caines: Yes. Sonja can give a perfect example of that.

Senator MARK BISHOP: All right. Tell me who makes that decision to limit the ability of the—

Ms MacGregor: The Nursing and Midwifery Council are the ones who make the determination to put conditions on your registration.

Senator MARK BISHOP: The Nursing and Midwifery Council.

Ms MacGregor: Which is part of AHPRA.

Senator MARK BISHOP: That is part of AHPRA. So they receive a complaint.

Ms MacGregor: Yes.

Senator MARK BISHOP: They consider the complaint without any recourse to the affected individual, and they make a decision?

Ms MacGregor: Yes. They do not speak to the woman. They do not ask for any further documentation. They do ask for a submission. I can tell you personally that it happened to me: 2½ weeks ago I lost my ability to carry out homebirths. I have to work in hospital under conditions. I do not work in hospital, so virtually I am unemployed. So what happened was that a complaint was put in from the hospital. The hospital notes do not even match what is written in the complaint to start with. I informed the council that that was the case and that I was happy to supply those notes if they needed them. They said: 'It doesn't matter; we're putting conditions on while we investigate. It will go to the HCCC to investigate.' I said, 'So this could take—'

Senator MARK BISHOP: What is the HCCC?

Ms MacGregor: The Health Care Complaints Commission in New South Wales. I said, 'So it could potentially take two years to investigate?' and they said, 'Yes, it will stay there until the investigation is completed.'

Senator MARK BISHOP: All right. And if I put a similar set of questions to the other side of this debate, they would say it is because of health concerns that they apply this draconian treatment.

Ms MacGregor: Yes.

Senator MARK BISHOP: What solution do you propose to address both your own legitimate concerns—livelihood—and the health concerns that might sometimes be legitimate as well?

Ms MacGregor: Yes, and I am—

Senator MARK BISHOP: So what is the solution?

Ms MacGregor: The solution would have been that they investigate, or at least do a preliminary investigation within the month or whatever; speak to the woman, who has no complaint; and obtain the hospital notes, because then they would see that the complaint is actually not—

Senator MARK BISHOP: Presumably in this area complaints are made of doctors, specialists and nurses on a regular basis; that happens.

Ms MacGregor: Yes.

Senator MARK BISHOP: I presume that there are established processes for speedy examination of those complaints.

Ms MacGregor: Unfortunately there are not. This is my third complaint put in by a hospital—never once by a woman.

Senator MARK BISHOP: No, someone—

Ms MacGregor: The quickest one was one year.

Senator MARK BISHOP: Perhaps I did not make myself clear. I presume complaints are made from time to time about the performance of doctors or specialists in other fields, and there are established investigatory procedures within the medical profession for speedy examination of those complaints. Do you want some sort of solution along those lines so that you are treated no differently to a specialist, a GP or a nurse in a different field?

Ms MacGregor: Exactly, yes.

Senator MARK BISHOP: Is that your solution?

Ms MacGregor: Yes.

Senator MARK BISHOP: Have you put that proposition to AHPRA?

Ms Caines: Not at this stage.

Senator MARK BISHOP: Do you propose to do so?

Ms Caines: Absolutely. There are some forms of words around medical complaints where conditional registration would be appropriate. The complaint would have to be exceedingly serious. As I said, we are very clear about safety, but certainly this is not about safety.

Senator MARK BISHOP: All right. There are currently 10 professions regulated by AHPRA. One is nurses and midwives. I take it that homebirth professionals are part of—

Ms Caines: They are registered midwives.

Senator MARK BISHOP: A registered midwife is a different beast to a registered nurse, isn't she?

Ms Caines: She can be. It depends. She can be a registered nurse with a midwifery qualification on top—

Senator MARK BISHOP: Qualifications.

Ms Caines: —or she can a bachelor—a direct entry midwife now.

Senator MARK BISHOP: But you come under the profession of nurses and midwives for the purposes of AHPRA.

Ms Caines: Yes, correct.

Senator MARK BISHOP: Okay; I have got that. So you have this complaint and you are considering entering into negotiations with AHPRA—is that correct?

Ms Caines: It certainly should be part of the ongoing process, yes.

Senator MARK BISHOP: All right, then.

Ms MacGregor: I have not done anything at the moment, because I only received conditions 2½ weeks ago, so my main concern is the women who are pregnant. I am trying to find and help those.

Senator MARK BISHOP: My concern is not, however, meritorious individual cases; my concern is the process or the system that affects proper treatment to homebirth midwives. All right; we can also draw that to attention—although, if you have a complaint to AHPRA or raise something with them, they can hardly have a response as yet. So we will consider it. Perhaps the ball, in that respect, to some extent is in your court to initiate discussions with AHPRA.

Ms MacGregor: Absolutely.

Senator MARK BISHOP: Okay. Thank you, ladies. Thank you, Chair.

Ms MacGregor: Thanks.

CHAIR: Thank you for your evidence today.

Proceedings suspended from 12:14 to 13:07

HEATH, Ms Marie, National President, Australian Private Midwives Association

JOHNSTON, Ms Joy, Member, Midwives in Private Practice

WILKES, Ms Liz, National Spokesperson, Australian Private Midwives Association

CHAIR: Welcome. Information on parliamentary privilege and the protection of witnesses and evidence has been provided to you. The committee has your submission. Do you have anything to add about the capacity in which you appear?

Ms Heath: I am also a committee member of the Australian Private Midwives Association and I am a private midwife in rural New South Wales and the ACT.

Ms Wilkes: I also coordinate some of the work for Midwives Australia, which is a professional group supporting midwives to gain eligibility for Medicare access. I will give the lead-in statement.

CHAIR: Thank you. I invite you to make that short opening statement, after which I will invite senators to ask questions.

Ms Wilkes: We thank you for the opportunity to present to the committee. We are sorry that most of you seem to have been scared off by the previous speakers!

CHAIR: Not at all. The others will be back shortly.

Ms Wilkes: The terms for midwife are sometimes a little confusing. For example, you hear 'private practice midwife', 'self-employed midwife', 'independent midwife' and 'home-birth midwife'. Essentially we are representing midwives working in a self-employed capacity. In other words, they are midwives working in a business like structure, usually fairly similar to either a solo or a group GP practice. Small groups of midwives sometimes work together in private practice. We just wanted to say from the outset that we very much support the testimony given by the college of GPs. Similar issues to those raised by GPs have also been raised by our membership. We also feel that some of the sentiments raised by the AMA in their submission are similar to some of the experiences that our membership have had.

We do have some other grave concerns, however, and they were somewhat highlighted by the testimony of the consumer organisation. These concerns are around the inequities that appear to be gaining strength in the way that registration and complaint handling processes for self-employed midwives are being dealt with at a national level. We were very pleased with the advent of national registration. We felt that the scheme would support consistency across all states of Australia and that that would lead to a better way of handling complaints. However, we have failed to see that come to fruition.

The last time that we gave evidence to the Senate, there were about 210 self-employed midwives working across Australia. Medicare reforms were introduced by Nicola Roxon in the 2009-10 budget and it was thought that the number of private practice midwives or self-employed midwives would substantially expand due to those reform measures. We have seen precisely the opposite occur. In fact, they are now down to numbers in the mid to high 80s. There are only about 86 self-employed midwives working across Australia and, of those, about 27 have complaints against them with the national body. That gives a little bit of context to the numbers, the types of people and what is happening there.

We are also very concerned about the processing of eligibility, which rests with AHPRA. Midwives need to be notated as eligible prior to being able to gain a Medicare provider number. Many midwives were starting to want Medicare provider numbers in the middle of last year and the eligibility processes were not well established. They have not been well articulated and it has proved very difficult for midwives to complete the process successfully without requiring further information from AHPRA. We welcome questions around that because we are very disturbed by the lack of process and the lack of transparency with which some of those processes occurred. For example, midwives are expected to sign a declaration to say that they will complete a prescribing course within 18 months of becoming notated as an eligible midwife, yet there are no prescribing courses which have been endorsed at this point in time. So those of us who signed that in July last year are facing the requirement to have completed a prescribing course by the end of this year, but there is no prescribing course.

We understand that part of the difficulty has been a lack of resources within AHPRA, but we believe there has also been a lack of significant input from self-employed midwives into the process. The fact that the Nursing and Midwifery Board is representing both nurses and midwives without any real representation from self-employed midwives, at a time when we are supposedly expanding that area with the maternity reforms, means that there is a very significant lack of information being given around what is actually required for midwives moving into this way of working.

The final thing that I wanted to raise is the professional indemnity insurance situation, which I know is not directly in the terms of reference but comes under other business. With the move to national regulation, AHPRA requires professional indemnity insurance for everybody, and we welcome that move. However, a significant number of our members are impacted by this change and are unable to meet the requirement. There is no satisfactory insurance product available to cover all elements of a self-employed midwife's practice. We believe that we are significantly disadvantaged by that situation at this point in time.

Senator FIERRAVANTI-WELLS: You were present when the Homebirth Australia ladies gave evidence. Picking up from that, can I first ask you for some statistics? I would like to ask the number of your members that were affected in some way by the registration problems, by or the delays and mistakes that occurred. Can you assist me, Ms Wilkes?

Ms Wilkes: Virtually all of them have had some sort of problem with their registration process. For example, anyone who has had a previous–

Senator FIERRAVANTI-WELLS: That is all of your members?

Ms Wilkes: There are about 210 members. Not all of them are working in self-employed practice now, but certainly where complaints have already occurred with a midwife's registration, be it 10 or 15 years ago or whenever it might have been, that triggers a process when they go to reregister, which prevents them from actually reregistering. Even if the complaint had been dealt with and put to the side and they were exonerated, they are still unable to complete a reregistration process. That creates significant difficulty. Obviously there is the issue of eligibility, and there were issues with people not being notified–the same sorts of issues that you have already heard about.

Senator FIERRAVANTI-WELLS: Could you give me some numbers, for example, in relation to those of your members who were not notified of the registration renewal?

Ms Wilkes: I believe that there were a significant number in Victoria who are not notified. Joy, can you quantify that?

Mrs Johnston: No, I do not have the numbers.

Ms Wilkes: I believe that there were a significant number of Victorian midwives who are not notified. The other issue was that the Queensland midwives received information that did not include their midwifery registration. They all received information saying that they were registered nurses but not endorsed. A significant number of our members are from Queensland and Victoria so the number may be 50. So maybe 50 in Queensland were not notified or had incorrect paperwork given to them, and there were probably another 30 or 50 in Victoria who were not actually notified.

Senator FIERRAVANTI-WELLS: So how many of those then subsequently had problems in relation to dealing with AHPRA concerning renewal or checking their registration or paperwork?

Ms Wilkes: Quite a large number had difficulty actually getting through to AHPRA. The processes for actually contacting AHPRA, as you probably heard, were very fraught, very difficult, and so the renewal process was extremely difficult. And as well there were difficulties around midwives seeking eligibility notation, which obviously is another part of their registration. Most of those seeking eligibility notation have been unable to track down anybody to speak to, even to date.

Senator FIERRAVANTI-WELLS: How many people are we actually talking about?

Ms Wilkes: Only 30 people have actually managed to get through the process. There would be at least another 70 or so seeking eligibility who are in some part of the process. There are another 38 in Queensland that are in some way along the track of the process. We find that they submit their application and they are then required to submit more information. We have got a huge email trail around what is being required in addition to what they have already submitted.

There are midwives, for example, who have been trained in the UK and have been supervisors of midwifery in the UK and are very experienced–30 years experience. They have come to Australia and have been here for 10 years, say, working clinically all that time. They are then required to provide their actual initial registration certificate from the UK. When they have provided it, they then get another email saying that they need to provide it again. Things like that are happening and there does not seem to be any single point of accountability, or it is very difficult to find a single point of accountability around eligibility notation.

Senator FIERRAVANTI-WELLS: In relation to those being deregistered, were they informed? How did they found out about it?

Ms Heath: In terms of procedural fairness, no. In New South Wales where we have a midwife of 35 years experience, she was written to by AHPRA and was asked to reply herself, without any legal representation or anything else, to an allegation from a hospital. She did, but she was only given a seven to 10 day time frame to do that. She replied and subsequently found a restriction of practice on the website—without being notified in any way, shape or form in writing—that meant she could only practice within a hospital under supervision. That obviously impacted dramatically on her practice and also on the client base she was providing care to. There was no procedural fairness around that. It was just: 'You replied. We don't like that. Where do we go from here? We will just impose it.'

Senator FIERRAVANTI-WELLS: How many are there like her?

Ms Wilkes: There are at least 10 who have just had immediate restrictions placed on their practice. We addressed this with the midwife representative on the Nursing and Midwifery Board of Australia and it almost appeared that they were not even completely cognisant of what was going on.

Ms Johnston: You asked about deregistration. I do not know of any private practice midwives who have recently been deregistered, but there is one in Victoria who has had a suspended registration. So she cannot do any nursing or midwifery practise. She has put in a confidential submission to this inquiry, so you will have that detail. But this was 11 months ago, so it was prior to the changeover. Nothing was done by the Nurses Board of Victoria before the changeover. Her legal representative said, 'In fairness, we would like this addressed very quickly.' She put up a proposal for practice supervision, where she was constantly speaking—

Senator FIERRAVANTI-WELLS: This was all before this registration?

Ms Johnston: The negotiations had been taking place since AHPRA took over, and she has been unable to work for 11 months. The case in concern was where a mother very clearly did not want to go to hospital with a breech baby, and unfortunately that baby died at home while the midwife was there. The midwife has not yet had a chance to have a face-to-face meeting with anyone from AHPRA. She is a sole parent who has a teenage daughter in her care. This is the sort of lack of due process that is happening.

Ms Wilkes: I guess there is one thing that most concerns me. Obviously when there are issues of safety and so forth involved it is extremely important that things are handled appropriately, but we just see inequity. For example, we see cases where there are significant complaints made against medical practitioners or nurses and they go through an extensive period of investigation prior to having a restriction placed upon their practice. It just does not happen like that with self-employed midwives. We had hoped that the move to national registration would bring some consistency to that, but it is just not doing that. In fact, because there is now an absolute divide in communication we are not even able to communicate the difficulties we are having to anybody. It just perpetuates.

Senator FIERRAVANTI-WELLS: How many practices have been impacted and, in turn, how many patients are we talking about?

Ms Wilkes: Around the eligibility component there are at least 20 to 30 practices that have been significantly impacted by delays. These have been when midwives have expected to have eligibility so that they could get their provider numbers and they have met all the criteria but were not processed. So the women who were seeking care were expecting a Medicare rebate and were unable to get it for their care. It would be $700 to $1,000 per birth package. If you had 30 midwives that had delays and they are all taking 40 women a year, you do the maths. It is fairly significant.

Senator FIERRAVANTI-WELLS: Compared to previous years, how many more members have been affected this year?

Ms Wilkes: Obviously the complaints issue has been ongoing but there has been a significant increase. With issues of registration, we have not had eligibility previously, but with renewal of registration there would be the occasional person and then, this year, it was really significant. However, we feel that there was a significant lack of resources. It was the issues that also created those problems that we would really like to see resolved. It is not that we are opposed to national registration as a concept; it is that we really want to see things resolved.

Ms Heath: The other issue is then that there is a delay for midwives who are subsequently seeking re-registration in the fact that at present you have to declare onsite with AHPRA that there have been previous complaints, even though they have been dealt with previously on a state level and it was resolved that there was no case to act on them and there have been no restrictions placed. But they do have to be declared for renewal of your current registration and your re-registration is denied pending evaluation again by AHPRA. What does that mean?

Senator FIERRAVANTI-WELLS: And that is different to other professions. So, in short, your complaint is that in your case it is not only the registration issues; it is compounded by the complexity of your particular requirements and an added burden on your members from the registration process that AHPRA has imposed on you since the new system has come into place.

Ms Wilkes: Yes. We feel that if there were more engagement with this sector, given that there is supposedly an increase in the desire for self-employed midwives to be working and given that the Minister for Health and Ageing has given a Medicare provider number and so forth that can be used only by self employed midwives, then you would expect that that is the aim of that. We just do not see engagement with us about the concerns that we have.

Senator FIERRAVANTI-WELLS: How much of your members' resources has been taken up as a consequence of this registration requirement?

Ms Wilkes: We are not funded in any way. We have a very small membership fee because people are trying to establish businesses and so forth, and pretty much all of our resources have been taken up trying to assist members—

Senator FIERRAVANTI-WELLS: At the expense of other services that midwives do.

Ms Wilkes: Other professional development areas.

Senator FIERRAVANTI-WELLS: What is your next tranche of registrations, if I can put it from your perspective, and how many members will you be looking at? Will we see a considerably reduced number of members?

Ms Wilkes: No, we still have around 210 members, but they have all moved into different elements of practice as a result of some of the difficulties that they are facing with the provider numbers and so forth. I would expect that many of them are only just starting to renew online now and we are getting this sort of situation that Marie referred to in which, if they had ever had a complaint before, they are unable to re-register.

Senator FIERRAVANTI-WELLS: When is the next critical date from your perspective?

Ms Heath: The end of May.

Ms Wilkes: We have ongoing critical time frames around the eligibility, because every month there is a new batch of midwives. The meetings to make the decision as to who gets eligibility notation are monthly, so every month we have a rush of people saying, 'Mine didn't go through,' 'Mine did,' or 'Mine didn't,' and wanting to seek some support about what happened in that process. We have had significant difficulty getting answers to what is going on, because it has been farmed out; different states are being dealt with in different places.

Ms Heath: And in different ways. It is like constantly shifting sands. What has got one midwife through eligibility notation will not get the next midwife through. It will depend on which state, when the board meets et cetera. There is no consistency around it that we can actually predict.

Senator FIERRAVANTI-WELLS: How many of your members now still have outstanding issues with AHPRA?

Ms Heath: Most.

Ms Wilkes: Most of them.

Senator FIERRAVANTI-WELLS: When did you start being involved in this process of registration?

Ms Wilkes: Because of the complexity of indemnity insurance, I guess we have been very involved for a very long period of time. On registration itself, we were aware of the problems more or less as soon as people started to re-register.

Senator FIERRAVANTI-WELLS: About July last year?

Ms Wilkes: Yes, about July last year. But we have obviously been engaged in the discussions around national registration for myriad issues since the consultation processes began.

Ms Johnston: Senator, I would like to raise a point on that. I am old enough and have been around for a long enough time to have been involved in Senate hearings into competition years and years ago—in, I think, the mid-nineties. We believe that midwives should be able to act in the marketplace in competition with other maternity care providers. Our hope with the government's reforms was that we would be able to start getting into a competitive place. I know it sounds harsh talking in dollar terms, but this is a Senate finance committee and I want to make the point that we are legitimate providers of maternity care, we have excellent outcomes and we take women to hospital in an appropriate way and at appropriate times, and yet we suffer huge restrictions by the system. Now, with AHPRA's restrictions and the incredible restrictions around notification of complaints and that

sort of thing, we are once again being placed in a hugely anti-competitive position, and the people who seek our services are becoming very frustrated and losing confidence in us.

At the same time, there are a growing number of women in Australia who are choosing what they are calling 'free birth', which is giving birth at home without any professional help or with a sort of sub-professional, unregulated helper.

Senator FIERRAVANTI-WELLS: Can you just give me a rough, ballpark figure for how many women in Australia would have wanted to do that 10 years ago?

Ms Wilkes: Virtually none 10 years ago. Virtually all women seeking home birthing services would have had a professional, registered midwife with them. Not doing that was virtually unheard of 10 years ago. As recently as yesterday, I had a phone call from a midwife in Queensland who had been told by the professional body the Australian College of Midwives to cease providing care to a woman because the woman was making some difficult choices. The midwife felt completely unsupported in making the decision about whether or not she had a duty of care to the woman. The woman ended up birthing at home alone as a result of that situation. It is absolutely unacceptable that we are forcing midwives to make the decision to not care for a woman giving birth at home.

Senator FIERRAVANTI-WELLS: Ten years ago virtually nobody wanted to give birth at home. My question is: how many women today in Australia, roughly, do you think would consider—

Ms Johnston: I would say there have been about 50 in the past year. I do not know them all because it is an underground thing.

Senator FIERRAVANTI-WELLS: Unassisted?

Ms Johnston: Unassisted, unattended birth. There are websites that promote the issue.

Ms Heath: We know that less than one per cent of women in Australia birth at home, but we are hearing that the number of women who are choosing or being forced to give birth at home unassisted because of the lack of adequate care provider availability is actually higher than the number of women who birth at home with a care provider.

Senator FIERRAVANTI-WELLS: I just want to know the actual number of women who do give birth at home—

Ms Johnston: It is unknown because—

Senator FIERRAVANTI-WELLS: They do not register the births.

Ms Johnston: of the illegality.

Senator FIERRAVANTI-WELLS: Thank you.

Senator MARK BISHOP: Can I just finish that discussion. What do you mean by 'unassisted and unattended'? Do you mean alone?

Ms Wilkes: They do not have a registered midwife—yes, they are alone. There is no doctor, no midwife—

Senator MARK BISHOP: Are there other women there or—

Ms Wilkes: The woman I was talking about had a spiritual healer attend because her midwife could not.

Senator MARK BISHOP: So when you say 'unattended and—

Ms Johnston: Sometimes the husband is there, sometimes a whole bunch of friends are there, and they might do all sorts of things, but there is no—

Ms Johnston: Trained care provider.

Ms Wilkes: We are talking about home birth that is not attended by a trained care provider. Midwives attending home birth have all the equipment that you would expect for a normal birth. We are talking about births where no-one with appropriate training attends.

Senator MARK BISHOP: Thank you for that. I have just a couple of questions. you are from the Australian Private Midwives Association and Midwives in Private Practice. You have referred to yourselves, I think, as 'self-employed' midwives.

Ms Wilkes: Yes.

Senator MARK BISHOP: What is the difference between a self-employed midwife and the people who came from Homebirth Australia?

Ms Wilkes: We dealt with that at the beginning, and you dismissed it—but that is okay.

Senator MARK BISHOP: Did we? I will talk to the secretary if that was the case.

Ms Wilkes: Basically, self-employed midwives are midwives in private practice, independent midwives and homebirth midwives. They are virtually one and the same, but we are encompassing midwives who are working in any self-employed capacity, and they could be midwives who are providing care in a hospital as a self-employed person or providing care at home. But the majority are providing care within the home. Homebirth Australia's consumers—

Ms Johnston: With the government's reforms, there is now the option of having indemnity insurance to enable birth in the hospital with a private midwife. There are no midwives who yet have this availability, but it is theoretically available. We do know of midwives who now have their Medicare provider numbers, who are wanting to set up this model in Melbourne and who have been approaching all the hospitals and getting, 'No, we don't do that.' So what the government has set up as a possibility is being resisted within the hospitals. Of course, that is not AHPRA, but it sets the scene for you.

Senator MARK BISHOP: Okay, I get that distinction. Thank you for that. You were critical of the regulations that restrict competition, restrict access, deny you the right to offer your services and deny consumers the right to seek out the type of service they want. By implication, that goes to issues of funding as well. Was your organisation consulted by the nurses and midwives registration board in terms of the drafting of those regulations?

Ms Wilkes: No.

Senator MARK BISHOP: So the nurses and midwives board presumably consented to those regulations but did not consult with you.

Ms Wilkes: That is correct.

Senator MARK BISHOP: Are you aware whether they consulted with the Homebirth Australia people?

Ms Wilkes: No, not to our knowledge. Obviously, when document standards policies and so forth are drafted, they usually go out for consultation by the Nursing and Midwifery Board. We would make submissions similar to what we are doing here if a consultation process occurred, but we are generally not consulted prior to the policy being drafted.

Senator MARK BISHOP: But that is the consultation process.

Ms Wilkes: The whole public is consulted in that way then.

Senator MARK BISHOP: That is all right; you are part of the public. What I am trying to get to is: prior to the promulgation of the regulations, when they had lawful effect, was your organisation invited to make comment on the proposed regulations?

Ms Heath: No.

Ms Wilkes: We were not particularly invited to do so, but we have made submission to the Nursing and Midwifery Board about all of the regulations.

Senator MARK BISHOP: So you have made submissions?

Ms Wilkes: Yes.

Senator MARK BISHOP: Okay. How did you come to make submissions? I am hearing conflicting answers.

Ms Wilkes: It is on the website—if there is a consultation process on the website, we will make a submission. I am not sure what particular part of regulation you are referring to. If there is a process by which a policy is put forward by the Nursing and Midwifery Board of Australia, we will make a submission to that.

Senator MARK BISHOP: I am talking about the regulations that affect the particular service that you offer to clients or consumers in the area of homebirthing and/or midwifery.

Ms Wilkes: There is no actual regulation that says that it is restricted.

Ms Heath: We are not aware of anything that has been specific to private practice midwives in regulation as such.

Senator MARK BISHOP: Are there regulations generally to midwives?

Mrs Johnston: No, midwives are defined by the Nursing and Midwifery Board and it is written into all of the codes and the standards of midwifery. But these have mainly come through the midwifery profession organisations rather than at the AHPRA level and AHPRA has worked with that.

Ms Wilkes: I am just not sure what you mean, Senator Bishop.

Senator MARK BISHOP: You have been critical of some of the regulations administered by AHPRA that go to the ability of your members to work or to seek work or to engage in a particular type of work or to work in a particular place that is a hospital.

Ms Wilkes: You mean like the professional indemnity insurance issue?

Senator MARK BISHOP: All those issues that you–

Ms Wilkes: We have made representation to AHPRA and to Nursing and Midwifery Board about that.

Senator MARK BISHOP: Okay, so you were consulted and, presumably, your issues were considered by AHPRA, but you are dissatisfied with their response.

Ms Wilkes: Yes.

Mrs Johnston: Senator, I was a member of the Nurses Board of Victoria more than 10 years ago when the issue of mandatory professional indemnity insurance came up. It was the beginning of the discussion on this. My argument at the time was that we had just lost our professional indemnity insurance and that in a regulated body nothing should be required that is impossible.

Senator MARK BISHOP: No.

Mrs Johnston: But that argument has not been heard, except that there has been the exemption from having professional indemnity for attending homebirth. That exemption runs out at the end of June next year. So basically, can a statutory authority require members to have something that they are unable to have? That is passing regulation of the profession to the insurance industry, isn't it?

Senator MARK BISHOP: You have made that point and I understand that, and we will talk to AHPRA about that in due course particularly the business about being required to participate in or pass a course which does not yet exist.

CHAIR: Thank you indeed for your time this morning.

Proceedings suspended from 13:44 to 13.50

O'MEARA, Mr Gavin, Manager, People and Culture, Ramsay Health Care Australia

SPAULL, Ms Elizabeth, National Workforce Planning and Development Manager, Ramsay Health Care Australia

CHAIR: I welcome representatives of Ramsay Health Care Australia. Information on parliamentary privilege and the protection of witnesses and evidence has been provided to you. The committee has your submission. I invite you to make a short opening statement, after which we will invite questions from the committee.

Ms Spaull: As others have said, we are very grateful for this opportunity and delighted to be here today following the submission of our paper to you. Ramsay Health Care is a global hospital operator group. We operate 116 hospitals across Australia, Indonesia, France and the UK. We employ over 30,000 staff and have over 9,000 beds. Here in Australia we have 13,000 nurses on our payroll. Our paper predominantly focused on the nursing and midwifery workforce, given it is over 60 per cent of our payroll and essentially the areas that we work with closely.

Here in Australia we are the largest operator of private hospitals in the nation, with 66 acute care hospitals, day surgeries and mental health facilities. We admit over 700,000 patients per annum and perform over 450,000 procedures each year. We share with AHPRA a really strong commitment to public safety and patient outcomes. We are people caring for people and we are intensely serious about delivering on the promise of excellence in healthcare outcomes.

Historically, prior to the new scheme rolling over on 1 July last year we really enjoyed the predictability and consistency of the independent state boards. There were close networking relationships. There was reliability around turnaround time for registration. For a workforce that has a skills shortage—I would argue we do not have a shortage of clinicians; I would say we have a shortage of skill—we relied upon those time frames for planning for our workforce. As the largest private health care and hospital operator group in Australia, the greatest threat to our patient care outcomes is our workforce reliability, sustainability and access. Access to skilled and registered talent for us is imperative and is one of the greatest risks to the future of our business.

When we came upon the advice from COAG that this was happening we were delighted to take part in a lot of the submissions and consultation papers. I commend AHPRA on their communication to health care providers and industry and for providing opportunities to comment on the standards and all the various regulations they were proposing. What we decided, under Gavin's leadership in our company, was that we would take responsibility as a company with 13,000 nurses to institute a campaign. You will see the portfolio we provided you with; it is about two centimetres thick. It will show you some of the internal mechanisms that we used as hospital operators to try to inform and empower staff to have them ready to try to keep us sustainable through what we anticipated would be a very challenging time of transition. As a workforce unit we owned, if you like, the portfolio of registration to support our clinicians. It was ultimately their responsibility. In short, I guess we could not have predicted the amount of noise and activity that came from owning that portfolio.

I will not go through any of the metrics. I suspect you may ask for some of them, which we have, but they are detailed in our report. The benefit of us having this sort of centralised approach across 66 hospitals with one person owning the portfolio, along with a small team, was that we had sophisticated areas of measurement for impacts and any legal potential for things in the future, such as people perhaps not being registered and us realising that.

Before we head to questions, I would also like to preface some commendations to AHPRA. I am aware that Nicole is in the room. We did find the frustrations, challenges and, if you like, bungles that have been bandied about this morning—we absolutely agree that we have experienced those. But a couple of things for us have been very positive. Those include their ability to offer a multiple registration check scheme where you simply give all your old legacy numbers through your payroll on an Excel spreadsheet straight into AHPRA. Within 20 seconds you have an email back with a reconciliation of who is registered in their system and who is not. For us that was a wonderful safety check because through this period of transition we utilised that facility and we could quickly ascertain against an internal measure. We would get it centrally, send it out to our hospital directors of nursing—if you would like to call them that—and they could then follow up with individuals. So we commend them on that. We also commend them on their decision to have a standard for continuing professional development for nurses. It has been welcomed in that it means we now have to get a required number of hours per year to practice, and we welcome that. On a personal note, in my dealings with AHPRA in many phone calls and emails, I have found AHPRA staff to be highly professional, and helpful where they have been able to be. Admittedly, at times they

have lacked advice or not known what to do or say, but they certainly have been committed to helping us resolve issues. I would like to state that for the record. I welcome your questions.

Senator FIERRAVANTI-WELLS: Ms Spaull, you said that over 60 per cent of your workforce are nurses. What is your total workforce in Australia?

Mr O'Meara: Around 22,000.

Senator FIERRAVANTI-WELLS: In how many hospitals around Australia?

Mr O'Meara: Sixty-six.

Senator FIERRAVANTI-WELLS: And that includes nurses and a cross-section of other staff?

Ms Spaull: Yes, all the disciplines.

Mr O'Meara: We run three public hospitals, so we have medical specialists. We employ 650 doctors and hundreds of allied health staff, but the bulk of the licensed workforce is nurses.

Ms Spaull: We run hospitals ranging from 35 beds to in excess of 700. The latter figure is at Greenslopes.

Mr O'Meara: At the moment that number is 600.

Ms Spaull: It is a good cross-section of services.

Senator FIERRAVANTI-WELLS: Yes. I have gone through your internal measurement of impact, which picks up a lot of the questions I wanted to ask. How many of your workforce were actually affected—what is the number?

Ms Spaull: To my knowledge—and these metrics we have centrally are those that have been escalated to us, so we may have discounted local ones we have not caught up on—234 nurses and midwives across our company since 1 July have been in the position of not knowing whether or not they are safe to practise. Essentially they have said to us: 'I don't know if I'm registered. I've paid my money; I have a receipt. But on the register my name doesn't appear.'

Senator FIERRAVANTI-WELLS: So you only know of 234 nurses and midwives; those were escalated to you in the central area. You do not know how many may have dealt with state AHPRA around Australia.

Ms Spaull: Yes. But we did become the crisis centre, if you like, almost by default because AHPRA were not able to respond. So we sort of hit them when there was crisis and a question around their suitability and safety to practise. We can assume that other local issues that we did not know of were resolved locally and with AHPRA assistance by each state.

Senator FIERRAVANTI-WELLS: I will not take you through all those statistics because I have noted them from the submission. I am interested in understanding the financial impact of all of this. If you had to put a dollar figure on this—

Ms Spaull: I can extrapolate that from the shift hours we know of that have been lost..

Senator FIERRAVANTI-WELLS: Yes, and in fact I note that you generously supported those affected by providing over 8,000 hours, some 1,000 shifts, of employment as they awaited registration.

Ms Spaull: Yes, we did.

Senator FIERRAVANTI-WELLS: Do I understand that that was a cost to the company?

Ms Spaull: Absolutely, as a measure of goodwill and to engage them with us. One of the most challenging problems with our workforce is retaining them. We have done all this wonderful work of using the tertiary sector to train them and build them into the fabric of our organisation prior to commencement; we have quite a robust graduate program. We felt it was very important that we treated the human aspect of this. We thought it was wrong to have people sitting at home watching television for an unknown break period when we could engage them in the workforce and build them as part of our organisational culture. Although we only had them cleaning benches and emptying pans, we felt it was our duty of goodwill to care for them as people in this very challenging time of uncertainty.

Senator FIERRAVANTI-WELLS: So you employed them in other capacities—

Ms Spaull: Yes, we did.

Senator FIERRAVANTI-WELLS: At the same level of pay as they were getting—

Ms Spaull: No, we paid them as AINs or personal care attendants, as we call them, so they got around 15 to 20 per cent less per hour. To us, that was a better option than them not having employment.

Senator FIERRAVANTI-WELLS: Yes, absolutely. Have you been able to quantify what all that cost, not only in terms of lost usage of their skills in their real jobs, not being able to do those jobs, but the replacement costs?

Ms Spaull: Yes. We have quoted the number of hours. If you roughly multiplied that by $20 an hour plus 21 per cent in on-costs, you would have your figure. I cannot do that with a calculator—

Mr O'Meara: I can come back to you with some numbers on that, Senator.

Senator FIERRAVANTI-WELLS: Would you, please?

Mr O'Meara: Yes.

Senator FIERRAVANTI-WELLS: That would be very good.

Ms Spaull: Also, just to further your understanding when we talk about lost shifts and lost hours, whenever we had someone who was struck off the register—in, I would have to say, nearly 100 per cent of the cases—this became known to us through our multiple registration track. Through our internal mechanisms of communication, we actually encouraged every nurse and every allied health professional to log on for themselves and see where they were at, and often that would reveal problems: 'Oh my gosh! I've paid but I'm not registered.' So it would come about almost by accident that we would find out. They did not receive letters willingly from AHPRA. You will see in our folder that we actually had to draft letters with legal to create a sense of communication and documentation around these serious incidents where people had been practising and were not aware that they were not registered. We pulled them off the ward immediately. The shifts—

Senator FIERRAVANTI-WELLS: Because, of course, there would be legal implications for you.

Ms Spaull: That is right. For example—

Senator FIERRAVANTI-WELLS: You probably are not able to understand or quantify that at this point in time.

Ms Spaull: No. It made us feel nervous and uncomfortable.

Senator FIERRAVANTI-WELLS: You may well have a contingent liability out there but you do not actually know that yet.

Mr O'Meara: We have a fairly good idea, because I can assure you we have gone back and looked at the activity or any adverse event that might have resulted from a person working during a period of time when they were potentially not registered. So we have had a look at that. We are able to identify that at this stage, and from what we can see there are no significant outstanding issues there.

Ms Spaull: One of the reasons we captured this data—it is actually almost ironic in that we did not intuit a public hearing—is, if you like, as protection in the future should something come up. We wanted to have evidence of email trails. So it was actually done, if you like, to document evidence that we had done everything we could to be lawful in a system that was very turbulent and challenging.

When one of these situations would happen, we would have a teleconference between the staff member involved, me and the CEO of the hospital; we would draft a letter and have them sign a stat dec stating that they actually got legal advice. So it was very procedural in managing this. We did not have a lot of advice from AHPRA on what to do, so we relied on our own decision. But we know that we had around 5,500 productive hours lost on average to these periods of not being registered. Those shifts, which are hard enough to fill, were then filled with either overtime or goodwill from our existing permanent staff, from agency staff or from casual pooled nurses that would work extra shifts.

Senator FIERRAVANTI-WELLS: So to some extent, then, from the costs that you have given us, you could almost look at what the average costs were.

Ms Spaull: Yes, we can.

Senator FIERRAVANTI-WELLS: We cannot really look at that. Then we could probably do an assessment around Australia given all the problems that we have.

Ms Spaull: Yes.

Senator FIERRAVANTI-WELLS: If this is what it costs an organisation like Ramsay and you multiply that across Australia as to all the other organisations who had hundreds and thousands of problems with their workers, you will soon come to see, or at least have some understanding of, what this cost was to the health industry in Australia.

Ms Spaull: Yes. We did extrapolate some of the costs between 1 July last year and 1 January this year.

Senator FIERRAVANTI-WELLS: Do you want to share those?

Ms Spaull: Yes. It was in excess of half a million of dollars of labour.

Senator FIERRAVANTI-WELLS: In excess of half a million dollars. Is that for the period from July—

Ms Spaull: From July to, essentially, 31 December. I have not yet calculated it for this half financial year. That is not inclusive of everything. I also logged, for Gavin's interest, my own time. One week in January, when Victoria had hit its anniversary—so again it was around a peak period—I personally invested over 89 hours of my own time on top of my full-time work, and it was not unusual for me to be getting to bed at two or three in the morning; that is just evidencing what had happened. So I do not think we can measure the toll on committed healthcare professionals supporting their colleagues and the organisation in the interests of patient safety, but nevertheless it is ever present.

Senator FIERRAVANTI-WELLS: And that is on an organisation that is a large medical provider. Just imagine, in a small GP practice, what the impact would have been in terms of costs there.

Ms Spaull: Yes.

Senator FIERRAVANTI-WELLS: That is something we will talk to the AMA about, but can I just ask you about your staff affected by registration issues this year compared to previous years.

Ms Spaull: Yes. We did not previously keep a tally, so I can only have anecdotal figures based on quite a strong national networking relationship previously. The only issues we had had previously were a handful, and they were often around delicate or challenging overseas applicants with a language test barrier or something like that. So I would have to say that, by comparison, previously across the state boards it was predictable, it was consistent and they were quickly resolved. I do not think we can compare it; it is apples and oranges for us at this time.

Senator FIERRAVANTI-WELLS: I guess that, if you had to quantify the impact of resolving these issues on your organisation's resources—you have quantified a portion of it, but if you had to quantify the overall costs—it is ongoing, because you have other issues. You are talking well over half a million.

Mr O'Meara: There are significant ongoing costs in the whole process of recruiting staff because—and Liz and I might disagree—there is a workforce shortage and a skill shortage. That will get worse. The lead time for us bringing key staff from overseas, because we just do not have enough in this country, can be nine months or 12 months. We just had teams of people in the UK and Ireland recruiting for expansions in hospitals in Western Australia that will be coming online between 15 and 18 months out. We have won the tender for a hospital on the Sunshine Coast which will come online sometime near the end of 2013. We will start that process—

Ms Spaull: Next week.

Mr O'Meara: Probably—well, certainly no later than the end of this year or the beginning of next year. This is because it is not just the migration time. The immigration process is quite quick. The registration processing does take a significant amount of time.

Senator FIERRAVANTI-WELLS: I have noticed from one of those case studies that AHPRA was looking into visa status. What is the basis for that? I have not found the correlation between visa status—

Mr O'Meara: We have no idea about what that—

Ms Spaull: We were hoping we could find an answer to that.

Senator FIERRAVANTI-WELLS: You did pose some questions in relation to each of those case studies. I will not take you through them. When is your next tranche of registration?

Ms Spaull: It is similar to what our industry colleagues have said this morning. We are a little apprehensive about May. There is a palpable difference in response at the moment. The telephone calls are quickly responded to, as well as the email turnaround times. Since the decision to push it back to states to manage phone calls, we have seen a noticeable improvement. But we remain apprehensive about May. We have some in June and then we have medical colleagues going in September. It really is a continuum.

Senator FIERRAVANTI-WELLS: When did you first start getting involved in the whole process of registration? As a major provider, how were you consulted? You can take that on notice, if you like.

Ms Spaull: I am happy to answer that.

Senator FIERRAVANTI-WELLS: I have one final question. You mentioned the safety checks at the beginning. One presupposes, though, that the information that AHPRA have is correct for them to then give you correct information. Safety checks are all very well, but if they do not have correct information in their databases then that—

Ms Spaull: We did find that there were discrepancies between what the webpage said and what their reconciliation report provided. In that case, we then went back to the individual and asked for evidence of payment or a statutory declaration if that could be not provided. So, yes, I agree that we had about 40 cases where there was a discrepancy between the up to date, real-time webpage information on the public register and what the reconciliation provided. But we have internal checks and balances to make sure that it is lawful that they continue to practise.

Senator MARK BISHOP: Ramsay have a large number of hospitals in this country and you are an expanding corporation.

Mr O'Meara: That is correct.

Senator MARK BISHOP: So you have both mature facilities and you are opening new facilities from time to time, are you not?

Mr O'Meara: That is correct, yes.

Senator MARK BISHOP: So you have considerable experience with the opening of new major facilities in different parts of Australia?

Mr O'Meara: We do.

Senator MARK BISHOP: You have listed in your submission, Nos. 1 to 14, a range of problems and issues you identified over the last nine or 10 months. They are all problems. Are they properly characterised as ongoing systemic issues or are they more appropriately described as legitimate teething issues that new large organisations experience and attend to over time?

Ms Spaull: I can answer that by saying, 'Yes, they are teething issues but they still remain today.' I think what we have to perhaps reframe or redefine is: what is the period of newness? I think we have prepared our organisation that we can expect to still be teething for the next two years. I think we have tried to be realistic with our staff that this will not be immediate and that there is no automaticity like with so many things. I think this will take some time and that is why we have taken responsibility and have encouraged our staff to. We have tried to partner and work as agents for AHPRA to try to facilitate registration to enable patients to be cared for by highly skilled professionals. Yes, they are teething problems. Yes, I am confident that they are mainly administrative. They are mainly about training and resourcing. Again, I think if those can be addressed I am sure they will be lessened over time. We are already noticing in the downtime between renewals that it is much improved.

Senator MARK BISHOP: So you have noticed in more recent months—

Ms Spaull: Since about the middle of February.

Senator MARK BISHOP: So in the last three months you have noticed significant improvement in administrative—

Ms Spaull: Yes, but the test will be the end of May.

Senator MARK BISHOP: Yes, I got that. You had major teething problems from 1 July until 31 January, but for the next three months you advise that there were significant administrative improvements by AHPRA?

Ms Spaull: Yes.

Senator MARK BISHOP: And now you are waiting expectantly for the next round of—

Ms Spaull: We have a habitual ritual, as we call it in our team, whereby at 10 am and 4 pm every Monday to Friday we check the AHPRA website for updates. That is what how we maintain our information; we do not tend to get it readily otherwise. It is a cultural practice—for us, it is really about being conscientious—but we do have it on advice from their communications and various notifications from Anne Copeland. I am focusing on midwifery and nursing, but we go through the other disciplines to see that they have put in checks and balances, done extra resourcing and moved some phone calls back to state level rather than central. So you can see evidence of an attempt to improve it for the next round, and we just hope that we do not go through that.

Senator MARK BISHOP: Point 2: senior staff at AHPRA were at all times inaccessible. That is a big assertion, isn't it?

Ms Spaull: Yes, and it was our experience—and my experience personally.

Mr O'Meara: Mine as well.

Senator MARK BISHOP: Has that deficiency, if I can call it that, been remedied?

Mr O'Meara: Not to my knowledge. It is still difficult to get in contact with key people, and it is difficult to get in contact with people who have the knowledge to solve the problems.

Ms Spaull: Yes.

Senator MARK BISHOP: Why is that?

Ms Spaull: I think our colleagues from the Doctors Fund might have talked this morning about how they dissolved the traditional structure and there was the reframing to nine or 12 individual people, so I think there is that. If you look at it—and from what I can see it is probably a systems process or even a hierarchy of function—the point of contact for anyone, be it someone as senior as Gavin or an EN who is nearly registered on the floor, is the same: an e-mail or a 1300 number. We feel that we did not as an organisation have an 'in' to somehow get into those more senior levels when we are looking at quite significant impact across healthcare service provision.

I can personally say that I did develop contacts through building relationships with several policy officers, and I cannot commend them highly enough. I will not name them publicly, but there were two women previously from the Victorian nurses board who were exceptional. So I could get access, but I had to reserve the right of abusing that relationship, because I could have been on the phone to them 24 hours a day.

Senator MARK BISHOP: I know that problem. My electoral officers have relationships with a range of staff.

Ms Spaull: Without that personal relationship, I would not have access.

Senator MARK BISHOP: All right, so that is a major problem. It may well be systemic and deliberate; we will find out in due course. It could be.

Ms Spaull: Yes, I think you have made a good point.

Senator MARK BISHOP: You would concede that this amalgam of 60 or 70 acts of parliament into one and 80 or 90 boards into 10 is a major change to impose, would you not? I heard you say earlier that you are opening up a new facility on the Gold Coast in 2013.

Mr O'Meara: On the Sunshine Coast.

Senator MARK BISHOP: On the Sunshine Coast. So that is at least two years away, and you are doing your preparatory work now.

Ms Spaull: Yes.

Senator MARK BISHOP: In your observation, was there sufficient preparatory work done by AHPRA prior to 1 July, when it was born whole, so to speak—

Ms Spaull: Went live, yes.

Senator MARK BISHOP: for it to carry out its functions properly then?

Mr O'Meara: I think, speaking as someone who has been responsible for some—I hope—reasonably successful major implementations as well as some less than successful ones which you learn from, that I probably would have adopted a different approach. It is not just a centralisation of registration function but a whole new raft of rules, guidelines, and standards associated with it that everybody has to get used to, so I think that a softer start—just making sure that the resources were there, the systems and procedures worked and everybody was clear about that—would have been a much more acceptable way of doing it. I think that is something that you see frequently in something like this, where there is perhaps a political imperative to get something up and running. But it is a tremendously big task, and I think that starting more slowly and implementing bit by bit as you learn is a better way of doing it.

Ms Spaull: I openly say, and it is my personal professional opinion, that we are a change-resistant industry, nurses and doctors alike: generally their first reaction is to resist change.

Senator Mark Bishop interjecting—

Ms Spaull: Yes, we cannot underestimate that. However, that said, the amalgamation of what were formally state boards and standards was not only changing to a central system but also changing all of the standards and regulations surrounding what would deem someone competent or able to register. It was not only the function or mechanics of registration; it was actually the standards by which registration is governed. Many in the industry, many of whom I respect as senior members of our industry community, said it was too much, too soon, too quick. That is the general opinion in the industry.

Senator MARK BISHOP: Okay. Having understood those answers, would Ramsay's have a position of being supportive, opposed to, or just—

Ms Spaull: 110 per cent supportive. It removes the red tape.

Senator MARK BISHOP: You were supportive—

Ms Spaull: Absolutely—still are.

Senator MARK BISHOP: notwithstanding the problems; you still are.

Ms Spaull: Absolutely.

Mr O'Meara: We still are. As a national employer there is nothing more frustrating than having states get in the way of trying to run a business.

Senator MARK BISHOP: So there are significant net benefits—

Mr O'Meara: Absolutely.

Senator MARK BISHOP: to a major corporation like yours in this new national/centralised approach, notwithstanding the disharmony we have heard about it.

Ms Spaull: It is about that workforce access. If we can reduce the turnaround time to making talent walk through the door and start caring for patients, we absolutely embrace that, and this proposes to do that by removing red tape by state.

Senator MARK BISHOP: If the CEO of AHPRA, or whatever he or she might be called, should happen to call you and ask you what are the three priority issues that AHPRA needs to attend to to make the system work better for your tens of thousands of employees in your own business, what would be the answer to those three issues?

Ms Spaull: Firstly, vigilant communication to registrants, or members of the register, about what to expect and when it should happen, and what to do if it does not—that is, if a letter does not reach you; secondly, ensure that there are KPIs for timeframes. There was a term—I am not even sure which standard—that a graduate be registered within 90 days. We had some domestic students waiting for 12 weeks.

Senator MARK BISHOP: We were told this morning by some group that KPIs were in place in Victoria, were we not? So I asked someone else about KPIs.

Ms Spaull: I am not sure. I do not recall the conversation but I would welcome—

Senator MARK BISHOP: Are there KPIs for the registration process?

Ms Spaull: I am not aware.

Mr O'Meara: We are not aware of that.

Ms Spaull: I have not had access to that information but I would welcome KPIs for performance of the register activity around renewal. The third thing would probably be industry consultation face to face—an industry reference group—with regular quarterly meetings just to go through experiences and road blocks. That is off the top of my head.

Senator MARK BISHOP: They do have a set of reference groups that meet—the 10 boards.

Mr O'Meara: They do not often include the private sector.

Ms Spaull: I am not sure that it is all inclusive of all sectors and service divisions.

Senator MARK BISHOP: I see.

Mr O'Meara: We only provide 40 per cent of the health care in the country, so why would you ask us?

Senator MARK BISHOP: That is dead right. Why would you? Yes, I understood that. Okay, I have got those three points.

Ms Spaull: Thank you. On the spot.

Senator MARK BISHOP: Anything else to offer, Mr O'Meara?

Mr O'Meara: No. I would like to go on the record and acknowledge that the work here is predominantly Liz's work and the work of her team. I think we have gone a long way to being on the front foot and we look forward to this getting better as we go forward.

Senator MARK BISHOP: Thank you very much. Before you go, do you employ midwives?

Ms Spaull: Yes, we do.

Mr O'Meara: Yes, we do.

Senator MARK BISHOP: I am more familiar with the veterans side, over at Hollywood—

Ms Spaull: We have 22 facilities that offer maternity wards.

Senator MARK BISHOP: I am not so familiar with the non-veterans side.

Mr O'Meara: I was the CEO of Greenslopes, which is the other one on the other side.

Senator MARK BISHOP: Oh, yes.

Ms Spaull: Thousands of midwives, yes. If I can intuit some of your questions, we have what is called a medically led model of obstetric care. Our model for delivering care to mothers and babies is very separate to the two panels we had previously. We have registered midwives employed as midwives under the leadership of, and in collaboration with, doctors. It is a very separate model that we offer in hospitals.

Senator MARK BISHOP: They are sort of standalone groups?

Ms Spaull: Yes, and we are what you would call an acute medically led obstetric model where our women pay for private health to choose their doctors. So we work with the doctors to deliver the babies.

Senator MARK BISHOP: I understand.

Ms Spaull: That may help your curiosity.

Senator MARK BISHOP: In that case, I definitely will not ask you the question.

CHAIR: Thank you, Mr O'Meara and Ms Spaull, for your clear and concise evidence.

Ms Spaull: Thank you and all the best for your inquiry.

HAMBLETON, Dr Steve, Vice President, Australian Medical Association

SULLIVAN, Mr Francis, Secretary General, Australian Medical Association

[14:20]

CHAIR: I welcome representatives of the AMA. You have already received information on parliamentary privilege and the protection of witnesses and evidence. The committee has your submission. I invite you to make a short opening statement, after which colleagues will ask questions. I do like that old style title 'Secretary General', Mr Sullivan.

Mr Sullivan: So do I.

Dr Hambleton: Thank you for the opportunity to appear before you today. You have no doubt had much evidence today about the various registration situations that health practitioners have found themselves in as a result of the transition to national registration. As a medical practitioner, I cannot overstate how devastating it can be when you find yourself not registered and not being able to practise medicine and earn a living. There is devastation for the doctor's family. It is worrying for the patients. Alternative arrangements need to be made for their treatment. And it is confusing for patients about why their doctor cannot treat them.

The fact that many doctors found themselves in this very situation is appalling. Far from reducing red tape, the introduction of the national registration scheme has in fact diverted considerable health care delivery hours away from direct patient care. Thousands of doctors and other health practitioners, and large number of health care providers such as hospitals and member organisations like the AMA have spent countless hours and administrative resources dealing with individual and generic problems with registration. Junior doctors in particular had difficult and unique problems with the transition, which caused a fair amount of angst for them, their employers and their medical colleagues.

What should have been a relatively smooth transition to bring all registrants under the one national database in reality had the effect of treating people as new registrants. The biggest concern was the uncertainty over registration status. Even today some people appear on the national register with expired registration dates but are told as long as they are on the register everything is okay. This is certainly counterintuitive to a modern, efficient registration system.

What occurred in the transition to national registration was by no means inevitable or excusable because people's livelihoods are at stake and patient care is compromised. We cannot accept the view that the task was big and that therefore there were going to be problems. AHPRA cannot operate if it is just a registration body or an organisation that issues licences only if all the right boxes are ticked. It cannot operate on the basis that the public have been protected if the licence is not issued. Maintaining public safety and confidence in registered health professionals involves more than just issuing licences.

Because the national law encompasses 10 health practitioner groups, with more to be added in the future, we get the sense that AHPRA is taking a one-size-fits-all approach to regulation. This approach is not sustainable in the reality of workforce shortages of all types of health practitioners today. For example, if a doctor simply fails to meet a deadline this should not result in summary dismissal from the register. If the national scheme is going to be administered by AHPRA as a modern and effective health regulatory system, AHPRA will have to recognise that each of the health practitioner groups have different needs and requirements. This is particularly so in respect of dealing with complaints about practitioners and impairment issues. Similarly, impairment issues for medical practitioners have always been well managed in the past, with cooperation of the registrant and senior members of the profession. We are not sure how this will be managed by AHPRA. A modern and effective regulatory system will need a flexible array of conditional registrations, and AHPRA is going to have to rely on a high level of cooperation from the medical profession to provide supervisors, educators and employers able to accommodate conditionally registered medical practitioners. For this to work, the medical profession needs to have confidence in the regulation system.

In regulating the profession, AHPRA needs to balance protecting the public with ensuring a sustainable workforce to provide care and treatment. It cannot do this without working closely with the medical profession, and it cannot do this without working closely with the Medical Board of Australia, and neither organisation can achieve this without working closely with the medical profession. That is why the AMA is asking that AHPRA and the Medical Board set up arrangements to work with the medical profession to streamline the registration arrangements and ensure that protocols for complaints handling and disciplinary matters are fit for purpose and for the medical profession. The medical profession will not, and should not be asked to, tolerate a further increase

in registration fees. The promised economies of scale must be delivered to the profession. At this stage, we believe that that can be done only through streamlined processes making AHPRA an efficient and well-oiled machine. We have to restore the medical profession's confidence in the regulatory system, and we have to do it fast.

The AMA would like to see AHPRA staff dedicated to the medical profession; we would like to see some flexibility in dealing with individuals and local circumstances; we would like the same AHPRA staff to see a matter through to the end, and we want to be sure that there is no cross-subsidisation of AHPRA administration by the medical profession to other professions. We hope this inquiry provides some clear guidance to AHPRA and the health ministers on how to achieve it. Thank you.

CHAIR: Thank you, Dr Hambleton. Senator Fierravanti-Wells has sought the call, but I might put a question or two to you first. Our first witness today, Professor Smallwood from the Forum of Australian Health Professions Councils, said that he thought that, in the debacle—this is not his word but my word—of the bringing into being of AHPRA, who was to blame for that was a moot point; that, given the scope and complexity of what needed to be done, it was inevitable; and that, all in all, they did a not unreasonable job. I would just be interested in your thoughts on that description of what has happened and who you think ultimately is to blame. We have had quite a bit of evidence that it is hard with this new arrangement to determine who is actually in charge, who is responsible and who has ultimate accountability. I would like your thoughts on who is to blame. I think you have already indicated that this was not inevitable, but I would like your characterisation of the job that has been done on the whole. Is it a not unreasonable job?

Dr Hambleton: I honestly believe it has been an unreasonable job. I think that you have eight boards around Australia who have been doing this every year—re-registering their members, registering international graduates and transitioning people not from student registration, which is new, but from provisional registration to general registration to specialist registration—and getting it right most of the time. You then take that expertise and you centralise it, and we get the outcome that we got, which was really a debacle; I am quite happy to describe it as such. That should not have happened. There was lots of expertise available. We know the complexity of medical registration, and state boards know the complexity. I guess AHPRA, which took on that role, should have done a better job. It is unacceptable in these days that they should not have done a better job, and if they were not resourced to do so then they should have been.

CHAIR: So who is to blame?

Mr Sullivan: AHPRA ultimately works to the board. The way the structure worked was that we moved from state based boards to a national board. The national board puts in place policies around registration and other matters, and AHPRA is a vehicle to administer the policies. So somewhere between the setting and the administration lies the problem. Secondly, going to Senator Bishop's questions earlier, I think it is important that we went through a very long process prior to the start of this where there was a lot of public consultation from the professions and others, who made it very clear that what was being proposed was cumbersome, expensive and unnecessary; those words were used often in our submissions. When something is cumbersome, expensive and unnecessary, you end up with a process that is cumbersome and expensive, and the question you have to face is: how necessary?

Senator MARK BISHOP: Was the new, national, centralised system the subject of those words?

Mr Sullivan: Yes.

Senator MARK BISHOP: That is what you are saying?

Mr Sullivan: Yes.

Senator FIERRAVANTI-WELLS: Senator Bishop questioned earlier about the use of the word 'debacle'. I was quoting from the AMA's submission.

Senator MARK BISHOP: I saw that.

Senator FIERRAVANTI-WELLS: So it was the AMA's word which I was borrowing. The AMA, of course, has been one of those organisations that has been involved in this process right from way back, when it was being driven out of PM&C by Dr Morauta's work. I do not have AMA's releases going back then, but certainly your concerns have been consistent right from the beginning, and they been documented on the public record. They are about the process which, as you have said, is cumbersome, expensive and—

Mr Sullivan: Unnecessary.

Senator FIERRAVANTI-WELLS: unnecessary. Can I just take you back to August 2009. Even then, in a media release, you were talking about your concerns. Even on 17 February, earlier this year, I think you were still talking about significant administrative problems with the whole issue.

Mr Sullivan: Yes.

Senator FIERRAVANTI-WELLS: Just taking you back to the consultation earlier on, clearly it was driven from the federal level; that is very clear from what the minister herself, Ms Roxon, has said on the public record. Go back to those early times—this was clearly driven at a federal level.

Mr Sullivan: Our understanding is that it was driven firstly mainly at a COAG level. This goes back many years into the previous government and this government. The proposal to move towards a national accreditation and registration system—notice that the two words went together—was a problem in the first place. The medical profession was concerned about a blending of processes that would enable the interference by government in the setting of accreditation standards, which is a no-no, and that whole process of workforce regulation—along with registration and the setting of accreditation standards—became complicated, confusing and unsettling for the medical profession. You will note that in our releases over many years that we were definite about particular principles that should not get eroded here.

In fairness, over time both the Commonwealth minister and the state ministers involved did make adjustments, particularly in the area of making sure that accreditation standards and so on were safeguarded. But I think there was quite a stubborn resistance around aspects to do with the registration—bureaucracy that would be put in place—and that is what Dr Hambleton is saying: at the end of the day, as it rolled out, it was a debacle, and it would not just be for the medical profession; I think the confidence in what can happen in the future is pretty low.

Senator FIERRAVANTI-WELLS: Can I just go to some the specifics—and you heard me asking some of these questions earlier today—on some of the members affected. Your membership across Australia is how many thousand?

Mr Hambleton: Twenty-seven thousand.

Senator FIERRAVANTI-WELLS: Of those members, how many have been affected by these registration problems, delays or mistakes?

Mr Hambleton: We knew you were going to ask that question. I think it is a very good question, but we did not run a tally when these complaints started coming in, and I guess by the time the momentum continued it was too late to run a proper, accurate tally.

Senator FIERRAVANTI-WELLS: Hundreds? Thousands?

Mr Hambleton: I can certainly tell you that we had a staff member, who was often working full-time on the issues, in every state in Australia, including at the federal office. So it certainly took staff-time to communicate things that people could not get across the line with direct calls to AHPRA.

Mr Sullivan: I will give you a good example of the potency of the issue for doctors. You will recall years ago there was a massive problem with medical indemnity for doctors. That is a really strong, intimate issue and this year, when one of our branches put out a notice to members that they were available for information around registration, over the course of three days they had more responses than they have ever had in their time, including the medical indemnity time. In other words, because the issue was so potent, so urgent, it took very little for members to engage with the branch. Anyone who knows associations knows that sometimes members can be very distant on occasion. That was three days of very intense contact with a branch in the biggest state in Australia that then had to put in place a process internally of information dissemination. It happened in every branch. I would say it had to be in the thousands, not the hundreds.

Senator FIERRAVANTI-WELLS: I would really appreciate it if you could get me more precise figures. I thought it would be in the thousands given your membership, but if you could give me some more precise information that would be good. How many of those did not get notification of their renewal?

Dr Hambleton: Once again, it is hard to give you the correct numbers, but we had lots of people telling us that the first information they had was from Medicare that they were no longer registered. We had people in group practices informing us that the letter went to the practice but not to them.

Senator FIERRAVANTI-WELLS: Chair, it is unfortunate that Medicare has refused to attend as well because I think Medicare would have provided us with very pertinent information, given the fact that Medicare was the first point of call where a lot of practitioners found out about their deregistration through Medicare and not through AHPRA.

CHAIR: Indeed, and I will be writing to Medicare on behalf of the committee making those points.

Dr Hambleton: That is a point because Medicare should know exactly the number that were withdrawn from Medicare. The communication with Medicare was only to one point, of course, and they would have accurate numbers.

Senator FIERRAVANTI-WELLS: Dr Hambleton, I sought to elicit that information at estimates and Medicare was less than forthcoming. I put it on notice and I still have not had an adequate response which is why I am doubly upset that Medicare has refused to attend. Of course they have the information in their purview and can respond and tell us how many people were actually contacted and how many people AHPRA told them about before they told the person. That is precisely the nub of that issue. In terms of your members, again we are probably talking about thousands who had problems and tried to contact AHPRA. Was the feedback that they tried to contact AHPRA and could not?

Dr Hambleton: The feedback was that they made the phone call. They often waited on the line for extended periods of time to be answered. When they were answered they did not receive return phone calls. When they rang back they got someone else and they often had to start the process again. They did not receive return phone calls for extended periods and often after a couple of attempts they would call the AMA and say, 'Please, do something; we're not getting anywhere.'

Senator FIERRAVANTI-WELLS: How many were wrongly sent letters about their registration—that is, they had paid their fees, they had put the forms in, but were provided with wrong information?

Dr Hambleton: Again, the numbers are difficult. As well as that, people were sent the wrong forms and when they rang up they were told, 'Just fill it out, everything will be fine' and in fact it was not. I have had doctors tell me personally that provisional registrants, who expected to be fully registered at the end of their intern year, found that when they filled out the wrong form, after being told to fill out the wrong form, maintained provisional registration not full registration and they were employed as interns on intern pay not on PGY2 pay. The information they got did not actually correlate with the outcomes they were expecting.

Senator FIERRAVANTI-WELLS: How many of your members were deregistered? Do you have that information?

Dr Hambleton: Again, we will seek the information and try to provide it.

Senator FIERRAVANTI-WELLS: We just heard evidence from Ramsay about the cost on their practice. They are a large national health organisation. What has been the impact on practices? I am particularly interested in any information or any evidence you have about practices either going to the wall or in serious financial circumstances, and about the costs imposed by this debacle, particularly on those small practices.

Dr Hambleton: I think you have identified the issue quite correctly. The impact on a general practice—and I am a general practitioner—of having one practitioner out of the loop for a period of time is devastating. Often general practitioners run very close to the financial line and the loss of one doctor means you have to see patients by the other doctors. I will have to take on notice a specific example. I am not aware of any practices that have gone to the wall, but we will seek that information.

Senator FIERRAVANTI-WELLS: Obviously there have been financial impacts on general practices right across the country. What about the impact on patients in relation to that? Obviously it has had a marked impact.

Dr Hambleton: There are dual impacts, as you have alluded to. One impact is not being able to see a particular doctor or the waiting times increasing substantially. The second impact is the decrease in confidence in the practitioner that they are seeing. A lot of the time we have international medical graduates. We need to maintain confidence in our colleagues from overseas to make sure that they can do the job that they are brought here to do. If an international graduate is deregistered and the patients find out, they come back and say, 'How come he was not registered last week, he is registered this week and he was the week before?' So the confidence in the practitioner is almost as disturbing as the fact that they could not see anyone.

Senator FIERRAVANTI-WELLS: And there is the reputational impact on that practitioner. When I questioned Medicare they just fobbed it off, but there is an impact. For any professional to have themselves deregistered or to have a stain on their professional reputation through no cause of their own is always difficult. How many of those have you got now in the profession?

Dr Hambleton: There are thousands. You have identified it correctly. Our reputation as practitioners is probably our most valuable resource. For an international graduate to have that delay or problem when they have already faced a lot of hurdles is just really unacceptable.

Senator FIERRAVANTI-WELLS: What is the cost of all of this? Can we quantify this or is it an immeasurable impact?

Dr Hambleton: Reputation is impossible to measure. The financial cost of not being able to see patients for a number of weeks can be quantified but once again it is hard to measure that as a total. The cost to patients of the delays that occur when they cannot get into their practice of choice once again is very hard to understand. Medicare knows about some of these costs but it is really the hidden large numbers that we know about that we cannot measure.

Senator FIERRAVANTI-WELLS: I want to ask you about the legal implications. There may well be contingent liabilities in relation to professionals who have acted during this period unbeknownst. That is something that at this stage we do not know.

Dr Hambleton: You are quite right. We have raised these issues. We understand that the indemnity insurers have offered to support the practitioner's periods when they have been deregistered through no fault of their own; however, that has never been tested. So, if there are issues and cases that come up in the period when they were technically unregistered, we have no idea what the court's view on that will be, particularly for practitioners who continued to see patients in the belief that they had looked after all the details and subsequently found out that they had not.

Senator FIERRAVANTI-WELLS: Then there are the patients who have gone along to Medicare and, because the professional has been deregistered, have not been able to claim. There has been an announcement that the Commonwealth will consider ex gratia or act of grace payments for a period of time so that patients are not disadvantaged by lapsed registration. That is all very well for the patients. Obviously, the Commonwealth is concerned about the patient, but there has been nothing in relation to the practitioners. Is that the case?

Dr Hambleton: I believe that is the case. The minister thankfully indicated that she would support act of grace payments for patients, which is very good, but individuals rely on their ability to generate an income. There was a gap for a lot of individuals where they were not generating income. We certainly know about doctors who are misclassified in the public sector whose income is down. I do not think there is any remedy at this stage for any of that.

Senator FIERRAVANTI-WELLS: Can I note for the record that it is all very well if the Commonwealth decides to give act of grace payments but it has distanced itself from this inquiry, not wishing to attend. It is just the sort of thing I would have liked to have asked the Department of Health and Ageing.

CHAIR: For the information of the witnesses at the table we had invited the Commonwealth Department of Health and Ageing to appear as witnesses but they declined on the basis that AHPRA was essentially the creation of the states and territories and that these matters were not really relevant to the Commonwealth Department of Health and Ageing. I and the committee members found that surprising but there you have it.

Senator FIERRAVANTI-WELLS: What is the situation in relation to the number of members affected by registration issues this year compared to previous years? Are we talking small numbers in previous years and then all of a sudden this year is a different story?

Dr Hambleton: In years gone by it was unheard of to have problems with re-registration or transition to registration. Of course, we have had a huge number in this first year out and we are in a very quiet time now. Normally the boards would not have much work to do on registration issues at this point in time, so judging at the moment does not really give you an indication. But when all the practitioners get re-registered later in the year and again in January, when there are lots of transitions between employers, we will be able to judge more fully about how many problems we are going to see.

Senator FIERRAVANTI-WELLS: So you first became aware of the registration problems about July last year?

Dr Hambleton: It was virtually instantaneous. In fact, I submitted a report to the Medical Board of Queensland on 30 June and as of midnight that night their email address stopped working. I do not know where it went after that. I am not sure whether any emails that were delayed got through. I do not know. That sort of transition was appalling as well. Why can't they be forwarded? Why can't they continue to answer the phone?

Senator FIERRAVANTI-WELLS: I am sure somebody from AHPRA will give me an explanation for that.

Dr Hambleton: The AMA went to great lengths to warn its members that this transition was coming up. We had repeated emails go out to its members. We said, 'Please make sure you're registered with your state: double check it, make sure the address is correct, make sure your details are right so you're available and ready to be informed when it happens.' We sent out emails with the logo that said: 'This is the new logo. If you see something with this on, this is important.' We tried to prepare our membership as best we could and it is very disappointing when the profession is trying to do its bit and we get let down.

Senator FIERRAVANTI-WELLS: And then you get letters that say Dr Bloggs from North Adelaide. That is really helpful, isn't it?

Dr Hambleton: Yes.

Senator FIERRAVANTI-WELLS: And of course that is the loss. You talked about your organisation's resources: one staff member at state level and one at federal level. What about the resources of your individual 27,000 members? How do we quantify the resources, the hours that were probably wasted and dealt with there? We are probably not going to be able to quantify that as we go to each of the 27,000.

Dr Hambleton: It is very difficult. General practitioners certainly rely on their practice managers for support. When there is a registration issue it is the practice manager who will be spending time looking at these issues, making the phone calls, trying to get the forms accurate. It is difficult to quantify. As I say, it is with the international graduates and the transitional graduates where the most difficulties arise, but it often falls to the practice. Those resources are diverted from things they would normally do.

Senator FIERRAVANTI-WELLS: When is the next important date for your next tranche of registrations?

Dr Hambleton: I believe is September this year.

Senator FIERRAVANTI-WELLS: And that will be for how many members?

Dr Hambleton: That is really going to be for all graduates in Australia to be reregistered. It is different for Queensland though because even now Queensland members are getting information to reregister I think it is for a 15-month period this time. Queensland transitioned past July last year, so they had less trouble. We are yet to see the outcome of that. I can tell you that the confidence of the members from Queensland is very low that, when they put their forms or dollars in, they will actually get actioned in an appropriately reasonable time frame.

Senator FIERRAVANTI-WELLS: Can I ask you the number of your members who now have outstanding issues with AHPRA? Is it again in the thousands?

Mr Sullivan: I do not know whether we could say that. We would have to do another quick roundabout I would say.

Senator FIERRAVANTI-WELLS: I would really appreciate it if you could give me some figures in relation to this. I want to take you back because the AMA has been involved for such a long period of time. When you started to see these problems in July, you would have made contact with certain organisations—AHPRA obviously—what was the response there?

Mr Sullivan: I think it is important to contextualise that through this whole period, as Dr Hambleton said, we tried our best to be very helpful. We actually became, if you like, an administrative assistant. We were making regular contact with AHPRA, particularly through their national structure, raising the issues through correspondence, through direct phone calls. We even talked to our own medical board people to try to alert them to the problem. I think it is fair to say that there was a lot of early warning. Again I think we are all hypersensitive to not trying to put individuals who work at AHPRA in the firing line but rather to say that we felt that they were inundated, they did not have the resources and, I have to say with the feedback we got, they did not have the administrative processes in place in time.

Senator FIERRAVANTI-WELLS: Poor planning and insufficient resources. Any organisation which faces those challenges is not going to produce an efficient result.

Mr Sullivan: It goes back to our original point. We said that it would be cumbersome and expensive. It certainly was cumbersome and because there was a lack of resources it has become a terribly cost inefficient arrangement.

Senator FIERRAVANTI-WELLS: At any stage of the process was an assessment made about how much it would cost to run a proper national registration system?

Mr Sullivan: I am glad you asked that question because it takes us back to the consultation period when governments of all levels were seeking support by the professions to go forward in this manner. We made it very clear that it would be expensive. During that period senior officials were trying to lead us to the view that it would not cost any more to be registered this way than to be registered at your state level. Any doctor, and I am sure other professions, would tell you it is costing them more. So it is costing more and has not delivered an efficient system to justify the increase. What is disturbing is that you will note in our submission there is every signal that it will cost more.

Senator FIERRAVANTI-WELLS: That is right because of registration fees.

Mr Sullivan: The cost shift is to the professions, the burden shift is to the professions, the anxiety shift is to the professions and it does not take much to work out how people have lost confidence.

Senator FIERRAVANTI-WELLS: But there would be ultimately I would have thought a cost shift to the patients as well.

Mr Sullivan: Obviously each doctor will make his or her own call on that.

Senator FIERRAVANTI-WELLS: Of course. And so another debacle has to be paid for by the taxpayers of Australia. Did you raise these issues with the federal minister at all?

Mr Sullivan: We have discussed it with all ministers. Because of our structure our federal presidents and state presidents wrote to all ministers about it at the same time and took the occasion to meet locally with their ministers including federal and state.

Senator FIERRAVANTI-WELLS: What has been the response?

Mr Sullivan: I think there are two issues here and I noticed that Senator Fifield made the point about the Commonwealth saying that AHPRA was set up by the States and Territories. AHPRA was established by them all. That is pretty handy at a time of conflict because no one minister feels ultimately responsible.

CHAIR: It is perfect—it is genius in its design if you are an incumbent minister, is it not?

Mr Sullivan: It certainly helps.

Senator FIERRAVANTI-WELLS: What about concerns about the processes at AHPRA now? Obviously there are ongoing discussions. How do you see the issues being resolved? At page 2 of your submission you say:

> 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 … This approach leads us to conclude that the problems will continue.

Will it get to a point, Mr Sullivan, where we have to reconsider this national system?

Mr Sullivan: I think Dr Hambleton might reiterate some of the points about a process or structure we would prefer, but there is no question within the AMA. We have engaged in this process in good faith, but had concerns that it would be cumbersome and expensive. We still maintain the actual process is unnecessary. It can be much more efficient and streamlined and, we believe, less expensive. But it must be a process of registration that is germane to how medicine and medical practice is organised in Australia, not a process of registration that is generic to any other grouping, because, although there may be fewer doctors than nurses, medical registration is far more complex than for nursing.

Dr Hambleton: That is the prime reason that we are saying AHPRA should have staff dedicated to the medical profession. When they build up that expertise, they will have a much better ability to steer people to the appropriate solution faster. Because it is a medical issue and because of the importance of maintaining your registration, you cannot just knock people off because of a technicality. They need some flexibility, those staff, to deal with individuals, the local issues and the local circumstances. There are circumstances in which it is even more important to make sure that people do not fall off the register.

The other problem we saw, which is easy to solve, is that the same AHPRA staff need to see a problem to its solution. Many times people have rung up and said, 'I have had to start again three times and nobody returns my call.' It is easy to say, 'It is my problem and I will take it through to the end,' and that is how it should run. The reality is that if we can do that—dedicated staff, flexibility and knowledge of the system, recognising that it is complex but that you will build up expertise—we can do this more efficiently. We should have cost savings, for goodness sake! It should not be double the price for most of Australia with an outlook of becoming even more expensive.

Senator FIERRAVANTI-WELLS: It is clear from one answer from Medicare that the number of registrations is trending down. Do you envisage that this whole registration debacle is going to result in a number of doctors not reregistering due to having been burnt by this process and the whole thing all becoming a bit too complicated—this at a time when we need more doctors? What impact is this going to have long term?

Dr Hambleton: Anything that puts a hurdle in front of people who have the option of stopping work creates a potential risk that they will not come back into the workforce. These are people at the end of their careers and we know that our senior practitioners are excellent resources for teaching and excellent resources for training. This is happening at a time when we need those resources to build up the numbers in the professions. If we lose them and they are deregistered and not available—doing something else—it is a tragedy going forward.

Senator FIERRAVANTI-WELLS: Then there is the issue with the retiring doctors. On that point, I recently had an example of somebody that I dealt with in my previous life with the Australian Government Solicitor—a person of 40 years experience, newly retired—coming to me with the sorts of issues that we have been canvassing

today. It is a pity—I know this doctor's expertise and it is a pity to lose that expertise out of the system. But this is what the system has now resulted in. On the one hand, you have the complaints about too few doctors in the system while, on the other hand, all of a sudden we have put a major hurdle in front of doctors staying in or coming back into the system.

Dr Hambleton: We certainly reiterate that the AMA stands ready to work with AHPRA. We need to get this working and we need to make it work going forward.

Senator FIERRAVANTI-WELLS: Mr Sullivan, I notice that you predicted in your submission, at page 8, that the system would be 'complex, cumbersome, bureaucratic and expensive'. That was in 2009. So my point is it was very clear. Regrettably, the government is not here to answer this question, but those warnings were given loud and clear, certainly to the federal health minister, but appear not to have been heeded. It is very clear now that the budget allocated of $19 million was nowhere near what was necessary to establish this system.

Mr Sullivan: I agree, and I would stress the point that we were given every indication there would not be an increase in personal fees. So if the budget of $20 million was inadequate then I hope we are not working on an assumption that there will be a continued cost shift to the professionals in order to crank that budget up. I think the AMA was on the record as early as March 2008, as a matter of fact, forewarning what we are unfortunately now going through.

Senator FIERRAVANTI-WELLS: It certainly means the minister's assurance, 'I can assure the House that this bill will not disadvantage medical practitioners that are currently registered in states and territories,' is very much a hollow assurance. In fact the complete opposite has occurred. That is my comment.

CHAIR: Thank you, Mr Sullivan and Dr Hambleton, for your time today. We appreciate it.

Proceedings suspended from 15:01 to 15:16

LITTLEFIELD, Professor Lyn, Executive Director, Australian Psychological Society

NORTHEY, Ms Wendy, Director, Australian Association of Psychologists

POINTER, Mr Michael, Executive Director, Australian Association of Psychologists

STEVENSON, Mr Paul, President, Australian Association of Psychologists

STOKES, Mr David Lewis, Senior Management, Professional Practice, Australian Psychological Society

CHAIR: Welcome. I understand information on parliamentary privilege and the protection of witnesses and evidence has been provided to both organisations. The committee has submissions from both organisations. I now invite both organisations to make a short opening statement, after which we will go to questions from the committee.

Prof. Littlefield: The APS is the peak professional organisation for psychologists in Australia. We have over 20,000 members. We have been going since 1944—65 years—and our role over that time has been ensuring maintenance of standards of education and training, accrediting courses, and monitoring professional development and assessment of overseas qualifications. So a lot of what AHPRA and the new boards do, we have been doing for some 40 more years prior to them. Hence, when this scheme was set up we were extremely disappointed because there was very little consultation with us and very little drawing on our history and our knowledge.

It appeared that on 1 July 2010 AHPRA and the board were really not prepared for the enormity of the task that lay ahead of them and not prepared in terms of processes, resourcing and managing the whole thing. What actually happened was that psychologists reported to us, from our 20,000 membership, enormous difficulties in trying to contact AHPRA and the board, and trying to get advice. They reported that they could not get on to them by telephone or email and when they did get on to them quite often the staff gave them incorrect information or actually had no knowledge of the issue that they were raising. Even the website was often offline and that delayed registration of some of the health professionals. In fact, AHPRA were referring them all to us. So they did refer these inquiries to us and the impact of that was enormous. We had to put on 13 staff for six months to handle the inquiries. Now that was partly due to—

CHAIR: I am surprised you have 13 staff.

Prof. Littlefield: We have 110 staff.

CHAIR: It is a big operation.

Prof. Littlefield: So some of them were taken offline but we actually had to employ staff to do this and that was for two reasons: one, to handle the sheer volume of inquiries that AHPRA could not answer; and, two, the PBA, the board, kept changing its mind about things like transition rules. Originally there was going to be a transition of three years, then at one point that was shortened to two weeks, so everyone panicked. We negotiated with the board and got it out to three months. Hence the whole process was concertinaed. That was the extent of the difficulty, but it is ongoing due to errors in registration renewal experienced over the Christmas period. I am going to ask David to speak to that.

Mr Stokes: I guess the renewal process really highlighted their unpreparedness for this process. We had some gross injustices on both our members and our members of the community that followed on as a consequence. Perhaps the worst was experienced in Queensland. We did manage to rescue a renewal phase in Victoria and Tasmania—it could have been a bit more than it needed. The issues that really came up in that renewal process were the failure of members to receive a registration renewal form through any of the multiple ways that they attempted to send these out; they just never received any of them. Not only was that failure very potent for many of them but also there was a strong implication that it was a failure of the registrant and not of the process.

Secondly, they instituted a fast-track system which for many people was in no way fast tracked; it still took a month to get a renewal through even on the fast-track system. I guess the third thing that happened was the failure, when there was a renewal, to provide continuity of registration. For many people, there was initially a large gap because they actually renewed registration from the first date of registration rather than from the lapsed date of registration, which had implications for Medicare funding as well as for their own professional reputation.

Above all, it was the impact on clients in the community that was most significant from our perspective. Although it was very distressing for our members and for registrants, the impact on the continuity of care and on some of the most vulnerable members of the community was a serious consequence of this disruption.

Prof. Littlefield: I would like to emphasise that not only was there a lack of sufficient preparation and obvious under-resourcing but also it seems to us there was poor management of the whole process. I think those are the three major concerns.

CHAIR: We will open it up for questions shortly, but I invite the Australian Association of Psychologists to make an opening statement.

Mr Stevenson: The Australian Association of Psychologists is a not-for-profit organisation of registered practising psychologists. We were formed to represent the interests of all Australian psychologists, including the so-called generalist psychologists who, together with their clients, have been disadvantaged and discriminated against by the introduction of the national registration arrangements now being administered by the Psychology Board of Australia as a component of AHPRA.

In brief, we believe that AHPRA has been negligent in its overseeing and monitoring of the development of national laws emanating from the Psychology Board of Australia, and relevant to invalid premises of administrative procedures by one major psychological society—the Australian Psychological Society. This influence is not reflective of the greater body of psychologists and has been fostered by an academic base—not a practitioner base—when in fact AHPRA and the Psychology Board of Australia have a charter on practitionership and not academics.

I would like to say that we agree with much of what Professor Littlefield has said with regard to the accessibility of AHPRA, which has been very poor in telephone communications, in various inept and contradictory information by different operatives when contacting AHPRA, and the poor email and postal communications and delays in correspondence. We support both what Professor Littlefield has said and the submission by the APS with regard to the renewal process and deregistration debacle. I have listened to other speakers this afternoon and that seems to be reflective across all 10 ten boards.

CHAIR: So that concludes your opening remarks, thank you. Professor Littlefield?

Prof. Littlefield: I did not want to have to say this, but we were quite upset that we only got half a session, jointly with this body who in their submission have said inaccuracies about the APS and who just stated a couple then. I do not want to take up your time with it, but I have written a page about that inaccuracy and I would like to leave it with you. How do we deal with this?

CHAIR: If there is a document that you would like to table then feel free to do so. The officer will take that. In relation to having two organisations appearing side by side, that is a common practice in Senate committees where we have different organisations who have an interest in the same area. That is really just a matter of the laws of physics. We try and accommodate as many people who wish to give evidence as possible. Tomorrow we have some examples where we will have a number of organisations together. That is the rationale for today's program.

The word 'debacle' has been used by a number of witnesses today to describe the transition to the AHPRA arrangements. Would that be a fair term to use?

Prof. Littlefield: When the scheme first opened, as I said, it was just impossible for psychologists to get onto AHPRA to understand how they had to interface with the requirements. Our switchboard was absolutely jammed for weeks and we had to put on 13 extra staff to handle the inquiries. You just could not get good answers from AHPRA, with staff not understanding the scheme and actually giving inaccurate information. So I think the situation was really quite bad.

CHAIR: Would you say it was a debacle? If this is not a debacle, what is, from a professional point of view?

Prof. Littlefield: It was extremely difficult, yes.

CHAIR: Thank you. I will not put words in your mouth. Dedicating 13 staff to a task like this was clearly a cost to your budget. Have you sought any sort of recompense from AHPRA?

Prof. Littlefield: No, we have not.

CHAIR: Are you intending to?

Prof. Littlefield: No, we are not.

CHAIR: You are just taking one for the team?

Prof. Littlefield: We see what we did as also a service to members, to help them out in such a situation. That is the way we viewed it.

CHAIR: Do you remain a supporter of AHPRA?

Prof. Littlefield: They have certainly got better, and their communication with us is much better. We still point out lots of inaccuracies, which they can take a very long time to correct, and that is information on their website. So it is better, but I think there are still issues that do need to be resolved.

CHAIR: So it is a qualified support.

Mr Stokes: I think it needs to be said, however, as we said in our submission, that their failure to really respond in a positive way in the community, to accept the responsibility, and their inclination to dismiss it and even openly deny that the problems were theirs we found very difficult to work with, and so did our members. I think it is a very different situation if an organisation says, 'Yes, we've really got teething problems; things aren't going well; we're trying to do our best.' Rather, we got dismissive statements such as, 'There were expected levels of nonregistrations,' and so forth—not the sort of way you go about keeping communication open and confidence in a system.

CHAIR: Indeed. Mr Stevenson, in your organisation's submission, you focused on the effect of the new registration arrangements on members of your organisation. There are people who in effect have lost their livelihood because they do not meet some of the criteria which are now required. Could you take the committee through that?

Mr Stevenson: Prior to 1 July or 2 July—there seems to be some contention about that—the situation for practising psychologist in Australia was that they would act according to a self-assessment of their skills across all streams of psychology. The new national arrangement is that there is now an area of practice endorsement, which somewhat restricts what psychologist can do. It means that upon extra academic qualification a psychologist can be endorsed by the Psychologist Board of Australia to act in any one or two or three—as many as that person can qualify for—but they are certainly not able to conduct all of the types of psychotherapies and deal with all of the types of clientele that he or she would have previously dealt with.

We believe that the failure to recognise prior learning and experience in respect of a master's degree in an area of practice endorsement is an invalid criteria upon which to base a person's qualification and ability. It erodes many, many decades of experience and ability from people who have been practising without any complaints up until 30 June last year. What we are finding now is that many of our practitioners and as many as 80 per cent of all registered psychologist will fall into a basket called 'unendorsement'. That is a term that nobody has really formally coined because we have only talked about endorsement, but we believe the converse to it is 'unendorsement'.

CHAIR: As opposed to 'dis'.

Mr Stevenson: We believe that statutory body referrers such as Centrelink and WorkCover and Veterans' Affairs and schools and prisons and NGOs will all be forced, in time, by their own duty of care to their constituents to refer only to endorsed psychologists. There are presently 3,700 endorsed clinical psychologist in this country. Of all the seven streams of psychology there are something over 5,000 out of 28,000 registered psychologists. So it is this narrowing of the profession through areas of practice endorsement that is the greatest threat to the service delivery of psychology to the consumer.

CHAIR: It sounds like these new requirements are, in effect, retrospective.

Mr Stevenson: They are retrospective, exactly, and there is no grandfathering. It is based on invalid criteria because in fact the two research studies that have been done on this—one by DoHA under the Better Access to Mental Health Care program—have shown that there is no difference in service delivery of general psychologists and so-called specialists or endorsed psychologists. The survey we have conducted in our organisation has shown that it is exactly the same.

Senator FIERRAVANTI-WELLS: Professor, I would like to start with you. Your organisation has more than 20,000 members. Are they all psychologists? What is the breakdown of that 20,000?

Prof. Littlefield: Some are students of psychology, which would be about 1,500, the rest are all psychologists. And contrary to an opinion given before, less than 2,000 are academic; the rest are all practitioners. So there are about 18,000 practitioners.

Senator FIERRAVANTI-WELLS: Eighteen thousand practitioners, 15,000 students and what did you say—

Prof. Littlefield: I am sorry, it is 1,500.

Senator FIERRAVANTI-WELLS: Fifteen hundred students, 18,000 practitioners and—what was the other one?

Prof. Littlefield: I will go through this again: 20,000 in total, about 2,000 of them are academics and 1,500 are students.

Senator FIERRAVANTI-WELLS: Well that does not tally, because that is 21,500.

Prof. Littlefield: It must be then 16½ thousand practitioners.

Senator FIERRAVANTI-WELLS: I would like to know how many of your members have been affected in some way by these registration issues, including those who were not informed of the registration renewal, those who had difficulty contacting AHPRA and those who got correspondence in relation to their registration renewals et cetera. I am particularly interested in the number that were deregistered, most especially in Victoria and Queensland. I have heard figures of over 500 in Victoria and about 100 in Queensland and I would like your comment on that. Particularly in those two states as a consequence of the floods, as the shadow minister for mental health obviously I have a particular interest and it is very clear that in those areas the need is greater given what we have suffered in recent months. Perhaps I could start with you, Mr Stokes. If you could give me those figures, I would be grateful, thank you.

Mr Stokes: We do not have accurate figures because they are not something that we are able to demand. Only AHPRA itself knows that sort of information in a precise sense.

Senator FIERRAVANTI-WELLS: You must have some estimate.

Mr Stokes: Yes, I can give you an estimate.

Senator FIERRAVANTI-WELLS: I am happy with an estimate, thank you.

Mr Stokes: We would imagine that somewhere around the eight per cent mark of psychologists in Victoria were not renewed. The precise number of them who had chosen to go that way and those who—

Senator FIERRAVANTI-WELLS: Can you put a figure on that?

Mr Stokes: There are 5,000 registrants in Victoria and so 10 per cent of that would be 500, as you said. So my guess is that somewhere around that were not renewed. What we do not know, because we do not have access to them all telling us what happened, is what percentage of those were a failure of AHPRA and what percentage actually chose not to renew themselves. We just do not have that information.

Senator FIERRAVANTI-WELLS: Given the number of members, do you have statistics in relation to your members who have been affected nationally?

Mr Stokes: Only anecdotally in the sense that they contacted us and raised those concerns.

Senator FIERRAVANTI-WELLS: How many have contacted you?

Mr Stokes: We would have had phone calls in Victoria from something like between 50 and 100. Of concerns in Queensland, we know, as I documented, because we asked Queenslanders to come back to us, that some 30 or so were not only not registered but had never received any communication from AHPRA regardless of their situation.

Senator FIERRAVANTI-WELLS: What has been the impact of that on those practices and, more so, the impact on those patients? Of course, with psychology the relationship between the patient and the professional is very important—as are all medical relationships, but that one in particular is important because of the reliance factor.

Prof. Littlefield: There has been a shocking impact because many of those psychologists did not know they were not registered, so they continued to see their patients and then when the patients went to Medicare to claim the rebate they discovered that the psychologist they were seeing was not any longer registered. So the patient was impacted on by not being able to get the rebate. There was an enormous impact on the patient in how they viewed the psychologist and then they had to tell the psychologist that they were not registered. So those people could not see any patients for quite some time, until they got back on the register. A lot of them lost income and lost their patients, although a number of them continued to just work—or not work, because they were not registered, but support somehow their patients by trying to get them somewhere else.

Senator FIERRAVANTI-WELLS: Of course, that may have legal implications and ramifications in terms of contingent liabilities for that period of time.

Prof. Littlefield: Absolutely.

Senator FIERRAVANTI-WELLS: But that is not quantifiable at this point. Mr Stevenson, could your organisation assist me with those same figures? How many members do you have?

Mr Stevenson: We have 1,000 members and affiliates.

Senator FIERRAVANTI-WELLS: Of your members, how many were affected?

Mr Stevenson: I cannot tell you how many of our members were affected, but I can tell you how many people were affected.

Senator FIERRAVANTI-WELLS: That would be helpful.

Mr Stevenson: In our discussions with our representative of the Victorian health department we became aware that 570 were deregistered in Victoria.

Senator FIERRAVANTI-WELLS: So 570 were deregistered in Victoria?

Mr Stevenson: Yes, and from a very generous member of the Queensland psychologists board we learned that there were 130 deregistered in Queensland. In terms of the impact of that, I am prepared to give you my own personal story as one person who was deregistered in Queensland so that you can see the impact it has had on a practice firsthand.

Senator FIERRAVANTI-WELLS: Absolutely. That would be very good.

Mr Stevenson: I am a trauma specialist. I was for 21 years registered as a psychologist and I was on-site at the Bali bombings and the Port Arthur shootings. I was a prime ministerial adviser to John Howard during the Indian Ocean tsunami and many other major international disasters around the world. You mentioned the floods in Brisbane. I turned up at the royal national association evacuation centre during the floods to see the 1,300 or so evacuees who were staying there. I came in as a volunteer to assist as a trauma expert and was welcomed by people who knew me and knew of me. Within an hour of my volunteering to assist, I was asked to leave the premises because a screening was done and I was found to be deregistered. I had no knowledge of that at all. So this very humiliating situation impacted on me professionally and also upon thousands of people who were in the evacuation centre because I had to leave the premises and was not able to offer any services at all.

I spent the rest of that day on the phone to AHPRA and the PBA to try and work out why I was not on the register. I had looked at the register, I saw that I was not there but I had heard nothing from them. I knew that the renewal date had passed because in fact I wrote to AHPRA two weeks before the renewal date to tell them that I had not received a renewal notice and to ask if they could please send it in a timely manner. I heard nothing from them. Then we got involved in the floods and I did not follow it up, only to find that I was deregistered. I got a letter that was dated some eight days earlier, which may have been held up in the floods, and so I had been working for eight days unregistered without knowing about it. Of course, I would have had legal liability because my professional indemnity insurance would have been null and void.

Because I do not do a lot of work for Medicare, I did not have a Medicare problem at that time, but I do do some work for Medicare. So what I had to do was cease work immediately because I was threatened with a $30,000 fine if I worked. Then I found out that my Medicare provider numbers had been cancelled. I asked AHPRA if they would please take responsibility to reinstate that. They refused outright and said it would be my responsibility to do so. I was able to get back on the PBA register by sending an article to the *Courier-Mail* and explaining my plight in relation to the people at the evacuation centre. Within half an hour of the Queensland psychologists board being interviewed by the *Courier- Mail* journalist, the Queensland psychologists board rang me and said they would fax out a fast-track renewal. I cleaned that up pretty quickly. I got that back to them and I got back on the register.

Senator FIERRAVANTI-WELLS: Not everyone has been as fortunate, perhaps.

Mr Stevenson: Perhaps people do not see the media as an avenue for complaint. I think it is highly irrelevant that the board said later that they would invite people to make complaints. It seems a pretty futile thing to do. Anyway, I was back on the register but I still could not do any Medicare work because it took a month to be reinstated back into Medicare.

Senator FIERRAVANTI-WELLS: A month?

Mr Stevenson: A month. I am taking personal legal action now against AHPRA for lost income and lost reputation. I agree with everything that Professor Littlefield and Mr Stokes have said, that the effect on people's livelihoods and their reputations is unquantifiable in lots of respects. You do not just lose the money for that period of time; you lose the next six to 10 or further sessions that you might have with a patient. You lose up to 18 Medicare sessions for the next year for every Medicare client that you lose under those circumstances. AHPRA has not reinstated me as a registrant from 1991. My date of first registration now reads 27 January 2011, and that is not satisfactory either. But I do not know how much this is going to come to in terms of cost. I am yet to talk to my lawyer about how to quantify that kind of cost. To simply take one-twelfth of my annual income does not really cover that sort of cost.

Mr Stokes: Can I add to that poignant story because it is a classic example. We had people who even with a fast-track renewal, as was mentioned, took three weeks, and all that time they are unable to practise, essentially, and they are certainly unregistrable with Medicare. Not until you are fully reregistered can you go back to Medicare and say, 'May I have my provider number reactivated?' That was reasonably efficient once you got AHPRA to do its work. So it was a pretty critical situation.

Mr Stevenson: I would like to add one further point to that. It was mentioned earlier as I was listening to an earlier speaker that Medicare offered a period of grace for those rebates lost during the time when a person was deregistered. I think that that is an erroneous statement entirely because in fact a person cannot work if they are deregistered and therefore—

Senator FIERRAVANTI-WELLS: On my understanding it is in relation to the patients only.

Mr Stevenson: In fact anybody who worked during that time would have been in breach of the law.

Senator FIERRAVANTI-WELLS: I think it is in relation to those people—Madam Secretary is nodding—who went to Medicare and were told that they could not get their money back.

CHAIR: Was it act of grace payments?

Senator FIERRAVANTI-WELLS: Yes, that is what the note that I referred to said. Can I ask you how the numbers of people affected by registration issues this year compare to previous years. Professor?

Prof. Littlefield: We have been told by a member of the PBA that the numbers are similar, but the situation is incredibly different because previously if people do not register it is often due to circumstances of their own doing whereas this is totally not of their doing, it is of AHPRA's doing. So it is a different category of person altogether.

Mr Stokes: In previous stages there was a three-month period of grace, if we can use that term, while the matter could be sorted out. This was a one-month period only.

Senator FIERRAVANTI-WELLS: I am trying to get a handle on the number of registration issues. Minimal registration issues in the past and obviously since last July a far greater number. Is that a summation?

Mr Stokes: To the best of our knowledge, but we are not in receipt of that information. It happens to the registration boards and they do not always publish a full record of that.

Senator FIERRAVANTI-WELLS: Let me put it to you this way. In past years have registration issues featured in terms of your work as a minor issue or a major issue?

Prof. Littlefield: I think it is not to do with number, it is due to the impact of what has happened. It is these people who were totally unaware that they were unregistered and the huge impact of that. So impact is enormously different to previous years even if numbers are not so different.

Senator FIERRAVANTI-WELLS: Mr Stevenson, in terms of your organisation's resources, has it taken up a lot of time?

Mr Stevenson: It has taken up a lot of time on our side by the receipt of emails from very disaffected people.

Senator FIERRAVANTI-WELLS: Have you had to take on new staff to deal with this?

Mr Stevenson: No, we do not have a staff. Might I say that as a former consultant to the Psychologists Board of Queensland I have not known a situation like this to exist before. It seemed to be that in previous years registration issues were less.

Senator FIERRAVANTI-WELLS: What is the crucial date for the next tranche of registrations and how many of your members are going to be affected there?

Mr Stevenson: Each state has a different time for payment. In Queensland it is 30 November this year.

Mr Stokes: For New South Wales it is 30 June and for Western Australia it is 30 June, and I believe that it is the same for the ACT–

Senator FIERRAVANTI-WELLS: So you will be watching the process—

Mr Stokes: Absolutely. We have asked AHPRA to work with us to make sure that we do not have this debacle again.

Senator FIERRAVANTI-WELLS: How many of your members still have outstanding issues in relation to registration matters with AHPRA?

Prof. Littlefield: I do not have a number, but there are a number of members who continue to consult us because they cannot get from AHPRA the answers that they need to be able to engage in the processes they need. I do not have a number for you but it is still going on.

Mr Stevenson: The difficulties we faced in January and February seem to be resolved from our perspective, although I do support that same comment that AHPRA's inaccessibility is still very much an issue.

Senator FIERRAVANTI-WELLS: Chair, I am conscious of the time so I think I will leave it there at this point in time.

CHAIR: I will give the opportunity to both organisations, if there is anything that they would like to add to their evidence that they think the committee would benefit from having its attention drawn to.

Prof. Littlefield: If you had time over again, not only would better preparation be advisable, but there is also the desirability of AHPRA taking on such an enormous task in much more considered and stepwise manner. I think that still applies, because we keep getting things changing all the time and we keep having to adjust to these changes. Whereas, if it were thought through and introduced in a stepwise manner, I believe we would not have the problems that we have.

Mr Pointer: Under your terms of reference, we have addressed quite a lot to your term of reference (j) 'any other related matters', and in that area we have addressed a number of things including the inequity of the two-tier Medicare rebate scheme, the matter that Mr Stevenson referred to earlier of the failure to grandfather psychology practitioners as at 1 July 2010 in recognition of their experience and qualifications at that time, and we do have some issues with our friends at the other end of the table, as Prof Littlefield has referred to, in the fact that their organisation is a private organisation that fulfils the role as a quasi government regulator.

CHAIR: We just need to be careful to stay within the terms of reference. Other related matters is a very broad term, but our concern is particularly in relation to the focus, which is AHPRA.

Mr Pointer: I understand that. In that respect it is worth noting that we have been running an online petition that has landed us with a great amount of comment from psychology practitioners around Australia and that has demonstrated that the consultation with practitioners has not taken place in this whole exercise of bringing in the national body and all these associated problems. We have a copy of that, which we would like to table, if we may.

CHAIR: If you could provide it to the officer, the committee will take a look at the document and then determine whether to put it into evidence. Thank you. I thank both organisations and apologise for the time constraints. There has been a lot of interest in giving evidence at this particular inquiry so thank you indeed.

BOYD-BOLAND, Mr Robert, Chief Executive Officer, Australian Dental Association

CHAPMAN, Mr Alex, Manager, Government and Public Affairs, Australian Dental Association

[15:55]

CHAIR: I welcome representatives from the Australian Dental Association. Information on parliamentary privilege and the protection of witnesses and evidence has been provided to you. The committee has your submission. I will invite committee members to ask questions shortly, but we will give you the opportunity to make a brief opening statement.

Mr Boyd-Boland: The Australian Dental Association would like to thank you for the opportunity to address our submission and give evidence in relation to the inquiry. I thank you personally for the opportunity to provide an opening statement. The Australian Dental Association is a membership organisation. Its members are dentists. We have as our aims the encouragement of oral health in the community and the promotion of the art and science of dentistry. The association has a federal office and has branches in states and territories. Membership to the association is voluntary and we have over 90 percent of practising dentists as our members. Being a member imposes an obligation on those members to practice their profession in accordance with the standards laid down by the Dental Board of Australia and the association's own ethical conduct requirements. As senators will be aware, dentists were within the first tranche of health professionals required to be registered under the national law to transition into the AHPRA scheme.

In responding to the committee's call for comment, we undertook consultation with our branches and our members. In obtaining that, we were able to formulate the association's response. We note that the submission addresses a number of applicable points, and we have attempted to address the terms of reference in our submission. But the key point we would like to make in relation to this hearing is that one of the significant failures of the new scheme was a lack of communication between AHPRA and the profession. We would like to be able to assist at some later time in improving the mechanisms for communication.

We would also like to address particularly the complaints processes that exist under the legislation. One of the facets of our submission dealt with that in a bit of detail. We have noticed that there have been some inconsistencies in the way in which complaints are being dealt with across the various state and territory jurisdictions, and we think that there ought to be clearer guidance and requirements in relation to those inquiries that are focused on the health and safety of the patient. So the complaints need to be not of a commercial nature but directed to those sorts of issues. We think that if AHPRA can assist in the provision of prompt conciliation outcomes in relation to those matters it would be of benefit to the public and to the profession. We would emphasise that we think there needs to be a significant application of principles of natural justice in dealing with the complaints. We have identified in brief in the submission some shortcomings in relation to that aspect. We thank you for the opportunity to present to you.

Senator FIERRAVANTI-WELLS: You have probably heard the questions I have been asking. I think your submission says that you have 12,000 registered dentists. Are your members only dentists?

Mr Boyd-Boland: The members are only dentists; that is correct. We also have as members students who are attending universities to obtain a dentist qualification. So we do not have the other dental professions as members; dental hygienists and dental therapists are not members.

Mr Chapman: As a rough percentage, that will be about 90 to 95 per cent of dentists in Australia.

Senator FIERRAVANTI-WELLS: And how many of your members were affected in some way by this registration problem?

Mr Boyd-Boland: We have all been affected. We have all been required to undertake the registration process. It was a new process. It was a process that they were not familiar with. It was a process that a reasonable percentage of them struggled with. They were all affected. They have all been affected, quite simply, in a financial sense in that the registration fees have significantly increased. In our submission we quoted that it was $250 for registration in Western Australia and it has increased to $545. They have all been affected by the process. They have all had to familiarise themselves and deal with it.

Senator FIERRAVANTI-WELLS: On a more specific note, how many of them were not informed of their registration renewal? Are you able to assist me?

Mr Boyd-Boland: I do not have a statistic on that, but I can indicate to you that the association went to some pains in its publication to its members to inform them of the impending implementation of the scheme. In editions

of our magazine prior to December we were alerting members to keep an eye out for correspondence and the application for registration, and we have provided some guidance in relation to completion.

Senator FIERRAVANTI-WELLS: Are you able to provide the number of your members who have been unable to contact AHPRA or who have had difficulties communicating with them to check the status of their registrations.

Mr Boyd-Boland: Again I cannot provide you with precise numbers, but I can indicate to you—

Senator FIERRAVANTI-WELLS: Are we talking hundreds, thousands?

Mr Boyd-Boland: We are talking hundreds. We are not talking thousands. There were two avenues of inquiry that we made. We did not keep records of calls that we received, because at the time we received the initial calls there was no clear definition of the problem that was about to arise. But later we asked for input and received responses from hundreds—more than 500—of dentists.

Mr Chapman: To expand on that: at some point in the process, when it became clear to ADA and its branches that there was an issue with the new registration process, at times branches approached AHPRA directly for confirmation and information about what is going on and did not receive any correspondence back. That was in the form of letters, telephone calls and emails, and there was no response from AHPRA, which indicates systemic lack of communication not only with those registrants but also with their professional bodies.

Senator FIERRAVANTI-WELLS: So in addition to what you did at a national level you have had issues dealt with at state levels, some of which you may not be aware of. When you talk about over 500, it could be—

Mr Boyd-Boland: That is national.

Senator FIERRAVANTI-WELLS: And then plus whatever happened at the various state levels.

Mr Boyd-Boland: No, I am sorry. That figure would be across the country.

Senator FIERRAVANTI-WELLS: That is fine. That is what I wanted to understand.

Mr Boyd-Boland: I gave an ambiguous answer. I meant that was an across-the-board number.

Senator FIERRAVANTI-WELLS: Okay. Were you aware that some of your dentists were sent wrong letters about registration even though they have paid their fees and put their paperwork in?

Mr Boyd-Boland: We have received records of that, yes.

Senator FIERRAVANTI-WELLS: Were they in the hundreds?

Mr Boyd-Boland: They were not in the hundreds. They were in the 20s.

Senator FIERRAVANTI-WELLS: Were any of your dentists deregistered?

Mr Boyd-Boland: Failed to register? Yes—quite a number. But they appear largely to have addressed that problem and to have obtained registration.

Senator FIERRAVANTI-WELLS: How many of those were not told about their deregistration?

Mr Boyd-Boland: I am unable to answer that.

Senator FIERRAVANTI-WELLS: Tell me a bit about the impact that that has had on practices? Dentists in Australia generally—correct me if I am wrong—tend to practise in a small group of usually one, two or three. You also have a dental assistant. So we are talking small operations.

Mr Boyd-Boland: Largely office based practice, single or two-person practices so, when problems arose and there needed to be clarification through AHPRA, it took the dentist out of circulation insofar as provision of treatment was concerned for the duration of the inquiry that was made to AHPRA. From the accounts that I have received the length of time that it took to obtain clarification varied from hours to never. They have had to deal with those nevers themselves either through seeking assistance through us or persisting with the—

Senator FIERRAVANTI-WELLS: And that cost is not quantifiable.

Mr Boyd-Boland: Not quantifiable.

Senator FIERRAVANTI-WELLS: And absorbed by those individual practices.

Mr Boyd-Boland: That is right. I am sure when the problem crystallised they were able to deal with a lot of it perhaps out of hours but the office hours of AHPRA coincided with surgery hours, so when there was direct communication with AHPRA the dentist was out of circulation.

Senator FIERRAVANTI-WELLS: I just assumed but you have confirmed that AHPRA did not even bother to put in an after-hours number or anything like that.

Mr Boyd-Boland: I do not believe so.

Senator FIERRAVANTI-WELLS: I am sure somebody from AHPRA is listening and I would be very interested to know whether that was put into place and if it was whether it was communicated to people in relation to the availability of it. Can you tell me what the impact has been on patients? Does that mean in those circumstances that patients have had to be rescheduled?

Mr Boyd-Boland: That is correct. There has been a lot of necessity for rescheduling. A lot of the problem was that the practitioner knew that they had lodged documentation. They knew that the payment for registration had been processed, but they were looking on the website and finding that they were not yet registered. Hospitals were not obviously permitting practitioners who were visibly unregistered on the record to practice or perform procedures, so they had to be abandoned and rescheduled. Treatment of patients was delayed.

Senator FIERRAVANTI-WELLS: Are you aware of instances where dentists practised unknowingly?

Mr Boyd-Boland: Yes.

Senator FIERRAVANTI-WELLS: Obviously that is going to have legal ramifications. Are you looking at that as an association in terms of the potential contingent liability of your members.

Mr Boyd-Boland: Yes. The inquiries we have made have indicated that the professional indemnity insurers—and this is very important to the patient, more so almost than to the dentist—will, we understand, be extending indemnity to those practitioners that perform services innocently or unknowingly whilst not registered.

Mr Chapman: It has been indicated to the association that those insurers would cover professionals who during that time were unregistered. However, the case has never been tested and we certainly do not want that to go to a test case.

Senator FIERRAVANTI-WELLS: Thinking along those lines, potentially, you could have a situation as to what is intentional and what is not intentional and you will have a whole series of evidentiary issues to deal with in relation to that.

Mr Chapman: To go back to something that Mr Boyd-Boland just mentioned about being able to treat patients and the trade off that communicating with AHPRA needs to be taken out of work hours. The Australian Health Workforce Ministerial Council on 8 May 2009 in their communique about the design of the new registration and accreditation scheme said that it was to improve the safety and quality of Australia's health services. The impact of a professional taking time out from work directly impacts the patient themselves and therefore impacts the way in which they are treated by the professionals. This lack of communication and this uncertainty has actually gone against what the Australian Health Workforce Ministerial Council has set out to achieve.

Senator FIERRAVANTI-WELLS: In terms of registration issues how does that compare with previous years in terms of your membership?

Mr Boyd-Boland: In previous years there has not been the extent of problems that were encountered in this process many fold. There were very few problems previously, but there were significant problems on this occasion.

Senator FIERRAVANTI-WELLS: What about your organisation's resources? It has obviously impacted on your resources.

Mr Boyd-Boland: Yes, we have received lots of calls for assistance and clarification. We were able to address a lot but we could not address them all. Both branches and the federal office—

Senator FIERRAVANTI-WELLS: Did you take on new staff?

Mr Boyd-Boland: No. We were able to cope within the limits of our existing staff.

Senator FIERRAVANTI-WELLS: What is the date for the next tranche of registrations for dentists?

Mr Boyd-Boland: South Australia and the ACT in June, and that would impact upon between 2,000 to 3,000 practitioners.

Senator FIERRAVANTI-WELLS: And then progressively through the year. So how many of your members still have unresolved issues with AHPRA?

Mr Boyd-Boland: I do not have a precise number on that. I am unable to indicate. I know of instances where there are ongoing issues.

Senator FIERRAVANTI-WELLS: Hundreds?

Mr Boyd-Boland: No, not a hundred. Among people who have registered as a general practitioner and are seeking recognition of an overseas specialist registration, one person has been waiting four months for clarification of that issue. Could I raise one other issue in relation to a problem that has arisen

Senator FIERRAVANTI-WELLS: Sure.

Mr Boyd-Boland: There is a significant shortage of academic staff in universities training dentists. I have an instance of one member who sought to register. He lectures two days a week and, for first-year students in a pre-clinical area, there is not a patient to be seen. He is required to register. His existing registration fee is $101. He had to reapply, so that is $275, and then apply for registration, $545. In an environment in which we are struggling to get academics into the universities that is a big negative for that person. I am sure there are other academics in a similar situation.

Senator FIERRAVANTI-WELLS: The issues have been raised earlier by other professions.

Mr Boyd-Boland: I'm sorry.

Senator FIERRAVANTI-WELLS: There is also the issue of mandatory reporting, which has certainly caused problems for the medical profession, perhaps not so with the dentists.

Mr Boyd-Boland: No, we do have that issue. We have raised that very recently with the Dental Board. We are concerned that some of the mandatory reporting requirements are preventing some practitioners from seeking assistance from other health practitioners to deal with the potential for impairments. You may know that in Western Australia the legislation there is slightly different and we have sought to have that Western Australian variation adopted nationally.

Senator FIERRAVANTI-WELLS: One last question: in your submission you make a reference to the notification form—it is very prescriptive in nature—and you ask for a more even-handed form. Could you elaborate on that, please?

Mr Boyd-Boland: If you go to question 16, I think it is, on the form, you will see that it provides a number of options.

Senator FIERRAVANTI-WELLS: I do not have one in front of me.

Mr Boyd-Boland: It lists a number, and you are asked to tick a box as to the nature of your complaint. It just seemed to us to be too prescriptive.

Mr Chapman: And one of the issues about that is that it is the same complaint form for mandatory notifiers and a non-mandatory notifier. So, if a patient has a concern, they will fill out a complaint form that is exactly the same as, say, another dentist. So the dentist will have a lot more knowledge about what is proper practice, what is good service; however, the patient will not have that in-depth knowledge to be able to tick the correct box.

Mr Boyd-Boland: It deals with unsafe practice, breach of confidentiality, lack of informed consent, communication issues, inappropriate manner, lack of responsiveness, advertising, refusal to see patient, breach of infection controls—a lot of things here that the patient will not necessarily be sufficiently educated on to identify whether or not they are really issues. But, if I was a complainant and I wanted to make a complaint, I would probably tick the box—every box.

Senator FIERRAVANTI-WELLS: I am conscious of the time, Chair, and I have just one last question. When did you first become aware of the issue with the registration process?

Mr Boyd-Boland: The problems with it or the process?

Senator FIERRAVANTI-WELLS: The problems.

Mr Boyd-Boland: The problems with it were in late 2010 and early 2011, when the first tranche of registrants went through. We had been involved in the consultation process.

Senator FIERRAVANTI-WELLS: I was about to ask when you first became involved in the consultation process.

Mr Boyd-Boland: I cannot recall, but I believe that from a significantly early period of time we were part of a professions reference group that Dr Morauta consulted with. I would estimate that the ADA has lodged at least half a dozen submissions over time in relation to various—

Senator FIERRAVANTI-WELLS: You would have heard Mr Sullivan from the AMA sum it up I think. You would agree with the AMA's assessment?

Mr Boyd-Boland: Yes.

Senator FIERRAVANTI-WELLS: You obviously canvassed those same concerns early in the piece about costs and those sorts of issues?

Mr Boyd-Boland: The logic of the arrangement seemed clear to us; we had eight dental boards registering 10,000 or 11,000 practitioners, and we could see the economies of scale in relation to having one central

organisation do that. Sadly, it appears that in its early stages AHPRA failed to gather the intelligence it needed from those state boards to identify the issues that it would need to address.

Senator FIERRAVANTI-WELLS: Certainly, the assurances that the government gave have not been met.

CHAIR: Thank you Mr Boyd-Boland for your attendance today, it is appreciated. We will just give you the opportunity before we close, if there is anything else you would like to bring to our attention?

Mr Chapman: One of the final points would be much like what the AMA has said earlier today. That is, the under resourcing of AHPRA. The biggest issues that we are facing are the lack of education to the profession, the lack of communication and where that under resourcing has come from. We cannot say, but it is very apparent to us that AHPRA were significantly under resourced when they were given the task of administering. We do understand that AHPRA have taken steps to move forward from there, but as you will note in our recommendation number 10 we would like to see an advisory committee set up for ongoing consultation with the professions. We think that would help greatly.

Mr Boyd-Boland: I think also that AHPRA could tap into the resources of the professional associations that help to represent their members, because one of our roles is educating our members as to what they are required to do, as is AHPRA's, and a dual approach to that would have assisted greatly at the time.

CHAIR: They could have made it a bit easier on themselves if they used the knowledge and expertise that was there, and the structures which were there.

Mr Boyd-Boland: We were consulted in the process leading up, but once the process was put in place there was not much in the way of communication. That has, however, improved over recent times.

CHAIR: And I am sure they are listening now; we know they are. Thank you again.

Senator FIERRAVANTI-WELLS: Particularly, I hope, Senator Fifield.

Committee adjourned at 16:17