



## **Inquiry into the Performance of the Australian Health Practitioner Regulation Agency**

### **Submission from AMA Victoria**

#### **Introduction**

AMA Victoria welcomes the opportunity to examine the effectiveness and efficiency of the new national registration scheme for health practitioners and the Australian Health Practitioner Regulation Agency ('AHPRA') in particular.

This Victorian Inquiry is especially relevant for the medical profession in the context of the Victorian Doctors' Health Program (VDHP) whose future is put at risk by the now nationalised system.

#### ***Cost effectiveness***

The move to a national scheme for registration has been an arduous and costly process. While the magnitude of the task at hand is not to be underestimated, there are a number of ways by which the transition could have been better managed. Victorian medical practitioners have encountered numerous and significant problems with their registration during the transition from the state based registration to national registration. For example, medical practitioners were often unable to verify their registration status with AHPRA and call centre staff were unable to fix registration issues in a timely fashion.

The failure by AHPRA to properly plan for and coordinate the transition to national registration was short-lived however it has so far had a detrimental effect on individual medical practitioners and has lessened confidence in the system. The cost of implementing the system has far exceeded the initial estimates of \$19.8 million and few improvements in efficiency are apparent. Under the previous State and Territory boards there was a surplus of funds despite the registration fees being approximately 50 per cent less than they are now. Despite this surplus being transferred to AHPRA as part of the national contribution, the registration fees for medical practitioners increased markedly.

AMA Victoria strongly opposes any further increase, other than CPI or less, in the registration fees to cover the costs of the scheme. Enhanced transparency as to the operating budgets and specific costs of administer the various professions should be pursued.

#### ***Regulatory efficiency***

Given the significant increase in registration fees, it is not unreasonable for the medical profession to have expected a seamless transition to national registration.

Large numbers of medical practitioners have been adversely affected by the transition to the national registration scheme with the impacts ranging from having to resubmit lost forms through to an inability to work because registration had lapsed.

A high number of Victorian doctors have been required to contact AHPRA to have basic details of their registration and practice information rectified. Errors in practice details and mailing addresses have commonly been identified and often involve simple errors which could have been amended by AHPRA itself.



It reflects poorly on the operation of AHPRA that doctors have been required to fix what are errors induced by AHPRA itself. The medical profession should not have to spend their time in this manner which must necessarily affect patient services.

Doctors have also commonly reported that the process for communicating with AHPRA staff is arduous and overly time consuming. Upon ringing the number provided in written correspondence, doctors report being put on hold for lengthy periods of time and often only to be informed that a different member of staff would ring back to speak with them. In a number of instances, further contact was never made.

Information provided by AHPRA as to the basic standards to be met for registration have at times been unclear or non-existent and led to uncertainty and confusion among the profession, employers and AHPRA staff themselves.

Registrants have also been required to complete generic application forms that were not fit for purpose, and which added to the difficulty of and time for registrants to complete forms correctly and AHPRA staff to process the applications.

Registration forms need to cover the spectrum of registration categories and circumstances, including transition from one category to another (e.g. provisional to general). This would ensure that only the minimum information is collected and processed by AHPRA to enable registrants to move between categories. Measures such as this would improve AHPRA's ability to administer the scheme efficiently, without needing to increase its capacity at the expense of registrants.

In light of the fees it charges, doctors are right to expect better quality service from the registration body. AMA Victoria is optimistic that AHPRA will improve in its performance of its core functions in the course of health practitioner regulation and trusts that future improvements in its conduct of registration, complaints and performance management will be driven by close consultation with the registered professions and representative bodies.

### ***The ability of the National Scheme to protect the Victorian public***

The potential for the national scheme to enhance the registration system for health practitioners is significant. Economies of scale can of course be achieved through the unification of numerous state and territory boards and there are some benefits to be gained in terms of the public's protection.

In order for it to operate effectively, however, it is necessary that AHPRA fully understands the complexities of registration and in particular that registration of medical practitioners is more complex than other health practitioners. Registrants move through various categories of registration (i.e., from student, to provisional, to general registration through to specialist registration) and there are special categories with limited practice and registrants also move into and out of the non-practising category.

The cycle of medical registration was well understood by the previous state based Boards over many years. Staffing resources and administrative procedures were in place to ensure efficiency of registration and rapid renewal and provision of practising certificates. There is wide potential for the national body to improve on its past record.

### ***Health Programs***

Since 2000, the Victorian Doctors' Health Program (VDHP) has supplied vital services to Victorian doctors and medical students. Established by the Medical Board of Victoria and AMA Victoria, the VDHP has traditionally been funded from the registration fees paid to the Medical Practitioners' Board of Victoria however the program stands to be lost as a result of the national registration scheme.



The VDHP exists to:

- provide education and prevention services, early intervention, treatment and rehabilitation, to ensure the wellbeing of medical practitioners students;
- encourage research into the prevention and management of illness in doctors and medical students;
- allow early identification and intervention for doctors and students who are ill and at risk of becoming impaired;
- refer and coordinate services to facilitate appropriate support for doctors and students who are ill; and
- encourage rehabilitation, re-training and re-entry into the workforce.

The program's success, and the degree to which it has come to be relied on, is evident by its consistently growing workload. In particular, the program has seen a marked increase in the number of medical students and doctors in training seeking help from the VDHP. Each year, around 200 doctors approach the VDHP for the first time, seeking assistance with stress, mental health problems, substance use and other health issues.

The Victorian Medical Board was able to run the program on a budget of approximately \$25 per registered practitioner in Victoria however the implementation of the national registration scheme has meant that the state board can no longer continue to do so.

Former Victorian Health Minister Daniel Andrews agreed to fund the program for the first three years of the national scheme however this funding is set to expire at June 2013.

The Medical Board of Australia has allocated some interim funding of \$350,000 for its continuation over 2013-14 but this is only while it determines a long-term policy position on doctors' health programs. The Board has so far given no guarantee that it will provide long term support to the program.

All medical practitioners should have access to support for serious health problems, and a program designed specifically for doctors and comparable health professionals is the best option for certain conditions and personal situations.

Some form of community funding for such programs provides a cost-benefit because:

- preventing or treatment impairment protects the public,
- enabling a competent doctor to continue in practice benefits the community, especially at a time when there is a shortage of doctors
- a doctor's training represents a considerable public and personal investment, and enabling a doctor to continue in practice provides a better return on this investment,
- doctors and comparable health professionals are not easily able to move to a different occupation, and enabling them to continue practising protects their livelihood.

Health professionals generally face similar stressors in their work, and many of them have easier access than the general public to prescription medication, and the knowledge and means to cause self-harm. If funding is provided out of registration fees from the national scheme there is no reason why all health professionals ought not to have access to some form of health support program, so there is no intention to single doctors out for special attention.



Medical practice is stressful and the evidence suggests it is probably becoming more so.<sup>1</sup> Medical students indicate that they experience significant anxiety during their training, and programs to help them deal with these concerns are vital - particularly in the context of the increasing pressure on our young doctors to find and keep a position for training.

There are differing models of doctors' health programs in operation around the country however AMA Victoria strongly supports the continuation of the VDHP as the doctors' health service in this state. AMA Victoria is firmly opposed to adding to the already generous medical registration fee to fund the VDHP. A funding source must be found to protect the future of these essential services.

### **Next Steps**

AMA Victoria supports this state Inquiry as a means of evaluating the effectiveness of the new national scheme. However we expect that, should a return to state-based registration be proposed, that this would be the subject of further and extensive consultation. The need for a dedicated inquiry on a proposal of this nature is especially important in the context of the relatively short timeframe prescribed for responses to be made to this Inquiry.

A recommendation of that nature must be subject to further stakeholder consultation, and close scrutiny before implementation.

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<sup>1</sup> McCue J D. The effects of stress on physicians and their medical practice. *N Eng J Med* 1982; 306: 458-463; and Bruce SM, Conaglen HM and Conaglen JV. Burnout in physicians: a case for peer support *Int Med Jour* 2005; 35: 272-278; and Schattner P, Coman G. The stress of metropolitan general practice. *Med J Aust* 1998; 169: 133-137; and McManus I C, Winder BC and Gordon D. The causal links between stress and burnout in a longitudinal study of UK doctors. *Lancet* 2002;359: 2089-90; and Graham J, Potts HWW and Ramirez AJ. Stress and burnout in doctors *Lancet* 2002;360: 1975-6; and Firth-Cozens J. Doctors, their well being, and their stress. *BMJ* 2003; 236: 670-1; and Holt J, Del Mar C. Psychological distress among GPs. *Aust Family Phys* 2005; 34: 599-602; and Riley GJ. Understanding the stresses and strains of being a doctor. *Med J Aust* 2004; 181: 350-353; and Firth J. Levels and sources of stress in medical students. *BMJ* 1986; 292: 1177-80