

24/01/2013

Richard Willis
Senior Secretary, Council Committees
Department of the Legislative Council
Parliament House
Spring Street
East Melbourne, 3002

Dear Mr Willis,

Thank you for the opportunity to comment on the functioning of this Authority as it affects Victorians. I can only comment on its function regarding Medical Practitioners.

I believe that the present situation, where there are 3 bodies responsible for medical registration, is cumbersome, wasteful, and invites disaster. Whilst I support the notion of Australia-wide registration in principle, the mechanism of implementation has meant that NO ONE is responsible and accountable for setting standards.

I have grave concerns about the standard of practice, and the suitability in location for dozens of overseas-trained doctors whose English is incomprehensible, and whose standards of practice are so far from what is needed and expected in rural Victoria that it is dangerous. Indeed, the very first thing which needs addressing is the English language test. Some doctors English is so bad that most patients cannot understand them at all. Their comprehension may be OK, but I'm sure you wouldn't go to a doctor who you couldn't understand.

As soon as a town is declared an area of need, Corporate enterprises such as Tristar, with inadequately supervised, indentured, overseas-trained doctors move in. With their bulk-billing, they soon attract people, but at the expense of the established practices- which are usually running the local hospital, training medical students and/or registrars, and generally trying to service the medical needs of the community. In my opinion, they also offer the taxpayer better value for money, by actually managing conditions locally, and not sending people away to stress the larger hospital Accident and Emergency departments.

So training just to a level where they could function in Melbourne falls far short of what is needed in the country. Part of the huge increase in Ambulance service use is down to the lack of suitably trained GPs.

Foreign graduates are given various levels of need for supervision- though the system by which this is worked out is unclear to me, and to the learned Colleges. It appears that there is no supervision of the adherence to these restrictions and supervision requirements. Indeed AHPRA has acknowledged that it has no way of ensuring their restrictions are being adhered to. In addition, the overseas-trained doctor does not have to advertise that they are not fully registered or undergoing training.

Supervision is effectively non-existent in many locations. For example, in Eildon, there has been an overseas trained doctor who is working solo- supervised by 'phone from Mildura! This would not be permitted for our own graduates.

Contrast this slack situation with the restrictions we place on our own graduates, who have to do 3 years of supervised practice. In the first year there has to be another doctor in the same building with them all the time, and when on call or doing home visits, their supervisor has to be immediately available. We also have to notify the patients that this doctor is a registrar- in training.

If one contacts AHPRA, one is referred to The Medical Boards, if one contacts the Medical Boards one is directed to the Australian Medical Council (AMC), and if one contacts the AMC, one is directed to AHPRA.

I suppose nothing will happen until there is a disaster- and even then it will be a "blame-game".

In the meantime, we are wasting Medicare's money, depleting our ability to train the next generation of rural doctors, running down our rural hospitals, and putting a lot of people in danger of substandard treatment or more usually OVER-treatment- with its attendant risks and costs.

So I have no particular problem with AHPRA, but I deplore the waste and opacity which goes with this administrative morass. Someone needs to be responsible for ensuring appropriate standards of training and practice.

Yours Faithfully

Peter Radford
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(emailed)