

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS



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Mr Richard Willis
Secretary
Legal and Social Issues Committee
Legislative Council
Parliament house
EAST MELBOURNE VIC 3002

Dear Mr Willis

Inquiry into the Performance of the Australian Health Practitioner Regulation Agency

Thank you for your letter dated 21 November 2012 inviting the College to provide a submission on the performance of the Australian Health Practitioner Regulation Agency.

Overall the introduction of AHPRA has been a strong positive with benefits arising from a more uniform approach to regulation issues across Australia. This has reduced confusion for doctors moving between states and enabled access to a single public register that more appropriately displays the status of the individual health practitioner.

However, much still needs to be done as we continue to identify irregularities in the register particularly around the registration of International Medical Graduates. Some pre-existing state board conditions are no longer applicable and should not still be listed. Other conditions or limitations in scopes of practice agreed by the Medical Board of Australia are not listed on the register and the lack of this detail could confuse the public.

There are ongoing policy issues that confound and are difficult to resolve. An example of this is where New Zealand based trainees who have a primary qualification from outside New Zealand or Australia need to be rotated through Australian hospitals to complete their training. The recognition of their registration is very difficult and time consuming.

The College of Surgeons continues to arrange international scholarships that involve hospital secondments for Surgeons from Pacific based countries. Although they are in Australia for a short term and are in a closely supervised / observed status their registration review is sometimes viewed as the same as International Medical Graduates who wish to take up permanent roles. Unfortunately AHPRA's officers are often unaware of the specific regulations applicable to 'Limited Medical Registration for Postgraduate Training or Supervised Practice' and provide both variable and additional interpretations of the requirements. This is compounded by the processing occurring across the various State based offices with inconsistent attention and oversight to timelines and responsiveness. Sometimes the administrative requirements imposed are not achievable in the countries from where these specific applicants are based. Although the requirements can be

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successfully negotiated promptly in some circumstances the entire process needs to be repeated on each occasion with variable outcomes.

Despite a commitment to uniformity of approach and ongoing communication from State based structures of the Medical Board of Australia and AHPRA, there are ongoing problems. Examples include when Trainees or Fellows are under review by the Medical Board, the communication may be totally absent. Indeed the outcome of the investigation may never be reported to the College and only becomes apparent through the Media. As Colleges also have a responsibility to education, ongoing professional standards as well as collegial support, the communication needs to be improved, substantial and ongoing.

It is difficult for the College to make comments about the cost-effectiveness of the scheme. We do not have the appropriate financial information available. However, from first principles, the maintenance of state based activities as well as the introduction of a national scheme, speaks unfortunately to duplication not simplification. The operational model would appear to require further rationalisation.

Overall the MBA has been an improvement over the state registration boards and our experience has generally been positive. We believe the information available to the public across Australia and the improved procedures from a national level provide better protection.

The system could be further improved by

1. Ongoing review of conditions against registration and limitations on scope of practice
2. A uniform and perhaps case managed approach to Limited Medical Registration for Postgraduate Training or Supervised Practice
3. Active communication with the appropriate Professional Organisation when Trainees or Fellows are under review.

Thank you for the opportunity to make this submission.

Yours sincerely



Dr David Hillis
Chief Executive Officer