

Victorian Chief Medical Officer/ Director of Medical Services submission in relation to the performance of the Australian Health Practitioner Regulation Agency (AHPRA)

The Victorian Directors of Medical Services comprises a group of Executive Directors Medical Services (Chief Medical Officers) and Directors of Medical Services (DMS) (howsoever named) from many of the majority of the public health services in the state, who meet on a monthly basis by open invitation, largely from the metropolitan health services but also many of the regional DMS's are involved by email. This group have a common area of responsibility for the Medical Workforce in their organisational portfolios which means that they and their direct reports have regular contact with AHPRA and are therefore well positioned to comment on the performance of the agency from their first hand experience.

The process of transfer to the new AHPRA arrangements was difficult and complex but a number of the initial difficulties that occurred during this transition have now been addressed. The group acknowledges the cooperation and willingness to consult by AHPRA in Victoria during this time. Representatives from the Victorian Branch attended some of the DMS monthly meetings and provided a positive line of communication to try and identify and resolve issues.

The feedback from this group predominantly relates to the operations of the Agency:

1. Processing and tracking of applications

This is still very fractured, with a lack of adequate information available to health services.

1.1: Communication across states

Having a National Registration scheme certainly improves the mobility of medical practitioners and facilitates interstate rotations of medical staff, however further improvements can be made.

Unless the applicant is from Victoria, there is currently no access to the AHPRA offices from interstate to check on how processing is going which is disappointing for a National scheme which ideally should be more seamless.

An example is an HMO2 who was an intern from Canberra moving to Victoria who still had *provisional* registration at the beginning of February 2013 and was therefore not able to commence work as rostered. The health service at which she was next working contacted AHPRA in Victoria who advised that the application had been lodged in Canberra and therefore they could not advise what the hold-up was or assist in "fast-tracking" the registration.

1.2: Tracking status of applications

AHPRA need to acknowledge receipt of applications to all health services listed on the application and to the doctor concerned.

There are examples of applications being "lost" (which is not infrequently reported) but as there is no acknowledgement of receipt this is unknown until enquiries are made much later as to the status of the application.

It would be ideal if the status of applications could be recorded on the website (for example application received, in consideration, pending additional information) even if this was in an area that registered health service representatives could access rather than for public view (see also point 5 below regarding administrator log in functionality).

It would also be good to know what the current backlog or turnaround time is. Registration can take days or months, with no way of anticipating when the person is able to start work. A note on the web site stating current anticipated turn-around times in general rather for individuals may be helpful.

1.3: Notification of problems with applications.

Feedback regarding process problems for applicants is ad-hoc and lengthy.

Examples include an application which was not processed because the credit card payment failed; the doctor was not notified of this until the health service rang AHPRA to check what the hold up with the application was.

Another health service has experienced an 8 week time lapse after submission before they were informed that application(s) were incomplete.

1.4: Time taken to process applications

Time frames for processing registration, in particular for International Medical Graduates, are still long in some cases: this can result in delays in commencing appointments which in turn affect medical staff numbers and impacts on patient safety and safe hours of other medical staff.

What was once a standard 3-week approval period at the old Medical Practitioners Board of Victoria can now stretch out to almost 3 months. Extreme delays are particularly troubling as it has a knock-on effect on immigration which itself can be a protracted process. Visa nominations (and thus visa applications) will not be approved until medical registration is confirmed.

1.5: Expiring or suspended registrations

Health services used to be notified of "soon to expire" Registrations for those not on the usual September anniversary date for General Registration. It would be helpful if this could be re-instituted.

Another issue is the way practitioner's names are removed from the web site when their registration has lapsed or is suspended. This information should be available to health services. It is very frustrating to search for a doctor and not find them, only to find the name re-appears the following week.

2. Meeting dates

The schedule of meeting dates for the State Boards is not made available to administrators, so health services have no idea when applications need to be in for review. Some applications need only to be reviewed by the Registration Manager, some by the Committee and some by the full Board.

3. Interactions with AHPRA offices

Information from AHPRA relies on personal relationships with the Case Officers; some will assist with provision of information and some will not which makes the investigation of

complex and problematic cases more difficult. It would be useful if health services could be allocated a specific Case Officer with whom they could develop a rapport and who understood the issues relating to those health services.

Currently health services are forced to ring the generic 1300 419 495 public enquiries number which involves being put on hold for around 10 minutes, only to end up speaking to someone on a Helpdesk who has no idea about your particular application.

At minimum an "Employers Hot Line", would be preferable to the current situation.

4. Documentation requirements

4.1: Limited and provisional registration

The requirements for Limited Registration and Provisional Registration seem to keep increasing without consideration for the documentation already required as a part of the application process. A Supervised Practice Plan has always been required but health services are now also required to provide a training program; these two requirements seem to be very similar and possibly unnecessary.

Whilst AHPRA claims to be a National body, even within the same state a doctor on Limited Registration needs to apply with a whole new registration application if they are changing employer. Given the nature of medical staff movement, this does seem to be problematic and time consuming and it is suggested that if a work performance report from the current supervisor and a new Supervised Practice Plan from the new supervisor are submitted, the transition across employment could be made less onerous without increasing the risk.

4.2: Communication of changes in requirements

Communication relating to changes or updates to the requirements for specific categories of registration is non-existent.

For example Provisional Registration is now required for IMG's who hold AMC Certification; this was not clear until an application for Limited Registration by an individual was refused as it was not the correct application for that situation.

4.3: English language testing

The requirement to provide proof of English language proficiency for those on the Competent Authority pathway is excessive.

For example recently employed UK doctors at one health service had their registration delayed due to not providing this documentation in the first instance, and even the AHPRA Case officer stated that it did seem a redundant request. If a doctor is fully registered in a Competent Authority pathway country, the recognition of the English language competence should tie in closely with their ability to practice in the Competent Authority pathway country. The standard for full fee-paying overseas born Australian trainees and their requirement to prove their English competency is time consuming and costly for graduates of Australian Universities. This is also the case for Australian citizens who have undergone schooling as part of the International Baccalaureate which should be recognised as an appropriate English language secondary schooling pathway in these times.

An intern at one teaching hospital was very close to not being able to be registered due to this issue, and has had provisional registration granted so long as the IELTS is passed within the first six months of practice.

4.4: Duplication of paperwork

An applicant who applies for registration via the AMC 'Competent Authority' process has to submit certified copies of documents - at great expense - to the AMC and later to AHPRA (passport, medical degree, internship certificates, change of name documents etc). If the applicant has successfully navigated the AMC with these documents, is it really necessary to submit them again to another registration body? Greater cooperation and collaboration between AHPRA and AMC could streamline this process.

4.5: Police checks

It would be helpful if the process for Police checks of employees could be centralised thus avoiding need to have every health service doing independent police checks ie sharing of credentials as part of the registration process.

5. Other

5.1: Public register

The decision to remove the Supervisors name for doctors with Supervised Practice Plans from the public register is problematic. As administrators, sometimes this information is required, for example, when health services are trying to work out who can supervise someone, or if there is a problem with performance.

As in point 1.2 this raises the possibility of an **administrator login capacity** being available to see details that are not visible on the public website?

The search facility for names in the public register is too "exact": sometimes someone cannot be found on the register because there is a tiny variation in if the name is entered with a space or with a dash, for example. With the complexity of some surnames it is almost impossible to find a doctor in the current search engine so it would be easier if the search facility allowed for part of a surname to be entered?

Summary

Whilst acknowledging that there are many benefits to the National registration scheme, and the substantive amount of work that has occurred in introducing the scheme, there remain a number of issues, predominantly procedural, that are posing issues for health services in Victoria.

We would again like to acknowledge the cooperation of the Victorian Office in working with us to try to address and navigate some of the procedural difficulties and delays that have been experienced to date.

Dr Caroline Clarke *on behalf of the Victoria Medical Directors group*

20th February 2013

Current Membership of the Victorian Directors of Medical Services group:

Name	Surname	Health Service
Dr David	Allen	Mercy Hospital
Dr Jack	Bergman	Mercy Hospital
Dr Jack	Best	Cobram District Health, Yarrawonga /District Health Services and Numurkah District Health Service
Prof Wilma	Beswick	St Vincent's Hospital
Dr Christine	Bessell	Royal Women's Hospital
Peter	Bradford	Melbourne Health
Dr Ian	Brand	Kilmore & District Hospital / Rochester /Elmore HS
Dr Tom	Callaly	Barwon Health
Dr John	Christie	Swan Hill District Health/ Western District HS (Hamilton, Penhurst, Coleraine)
Dr Caroline	Clarke	Royal Victorian Eye & Ear Hospital (Chair 2013)
Dr John	Elcock	Northeast Health Wangaratta
Dr Colin	Feekery	Eastern Health
Dr John	Ferguson	Austin Health
Dr Mark	Garwood	Western Health
Dr Ian	Graham	West Wimmera HS (Nhill)
Dr Jane	Greacen	Omeo District Health / Echuca Regional Health
Dr Robert	Grogan	Stawell / Beaufort and Skipton / E Grampians (Ararat) / E Wimmera (St Arnaud) / Seymour District Hospital / Rural Northwest (Warracknabeal)
Dr Lee	Hamley	Alfred Health
Dr Cate	Kelly	Alfred Health
Dr Eric	Kennelly	East Grampians Health Service (Ararat)
Dr Kwang	Lim	Northern Health
Dr Erwin	Loh	Southern Health
Dr Rick	Lowen	Mansfield District Hospital / Yea District Hospital / Alexandra District Hospital / Darlingford Nursing Home, Eildon
Dr Vasudha	Lyengar	Goulburn Valley Health
Dr Kate	McConnon	Melbourne Health
Dr Peter	McDougall	Royal Children's Hospital
Dr Liz	Mullins	Portland District Health
Dr Andre	Nel	Bendigo Healthcare Group
Dr Beth	Quin	Hepburn HS (Daylesford)
Dr Wayne	Ramsey	Southern Health
Dr David	Rankin	Peninsula Health
Mr Philip	Reasbeck	Ballarat Health Service
Dr Tim	Stobie	Kyneton DHS
Dr Bernard	Street	Peter MacCallum/ Goulburn Valley
Dr Qalo	Sukabula	West Gippsland Healthcare Group
Dr Peter	Trye	Eastern Health
Dr Ka Chun (KC)	Tse	Bairnsdale Regional HS & Central Gippsland HS (Sale)
Dr Alastair	Wilson	Western District HS (Hamilton, Penhurst, Coleraine)
Dr Craig	Winter	Gippsland Southern HS (Leongatha) / Kyabram & District HS / Yarram & District HS / Tallangatta HS / Orbost Regional Health /South Gippsland (Foster) / Beechworth HS
Prof John	Zalberg	Peter MacCallum Cancer Institute