

# Victorian Legislative Council Inquiry into the performance of the Australian Health Practitioner Regulation Agency

## Submission by the Australian Society of Ophthalmologists

### BACKGROUND

The Australian Society of Ophthalmologists (ASO) is deeply concerned by the imposition of the Australian Health Practitioner Regulatory Agency (AHPRA) on the practice of medicine in Australia.

AHPRA was conceived to overcome anomalies with the registration of health practitioners in the separate states and territories. It had a viable role to play in developing and administering a national scheme to eliminate waste and duplication in respect of cross-border registration. This role was designed originally to be low-cost and low-impact; low-impact in that it did not interfere with the systems that were in place and working well in each state and territory.

However, the current operation of AHPRA goes well beyond that initial need and gives rise to serious concerns about its on-going control of the practice of medicine and ancillary disciplines across Australia.

It should be noted that the 14 National Health Practitioner Boards in operation before AHPRA had a long and highly-successful record of effectively regulating the medical profession.

Their praiseworthy legacy is that Australia is privileged to enjoy one of the best medical practice regimes of all advanced nations. On any reasonable assessment, there was no material failure of performance by the boards requiring intervention to protect patient interests. The only facility needed was a system to provide and manage a single-point national registration.

### ISSUES FOR CONSIDERATION

The fundamental issues arising from AHPRA's nearly three years of existence are: have patient outcomes improved as a consequence and has cross-border registration of doctors become more effective and efficient? In the absence of any substantial, documented examples of enhanced service delivery, patient safety and national administrative efficiency, the valid conclusion must be that it has served no obvious or beneficial need. Instead, it has resulted in significantly increased costs and significant reported inefficiencies to all clinicians across most states and territories.

In light of this, there are many clinicians who view AHPRA simply as an attempt to impose uniformity on the numerous and culturally diverse medical professions. In addition, resolution of state-based issues have become exceedingly difficult and sometimes impossible.

ASO believes firmly that the unique knowledge base which is a fundamental underpinning of a professional discipline is sacrosanct and should be administered and nurtured by those who are most familiar with it. In the case of Australia, this must remain the Australian Medical Council and the Learned Colleges. Any attempt to dilute the discrete cultures, skill sets and specialist roles of the various medical professions would be ultimately deleterious to patient wellbeing.

In this context, patient safety and welfare faces a greater threat from unnecessary and intrusive proliferation of bureaucratic regulation than potential malpractice. Suffocating medical practitioners in red tape simply reduces the number of patients they can see and treat and, by necessity, increases the costs to patients as registration imposts are passed-on. The Australian public will not view this favourably.

As an exercise in bureaucratise, AHPRA has few equals:

- it has established offices in every capital city and employed 700 staff to manage input from 475 board members. This, when our regime of medical practice was already globally regarded as equal to best practice.
- Similarly, AHPRA claims its core functions as: professional standards; registration; notification; compliance and accreditation. Remarkably, these were all demonstrably managed to world best practice levels before AHPRA came into being.
- AHPRA's standard-bearers make much of the notion of accountability yet the very structure of the oversight of this agency undermines it in practical terms. The fact that it reports to nine health ministers across the nation effectively means that the buck stops nowhere. The previous situation in which state and territory ministers exercised direct supervision proved itself to be sufficiently rigorous.

If AHPRA were able to demonstrate substantial financial efficiencies to the Australian taxpayer then some slender justification might be arguable. Yet the figures paint a contrary picture.

- For example, AHPRA recorded registrant fee income of \$115 million as at June 30, 2011. The total income accruing to this bloated bureaucracy was \$122 million in that period.
- Remarkably, total expenses amounted to \$129 million so AHPRA managed to lose more than \$6 million in the period.

- It is also worthy of note that former state and territory boards ceded reserves of \$39.5 million to AHPRA. A very substantial operating surplus to commence with. And, even despite the operating loss of \$6 million above, AHPRA has managed to accumulate investments of \$82.5 million.
- Many patients would be distressed to learn that AHPRA staff costs alone amount to \$53 million, especially when service enhancements are not evident.

Given the comparatively brief timespan of AHPRA's existence, there is no substantive reason to believe the previous administrative arrangements of state and territory boards can not be restored without disruption to the medical profession or any impost on patient wellbeing.

As an alternative to current arrangements, ASO suggests some refinement of the previous system could be achieved through creation of a Central Advisory Board, comprising state and territory chairs. It would need meet only bi-annually to consider any further streamlining of national registration issues. The core need is establishment of a national database which could be administered on a collaborative basis by one of the major states such as New South Wales or Victoria and be responsive to federal and state governments.

#### Recommendations:

ASO recommends that as a matter of urgency to recover previous levels of efficiency and effectiveness that:

1. The Victorian Government utilises all available avenues to resume direct responsibility for the registration and regulation of all medical practitioners in that state.
2. The Victorian Government move quickly on this issue while former administrative arrangements can be restored with negligible disruption to medical professionals or patients.
3. The Victorian Government work with other states and territories to restore the previous system with any enhancements generally agreed by at least a majority of the states and territories.
4. The Victorian Government recognise the appropriateness of medical practitioners again assuming responsibility for decision-making on relevant issues through state and territory boards.