

The Secretary,
Legal and Social Issues Committee,
Legislative Council,
Parliament House,
Spring St.,
Melbourne 3002

Submission to Victorian Legislative Council Inquiry into the Performance of the
Australian Health Practitioners Regulatory Authority

Dear Sir,

On the two occasions on which I have renewed my registration as a medical practitioner, I have experienced frustration and stress as a result of my difficulty, despite repeated emails and telephone requests, in obtaining the requisite forms in time to supply the necessary details and make payment before the cut-off date. Last year, the date by which the forms were to be supplied to doctors was repeatedly extended, leaving little margin before a planned overseas trip. A similar situation had occurred in the previous year, when I was advised by a member of staff that, because so many clerical errors had occurred, I should attend the office in person to ensure that my papers were stamped and dated appropriately. This is the reason for my decision not to attempt to register online. Thus in my experience AHPRA registration, though significantly more expensive, is considerably less efficient than was registration through the NSW Medical Board.

The promise of abolition of cross-border restrictions on practice has apparently not been fulfilled, as I discovered when a prescription which I gave a patient for essential medications was rejected, just before she embarked for Antarctica, by a Hobart pharmacist, because I practise in NSW.

My main concern, however, is the abolition of basic prescribing and referral privileges for doctors who, while prepared to maintain indemnity and CPD, will lose their entitlement to any meaningful form of registration because of loss of "recency of practice" through retirement. Any decision in the medical field should be evidence-based, but there is no evidence of problems having been caused by doctors under the restricted (LRPIOP) category writing repeat prescriptions, perhaps in a country town with no medical services, or ordering simple XRays to save an elderly person from a long unnecessary wait in Emergency. Even giving emergency treatment above the level of first-aid would seem to be wrong for the retired doctor. Having saved the life of an aeroplane passenger with anaphylaxis, I am aware of the potential usefulness of doctors outside their regular field of practice. I

believe there should be a means whereby retiring doctors can step down gradually, without wastage of their valuable experience and knowledge, at a time when GP and hospital services are severely stretched.

I contend that AHPRA's performance and rationale, rather than protecting patient welfare or increasing the efficiency of medical registration and practice, has produced the opposite effect.

Yours faithfully,

A handwritten signature in black ink, appearing to read 'Margaret Lorang', with a stylized flourish at the end.

Margaret Lorang

MB,BS.