

JL Boyle

13 May 2013

**Legal and Social Issues Legislation Committee
Legislative Council, Parliament House
Spring Street
MELBOURNE VIC 3002
C/- richard.willis@parliament.vic.gov.au**

Dear Mr Willis,

Re: Inquiry into the Performance of the Australian Health Practitioner Regulation Agency (AHPRA).

I submit the enclosed materials as relevant the Committee's consideration of the regulatory effectiveness of AHPRA and the ability of AHPRA to protect the Victorian public.

I submit that my experience of AHPRA shows that

- AHPRA is totally dependent on supporting bodies such as the Victorian Medical Board and the Psychology Board for management of professional ethics and performance issues;
- AHPRA performs no function that involves the regulation of the relevant professions with regard to the definition, or enforcement, of professional standards;
- AHPRA provides no protection whatever to the Victorian public by oversight of those professional Boards with regard to the rigor, or lack of rigor, of the supervision of the relevant professions by those Boards;
- It is an important consideration that decisions on complaints by AHPRA are not subject to any effective appeal mechanism by a complainant in regard to the actual decision.

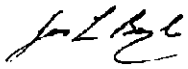
The only review available to a complainant is through the Health Industry Ombudsman and that is limited specifically to a review of procedural issues.

In contrast reconsideration of a decision is available, by appeal, to a professional against whom AHPRA has made an adverse decision;

- AHPRA adds a layer of communication, bureaucracy and thus costs and delays to complaint handling processes – but with no positive benefit for the expenditure those overhead costs.
- I have no doubt that AHPRA does perform a useful function in the coordination of national professional registers, but I cannot comment on the cost effectiveness of that part of AHPRA's work;

Some details follow.

Yours sincerely,

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Jas L (Jim) Boyle

AHPRA - Professional standards management

This short document outlines for the Legal and Social Issues Legislation Committee my concerns with the Australian Health Practitioners' Regulation Authority – AHPRA – as relevant to the Committee's Inquiry of 2013.

Re Psychology Board

My involvement with AHPRA arose from a situation with a psychologist who was and is the "co-ordinator" of an agency established to finance and provide, by third parties, psychological, medical and other support to a particular group of individuals. I believed I was mistreated by that psychologist, and so raised a notification (complaint against professional behaviour) with AHPRA.

The processing of that complaint was extraordinarily delayed and I found that AHPRA really operated only as an intermediating bureaucracy entirely dependent on the Psychology Board of Victoria to evaluate my complaint.

AHPRA had no apparent input or review process in the definition of relevant professional standards which were essentially those defined by the Psychological Association – the representative body of the professionals involved, so here AHPRA provided only "cost" and no "benefit" to be evaluated in a cost-benefit evaluation.

After a 14 month delay my complaint was rejected by the Psychology Board and that rejection was endorsed by AHPRA. The rejection was on two grounds:

1. Despite clear statements to the contrary within the Code of Ethics, they determined that a clause of that code was not applicable to all professional actions of a psychologist, but applicable only when the psychologist was providing explicit psychological counselling to a client.
2. The Board determined that despite introductions of the coordinator to clients of the agency specifically identifying her as a professional psychologist, and quotation of her professional status on documentation such as her business card, she was not acting as a psychologist in her role as co-ordinator of that agency.

Protest

I then raised a further complaint with AHPRA that my issues had not received an honest and accurate evaluation, but that received no effective reply.

Appeal – HP Ombudsman – no answer!

I forwarded my protest at the Psychology Board /AHPRA decision to the National Health Practitioner Ombudsman as I felt I'd not been treated fairly, nor had my complaint been evaluated honestly.

- I received no reply.
- Multiple phone calls were not answered.
- Multiple messages left on the answering service received no reply.
- I visited the office of the Ombudsman, - no-one home there! I was told that the ombudsman visits only occasionally. The message I left was not answered.

Documentation

I have attached pertinent documents on this case for the Committee's information:

- JB-AHPRA-2011Jan05A.pdf
Complaint to AHPRA re the psychologist.
- AHPRA-2012Feb20A.pdf
Complaint to AHPRA re delay (20 Feb 2012)
- AHPRA-2012Mar06-Response.pdf
AHPRA response re delay.
- JB-AHPRA-2012Mar08A.pdf
AHPRA rejection of my complaint and my response to AHPRA and to Psychology Board.
- JB-AHPRA-2012Mar13.pdf
My response to Psychology Board.

AHPRA and other Boards

Since AHPRA depends on other Boards for investigation and rulings on complaints against health professionals, the real performance of those boards is pertinent in any evaluation of AHPRA.

I suggest that performance of other professional Boards and their roles in the protection of the Victorian public is central to the function of AHPRA. Probably the most important of those Boards is the Medical Practitioners' Board.

I found that the Medical Board did not respond effectively to the one complaint I made prior to the appointment of AHPRA to oversee that Board. Every irrelevant or incorrect assertion made by or on behalf of the doctor concerned was accepted without question by the Board, including a substantial attack on my personal integrity by a Queens Counsel writing a twenty-eight page submissions on behalf of the doctor concerned and of the same psychologist as I mentioned above.

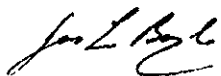
If AHPRA devolves to the Medical Board all responsibility for evaluating notifications (complaints) against medical professionals as it does for psychologists, then it must be equally ineffective in that case.

To me, that earlier response by the Medical Board indicates again poor performance in regard to protection of the Victorian public by that board. I was exhausted and disgusted by the whole process.

Conclusions

I suggest that AHPRA must involve significant cost to the Victorian Government, with one benefit – a national registration scheme for all health professions, but little if any benefit in the establishment of professional standards, or in the handling of complaints.

I contend that AHPRA is totally ineffective in its role of providing protection to me as a member of the Victorian public as it acted simply as a delayed interface to the Psychology Board of Victoria – a very partisan defender of that profession, that in turn, failed to protect me from an unprofessional psychologist.



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Jas L (Jim) Boyle