Rural Health Workforce Australia

Submission to the senate finance and public administration references committee

Inquiry into the administration of health practitioner registration by the Australian Health Practitioner Regulation Agency (AHPRA)

Submission

14 April 2011

This submission has been prepared by Rural Health Workforce Australia (RHWA). Rural Health Workforce Australia manages national programs that tackle the shortage of doctors and other health workers in rural and remote communities. This includes the recruitment of Australian and overseas trained doctors, locum support and encouraging university students to pursue rural health careers. A not-for-profit organisation, RHWA is also the peak body for the state and territory Rural Workforce Agencies.

Please contact Dr Kim Webber for further information.

Dr Kim Webber
Chief Executive Officer
Rural Health Workforce Australia
Suite 2, Level 5
10 Queens Road
Melbourne VIC 3004

rural health workforce australia

SENATE FINANCE AND PUBLIC ADMINISTRATION REFERENCES COMMITTEE

Inquiry into the administration of health practitioner registration by the Australian Health Practitioner Regulation Agency (AHPRA)

Rural Health Workforce Australia (RHWA) welcomes this opportunity to comment on implementation of the new national registration scheme for doctors and other health workers. RHWA is funded by the Department of Health and Ageing and is the peak body for the Rural Workforce Agencies (RWAs), based in every State and the Northern Territory, whose role it is to recruit and support doctors in rural and remote areas of Australia.

The RWAs have more than 10 years experience of recruiting doctors into rural and remote areas. We are strongly supportive of a national registration scheme. Our aim in providing this submission is to enable improvements of the system to ensure that the national registration system is indeed nationally consistent and that the policies and processes are transparent, timely and efficient.

We continue to have ongoing difficulties in our work employing Overseas Trained Doctors for general practices in Australia in both understanding the complex pathways and processes to registration and in receiving timely and appropriate advice from AHPRA and its state branches and boards.

Terms of Reference

On 23 March 2011 the Senate referred the following matter to the Finance and Public Administration References Committee for inquiry and report by 13 May 2011:

The administration of health practitioner registration by the Australian Health Practitioner Regulation Agency (AHPRA) and related matters, including but not limited to: The administration of health practitioner registration by the Australian Health Practitioner Regulation Agency (AHPRA) and related matters, including but not limited to:

(a) <u>capacity and ability</u> of AHPRA to implement and administer the national registration of health practitioners;

AHPRA can achieve the above if they actively seek and consider the feedback that is provided to them by regular users of the system. RWAs are dealing with hundreds of medical practitioner candidates nationally on a daily basis and can provide constructive feedback on which areas of the process are not working.

Another issue is that AHPRA needs to consider its processes in the context of the whole system of registration. For example, AHPRA is undertaking checks on qualifications and other documents which merely replicates the Australian medical Council Primary Source Verification process.

A table of specific timelines and examples from New South Wales Rural Doctors Network (the Rural Workforce Agency in NSW) is provided at pages 6-9.

(b) performance of AHPRA in administering the registration of health practitioners;

More than nine months after the commencement of national registration, the registration process that is administered by AHPRA is still unclear, takes too long and with too much administration. Indeed, AHPRA still do not have a full set of registration documents to offer potential registrants. These forms, guidelines, policies and processes need to be clarified, finalised, published and explained to ensure an effective process for everyone.

Currently, AHPRA requires a Position Description to be attached to a Standard Pathway IMG applicant applying to work in general practice. However, there is no template or clear set of guidelines as to what should be in the position description. This is imperative to provide relevant information to registrants.

Other unclear and ambiguous standards are around "Recency of practice registration" where the definition of practice[1] is open to interpretation and makes it very difficult for a prospective registrant to ascertain if they meet the standard. AHPRA has advised that they are unable to provide personal feedback regarding a candidate meeting the "Recency of practice standard" and they are required to submit a full registration application and fee to ascertain if they meet the standard.

Another complex requirement is around the English Language Proficiency (ELP) requirements – under the previous regime if candidates could demonstrate that they undertook their education in English they may have been exempt from undertaking an ELP test. The situation now is more complex.

Other issues that arise on a daily basis include:

- Information and requests for documentation pre-registration is not consistent between jurisdictions.
  Recommendation – national guidelines to be developed and published and training of AHPRA registration staff to be implemented.

- The AHPRA processes are not being implemented in a truly national fashion. For example, a doctor may undertake a Pre Employment Structured Clinical Interview (PESCI) in one jurisdiction but the outcome is not accepted in another and the candidate is required to undertake another PESCI within that jurisdiction. Another example is that if an overseas trained doctor wishes to move from one employer/location to another they are required to submit a new registration application and fee in some jurisdictions, while in others they are only required to submit a change of circumstances form. Yet another example is that the registration processes are differing in lengths of time and are differing in cost across jurisdictions.

[1] Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. For the purposes of this registration standard, practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct nonclinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession.

Recommendation – Processes must be accepted across jurisdictions and policies and processes implemented to ensure this.

- There is no mechanism in place for advising regular users of the AHPRA web site (i.e. workforce agencies or recruitment agencies) of changes or updates to registration requirements or standards. AHPRA are not proactive in providing advice or helpful in navigating the complexities of medical registration.
  Recommendation – AHPRA to proactively communicate their systems and processes including a regular bulletin advising of updates made.

(c) impact of AHPRA processes and administration on health practitioners, patients, hospitals and service providers;

AHPRA is unable to provide a time frame for processing of registration, in particular International Medical Graduate candidates. This makes it very difficult for registrants to plan departing their home country and planning arrival in Australia. It also makes it difficult for employing practices to plan for the arrival of doctors. In many instances, practices arrange for the provision of accommodation, vehicles, children commencing school etc for the arrival of doctors from overseas. It is very frustrating and costly for them if they have to pay rent for many weeks and sometimes months in advance.

The delayed arrival of a doctor in to a rural community places a strain on other medical and health practitioners in the town as they carry the burden until the arrival of the new doctor.

In addition, arrangements have to be put in place for supervision and mentoring of new doctors and this can mean those people have to put their own lives on hold while waiting for the arrival of the new doctor and then provide support to them on arrival.

We offer some specific examples of processes in NSW and their impacts. These examples are provided to clearly explain the context of these processes in an environment of a highly competitive global market for experienced doctors.

- Only four applicants who were supported by the New South Wales Rural Doctors Network (the RWA in NSW) undertook an AHPRA-NSW PESCI in the 6 months from 1 July to 31 December 2010. These applicants waited an average of 6 weeks from lodging their PESCI paperwork to being notified of the PESCI date. Applicants were given an average of 2 weeks notice before the PESCI and more than 7 weeks (more accurately between 4 and 13 weeks) to be advised of the outcome; even though they were advised at the interview they will be notified within two weeks. Two other OTDs supported by NSW RDN withdrew their applications for PESCIs in NSW, citing it was too complex, frustrating and taking too long.

  The lack of enough sittings of a PESCI panel in NSW over this time meant that RDN was very restricted in the number of applicants it could support for registration.

(d) implications of any maladministration of the registration process for Medicare benefits and private health insurance claims;

No comment

(e) legal liability and risk for health practitioners, hospitals and service providers resulting from any implications of the revised registration process;

No comment

(f) liability for financial and economic loss incurred by health practitioners, patients and service providers resulting from any implications of the revised registration process;

Due to the inconsistency of recommendations and advice provided by the various jurisdictional PESCI panels to AHPRA, there seems to be circumstances where International Medical Graduates who might have been considered suitable to work in remote locations with nearby or telephone supervision are no longer considered suitable to practice in such locations. This is making it impossible for smaller more isolated communities to recruit a doctor to work in General Practice as there is no way their geographic isolation allows them to meet AHPRA requirements. This will potentially result in practices closing, communities being without a doctor which places a financial and personal risk to those locations.

(g) response times to individual registration enquiries;

There is no time frame or standard offered by AHPRA to which they can be held to account. It seems that AHPRA has limited people working as registering officers, in general they are helpful and hardworking but there seems no contingency for when individuals are sick or on leave.

(h) AHPRA's complaints handling processes;

The Rural Workforce Agencies have had feedback from a doctor working in General Practice felt very threatened and agitated as no clear information was given to them by AHPRA regarding the processes and time frame involved. It seems communication and a publicly available agreed standard of service would be helpful to those who need to work with AHPRA.

(i) budget and financial viability of AHPRA; and

(j) any other related matters.

Government is investing huge amounts of money into the recruitment and retention of International Medical Graduates to provide a service to areas of our country where Australian graduates don't seem to be keen in working. Rather than put up barriers to this group of people who play a major role in looking after the health and wellbeing of our rural communities we could make them feel valued and make the "process" welcoming while retaining its rigour.

Currently this valuable workforce are required to provide duplicate information to a number of bodies (the information provided to the AMC is then required by AHPRA - to what purpose?). Mostly the various

players including AHPRA, registering bodies, specialist colleges and PESCI providers are blissfully unaware of the financial and personal costs incurred by doctors coming to work in Australia. Many of them have to work for years or borrow from family to save to undertake the AMC, English Language tests and PESCI interviews. To compete against other countries we must get better at these processes.

Conclusion

A National Registration system requires a nationally consistent process with clear, attainable national benchmarks for costs, application formats and paperwork templates, timings throughout the process and assessment standards. This streamlining is a matter of priority.

In addition, the process must be truly national and policies require that ANY organisation accredited in Australia to do PESCIs be able to have them recognised right across Australia. For example, if ACRRM is accredited to do PESCIs this needs to be recognised by all AHPRA offices. This is not currently the case and we therefore do not yet have a national registration process.

AHPRA - NSW Processes / Issues for OTD PESCI Registration in the period 1 July 2010 to 31 March 2011:

RDN Enquiry Number	Date Registration paperwork lodged with AHPRA-NSW	Date AHPRA-NSW advised Applicant of PESCI Interview	Date of PESCI	Date of PESCI Outcome and Method of advice by AHPRA-NSW	Date Commenced in Rural NSW (if known)	Comments / Issues
5155	17 June 2010.	21 July 2010 **(5 weeks)**	09 August 2010 **(2 weeks & 2 days)**.	Verbal notification of Failure received by RDN on 24 September 2010 **(7 weeks)**.	N/A	Written report received 9 weeks after PESCI date.
5358	11 August 2010.	22 September 2010. **(6 weeks)**	11 October 2010. **(2 weeks & 2 days)**	Verbal notification of Pass received by RDN on 30 November 2010. **(7 weeks)**	17 January 2011	
5172	09 September 2010.	4 November 2010. **(8 weeks)**	22 November 2010. **(2 weeks & 1 day)**	Verbal notification of Pass received by RDN on 22 December 2010. **(4 weeks & 2 days)**	4 March 2011.	
5423	22 October	24 November 2010.	6 December	Verbal notification of Failure received by	N/A	Dr accepted a hospital

RDN Enquiry Number	Date Registration paperwork lodged with AHPRA-NSW	Date AHPRA-NSW advised Applicant of PESCI Interview	Date of PESCI	Date of PESCI Outcome and Method of advice by AHPRA-NSW	Date Commenced in Rural NSW (if known)	Comments / Issues
	2010.	**(4 weeks & 3 days)**	2010. **(1 week & 2 days)**	RDN on 18 February 2011 & again 7 March 2011. **(11 weeks & 13 weeks)**		position in New Zealand.
4656	N/A	N/A	N/A	N/A	N/A	04 November 2010. Withdrawn – gone to WA. Applicant advised NSW process took too long.
5593	To be lodged by practice.					PESCI process too long in NSW, went to VIC
5683						Seeking placement in ACT
4541						Paperwork for PESCI still to be lodged

Only 4 RDN-supported Applicants went to an AHPRA-NSW PESCI in timeframe (1 July – 31 December 2010)	**Applicants waited an average of 6 weeks from lodging PESCI paperwork to being notified of PESCI date.**	**Applicants were given an average of 2 weeks notice before the PESCI and 7 ¾ weeks (more accurately between 4 and 13 weeks) to be advised of the outcome, even though they are advised at the interview they will be notified within two weeks.**

AHPRA - NSW Processes / Issues in the period 1 July 2010 to 31 March 2011:

RDN Enquiry Number	Comments / Issues
4946 **3700** **961** **5086**	From 21 October to 3 December 2010, there were ongoing issues with these four doctors and a number of other AoN Registered rural doctors in getting confirmation from AHPRA-NSW that the doctors had been re-registered because the AHPRA website indicated they were currently registered but their registration dates had expired. There was no communication between AHPRA, Medicare Australia, DoHA and RDN until this was raised and resolved by RDN.
4946 **2735**	Both doctors gained Fellowship some three months ago and the AHPRA online register still shows them as AoN preventing them from applying for new provider numbers in eligible locations.
3779	AoN registered doctor in XXX. RDN requested AHPRA-NSW in January 2010 for an amendment to his registration permitting him to also work in an AoN position in YYY. After submitting the paperwork requested by AHPRA then advised they were the wrong forms and to re-submit using different forms. Registration finally approved on 8 March 2011, leaving only three days to get a Provider Number approved before he commenced work on 12 March 2011.
4013	Significant delays were caused with this Dr's registration as his PESCI and outcome straddled the change from NSW Med Board to AHPRA-NSW (he passed PESCI on 23 June 2010. Registered by AHPRA-NSW on 28 July 2010).
4570	Dr currently working in urban hosp and has completed the requirements of Gen Reg through NSW Hosp System. He has been told 'it will be several months due to AHPRA-NSW processes' before Gen Reg will be awarded. He wants to be a GP in rural ZZZ.
Not	Dr who applied through RACGP-NSW Specialist Pathway and was informed by AMC she had passed FICPI on 12 August 2010. On 7

RDN Enquiry Number	Comments / Issues
entered into RDN databases	October 2010 she obtained registration for AoN Position at WWW (urban). Her comments 'AHPRA-NSW were pretty disorganised and so my third letter of good standing from the South African Medical Board expired as it was only valid for 3 months from date of issue. I was told to fill in the wrong form so I had to resubmit using a specialist AoN form.' Her Provider Number (SAPP placement) was approved by DoHA on 24 November 2010.
5691	Dr applying for GP position through the GP practice at UUU. He withdrew PESCI application to AHPRA-NSW on 14 March 2011 because of the time and difficulty with the process and chose to take up a hospital position instead.
5640	Difficulties with PESCI interview by videoconference and delays in the applicant doctor receiving advice from AHPRA-NSW.
5384	Advised by AMC she had passed Specialist Pathway FICPI on 13 August 2010. Registration paperwork submitted to AHPRA-NSW on 20 September 2010. Doctor presented in person to AHPRA-NSW on 29 October 2010 to resolve ongoing difficulties with her registration. She was finally registered by AHPRA-NSW on 22 December 2010 and commenced work in VVV where she has been living for over 12 months on 14 February 2011.

ABOUT RURAL HEALTH WORKFORCE AUSTRALIA

RHWA is committed towards an appropriate health workforce providing equitable access to primary health care services in rural and remote Australia. RHWA contributes towards this goal by being a peak body for Rural Workforce Agencies and providing policy and program advice to the Department of Health and Ageing.

Our work is focussed on the following activities:

- policy and program development and analysis;
- implementation of national programs;
- data collation and analysis; and
- future workforce planning.

RHWA's member bodies, the Rural Workforce Agencies (RWAs), implement medical workforce recruitment and retention programs in their jurisdictions to increase the number of doctors in rural and remote communities across Australia. RWAs actively recruit doctors and provide support to doctors and their families so that they will stay in these communities.

The specific supports provided by the RWAs include:

- Provision of recruitment assistance for rural practices and recruits
- Orientation of OTDs to Australian practice
- Delivery of family support programs including spouse education grants, childcare allowance grants
- Provision of upskilling grants for rural doctors
- Provision and facilitation of locum services
- Delivery of a variety of education and training programs to rural doctors including emergency medicine
- Delivery of Doctors health programs including CPR (Country Practice Retreats)
- Provision of practice sustainability services for communities including succession planning

RHWA is also the auspicing body for the National Rural Health Students' Network (NRHSN), with a membership of 8,000 undergraduate medical, allied health and nursing students. The NRHSN gives RHWA a unique opportunity to gain an insight into the needs and interests of the future rural and remote health workforce. The NRHSN aims to increase interest in rural health amongst university undergraduate health students, increase interest in university health courses amongst rural high school students and strengthen the knowledge, understanding, motivation, and commitment to work in rural areas of Australia.