

12 April 2011

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

I write as a vocationally registered GP in Melbourne who has experienced significant difficulties with my registration associated with maternity leave and return to work over the past 6 months. The contents of this submission are based on my personal experience and observations. This experience is outlined below, followed by a summary of the main problems I encountered, suggestions for improvement, and some concluding remarks.

Renewal of registration 2010-2011: my personal experience

I am one of six GPs at a clinic in [REDACTED] where I have been employed since 2005. I have been on maternity leave since July 2010, and had intended to return to work on 1st March 2011. In summary, my dealings with AHPRA in an effort to renew my registration resulted in my undergoing an unnecessary process to change my registration status, and having my return to work delayed by 6 weeks. This represents approximately \$7,200 - \$14,400 in lost income, and adversely impacted both my colleagues (who experienced increased workload) and my patients (who experienced reduced access to GP and acupuncture services at my clinic). In addition, throughout this period I spent a considerable amount of time contacting AHPRA to try to expedite their processing of my applications (including being put on hold for an average of 30 minutes at a time) and trying to make sense of conflicting information provided from one phone call to the next. My experience is outlined below in more detail.

When renewal of registration was due at the end of September 2010, I was advised by AHPRA staff to change my registration from 'general' to 'non-practicing' as a cost saving measure since the annual fee for general registration is \$650 versus \$125 for non-practicing. This was welcome advice and I expected that changing the category of practice would be very straightforward. However, it took AHPRA two months, and numerous emails and phone calls before my registration was processed in early November 2010. Moreover, after I eventually changed my registration back to general, I was charged the full \$650 (and had the \$125 I had paid for my non-practising registration refunded). This meant that changing my registration to non-practising was entirely unnecessary.

Next, as I had planned to return to work on 1st March 2011, this information was provided to AHPRA in a letter accompanying my application form to change from non-practicing to general registration sent on 12th January 2011. I anticipated that this would reach AHPRA by 14 January, two days being the approximate time domestic mail usually takes. I was later advised that it actually arrived on the desk of a relevant staff member on 25th January 2011, some seven working days later. I had been informed to expect lengthy delays in AHPRA's mail room but a 7-working day transit time seems excessive.

Having been told that my application would take up to 6 weeks to process, I then waited. Having heard nothing and with my return to work date fast approaching, I called AHPRA in early February to check on the progress of my application. The staff member I spoke with was unable to give me any information except to state that they had a big workload, and to ask me to call back in a week's time. This I did for the next several weeks, only to receive the same response. I duly informed my practice manager that I would not be able to start on 1st March as planned. This was particularly difficult for the practice as the only other female GP was due to go on three weeks' leave around that date. It also adversely affected my acupuncture patients, as no other doctors at the clinic provide this service.

This pattern continued, although I began to call or email two or three times a week. Each time, I received either a holding response, or no response. Then on 22nd March I was informed by the staff member I spoke to that the reason for what was by then a more than two-month delay was that my application had not been uploaded onto their database. As a result, it had not been scrutinized. I found it extraordinary that it had taken over 2 months and almost weekly phone calls and emails for someone to realize this. Finally, on 6th April, I was contacted by my case manager (the first time I had dealt with her directly – previously I had not even been given her name) and informed that in fact my application had been lost. She asked me to resubmit it via email, which I did, and it was processed the same day. I then arranged to return to work on 11th April. However, I discovered that I also require specialist GP registration to allow my patients full access to their Medicare rebate entitlements. This specialist registration and my acupuncture endorsement had not been processed. This meant that at 3pm on 8th April, my husband had to drive into the CBD from my home in [REDACTED] to show AHPRA my FRACGP certificate. I returned to work yesterday (11th April).

Key problems with the registration renewal process

There appears to be serious flaws in the way AHPRA handles communication. More than 95% of my phone messages and emails did not receive a reply despite AHPRA's policy of phone calls being returned within 72 hours. Any complaints or feedback lodged on their website also failed to elicit a response. Verbal complaints were met with apathy or excuses for their inaction. In my experience, calling the contact centre using the 1300 number appeared to be the only method of communicating with AHPRA. However, telephone enquiries generally entailed long waiting times of 30 minutes on average. More recently, the calls were barred by a recorded message claiming high call volumes and advising callers to try again later.

It is my observation that call centre staff seemed to lack proper training or did not have access to my entire file. As a result, most calls needed to be referred to a specialist leading to even longer waiting times. In my case, even the specialist staff were unable to assist. Each phone call would result in an explanation that they needed to consult a manager or senior staff member and urge me to call back next week. No one was able to provide me with a timeframe, the name of the case manager (until 6 April) or allow me to speak to anyone who could help in a meaningful fashion.

The weekly call back seemed to be a delaying tactic, as it achieved nothing except to increase the volume of telephone enquiries, further clog up phone lines and increase waiting times. In addition, call centre staff lacked the capability to enter any details or records into my file during telephone enquiries. As most calls were answered by a different staff member, this resulted in the need to repeatedly explain my situation every time I called.

Another feature of my dealings with AHPRA was inconsistent and conflicting information given by call centre staff. There did not seem to be any universal policies and protocols. By way of example, the initial advice I was given regarding the fee payable upon changing from non-practicing back to general registration was that upon change over (if the period was less than 12 months), I would pay the pro rata portion of the \$650 depending on the number of months remaining till renewal (September 2011). In addition, I would receive a credit equivalent to the unused pro rata portion of the \$125 non-practicing fee I have already paid. Since then, I have been given different information which varied from:

- * No credit for the \$125 non practicing fee plus full payment of the \$650 general fee
- * No credit for the \$125 non practicing fee but pro rata payment of the \$650 fee
- * Pro rata credit for the \$125 non practicing fee but full payment of the \$650 fee
- * Full credit of the \$125 fee plus full payment of the \$650 fee (the actual outcome).

Suggestions for improving AHPRA's ability to process registrations

1. A universal set of protocols and better staff training – particularly of casual staff who I understand make up the bulk of AHPRA call centre staff.
2. Provide call centre staff with better access to client files so they are better equipped to provide assistance.
3. Allow health practitioners to view the status of their application online (e.g. date application received, application pending, application under assessment or application approved). It would also be useful to provide a realistic and approximate time frame for the application process. This would drastically reduce the number of unnecessary phone calls and emails giving staff more time to process applications rather than deal with phone calls from frustrated practitioners.
4. AHPRA pleads a large backlog as one reason for such lengthy delays. Apart from improving efficiency and better allocation of resources, perhaps hiring more case managers would reduce the work load.

Concluding remarks – financial, practical and emotional impacts

All the above has caused considerable distress and frustration as well as a financial cost for myself and my family. It has also been very disruptive for my medical practice and patients. The effort required to follow up the progress of this application has been extremely time-consuming and additionally challenging considering I have had to make many of these lengthy phone calls while caring for a baby and a toddler alone at home.

As noted above, AHPRA's 6-week delay in processing my application has resulted in significant loss of income. It was

my intention to commence working 1 day a week and increase to 2 days a week. An estimation of my weekly income based on working 1 day a week is \$1,200 and double this amount for 2 days. Therefore, my estimated loss of income for the 6 week delay is \$7,200 - \$14,400.

In terms of the impact on my practice and patients, most people are aware that the services of female GPs are in high demand. This demand is made even higher as the flu season approaches and need for all GP services increases. I am one of only two part-time female GPs at my workplace and my unplanned absence caused major disruptions to my medical practice. As the only person who practices acupuncture in the clinic, my patients were denied this service due to my inability to work.

The only positive part of the entire experience was dealing with my case manager at the very end. She was very pleasant and efficient and it was a great relief to finally be able to talk to someone who clearly knew the details of my application and was in a position to action it.

I sincerely hope this inquiry is able to help AHPRA resolve the above-mentioned issues so that other health practitioners will not have to experience the same prolonged, confusing, and ultimately needless process that I have had to endure.

Yours sincerely