

13 April 2011

Ms Christine McDonald
Secretary
Standing Committee on Finance and Public Administration
References Committee
PO Box 6100
Parliament House
CANBERRA ACT 2600

Dear Ms McDonald

Inquiry into the administration of health practitioner registration by the Australian Health Practitioners Regulation Agency

Thank you for the opportunity to provide a submission in relation to the inquiry into the administration of health practitioner registration by the Australian Health Practitioner Regulation Agency (AHPRA) and related matters.

As a Medical Defence Organisation, MDA National acknowledges this inquiry as we are aware of the difficulties facing some of our Members who have been disadvantaged by registration delays following the revised national registration arrangements. As such, we will confine our submission to those aspects of the terms of reference pertaining to the impact on medical and dental practitioners.

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

No comment

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

No comment

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

Unfortunately, we are aware that a small number of doctors and dentists did not re-register in time and have had to reapply for registration. Some of these practitioners have carried on working while others have ceased practice while their registration is being processed.

Practitioners have been seeking to re-establish their registration but some inform us that they have experienced significant delays due, they are told, to administrative delays and the volume of late applications.

In addition, we have provided advice to some Members in respect of their applications to register: these Members attempted to register on time but their applications were delayed pending investigation following self-disclosure of past

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health issues. Investigations did not commence until after the members were due to commence their employment, leaving them unable to work. This was both an unexpected and unfortunate outcome for those practitioners affected.

(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;

Clearly the implications of not being registered have a direct bearing on practitioners' indemnity. The respective professional indemnity insurance policies covering medical and dental practitioners each define the practitioner as being one who is registered to practise their profession. In addition, the policy excludes claims to the extent that a claim arises when the insured was not registered or was prohibited from practising.

In response to these unique circumstances, MDA National Insurance will hold as indemnified practitioners who have a gap in their registration due to the delays, provided registration is eventually granted. However, we will only apply this concession in this transitional year 2010/11. This has required negotiation with our international reinsurance partners.

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

While we are not able to quantify potential or actual economic loss, we are aware that some practitioners have ceased practising until such time as their insurance and registration requirements are finalised.

(g) response times to individual registration enquiries;

No comment

(h) AHPRA's complaints handling processes;

(i) budget and financial viability of AHPRA; and

No comment

(j) any other related matters.

It is not known whether AHPRA intend to investigate or call to account those who have practised while not registered. AHPRA have advised that they do not intend to back-date registration.

MDA National submits that these issues have been a significant inconvenience and concern for many of our Members.

While we acknowledge that this registration mishap was regrettable, we as a doctor owned mutual insurer have been able to provide a solution to protect individual practitioners affected by these transitional issues.

MDA National looks forward to participating in further dialogue and discussion in relation to this issue, if this will assist the Committee in its deliberations. In doing so we would also draw

attention to the continuing concerns expressed by MDA National and the medical profession generally with regard to the Mandatory Reporting provisions of Section 140 of the National Law.

We understand there are instances where the provisions have been interpreted or implemented in such a way to disadvantage individuals to the extent that there is potential that impaired doctors may have been reluctant to self refer for help because of the risk of being reported to AHPRA. We remain of the view that such is an unintended consequence of the legislation and yet it remains to be addressed on a National basis and yet we note that in Western Australia mandatory reporting of colleagues by treating doctors has been removed. We believe the same should apply to spouses as the provisions are counter-productive to doctors seeking help.

Further, in the interests of our Members, and the professions generally, MDA National will continue to work with AHPRA while it works through resolving these formative problems. We are hopeful that AHPRA will be able to overcome its operational difficulties so that this mishap will not be repeated, and that MDA National and its Members do not have to face any additional potential exposures.

Yours sincerely

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President
MDA National