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Personal submission to the Finance and Public Administration References Committee

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

My name is [redacted] I am (at least until midnight on 30 June 2011) a registered medical practitioner in the specialty of Nephrology. I graduated in 1964 and have been in private consultant practice since 1977. I am a Fellow of the Royal Australasian College of Physicians and my remarks are confined to the RACP and my personal experience.

The published literature on the benefits of "Continuing Professional Development" or "Continuing Medical Education" in my view is extensive but of very poor quality. The evidence for an improvement in the quality of medical care or patient outcomes provided by formal CPD is fragmentary and at best tentative. The evidence for any cost benefit of CPD is virtually non-existent.

CPD programmes are discriminatory. It is relatively easy for academics and full-time hospital employees to comply with RACP CPD requirements which are in effect, subsidised by the employer. Compliance with CPD in private practice is onerous, time-consuming and expensive. These constraints inhibit doctors in private fee-for-service practice simply do not have the time or financial resources to participate in RACP governance and this organisation has therefore become dominated by public sector employees and academics.

Throughout my career my practice has been guided by evidence. I have therefore declared myself a conscientious objector to mandatory documentation of CPD. I am frustrated by the Medical Board of Australia's apparent refusal to reveal the evidence base for its policy of denying prescribing rights to retired medical practitioners. The Good Medical Practice guideline implies that doctors should not prescribe for themselves or their family members or friends. This is advanced as the reason for the ban on retired doctors' prescribing. This clearly applies to all registered prescribers and indeed all practitioners. The failure to apply this prescribing rule to all registered professionals is clearly discriminatory.

A ban on self prescribing for all registered prescribers should be implemented immediately if supported by evidence, if not self-prescribing for retired doctors should be reinstated.

The system for medical registration as it currently operates is excessively rigid. A medical practitioner must maintain current medical indemnity insurance to qualify for registration and must be registered to maintain medical indemnity insurance. There are many mundane communication and administrative reasons why deadlines to renew registration or insurance may be missed resulting in a doctor practicing while un-registered and un-insured. This is a circumstance potentially devastating to both doctor and patient.

The requirement to re-register after a thirty day lapse leaving an un-fillable gap in a doctor's registration and indemnity cover is indefensible.

AHPRA and the Medical Board of Australia should be given much greater discretion and required to allow reasonable retrospective registration and seamless cover for a practitioner.

The requirements and definition of practice are excessively rigid. This results in the unsatisfactory situation of a doctor existing in one of two states; fully registered or un-registered and incapable of any medical function whatsoever. After midnight on 30 June 2011, I may not carry out any professional practice including giving advice to ex-colleagues or ex-patients regarding their medical information or ongoing care. I am placed in the difficult situation of discharging my ethical obligation for the safe ongoing care of a patient at the risk of a $30,000.00 fine. This is cruel and inhumane for both doctor and patient and an unintended outcome that demands immediate correction.

Provisions to permit a humane and ethical withdrawal from practice and opportunity to continue to contribute to the medical profession should be implemented as soon as possible and applied retrospectively.