



OPTOMETRISTS
ASSOCIATION AUSTRALIA

Submission to

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

Senate Committee on Finance and Public Administration

Optometrists Association Australia

April 2011

Introduction

Optometrists Association Australia supports strongly national registration and accreditation of health professionals. Optometry accepts the national scheme is sensible reform which will with time benefit health professionals and their patients.

Optometrists Association was active in providing design inputs to governments prior to commencement of the national scheme and has sought to contribute constructively to implementation since it began. Optometrists Association continues to co-operate closely with the Optometry Board of Australia, with other professional bodies and Australian Health Practitioner Regulation Agency (AHPRA) to improve the national scheme.

This submission addresses Terms of Reference (a) to (e) inclusive and suggests ways in which administration of the national scheme might be improved. These include enabling AHPRA to respond more flexibly to problems such as those recently experienced, governments funding any further system refinements required and engaging the regulated professions more regularly in improving AHPRA systems and procedures.

Capacity to Implement and Performance – ToR (a) and (b)

The design of the national scheme and AHPRA's role in it seems fundamentally sound insofar as can be assessed from the perspective of a professional association representing one of the 10 regulated professions.

Our dealings with AHPRA management suggest the Agency has the operational leadership and management needed to implement and administer the scheme provided it is funded adequately and its enabling legislation allows it to operate with some flexibility when needed – see further comments below. Optometry has had no communication or contacts with the Agency Management Committee.

For optometry the initial performance of AHPRA has caused some concerns. These go mainly to problems which some optometrists experienced in dealings with AHPRA in the first cycle of registration renewals late last year. As a result of these problems some registrations lapsed without the optometrists involved being aware this had happened. There are also still apparent delays in processing new applications for registration.

There are more than 4,000 registered optometrists in Australia and of these over 100 failed to renew their registrations when due by the end of November 2010. These registrants were advised in January and February by Medicare Australia that they were no longer eligible to provide services under the Medical Benefits Scheme (MBS). Most optometrists whose registrations lapsed heard first of their dilemma from Medicare Australia. AHPRA subsequently sought to advise them about the Fast Track facility by email or telephone and if that failed by post.

For privacy reasons we cannot know which optometry registrants lapsed but we do know there were 109 optometrists who applied to be re-registered through AHPRA's Fast Track process when they learned they had been de-registered.

Lapsed optometry registrants who have contacted the Association generally cited similar problems which contributed to their failure to re-register. Some said they had not received

re-registration documents sent to them, some had tried to contact AHPRA telephone hot lines and been left on hold for extended periods or were disconnected and some had returned re-registration documents which never reached AHPRA or did not reach the right part of AHPRA to then be processed. Others reported inconsistent or confusing advice and messages about key requirements, difficulties tracking the progress of applications in the system and unclear information about procedures for registrations that required detailed assessment.

AHPRA's response to the emergence of significant numbers of lapsed registrants was as effective as it could be within the current National Law. It introduced Fast Track re-registration which enabled lapsed registrants who applied within a month of de-registration to be processed quickly when their applications were simple eg did not require police checks or other time consuming investigation. The target for re-registration was 48 hours which in many cases was met.

Similarly, AHPRA showed commendable flexibility in effectively backdating the re-registration of lapsed registrants where it could be shown AHPRA error had contributed to the failure to re-register. However this flexibility was limited by the current National Law only to situations where AHPRA error contributed to the de-registration.

Some new optometry applicants recount experiences of delays for no apparent reason. To illustrate, one optometrist who was returning to the workforce after some years absence applied for registration last December and was still not registered when this submission was lodged.

Impact on Optometrists and Patients, Medicare Implications and Legal Liability / Risks

The immediate impact on optometrists of lapsed registrations is that they could not practise from when they were advised by AHPRA they were no longer registered. Where they could, optometrists affected sought to minimise the impact on patients by rescheduling appointments with other optometrists in their practices or even by sending them to competitors. While they could assist patients where possible, the only remedy for the optometrists themselves was to get back on the register as fast as possible.

Where a lapsed registrant applied immediately for Fast Track re-registration and was restored to the register within 48 hours, the loss of income was limited to just a few days. However, we do not have statistics about how long re-registrations actually took and of how many lapsed registrants did not seek Fast Track re-registration because they did not realise it was an option available to them.

Once Medicare Australia had informed a lapsed registrant they were no longer eligible for MBS they were not able to practise their profession. Effectively more than 100 optometrists were unemployed while waiting to be re-registered.

Significant though the loss of income was for lapsed registrants the more serious danger for optometrists and their patients was that lapsed registrants practised while not realising they were no longer registered placing them at risk in relation to insurance cover.

Optometrists who are members of Optometrists Association are covered for indemnity insurance which affords an appropriate level of protection for patients. However that cover normally applies only to registered optometrists and consequently the insurance protection for

optometrists who inadvertently practised not knowing they were not registered was not assured.

Again, AHPRA's willingness to consider backdating registrations to the date of lapse (when AHPRA error contributed to the lapse) should remove the insurance risk for optometrists who are eligible and for their patients. At time of writing we do not know how many optometrists whose registrations lapsed will be able to be so backdated.

Proposed Improvements

While the national registration scheme is sound in concept it is now clear the task was bigger and more complex than anticipated and implementation was probably under-resourced.

The then Prime Minister wrote to Premiers and Chief Ministers in March 2007 proposing what became the national scheme. A year later the Council of Australian Governments members signed the *Intergovernmental Agreement for a National Registration and Accreditation Scheme for the Health Professions* and confirmed a commencement date of July 2010.

Some difficulties were anticipated by professions, including optometry, given the proposed speed of transition from the eight state and territory registration schemes and the magnitude and complexity of the task. The current problems reflect the ambitious implementation timetable which apparently limited the time available for stress testing of systems, staff training and other preparations for commencement.

With the benefit of hindsight, the design and implementation of the national scheme was such a major enterprise that difficulties such as those experienced should have been anticipated. If there were such risk assessments undertaken or contingency provisions put in place Optometrists Association does not know about them.

The Association proposes that the Australian Health Workforce Ministerial Council recognise that the time allowed for implementation might have been too short and that there could be similar problems encountered in future. We propose Ministerial Council should provide AHPRA with the flexibility it will need to deal effectively with such problems if they happen. If that flexibility requires amendment of the National Law then such amendments should be made. This would be important as the Scheme is due to admit further professions in 2012.

Similarly, if additional resources are needed from time to time to establish the national scheme as intended then those resources should be provided by governments as agreed originally when the decision to proceed with national registration was announced. While ongoing operations were to be funded from registration fees the costs of establishing the scheme were to be met by governments and resolving start-up problems such as experienced thus far should be accepted as part of establishment.

Finally, Optometrists Association proposes that Australian Health Workforce Ministerial Council should consider establishing some standing advisory group by which advice from the professions regulated by AHPRA can be taken into consideration for the future direction of the Agency and its dealing with the regulated professions.

Following the then Prime Minister's announcement in 2007 optometry with the other professions to be regulated created an informal Professions Reference Group to facilitate

communications with officials responsible for implementation and to provide expert assistance based on professions' long experience with state and territory registration schemes. We believe professions' inputs added value to the scheme and certainly helped the dissemination of relevant information within professions.

Since commencement of the national scheme the Professions Reference Group has initiated meetings with AHPRA, particularly since recent problems emerged. We believe AHPRA has found the co-operation of professions through Professions Reference Group to have been helpful.

We propose that the informal, ad hoc relationship between representatives of regulated health professionals and AHPRA might now be put on some more regular basis so the expertise and experience of professional bodies is available to AHPRA as it evolves its systems and procedures. The detail of such an arrangement would need to be determined with AHPRA and the Agency Management Committee but Optometrists Association suggests engaging professions in this way would help restore professional confidence in the scheme as sought by Ministerial Council – see Communique of 17 February 2011.

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