

To whom it may concern,

I am writing to the Senate Inquiry members in support of a claim for having been economically, psychologically and professionally damaged by the mismanagement of my registration renewal by AHPRA. Under the prior dealings co-ordinated by the NSW Medical Registration Board, doctors had a reliable entity which they could trust to handle the registration renewal process. AHPRA has failed in their duty to provide reasonable notice to doctors.

Please find attached our submission which specifies the details that occurred when I failed to receive my registration renewal notice. I am the Medical Director of an extremely busy day endoscopy clinic that has suffered severe financial loss due to AHPRA's incompetence. If this was a single case of failure to carry out the process properly one could have overlooked the event. However, because this was such a gross act of negligence across so many physicians there needs to be a strong message sent to those in charge of AHPRA that such mismanagement cannot go unpunished.

We hereby claim our financial loss which was directly caused by AHPRA and therefore AHPRA is financially liable for the loss. The psychological and professional reputation damage sustained, as outlined in the submission, is clearly unable to be compensated.

Yours sincerely

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

Terms of Reference that relate to us:

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

- i. Inability to reproduce that which had been reliably achieved by the NSW Medical Registration Board by failing to send out applications properly resulting in large numbers of Doctors not being registered. Notwithstanding any quality of defence that may come from AHPRA this failure to register so many is an unprecedented event and hence dramatically points the finger at lack of performance by AHPRA.
- ii. Inability to provide a seamless change for the registration process. The introduction of AHPRA re-registration process was to be no different to the process used in the past by the NSW Medical Registration Board. That being the case there was an expectation as with prior dealings that there would be reasonable notice of a mailed letter of re-registration [generally accompanied by a workforce survey] and a follow-up reminder letter if the registration has not been returned by a certain date. There was failure to carry out such process.

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

- i. Failure to warn led to widespread disruption of services, e.g. cancellation at the Centre for Digestive Diseases (CDD) of two days of operating lists on patients who had long waited for the appointment.
- ii. Confusion by patients who believed their Doctor was deregistered for reasons which were questionable or suspicious and so continue to question the Doctors integrity. This is a long-term impact imposed upon all Health Practitioners de-registered as the result of AHPRA's poor performance in administrative practices.
- iii. Patients have been impacted by telling the staff at the CDD (we can only speak on their behalf) that they will not return for treatment here because their procedure appointments were cancelled when the bowel prep was already completed for colonoscopy. It is a major health impact imposed by AHPRA forcing a second bowel prep on innocent, elderly patients.
- iv. Day Hospitals, such as CDD, are small, private, licensed and fully accredited day surgeries and they serve a vital role in the community performing procedures that free up beds in the larger hospitals, thereby contributing to decreasing waiting list larger public hospitals. Having to cancel two patient procedure lists, which amounts to approximately 50 patients, while the treating Doctor was being 're-registered' has had a major disruptive effect on the health practitioner's practice and the patients who had to recommence the bowel prep and take an extra day of work to reschedule. CDD and the Service providers that contract to CDD have been caused significant financial losses directly related to the lack of performance by AHPRA staff. We claim that AHPRA has caused a significant financial loss and *CDD requests financial reimbursement for that economic loss.*

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

- i. Led to health insurance claims to be blocked. Patients called CDD staff to say that the Doctor was not registered and therefore they could not get their Medicare rebate having paid for their consultation. This has caused irreversible damage to the practitioner and the Centre.

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

- i. Doctors at CDD who did not receive notification of the registration through the mail, and were subsequently removed from the register were never notified of their removal. This is failure to give reasonable notice and resulted in the Drs unwittingly practising for a period of time without being registered. In the case of one this was a period of 7 working days (including 5 days of procedures). Notification was never received from AHPRA and the letter from Medicare informing CDD of the de-registration did not arrive until the 8th working day after removal from the register. CDD was in fact first informed of the situation by a patient on the 7th working day following deregistration. This of course renders the practitioner in an untenable legal situation should an adverse event result from a procedure done during this period of time and all medico-legal insurances would be void.

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

- i. The failure of AHPRA to phone, sms, email or to send reminder letters led directly to the economic loss incurred by health practitioners and CDD. As well as patients who had to pay for their services provided on the day where the Doctor was deregistered and the doctor unknowingly practiced medicine. In the case of CDD two full procedural lists, comprising of approximately 50 patients, were cancelled amounting to an economic loss by the CDD of in excess of \$50,000. Added to the loss of income for these two days is the further financial loss of financially maintaining a staff of 38 whilst no income is being made. We claim that AHPRA is responsible for the financial liability of this loss.