



A.N.Z.A.P.N.M

Australian and New Zealand Association of Physicians in Nuclear Medicine (Inc)

SUBMISSION TO

**INQUIRY INTO THE ADMINISTRATION OF
HEALTH PRACTITIONER REGISTRATION BY THE
AUSTRALIAN HEALTH PRACTITIONER
REGULATION AGENCY (AHPRA)**

April 2011

INTRODUCTION

The Australian and New Zealand Association of Physicians in Nuclear Medicine (ANZAPNM) is the peak body representing nuclear medicine specialists in Australia. The ANZAPNM is concerned with training, workforce, quality and the sustainability of nuclear medicine services to the Australian community.

The ANZAPNM welcomes the objective of Australia-wide registration for medical practitioners in order to facilitate the provision of quality medical services by appropriately trained, registered and credentialed specialists.

However, as has been widely reported, the new national registration arrangements have resulted in significant problems for timely registration and the accuracy of the registration register.

Nuclear medicine specialists are Fellows of either the Royal Australasian College of Physicians (RACP) or the Royal Australian and New Zealand College of Radiologists (RANZCR). The advanced training program in nuclear medicine is overseen by the RACP/RANZCR Joint Specialist Advisory Committee (JSAC) in Nuclear Medicine; the Secretariat for the JSAC is provided by the RACP.

To be recognised as a nuclear medicine specialist requires satisfactory completion of the JSAC's training program; to practise as a nuclear medicine specialist (and for patients to be eligible for Medicare benefits) the nuclear medicine specialist requires:

- (i) recognition as a nuclear medicine specialist by AHPRA;
- (ii) a radiation licence in the State/s in which the individual practices;
- (iii) credentialling as a nuclear medicine specialist under the Joint Nuclear Medicine Specialist Credentialling Program of the RACP and the RANZCR.
- (iv) a Medicare provider number authorised for nuclear medicine items

Newly-qualified nuclear medicine specialists require their specialist recognition from AHPRA before they are able to apply for a radiation licence, credentialling and a Medicare provider number.

Therefore, if there is an delay in receiving initial specialist registration from AHPRA, the delay has a cascading effect on the new specialist's ability to complete the other steps required to be able to practice, as each of these other steps can only be processed after specialist registration is confirmed. Furthermore, each step in this process takes days to weeks to be concluded. For a number of new nuclear medicine specialists in 2011,

the initial delay in receiving confirmation from AHPRA has resulted in their being unable to commence employment at the agreed time.

SPECIFIC MATTERS OF CONCERN

Significant delays in processing applications for new registration

Nuclear medicine specialists have reported delays of up to three months to process a new registration application; given they then need to apply for radiation licences, a Medicare provider number and credentialling, the delay in being ready to practice is significant and unreasonable.

For previously registered specialists, this has not been as significant an issue; although there have been extended delays in providing registration confirmation, these specialists have continued to practise. The ANZAPNM is not aware of any NM specialists who may inadvertently have been practising while not registered due to AHPRA's delays; however, that is not to say this did not occur.

Among the newly-graduated specialists of 2011, the problems were mostly occurring in Victoria.

Newly-qualified nuclear medicine specialists require their specialist registration from AHPRA before they are able to apply for a radiation licence, credentialling and a Medicare provider number.

In this first year of operation of AHPRA the processing delays have resulted in a number of nuclear medicine specialists being unable to commence practice due to a lack of one or more of the requirements, all of which are dependent on timely processing of the initial application for specialist registration.

Lack of response to Enquiries (telephone and email) and Complaints

The ANZAPNM has received reports of, and has itself experienced, the problem of AHPRA's telephone not being answered, emails and correspondence not being answered and no response being made to complaints. It is understood that AHPRA has recently directed additional resources to being more responsive, however none of the previously lodged concerns have even been acknowledged, let alone answered.

The ANZAPNM, in response to a complaint from a new NM specialist, contacted the AHPRA Ombudsman who provided a direct phone number for an AHPRA officer in Victoria. This officer undertook to oversee the processing of the specialist's application within 2-3 weeks of the initial phone call. While this was a positive result for one individual, it did not resolve other issues.

Inappropriate Responses to Information appended to Applications

NM specialists, as noted above, may be Fellows of either the RACP or the RANZCR. Fellows of either College undertake the recognised training program that is managed by the JSAC in Nuclear Medicine, within the

RACP. Accordingly, confirmation of their training is provided by the Chair of the JSAC and specifically sets out in the letter of confirmation that the required training has been completed satisfactorily.

These letters are normally provided on letterhead of the JSAC, rather than the RACP, although in some instances RACP letterhead has been used. Where this has occurred for a Fellow of the RANZCR, AHPRA has rejected the application and required evidence of Fellowship of the RACP, despite the letter clearly stating that the individual has completed the required training under a Joint Committee (the JSAC) of both the RACP and the RANZCR.

Inability to deal effectively with situations in any way out of the ordinary and apparent lack of suitable “escalation policy”

There does not appear to be an effective mechanism within AHPRA to deal with situations that do not sit neatly within the usual applications. The ANZAPNM is aware of a situation where a specialist radiologist who has been employed by a hospital as a registrar in nuclear medicine is unable to function as a NM registrar because AHPRA does not allow him to practise outside his specialty. This individual holds a Fellowship of the RANZCR but has limited registration as a radiologist. In this case, AHPRA initially advised the specialist that "Nuclear Medicine is part of Radiology and your current Limited Registration allows you to work in that field". On the basis of this confirmation, the specialist accepted a position and commenced working as an advanced trainee (registrar) in an accredited nuclear medicine training position at a Sydney teaching hospital.

Subsequently, AHPRA informed the specialist that the initial advice provided by AHPRA was incorrect and that the specialist's current registration as a specialist radiologist limited his practice to radiology only. Further, in AHPRA's opinion "it appears that it would not include nuclear medicine".

AHPRA further advised that if he wished to have nuclear medicine included on the existing registration he would be required to lodge a new application for specialist registration, with supporting documents from the RANZCR (of which he is a Fellow) confirming his eligibility for Fellowship in the specialty of nuclear medicine.

This example has raised issues at a number of levels.

- (i) AHPRA has in one of its two communications, provided inaccurate advice to this specialist.
- (ii) In rescinding its initial advice, which in fact turned out to be the correct advice, AHPRA provided no option for this specialist to continue to work while the matter was resolved; there should be a

mechanism whereby there is temporary registration under such circumstances.

- (iii) The specialist holds a Fellowship from one of the two Colleges from which nuclear medicine trainees are drawn; as such, there should have been no question that he was able to undertake NM training under his existing registration. The RACP advised AHPRA that to be eligible to undertake Nuclear Medicine training in Australia, trainees either come through the physician stream (pre or post Fellowship) or the Radiologist stream (post Fellowship).
- (iv) There was, at the time of the above exchanges, no “Fellowship in the specialty of nuclear medicine”.
- (v) As a result of the above process, the specialist has been unable to work in his employed position, thereby effectively losing several months of training; his employer lost several months of useful work.
- (vi) AHPRA appeared to have no effective means of dealing with such a situation – effective in the sense that the matter could be resolved without an extended delay. This highlights a lack of understanding by AHPRA and the Medical Board of Australia of its core work, namely detail of the specialties within the system that they are administering.¹

Incomplete or incorrect entries on the register

The ANZAPNM is aware of both incomplete and incorrect entries on the medical register. These appear to have arisen because documentation provided by medical practitioners has not been used to initially create the entries, or they have been incorrectly entered. Where a medical practitioner has identified an error or omission, AHPRA requires resubmission of paperwork that has already been provided and therefore the medical practitioner is unable to renew registration online, thereby creating further delays (and continuing inaccuracy of the online registration record).

¹ On 13 April 2011, the specialist was advised as follows: In considering your request to participate in the training in Nuclear Medicine, the Board acknowledged that participating in this training is within the scope of your current registration as a Diagnostic Radiology specialist. Therefore the Board’s resolution is that you can participate in the Nuclear Medicine training with your current registration.

RECOMMENDATIONS

For nuclear medicine specialists, receiving specialist registration on completion of advanced training in nuclear medicine is one of four steps in being fully registered and credentialed for nuclear medicine practice and the three subsequent steps cannot be completed in parallel, or before specialist registration occurs.

The ANZAPNM recommends that:

- (i) There should be guidelines for dealing with specialty-specific issues.
- (ii) In the case of nuclear medicine, it needs to be clearly recognised that a number of other licensing and credentialing steps are required **AFTER** AHPRA registration and **BEFORE** the specialist can practise, so applications for registration must be processed promptly and suitable confirmation of registration provided at the time of registration, not at a later date.
- (iii) These guidelines need to set out clearly the pathways to being a nuclear medicine specialist (i.e. both FRACPs and FRANZCRs can train in nuclear medicine) so processing of applications is not delayed due to questions about Fellowships.
- (iv) There should be temporary or continuing registration where there are registration queries such as occurred in the example set out above (incorrect advice from AHPRA and extended delay in re-consideration).
- (v) There should be an improved mechanism for dealing with matters that are unable to be resolved readily, including escalation of problems to prevent unreasonable delays.
- (vi) Where an unreasonable registration delay has caused loss of income there should be a mechanism for considering applications for reimbursement.