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Dear Ms Scott

Thank you for the opportunity to provide comments to the Commission on the impact of the implementation of national registration and accreditation for the health workforce.

As you would be aware the National Registration and Accreditation Scheme for the Health Professions (the scheme) commenced on 1 July 2010.

The transition of medical practitioner registration from the State and Territory based Medical Boards to the national scheme was not smooth. The Commission would be aware of the Senate Finance and Public Administration Reference Committee inquiry into the administration of health practitioner registration by the Australian Health Practitioner Regulation Agency (AHPRA). The evidence submitted to that Committee and the Committee's report highlight the immediate impact of the introduction of the scheme on healthcare providers. The AMA does not intend to restate those impacts in this document, on the assumption that the Commission will review that Committee inquiry as part of its study.

Instead the AMA will comment on the specific objective of COAG's deregulation priorities to "deliver more consistent regulation across jurisdictions and address unnecessary or poorly designed regulation, to reduce excessive compliance costs on business ..." that have impacted the medical profession.

The promised administrative efficiencies and economies of scale of the national scheme have not been realised for the medical profession. The scheme:

- has increased compliance costs for the medical profession;
- has introduced administrative red tape;
- lacks clarity on the handling of notifications;
- has introduced mandatory reporting requirements that must be thoroughly evaluated before its impact is properly understood; and
- requires greater transparency and accountability of AHPRA administration for each registered health profession.

## Costs

The economies of scale promised by a national scheme have not been delivered. Medical practitioner registration fees under the national scheme increased by nearly 85 per cent more than the weighted national average fee that applied in States and Territories at the time, as shown in Table 1.

Table 1

State/Territory	Registration fee*	Percentage increase#
ACT	\$325	100%
NT	\$150	333%
NSW	\$270	72%
QLD	\$430	51%
Vic	\$415	56%
SA	\$410	58%
WA	\$385	69%
Tas	\$400	62%

\*As at May 2009

#to 2010 national registration fee

The national registration fees for 2011-12 were increased by 3 per cent and are now \$670.

The medical profession represents 17 per cent of the professions registered under the national scheme. The AMA estimates the medical profession's contribution to AHPRA revenue is in the order of \$38.5 million, compared to the \$70.8 million contributed by the remaining professions. So 17 per cent of the registrants contribute 35 per cent of the total revenue received by AHPRA annually.

The medical profession, understandably, is having trouble accepting these increased fees, particularly as:

- large numbers of medical practitioners had a negative experience in transitioning to the national scheme in 2010, some with significant consequences for their practice (refer the Senate inquiry);
- there is no transparency of the costs of dealing with notifications about medical practitioners – cited as one of the reason for the significant increase in fees (*Anger at medical board fee* Australian Doctor, 28 April 2010);
- there is no documentation to demonstrate that there is no cross subsidisation by the medical profession of the administrative costs of the other professions registered under the scheme;
- there is now a disconnect between the medical practitioner and the registration board – contact is only with AHPRA staff, who take queries from all health practitioners not just medical practitioners.

Any additional costs to achieve a nationally consistent scheme, and to implement new elements (that were not part of State and Territory registrations arrangements) should have been fully funded by the Commonwealth and State and Territory Governments. Instead, these implementation costs have been passed on to the medical profession and are unlikely to be wound back over time. Consequently, the impact of the national scheme is contrary to the objective to reduce excessive compliance costs on the practice of medicine.

### **Red Tape**

Unnecessary and poorly designed administrative processes are causing inconvenience, disadvantage and excessive compliance costs to medical practitioners. While the AMA acknowledges that AHPRA is making attempts to streamline administrative processes, members are reporting delays in the handling of their particular registration matters. In addition, medical indemnity insurers who assist medical practitioners with these types of matters are also reporting lengthy delays by AHPRA in processing notifications.

It is important that AHPRA and the Medical Board adopt better business practices and create efficiencies in the administration of registration and handling notifications.

Unique business processes are needed to properly and efficiently register medical practitioners. It is the only profession where registrants move through the various categories of registration i.e. from student, to provisional, to general registration through to specialist registration. In addition, there are special categories with limited practice and registrants also move into and out of the non-practicing category.

Medical practitioners should be able to move between registration categories, providing only the minimum information needed by AHPRA to effect the change. Administrative forms should be fit for purpose. This would reduce the red tape burden on registrants in having to provide information previously submitted to AHPRA, and reduce administrative costs for AHPRA in processing applications.

In addition, if AHPRA staff worked exclusively on medical practitioner registration, registrants would receive accurate and appropriate advice and information. In a recent enquiry to AHPRA by a medical practitioner about seeking endorsement for acupuncture, the AHPRA staff member provided a form for registration with the Chinese Medicine Board. These types of anecdotes are frequent and provide no confidence that administrative processes are efficient or that there is no cross subsidisation of costs between professions.

### **Handling of notifications**

Medical practitioners currently have no information about the process of notifications. There is no publicly available information about how notifications are handled, who the decision makers are and what the processes are for escalating matters. This leads to:

- a significant amount of anxiety for that medical practitioner; and
- potential inconsistent outcomes across AHPRA state offices.

Neither the Medical Board of Australia nor AHPRA have published the operational information that both entities use to make decisions about medical practitioners under the National Law. This information is essential to ensuring that AHPRA staff undertake the functions of the Medical Board according to the National Law, and for medical practitioners to understand the processes that are being applied to them and the framework in which decisions are taken.

This information, and other operational documents, should be made publicly available as required under the Commonwealth Freedom of Information Act.

### **Mandatory Reporting**

The introduction of the *Health Practitioner Regulation National Law Act 2009* (the National Law) saw the introduction of new obligations for registered health practitioners, employers and education providers to report notifiable conduct (as defined by the National Law). The AMA is particularly concerned about the impact that these laws may be having on health practitioners seeking appropriate and timely medical care and treatment.

It is critical that every health practitioner accesses medical care and treatment in a timely way so that health conditions are diagnosed and managed early. It is equally critical that if a health practitioner does seek treatment, that they can have an open discussion about their symptoms so they can be properly diagnosed and treated. This is the only way to avoid the impairment issues that may put patients at risk of harm.

The mandatory reporting requirements for treating practitioners have a twofold effect: some health practitioners will not seek treatment at all; and those who do seek treatment may not divulge all the necessary information to permit appropriate care.

The Parliament of Western Australian accepted the medical profession's arguments on this issue. Consequently, the Western Australian National Law contains an explicit exemption from mandatory reporting for treating health practitioners.

We note that no Government has produced any evidence to demonstrate that harm to patients could have been prevented if a health practitioner's treating practitioner had reported the practitioner to the relevant registration board. The reality is that most health practitioners become aware of risk of harm to patients by another practitioner as a colleague of that practitioner. The mandatory reporting requirements apply in these situations.

The AMA is extremely concerned that we have a situation now that health practitioners may be avoiding appropriate health care. This risk of harm to patients when health practitioners do not have appropriate health care far outweighs the risks posed by an exemption for treating practitioners from mandatory reporting.

Our members are reporting that their care of health practitioners is being compromised because they know some of their patients who are health practitioners are withholding information. Doctors Health Advisory Services are reporting that they are experiencing a shift in the level of acuity of the conditions that medical practitioners are calling about, indicating that they are putting off seeking medical treatment.

It is important to set up a transparent process, with the relevant stakeholders, to evaluate the impact of the introduction of the mandatory reporting provisions. The Australian Health Ministers have asked the Health Workforce Principal Committee (HWPC) to review mandatory reporting over the next 12 months and asked AHPRA to provide data and practitioner education options. However, this review should be done with the health professions, and not in the closed environment of the HWPC.

#### **Accountability of AHPRA**

The 2009-10 AHPRA annual report did not provide any detail on the Medical Board's (or any other Board's) budget. We expect to see outcomes of the last financial year in the AHPRA 2010-11 annual report, to be released in the coming weeks. We will be looking to the annual report to provide certainty about the Budget setting arrangements, and the costs of each of the registration boards and AHPRA costs apportioned to each of the registered professions.

Yours sincerely

Dr Steve Hambleton  
President

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