Dear Mr Snowball

Submission by Health and Community Services Complaints Commissioner (SA)

I attended the South Australian Consultation concerning the 3-4 year review of the Australian Health Practitioner Regulation Agency (AHPRA).

As South Australia’s health complaints entity, the office of the Health and Community Services Complaints Commissioner (HCSCC) has interactions with health consumers and registrants and its own relationship in law with AHPRA. That relationship, in essence, involves HCSCC and AHPRA consulting on which agency will deal with complaints about individual registered practitioners. HCSCC also deals with systemic matters that are identified by AHPRA but not able to be addressed by AHPRA.

Whilst registrants can clearly articulate their own concerns around fees, the various groups have different views about the virtues of separate professional identity. Registrants in smaller professions tend to demonstrate a willingness to pay a premium in order to support their professionally unique position in health services. A criticism often heard relates to the apparent lack of remedial or training programs for certain professions who are in need of such support. Funds in retained earnings are clearly available but allegedly not distributed widely for such purposes.

Consumers similarly are best placed to outline their own concerns but I am aware that there are groups who believe hard earned rights under previous South Australian Boards have been lost with the national arrangements. Such rights relate to timelines, transparency and the capacity for consumer input during hearings.

This is a major issue for AHPRA. I suspect that when complainants become notifiers under national law, it was never envisaged that they would have the same rights that previously existed or indeed that the same processes undertaken by state based complaint entities would be expected to be replicated by the national body.

Consumers often point out that the numbers of matters referred to tribunals are proportionately inconsistent across Australia and that in South Australia, the number of matters referred are of concern, particularly when compared to previous volumes under the state based system. Conclusions are drawn that the level of rigour in relation to individual practitioners has been markedly reduced. This, it is argued, has exposed the public to higher risks of harm and that public safety has been compromised. This perception needs addressing.

HCSCC indicates that it would like to work with AHPRA following each year’s annual reports to hold public information forums on activities and matters of safety for consumers.
The area where HCSCC insight is most unique relates to the interface with the State AHPRA office. This relationship is driven by the law and the Memorandum of Understanding on the formal side and workable professional relationships on the informal side.

HCSCC and AHPRA meet every fortnight and all complaints that name a registered practitioner or provide details to identify a practitioner are jointly considered. The outcomes are that a matter will be referred to one or other agency, it will be deemed that no further action is required by either authority, HCSCC will deal with a matter as a systemic issue or indeed that the matter will be split between the bodies into individual practitioner and systemic matters.

This process works effectively and HCSCC reports on such activities as part of its Annual Report. Should there be disagreement on a proposed action, the national law states that the most serious action proposed by either agency must be taken (s150 (4)) and allows for the State Commissioner to insist that a matter be taken by AHPRA for consideration.

An aspect of federation is that all States and Territories have different laws and these are difficult to standardise in a national sense. Much effort is expended on explaining the differences but overall the similarities in intent are considerable even when the organisational matters do vary.

South Australia is, in terms of population, a smaller state and in terms of health effort (as opposed to Community Services) HCSCC allocates around 6 FTEs to health services covering public and private sectors and organisations, individual registered and unregistered health practitioners. HCSCC and AHPRA in SA do not duplicate efforts and our staff need to be agile in dealing with complaint volumes. Whilst there can always be improvements in matters of timeliness, transparency and communication, these matters can be best improved upon within existing arrangements. Accordingly, I do not support restructuring or a rearrangement of responsibilities.

The state entity is not resourced to conduct enquiries into individual registered practitioners who are involved with 'high risk' or leading edge services. Other jurisdictions with greater proportionate resources may be – it is not for me to say.

I am more than willing to contribute to improvements but request that the fundamental matters be fully considered before moving to restructure options.

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Steve Tully
Health and Community Services Complaints Commissioner