10 October 2014

Secretariat
Standing Council on Health
Australian Health Workforce Ministerial Council
PO Box 344
RUNDLE MALL SA 5000

Dear Dr Peggy Brown, Chair

Standing Council on Health (meeting as the Australian Health Workforce Ministerial Council)
National Registration and Accreditation Scheme for the Health Professions Review

Please find attached a response prepared by Health Workforce Queensland to respond to the National Registration and Accreditation Scheme for the Health Professions Review and on our current working relationship with AHPRA.

We have participated in the Consultation process however, we have focussed our response on the Terms of Reference that relate to administrative efficiency of the AHPRA Scheme.

We are grateful that AHPRA is committed to continual business improvement and we look forward to the ongoing improvements and development to our national health professional registration system.

Should you have any enquiries, please do not hesitate to contact me.

Yours sincerely

CHRIS J. MITCHELL
CHIEF EXECUTIVE OFFICER
Standing Council on Health (meeting as the Australian Health Workforce Ministerial Council)

REVIEW OF THE NATIONAL REGISTRATION AND ACCREDITATION SCHEME FOR THE HEALTH PROFESSIONS

Our Understanding of Australian Health Practitioners Registration Authority (AHPRA)

Health Workforce Queensland is committed to ensuring that remote, rural and regional communities receive the best quality of health care and have confidence in the knowledge and competence of their treating health practitioners. A description of who we are, our purpose and capability is detailed on pages 4-6 of this submission.

The Australian process for the registration of clinical health professionals is, amongst other things, a strategy for assuring a high quality and safe health care system is being delivered to our communities and as such, is a critical and a necessary part of our health system.

Our Relationship with AHPRA

The AHRPA registration processes has a significant impact on the capacity of Health Workforce Queensland to recruit, place and find work for overseas trained health professionals in remote, rural and regional Queensland.

Having local health practitioners providing health services is a critical determinant in the health outcomes for and remote and rural communities. Being able to make placements quickly and efficiently is often the key factor in filling gaps in health services when local health professionals are expanding their practice, retiring, resign; pass away; relocate; are unwell or go on leave.

Currently Health Workforce Queensland refers up to thirty-five (35) recruits per annum to AHPRA for registration purposes.

Our Response to the Terms of Reference for the Review of the National Registration and Accreditation Scheme for the Health Professions

In 2011-2012 Health Workforce Queensland contributed to the House of Representatives Standing Committee on Health and Ageing’s Report - Lost in the Labyrinth – An Enquiry into the Registration Processes and Support for Overseas Trained Doctors March 2012. (Refer to Section 6, page 170 of the Report.) In our response to that enquiry, we focused on the administrative efficiency of the overseas trained recognition process in Australia. In this Review of the AHPRA Scheme, our response is very similar.
We would like to focus our attention on the term of reference regarding: .."the administration of the National Scheme." ..

We believe that the AHPRA Scheme’s ability to achieve the “rigorous and responsive assessment of overseas-trained health practitioners”; the “timely and effective access to services provided by health practitioners”; and finally, “enabling the continuous development of a flexible, responsive and sustainable Australian health workforce” is compromised by the inadequacy of its administrative processes.

We believe that the recommendations that were made in the Lost in the Labyrinth Report are still relevant, deserve reconsideration and a political, organisational and system commitment to implementation within an established time frame.

Our Experiences with AHPRA

Our experience with AHPRA is associated with the registration processes for overseas trained health professionals. The following represents a snapshot of some of the administrative issues identified through our work with AHPRA.

1. Length of Application Processing Time

   It is not unusual for AHPRA applications to take up to several months to process and this is so, even for applicants who have received assistance and support from Health Workforce Queensland with their AHPRA applications and evidentiary documentation.

   • For Health Workforce Queensland clients seeking AHPRA registration, the average response time is four to five months. The length of this process reduces our capacity to meet community health needs and priorities. Delays in processing impact the applicant in terms of practice continuity, access to income, family stress, and professional motivational factors. For the general practice the impact is extension of time to placement; and access to medical support and care for the community, which is accentuated in remote, rural and regional communities. The process for registration consistently follows this path:
      
      Lodgement – an application is assessed against “reasonable acquired documents which takes two weeks. If there is any document missing or insufficient, the application goes to the bottom of the pile.
      
      Assessment – full and detailed assessment of an application and supporting documents against registration standards. This takes up to six weeks.
      
      Registration Panel/Committee/Board Determination – if the timing of the above falls outside of the meeting sequence, applications are not reviewed for a further month or several weeks. Once the panel has met, it can take a further 30 days until the applicant is notified.
In person registration appointment – applicants can wait up to 2 weeks to receive their registration. This delays the time frame for a Medicare Provider Number (MPN) application being made by the applicant. No surety of commencement date is then known by the doctor.

- Bottlenecks occur in AHPRA’s processing pipeline at the end of the calendar year, a peak period, when new graduates seek registration for workforce entry. Application process periods are delayed and extended because of the number of applications at this time of year.
- Visa applications for overseas trained health professionals cannot be finalised without AHPRA prior approval. In some cases the AHPRA process does not synchronise with the immigration process and the applicant is unable to obtain approval for a visa. This introduces complexity and hardship for applicants and acts as a disincentive to migration.

2. Inconsistency in the panel interpretations and clarity in determinations

- Health Workforce Queensland has observed variations and inconsistencies in the determinations of panels for AHPRA applicants. This appears to be linked to the changing composition of panel membership and differences between State panels. In particular this appears to be relevant to overseas trained medical practitioners with the determination of “limited registration”.

- There is also a lack of clarity in AHPRA’s requirements for “minimum experience” for general practitioners. For example, three Health Workforce Queensland medical practitioner clients were refused registration. On checking the AHPRA guidelines, all three practitioners met the guidelines. Feedback on their rejections was specified as not having “three years minimum of general practice experience.” This requirement was not mentioned in the guidelines nor was it indicated on the AHPRA web page. Clarification of the guidelines would have saved both the time and monetary investment of the ineligible applicants and assisted in reducing the bottleneck in the number of applications needing to be processed.

- Health Workforce Queensland was supporting an experienced (six years) general practitioner from Romania. He applied for limited registration at the Innisfail Hospital after having failed the PESCI. He then undertook significant professional development training including several observerships at a general practice in Innisfail. He re-applied for PESCI and passed. AHPRA refused his application for Level 2 supervision and suggested the
doctor take up a junior role in a hospital. The doctor appealed the decision, providing more technical information. He was then granted Level 1 supervision for three months after a two week observership and 1 month orientation with a final three month report to AHPRA. AHPRA did not provide any indication of the process /decision for him to move to level 2 supervision.

3. Pre-Employment Structured Clinical Interview (PESCI) Administration

- It has been noted, that on occasions, AHPRA will impose a lower level of supervision than the medical practitioner has achieved at PESCI. For example, in Health Workforce Queensland's experience, there has been instances of where medical practitioners have passed at PESCI Level 2 and then are given AHPRA Level 1 supervision. This outcome adds extra pressure at the employer/ general practice level particularly in remote, rural and regional locations where there are limited resources for supervision of medical practitioners with a lower level PESCI outcome. The outcome also de-incentivises the medical practitioner who is required to pay for the PESCI; who has expectations, career plans, location choice constraints and income requirements based on the outcome of the PESCI.

- Within the PESCI process, medical practitioners do not receive written feedback from ACRRM. The feedback they do receive is verbal and it is usually delayed for two to three weeks after the PESCI. A written report however is sent to AHPRA. The medical practitioners does not see this. If the medical practitioner fails any of the PESCI tests for any reason, this appears to have some bearing when being assessed for registration and the determination for the level of supervision required.

- For example, a Health Workforce Queensland medical practitioner client passed Level 2 PESCI and then the practice she was associated with was not within a District of Workforce Shortage (DWS). She followed up with further PESCI test and failed from a practice within a DWS location. The client then completed the PESCI a third time (@ $1800 per test) and passed at Level 2 within a DWS location. AHPRA refused registration at that location because it was deemed too far from a tertiary hospital facility. In fact the practice was only two minutes to the local hospital and 30 minutes to District Base Hospital. The medical practitioner then applied for a job in RA1 (outer metro DWS) and was given AHPRA approval with Level 1 supervision after appealing. The length of this process and its cost to the applicant had significant impacts for the financial, social and professional capacity of the doctor. The length of process further restricts the availability of supply of medical practitioners to communities where there are shortages of
available and suitably qualified medical practitioners as well as the impact to general practices and their viability as a businesses and principal primary health care providers.

- There is conflicting advice in regard to overseas trained doctors who are Australian Medical Council Certificate holders and are eligible for provisional registration, as to whether they need to undertake the PESCI. There is no specific mention in the registration standard but they may be requested to undertake the PESCI. Sometime the AHPRA advice is that they should apply and sit for the PESCI.

4. **Inequities in General Practice Pathways between Australian and Overseas Trained Medical Practitioners**

- An Australian trained medical practitioner with three years to five years hospital experience can work in any general practice setting and then apply and undertake a general practice training program. AHPRA’s registration requirements for overseas medical practitioners seeking to work in general practice are that Overseas Trained Doctors need three years, prior general practice clinical experience. This requirement is not in the guidelines for registration and appears to be an arbitrary criterion applied to overseas trained doctors.

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**Who we are**

**Health Workforce Queensland** is part of a National Network of Rural Health Workforce Agencies that are committed to delivering a workforce passionate about ensuring the wellbeing of Australia’s rural and remote communities. The Australian Government Department of Health is our principal funder under the Australian Government’s rural workforce programs.

Health Workforce Queensland’s core purpose is to deliver health workforce solutions to communities challenged by a supply shortage of health professionals (medical, allied health, dental and nurses), typically within regional and remote and Aboriginal and Torres’s Strait Islander communities.

Our job is to match the right people with the right communities, then help them as they provide essential health services to the people who live there. Our health practitioner recruits are drawn from domestic as well as overseas labour markets.

**Our Capabilities**

Health Workforce Queensland and the network of state and territory Rural Workforce Agencies make a unique contribution to the fabric of communities beyond the boundaries of our cities. Our Network not
only provides a much-needed workforce through its recruitment efforts; we tailor programs that address the challenges of rural practice including specific retention services to support the rural health workforce.

When communities lack adequate health services, we’re quick to react. But we’re also there for the long haul, working closely with practices to plan and model their workforce requirements. We recruit, orientate and, most of all, support. We provide locum programs to ensure respite for resident doctors, and continuity of service for communities in their absence. We offer access to education and up-skilling for the remote and rural health workforce.

**Our Reach**

Our search for the people best suited to working in rural health has taken us around Australia and the world. In supporting our workforce respectfully and ethically, we are ambassadors, promoting the best of our nation and its health system, and advocates for health professionals working and living in our rural and remote communities.

We also take a long-term view of our investment in rural health. Each workforce agency has programs and links to rural students studying all forms of health, and this wider engagement with different health disciplines is one of the things that makes us unique. We are also connected to a national student network managed by our peak body, Rural Health Workforce Australia.

The context of our reach is also personal. We often first meet our domestic health practitioner clients when they high school students; are involved with them as university students and as rural health club members; see them graduate as medical practitioners and choose general practice; support their advancing training and supervision; assist in their choice of a rural location through placement and or locums; support their practice and community; engage with them as they become part of the many rural health professional associations; work with them on assessing health needs and health workforce solutions in their communities; provide locums and access to practice support professionals; support succession planning in their practice on their retirement, expansion or sale.

**Our Knowledge**

Over more than a decade, Health Workforce Queensland has developed an intimate understanding of our workforce, and the communities our people serve. This is invaluable when matching workforce to service models for particular communities.

Our data collection and information systems are rich in their longevity and completeness. It allows us to support the research agenda that adds to the evidence that underpins policy and resource distribution and most importantly, tangibly impacts on the health outcomes of rural and remote communities.
Our Focus

Rural Workforce Agencies are the only state-based organisations with an exclusive focus on the rural health workforce. Our peak body Rural Health Workforce Australia distils that knowledge into policy advice and conducts independent research into factors affecting the rural health workforce.

At a local and regional level, we collaborate across a number of organisations such as general, dental and allied health practices; health organisations; aged care providers; universities; health and medical training providers, health professional associations and Councils; private hospitals; local government; Aboriginal community controlled health services; health and workforce research organisation and State health jurisdictions and regional providers. This enables us to facilitate better health workforce outcomes for the community. We interpret the needs of local communities, while ensuring that they remain strong and independent.

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