Dear Mr Snowball,

Review of the National Registration and Accreditation Scheme for Health Practitioners

Thank you for the opportunity to provide an industry perspective on the review of the National Registration and Accreditation Scheme for Health Practitioners.

The MIIAA and its member organisations support the national scheme and the progress that has been made since its implementation. It is strongly felt however that there are some key areas where more work is required, particularly around complaints and notifications. Our submission will focus on the questions posed around those areas.

Q9. What changes are required to improve the existing complaints and notifications system under the National Scheme?

While some of these are detailed below, key changes recommended by the MIIAA are:

- One point of entry for consumers.
- An early triage system to provide quicker resolution for the majority of notifications.
- Disclosure of all relevant documents, e.g. medical records, expert opinion and relevant background material, to the practitioner to ensure that they provide an informed response to the notification.
- Have statutory prescribed timeframes for particular processes disclosed publically.
- Specific conditions that must be satisfied to extend a statutory timeframe and the timeframes be realistic.

Q10. Should the co-regulatory approach in Queensland, where complaints are managed by an independent commissioner, be adopted across all States and Territories?

We do not support further jurisdictions adopting a co-regulatory model for handling notifications and believe that a consistent approach through the National Scheme will be more effective.

Q11. Should there be a single entry point for complaints and notifications in each State and Territory?

The MIIAA supports the suggestion that each State and Territory has a single entry point for complaints and notifications.
Q12. Should performance measures and prescribed timeframes for dealing with complaints and notifications be adopted nationally?

It has been regularly observed that investigations are time consuming and inconsistent in their requests for information and provision of progress updates to both the notified and the notifier. Therefore, the MIIAA recommends that a consistent timeframe structure should be introduced which includes a mixture of legislated milestones and KPIs and supports the publication of the regulators’ performance against these measures on a monthly basis.

Q13. Is there sufficient transparency for the public and for notifiers about the process and outcomes of disciplinary processes? If not, how can this be improved?

We do not believe that there is a need for increased communication to complainants/notifiers regarding the outcome of their complaint. The current approach by AHPRA staff to ask a registrant’s consent to disclose details of an investigation or outcome is an appropriate disclosure of information.

Q19. Should the mandatory notification provisions be revised to reflect the exemptions included in the Western Australian and Queensland legislation covering health practitioners under active treatment?

MIIAA’s member organisations have found that many doctors who are suffering from a mental health condition, such as depression or anxiety, are very reluctant to seek their own treatment for fear of being reported to the board and potentially losing their ability to practise.

Therefore, we strongly recommend that the Western Australian legislative amendment for treating practitioners should be introduced across Australia to minimise medical practitioners fears of seeking their own health care. Importantly, this will also bring consistency in the National Law across Australia.

The provision in Queensland should not be adopted.

Q25. Should the appointment of Chairperson of a National Board be on the basis of merit?

The MIIAA supports a merit based appointment to the position of Chairperson of a National Board. It is important that the chair has the appropriate knowledge, skills and is the best person for the job. However, it is crucial that the voice of the practitioner is not lost and to maintain professional trust in the Board, the chair should always be a registered practitioner of the profession that the Board regulates.

An additional observation

As medical defence organisations, the MIIAA member companies would like to see more appreciation in the processes of the health and wellbeing of the practitioner. The lack of information and the length of time before an investigation is concluded can cause significant financial and emotional hardship to practitioners.

We urge regulators to formally recognise and to consider the impact of a prolonged investigation on the practitioner and to ensure that practitioners can access appropriate support at what is often a very stressful time.

For any additional information or to seek further feedback from the medical indemnity industry, please contact Claire Leonard, National Coordinator on 0439 691 019 or claire.leonard@miiaa.com.au

Yours sincerely,

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Chairman