



RACGP

Healthy Professions.
Healthy Australia.

23 September 2013

Richard Willis
Secretary
Legal and Social Issues Committee
Parliament House
East Melbourne VIC 3002

Dear Mr Willis,

The Royal Australian College of General Practitioners appreciates the opportunity to review the transcript of Associate Professor Chris Hogan's evidence and respond to the issues taken on notice at the Inquiry into the Performance of AHPRA on 9 August 2013.

In regards to the review of Assoc Chris Hogan's evidence, there is one minor correction on page 3 of the transcript which is attached to this correspondence.

The responses to the questions taken on notice are as follows:

Analysis of services previously offered by the Victorian Medical Board compared to services not being offered by AHPRA, in particular examples where the level of service may have changed.

- The Medical Board of Victoria previously had a range of guides and resources for medical practitioners. Whilst these resources were unavailable following the introduction of national registration, similar resources and guides have recently become available through the Medical Board of Australia
- Changes to the complaints process are also noted, which are explored below

Cost of administrating the new scheme in comparison to the cost of the previous State system and further insight as to where improvements could be made to transparency and accountability

- The transition to the national registration scheme has been accompanied by a significant increase in registration fees, despite the expectation that the amalgamation of the state and territory medical boards would lead to operational efficiency gains and cost reductions.
- The RACGP believes that the national medical board should be able to perform the pre-existing state and territory medical boards' duties, and any new activities, within the new budgetary allocation.
- The RACGP believes that AHPRA should provide each of the health professions with a detailed breakdown of their registration costs, including the costs for registration administration, complaints handling, staffing, IT, etc. This is particularly important for any fee increases.



Any comments the RACGP may have in relation to recent developments in Queensland in respect to health complaints and legislative changes to create a health Ombudsman

- The RACGP supports the AMA Queensland's submission regarding this issue. I have attached this submission to this correspondence for your information.

Whether the RACGP has any views on the extent to which the public are/were better protected under the National Scheme or the previous State system

- Our biggest concern to public safety relates to mandatory reporting. Mandatory reporting discourages doctors from seeking medical assistance from another medical practitioner, particularly in circumstances where medical assistance is most needed
- A recent study demonstrated that more than half of doctors (53%) are more likely to avoid seeking help from a colleague since the implementation of the mandatory reporting regime.⁽ⁱ⁾
- Doctor's Health Advisory Services also confirms that the number of calls received has significantly reduced since the implementation of mandatory reporting requirements.⁽ⁱⁱ⁾
- As warned by the RACGP, and many professional bodies, the introduction of the legislation has resulted in doctors hiding their impairments and professional issues from their colleagues, driving issues underground and increasing, rather than decreasing the risk to patients, the public, the practitioners themselves, and their colleagues.
- In Western Australia, doctors treating other health professionals are exempt from making a mandatory notification if they become aware of notifiable conduct while in the course of providing treatment
- The RACGP believes that doctors experiencing health problems must be encouraged to seek medical assistance without fear of being reported. Changes to existing legislation are required if this is to occur, and the RACGP would welcome a move to the Western Australia model with a built in exemption for doctors providing treatment for other doctors.

Whether there has been any improvement in to the quality of investigations that have taken place under AHPRA

- Our members have indicated that:
 - the length of time to complete an investigation has significantly increased
 - there is poor and/or delayed communication to GPs regarding investigation milestones and outcomes
 - there has been a large increase in frivolous or vexatious complaints through the national registration scheme
- Previously, the Medical Board of Victoria had a Vetting Committee, that reviewed all complaints prior to proceeding to a preliminary investigation. There appears to be no such mechanism, as all complaints – regardless of their merit or how minor – appear to be investigated, often taking more than 6 months to complete



RACGP

Healthy Profession.
Healthy Australia.

If you have any questions relating to these responses please contact Emma Stonham, RACGP Victoria Faculty Manager, on 8699 0468 or email emma.stonham@racgp.org.au

Yours sincerely

Assoc Prof Morton Rawlin
Chair, RACGP Victoria Faculty

^[1] See Medical Observer website: <http://www.medicalobserver.com.au/news/mandatory-reporting-puts-gps-off-seeking-help-poll>, Accessed 6 September 2013.

^[2] See Medical Observer website: <http://www.medicalobserver.com.au/news/mandatory-reporting-puts-gps-off-seeking-help-poll>, Accessed 6 September 2013.