C O R R E C T E D V E R S I O N

STANDING COMMITTEE ON LEGAL AND SOCIAL ISSUES

LEGISLATION COMMITTEE

Inquiry into the performance of the Australian Health Practitioner Regulation Agency

Melbourne — 9 August 2013

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Witness

Associate Professor C. Hogan, Royal Australian College of General Practitioners.

The CHAIR — I declare open the Legal and Social Issues Legislation Committee public hearing. Today's hearings are in relation to the inquiry into the performance of the Australian Health Practitioner Regulation Agency. I welcome Associate Professor Christopher Hogan from the Royal Australian College of General Practitioners. Thank you for appearing this morning before us and for your written submission.

All evidence taken at this hearing is protected by parliamentary privilege as provided by the Constitution Act 1975 and further subject to the provisions of the Legislative Council standing orders. All evidence is being recorded. You will be provided with a proof version of the transcript within the next week. Transcripts will ultimately be made public and posted on the committee's website. I now invite you to proceed with a brief opening statement if you wish, which will be followed by questions from members of the committee. Thank you again for being before us this morning on this wet miserable winter day.

Assoc. Prof. HOGAN — Thank you very much. Basically our presentation is as stated, but I think there are just a few points I need to add. The first is that AHPRA was supposed to be more efficient. We had hoped that that would mean lower fees, but the fees are significantly higher and there has been a significant imposition on health practitioners, especially GPs.

The second thing is that justice delayed is justice denied, and one of the issues is that it has been taking up to six months for even frivolous complaints to be dealt with. As you will see in our submission we have said that such a thing is stressful. When we are talking about stressful we actually have not been able to quantify how stressful that is, but at the level of gossip, I suppose you would say, we have had information that many GPs who have gone to AHPRA, even with a frivolous complaint, subsequently have either restricted their practice significantly, in time or scope of practice, or have retired prematurely. The only people who have the ability to gather significant evidence on that is AHPRA themselves, but certainly we are hearing chatter that that may be the case.

The other thing is that we also have concerns that the services that the Victorian medical board used to provide, which were excellent and probably of a leading nature in Australia, have been averaged out over Australia. One of the issues we are particularly concerned about is the assistance to our colleagues who become impaired for whatever reason.

The CHAIR — Thank you very much for those opening remarks and for your submission. I would like to go to the point that you just made in relation to the services of the previous Victorian medical board or the structure as it was then. You said, I think, that it provided excellent advice and now has been averaged out because of the national scheme.

Assoc. Prof. HOGAN — That is right.

The CHAIR — Could you elaborate a little more in relation to those services that the board provided previously and what is lacking now.

Assoc. Prof. HOGAN — I am acting on instruction from my board, but basically what has happened is that services for impaired doctors is what we are particularly keen to see. Previously we were able to intervene very early if you had a suspicion that a colleague was impaired and not aware of it. There were a whole range of services that you could provide for that.

The CHAIR — Are you referring to the doctor support program?

Assoc. Prof. HOGAN — Yes, I am.

The CHAIR — It is the committee's understanding that that program has been reinstated to support those doctors who may have some form of impairment or require assistance and support. Is that the case or is it still not the case?

Assoc. Prof. HOGAN — I am advised that the intention is there but the practice is yet to achieve the same level of support as was previously available in Victoria. That is certainly my impression anyway.

The CHAIR — Thank you.

Ms HARTLAND — Can we follow on from that? Could you give us an example, obviously without identifying anybody, about how you think it has changed?

Assoc. Prof. HOGAN — No, I am not in a position where I am able to do that.

The CHAIR — Would you prefer it if the board gave an example on notice? Could it be something to be taken on notice?

Ms HARTLAND — Yes. I think it is very difficult if we are being told that there has been a decline in the service, and when I ask the question how — —

Assoc. Prof. HOGAN — Certainly.

Ms HARTLAND — I would like that to be taken on notice because it is an area that has been raised by other people and I think we really do need some examples of it.

Assoc. Prof. HOGAN — Certainly I can take that on advisement and would be more than happy to provide it within a timely period.

The CHAIR — Thank you. We would appreciate that.

Mr O'BRIEN — Thank you very much for your submission. I would like to take up your first query about the efficiencies, or your first concern. Could you please just elaborate particularly on your concerns about the costs of administering the scheme, perhaps by comparison to the situation that existed prior to the national scheme and also perhaps giving some insight as to where you think improvements could be made to transparency and accountability?

Assoc. Prof. HOGAN — I would be happy to take that on advisement as well, to give you some more definite information on that issue.

Mr O'BRIEN — There are other concerns you have stated. We have received detailed submissions from in fact some notifiers as to some accountability issues from their perspective, and they raise concerns, and it perhaps picks up your statement that justice delayed is justice denied if there are inefficiencies. Do you accept that those inefficiencies cause problems for all participants in the system, not just obviously your doctors but also the notifiers, the general public, for whom AHPRA has this protection role?

Assoc. Prof. HOGAN — Absolutely. When I was talking about justice I was not just saying that justice was restricted to health practitioners; it is restricted to everybody involved in the whole system.

Mr O'BRIEN — There are a number of details — for example, transparency and accountability measures — that have been outlined by some notifiers. If you were to respond to them, if we were to provide them to you, would that be something you could take on board?

Assoc. Prof. HOGAN — I would be delighted to.

Mr ELSBURY — In your opening statement you said that some of the more frivolous claims are taking longer to process than they did in the past. What would the normal time frame have been under the old system and what would you be looking at now? What has been the significant change there?

Assoc. Prof. HOGAN — It is said that in medicine the answer to any question is that it varies, but we would have expected that a response within six to eight weeks would be reasonable.

Mr ELSBURY — And now?

Assoc. Prof. HOGAN — It can go up to six months.

Mr ELSBURY — Okay, and that would of course be placing a lot of stress on your membership base.

Assoc. Prof. HOGAN — Their membership, indeed.

Mr ELSBURY — Have you had an increase in calls for help from general practitioners who are currently suffering stress because of this?

Assoc. Prof. HOGAN — As I said, we are not in a situation where we can quantify that, but basically what we are talking about are informal discussions throughout the profession.

The CHAIR — Thank you. Could I take you to another point which is related to what we have just been discussing? You would be well across the issues that have been raised in Queensland, and it particularly goes to the length of complaint that has been identified in that jurisdiction. Do you have any comment in relation to your understanding of what is occurring in Queensland in relation to the legislation that is being brought in? Is that a view that the college has? Have they looked at that in detail?

Assoc. Prof. HOGAN — Once again, I am here as the spokesperson, and I would say that in that sort of situation I would be happy to take that on notice as well.

The CHAIR — I would appreciate that if you would not mind. Could you explain to the committee what your position is within the Royal Australian College of GPs?

Assoc. Prof. HOGAN — I have just re-joined the board after a three-year sabbatical.

The CHAIR — Just recently?

Assoc. Prof. HOGAN — Yes.

The CHAIR — So with many of the issues that have been raised, is it fair to say you are still coming up to speed or understanding in more detail? Is that fair to assume?

Assoc. Prof. HOGAN — That is a very polite way of saying it, yes.

The CHAIR — Okay. We understand your limitations and so many of our questions may need to be taken on notice, and we appreciate your doing so. Could you perhaps then explain, if you are able to, whether the college has a view in relation to the protection of the public pre and post implementation of AHPRA? Are there benefits that they might be aware of or are there disadvantages? Could you comment particularly on protection of the public issues?

Assoc. Prof. HOGAN — The college, as you are aware, has Australia-wide representation, and I can only speak as a member of the Victorian faculty board. Once again that is a statement I would have to take on advisement and get more information on.

The CHAIR — Okay, thank you.

Mr ELSBURY — In relation to the changes to AHPRA now, would you say that your members feel there has been any improvement in the quality of the investigations that have been undertaken and that that could be a reason why we have this lag?

Assoc. Prof. HOGAN — I have no information on that, but once again, rather than mislead the committee, I will take that on advisement.

Mr ELSBURY — Whether or not there has been any more thorough investigation undertaken by AHPRA than would have been happening under the old system is what I am seeking.

Assoc. Prof. HOGAN — All I can say is that, having been involved in submissions on behalf of the college to the previous board, the Victorian board, I can assure the committee that they were extremely thorough.

Mr ELSBURY — So has there been any commentary by your membership base about the quality of the investigations that have been undertaken?

Assoc. Prof. HOGAN — There have been comments but, as I said, they are at the level of gossip; they are not at the level of evidence.

The CHAIR — We have received submissions that have raised concerns about the quality of investigations, so we would be very interested in the college's view, if you could provide that to us.

Assoc. Prof. HOGAN — Yes, certainly.

Mr O'BRIEN — I would like to ask a few questions in relation to rural issues, and again you might have to take some on notice, but if you are able to assist us, that would be of much benefit. We have a submission from the Rural Doctors Association of Victoria to this inquiry. They raise issues in relation to particularly the overseas trained doctors and the ratio of supervising practitioners to trainees, which they say is put out by AHPRA to be about 1 to 4 but in actual practice is much lower than that. It is 1 to many more, particularly in what they saw as professional consulting businesses. But the other thing they identify is that there has actually been an increase in RACGP — which I presume is the Royal Australian College of General Practitioners — membership, which actually creates a bit of tension and conflict. So I will just read this paragraph to you and ask you to provide any comments you may have. Under the heading 'Other consultation' it states:

> RDAV consulted membership early and at the 2011 AGM voted to support a 1 to 2 supervision ratio, in line with supervision of Australian trained graduates in general practice training. It has communicated its concerns to the AMA, RACGP, and GP registrars association. AMA had consequent private discussions with the AHPRA. RACGP voted at convocation 2012 to develop standards of supervision of OTDs —

that is, overseas trained doctors. Then this is the key part:

> There is probably a division of opinion within the RACGP because the AHPRA (MBA) program has enormously increased RACGP membership. RACGP now claims more than 7000 'rural' members, (well above actual workforce numbers).

The submission goes on to detail further concerns. Are you aware of that sort of concern, at least from the Rural Doctors Association of Victoria, about, firstly, the issues they have written to us about — the overseas trained doctors ratios — particularly in comparison to what they call the tsunami of now Australian trained doctors coming through but yet to be in practice, and the consequential membership concern they have for your organisation?

Assoc. Prof. HOGAN — I am not totally certain I understand the tension they are describing in those situations, but what I can tell you as somebody who practises in an area that used to be rural and is now outer metropolitan, and also as a training supervisor, is that the issues we face with access to trainees, supervision of trainees, communication and even cultural acclimatisation of trainees, to our specific and particular needs, is extremely challenging.

Mr O'BRIEN — Could you elaborate on that?

Assoc. Prof. HOGAN — The main issue is first of all getting access to people who are interested in working outside the inner metropolitan area. The second thing is the fact that we have an ageing supervision workforce. I am 61 now and semi-retired, and most of the supervisors are my age or older, so in rural Victoria we have major issues with workforce, with access to trainees, with provision of resources and with making sure the trainees have ongoing supervision, that they have adequate clinical exposure and that they are adequately educated in the expectations required and the cultural understanding of the communities we work with, which can be extremely diverse. It is a very difficult situation.

I take that submission to mean that they have a significant issue with providing a workforce. Because of the way things are going it is almost inevitable that anybody who wishes to get registration in Australia needs often to be a member of the college. It seems to be a little easier for them to be a member of the college of GPs than particularly any of the other rural colleges.

Mr O'BRIEN — The bit I extracted about your organisation was only a small part of that submission; most of it was directed to the regulatory environment they found under AHPRA. Just on that broader issue you have touched on, which has of course concerned all members of the committee, what are your views about how this issue of the regulation of overseas trained doctors or provision of rural doctors being impacted upon by the changes to AHPRA or the creation of the national scheme?

Assoc. Prof. HOGAN — We live in interesting times, and I think the red tape and regulatory burden on all citizens, especially all professionals, is increasing significantly. Whether the issue is one that there are issues associated specifically with AHPRA or whether there are issues that are associated with the fact that there is an

almost exponential increase in regulatory requirements is another issue. It is certainly an impression, but whether it can be quantifiable as such is another issue.

I do not believe — I cannot recall at the moment — whether there have been any specific Australian studies on the impact of regulation on performance of works, but certainly in the early 1970s there was significant work done in the United States which showed that the more regulatory increases there were, the more red tape there was, the poorer the work performance because people spent so much time dotting i's and crossing t's they forgot there was a patient in front of them. If you aim to do the best for your patient versus aim not to make a mistake, the pressure to not make a mistake is I think extremely burdensome. Certainly as a teacher it is my impression that that interferes with a person's efficiency.

Mr O'BRIEN — Moving to a slightly different issue, could I ask you to elaborate on that? We have received submissions that talk about the system that operated prior to AHPRA, particularly with the colleges and the board registration. The view in some of the submissions was that Australia effectively, or Victoria in a sense, had world's best practice in terms of accreditation and training and that, particularly with the regulatory environment that is created with, they say, the national system, practitioners are spending more time on form filling et cetera than actual patient treating. Could you elaborate further on that tension? Particularly, I suppose, we also want to make sure the public is protected, and a lot of red tape often arises perhaps by legislators and other regulators after there has been an incident somewhere and people think the cure is red tape. Perhaps you would suggest another option?

Assoc. Prof. HOGAN — I have an anecdote that may be useful to you. Basically I have been in the one town now for 32 years. We have gone from a paper-based system to a computer-based system, and the computer-based system has a whole range of decision support software built into it plus a whole lot of record checking and all that sort of stuff. An average consultation for me is somewhere between 10 and 20 minutes; that is just basically the style of practice that I have. However, when the computers went down and I just had the patient in front of me, my average consultation was 2 to 3 minutes.

Mr O'BRIEN — That is effectively what time you are spending with the patient. Could you try to tell us how it was perhaps prior to the computerisation?

Assoc. Prof. HOGAN — Once again, we have a tension between the changes that have occurred because of differences in practice — basically, clinical practice but also clinically regulated practice. In times past we would have had an 8-by-4 card and the only information we would have had ready access to would have been the last few visits. Whereas in the current situation clinical practice would expect that at each visit you would not only review the past history, any allergies and any appropriate medical stuff but you would look to see whether there had been any recent investigations, you would look to see whether there had been any recent communications about the patient from consultants or hospitals or anywhere else.

You basically have two issues. The first one is: what are the patient's expectations of the consultation? — 'What did you come here for?'. The other thing, too, is the professional's attitude — 'How is this patient at the moment? I know they have a presenting issue but what else is going on? Are their routine health checks up to scratch? Have they attended for investigations that have been previously suggested? If they are on medication, have they been using it regularly? Are there any issues with the medication?'. There are a whole range of changes that are gone through, courtesy of both things.

One of the problems that we do have is that the issue that is creeping into our society at the moment is that it is more important not to make a mistake than it is to do a good job in order to make sure that you do not make a mistake. As I said, the work in the 70s suggested there was between a 20 to 40 per cent — referred to in the study — increase in workload. Everyone tries to be perfect rather than trying to do a good job.

Mr ELSBURY — In relation to the happenings in Queensland, where a health ombudsman has been appointed, what are your thoughts on that action by the Queensland government?

The CHAIR — I think that is similar to the question that I asked previously, and I think you were going to take it on notice.

Mr ELSBURY — Sorry.

Assoc. Prof. HOGAN — I think we had best take that one on advisement because, as I said, ours is a national organisation with state groups, and rather than mislead the committee I think it is best taken on advisement.

The CHAIR — Mr O'Brien, do you have a comment?

Mr O'BRIEN — Just while you are taking it on notice, and Mr Elsbury will have another one — I am sorry to cut in there — —

Mr ELSBURY — No, that is all right.

Mr O'BRIEN — If you were able to look at the rural doctors association, not just on that issue but on the broader issue you have elaborated on about rural doctors' training and changes in practice, it would be fantastic.

Assoc. Prof. HOGAN — Yes. The issues with training are not exclusive to rural or outer metropolitan; they are basically national issues.

The CHAIR — That is right; I understand. I do not believe there are any further questions, so on behalf of the committee I thank Associate Professor Christopher Hogan very much for appearing before us this morning. We do appreciate your consideration in this matter and for taking those questions on notice. We look forward to hearing from you.

Assoc. Prof. HOGAN — Thank you very much.

Witness withdrew.