



ANZCA

FPM

Friday 14 May 2021

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Acting Secretary
Senate Standing Committees on Community Affairs
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Canberra ACT 2600

By email: community.affairs.sen@aph.gov.au

ANZCA feedback - administration of registration and notifications by the Australian Health Practitioner Regulation Agency and related entities under the Health Practitioner Regulation National Law - Senate Community Affairs References Committee inquiry

Thank you for inviting the Australian and New Zealand College of Anaesthetists (ANZCA) to provide feedback in relation to the committee's inquiry into the administration of registration and notifications by the Australian Health Practitioner Regulation Agency and related entities under the Health Practitioner Regulation National Law.

ANZCA, including the Faculty of Pain Medicine (FPM), is committed to setting the highest standards of clinical practice in the fields of anaesthesia, perioperative medicine and pain medicine. As one of the largest medical colleges in Australia, ANZCA is responsible for the postgraduate training programs of anaesthetists and specialist pain medicine physicians, in addition to promoting best practice and ongoing continuous improvement that contributes to a high quality health system.

Feedback was received in relation to a number of items within the terms of reference from representatives of various college committees. This feedback is attached for consideration by the committee.

Thank you again for the opportunity to comment. Should you require any further information, please do not hesitate to contact the ANZCA policy staff in the first instance at policy@anzca.edu.au

Yours sincerely

Dr Vanessa Beavis
President

President

Australian and New Zealand
College of Anaesthetists

ANZCA response to Senate Community Affairs References Committee inquiry into the administration of registration and notifications by the Australian Health Practitioner Regulation Agency (AHPRA) and related entities under the Health Practitioner Regulation National Law. (May 2021)

(B) the role of AHPRA, the National Boards, and other relevant organisations, in addressing concerns about the practice and conduct of registered health practitioners

Telephone contact

When a concern is raised about a practitioner, although [AHPRA's process](#) is to speak with that practitioner directly and follow up in writing, feedback received by ANZCA suggests that this telephone contact may not always happen. Notification should be done in writing but also by telephone in a sensitive way.

Support services

It is extremely stressful for medical practitioners to be expected to continue to function at a very high level when a notification or report has been made. Concrete advice should be provided to practitioners regarding access to sources of medico legal, practical, and psychological support. We note that AHPRA has published a list of possible support services [on its website](#), however it is unclear how familiar practitioners are with these resources.

Reluctance to seek help

Feedback to the college suggests that medical practitioners may not access care for mental health problems or disclose these problems to their peers or employer, because they fear what AHPRA will do. Whether this fear is real or imagined, it may lead to doctors avoiding seeking help for mental health problems, and thereby cause harm. AHPRA could improve its policy support and visibility in relation to doctors' health in order to protect doctors.

Advertising on websites

The college has received feedback that practitioners may not be held accountable by AHPRA for misleading information provided by them to websites that are not owned/controlled by them. For example: Dentists advertising on Facebook using the title 'anaesthetist'. If AHPRA is to take prohibition of advertising seriously, it needs to hold practitioners accountable for published material, irrespective of ownership of the website.

Enforcement of protected titles

The enforcement of restrictions relating to specialist titles needs to be strengthened. For example, a specialist pain medicine physician (the protected title associated with a fellowship from the faculty of pain medicine), should not be confused with a practitioner assuming the title of pain specialist, pain physician or any variation of these.

(C) the adequacy and suitability of arrangements for health practitioners subject to supervised practice as part of the registration process or due to a notification

Supervising practitioners subject to supervised practice is an onerous, time-consuming, and responsible commitment, for which there is no compensation. Consideration should be given to the establishment of a database of trained mentors or supervisors held by the Medical Board.

(D) the application of additional requirements for overseas-qualified health practitioners seeking to become registered in their profession in Australia

There is a lack of clarity and knowledge of the options for those specialist international medical graduates (SIMGs) who after assessment by ANZCA have been found to be 'Not Comparable (NC)' (i.e. not eligible to enter the ANZCA SIMG process towards specialist eligibility and fellowship) and the pathway to general registration – in particular the option for general registration limited to the practice of anaesthesia. AHPRA needs to clearly document and highlight the option of attainment of general registration limited to a field of practice which involves the clinical attachment being performed in that discipline etc.

(E) the role of universities and other education providers in the registration of students undertaking an approved program of study or clinical training in a health profession

This item requires clarification as to whether it is referring to undergraduate students or all students including postgraduate/specialist (trainees), and what is intended by registration of students.

If intended to apply to registration of final-year medical students for their intern year, then the university qualification should determine the basis for registration by AHPRA. If intended to apply to specialist trainees, then only qualifications emanating from education providers accredited for this purpose should form the basis - i.e. specialist colleges.

If intended to apply to SIMGs who are not trainees but instead, overseas trained specialists, then it is the specialist colleges that are accredited to act on behalf of medical boards to determine suitability for specialist registration.

With regard to specialists, having a sole organisation responsible for training and qualification ensures uniformity in standards, reliability and predictability in outcomes. Differences in degree courses between universities, for example, are the norm, as is their ranking. The college training program is supported by volunteer fellows committed to training and education, whereas other providers operate on a contractual basis, which requires financial resources, and possibly attracts a different sort of individual.

(F) access, availability and adequacy of supports available to health practitioners subject to AHPRA notifications or other related professional investigations

Please refer to comments under item (B).

(J) mechanisms of appeal available to health practitioners where regulatory decisions are made about their practice as a result of a notification

Feedback to the college indicates that, due to the expense and time involved, and caps put in place on cover by medical indemnifiers, medical practitioners may take the view that appealing a regulatory decision made as a result of a notification is impracticable or impossible. AHPRA should examine the accessibility of the appeals process and ensure that cost reasons do not prevent a practitioner from accessing their right to appeal.

<End of feedback>

Comment not provided on the following items:

- (a) the current standards for registration of health practitioners by the Australian Health Practitioner Regulation Agency (AHPRA) and the National Boards under the Health Practitioner Regulation National Law (National Law)
- (g) the timeliness of AHPRA's investigation of notifications, including any delays in handling, assessment and decision-making, and responsiveness to notifiers
- (h) management of conflict of interest and professional differences between AHPRA, National Boards and health practitioners in the investigation and outcomes of notifications
- (i) the role of independent decision-makers, including state and territory tribunals and courts, in determining the outcomes of certain notifications under the National Law
- (k) how the recommendations of previous Senate inquiries into the administration of notifications under the National Law have been addressed by the relevant parties
- (l) any other related matters.