



Communiqué

Annual workshop of the Australian Medical Association, the Medical Board of Australia and the Australian Health Practitioner Regulation Agency

Senior leaders from the Medical Board of Australia (MBA), the Australian Health Practitioner Regulation Agency (Ahpra) and the Australian Medical Association (AMA) met on 12 August 2020 for an annual workshop. While the annual workshop focused primarily on complaints to Ahpra and the MBA, other matters of mutual interest were also discussed.

The workshop focused on:

- the impact of COVID19 on the operations of our respective organisations and on tribunals
- work that has been done by Ahpra and the MBA to support their performance when dealing with complaints¹, particularly around early input by medically qualified clinical advisors, the establishment of Notifications Committee: Assessment and the application of a risk assessment on all notifications
- updates on the impacts of the mandatory reporting provisions in the National Law and on vexatious complaints.

The MBA was represented by Dr Anne Tonkin – Chair of the MBA, Dr Andrew Mulcahy – Member of the MBA and Dr Tessa Ho – Chair of the Notifications Committee: Assessment Standing Committee.

Ahpra was represented by Martin Fletcher – Chief Executive Officer, Kym Ayscough – Executive Director, Regulatory Operations, Matthew Hardy – National Director, Notifications, Dr Trevor Jackson – Manager Clinical Input (Medical) and Dr Joanne Katsoris – Executive Officer, Medical.

The AMA was represented by Dr Omar Khorshid – President, Federal AMA, Dr Chris Moy – Vice President, Federal AMA and President, SA AMA, Dr Antonio Di Dio, President ACT AMA, Dr Malcolm Forbes – Doctor in Training, Dr Jillian Tomlinson – Federal Councillor, Warwick Hough – General Manager Policy and Tracey Cross – Senior Policy Advisor.

Impacts of COVID19

Ahpra and the MBA reported on:

- The establishment of the Pandemic Sub-register to help fast track the return to the workforce of experienced and qualified health practitioners. As of 23 July 2020, there were 3,389 medical practitioners on the Sub-register. Ahpra will be evaluating the Sub-register. Information on the Pandemic Sub-register is available [here](#).
- Impacts on health practitioner education with the development of [National principles for clinical education during COVID-19](#) and a [Joint statement on clinical experience for medical students](#)
- Impacts on notification time frames, noting difficulties accessing information from other bodies and health practices early in the pandemic. The MBA has also previously stated that if there is a complaint about a practitioner during the pandemic, the MBA will take into account the circumstances in which they are working and the demands being made of them.

¹ The terms complaints and notifications are being used interchangeably in this document

- Flexibility introduced to intern requirements for interns directly impacted by COVID-19
- Flexibility introduced to international medical graduates
- Flexibility in the application of the English language registration standard, allowing for tests to be combined over nine months (rather than six months)
- The impacts of COVID-19 on our regulatory work and tribunals with significant delays in some jurisdictions.

Improvements to the notifications process

Ahpra and the MBA continue to review and improve the notifications process, recognising that it is stressful for both the notifier and the practitioner concerned. Ahpra and the MBA confirmed their commitment to be transparent, fair and timely in their approach and to strive to improve.

Overall, the data for medicine shows:

- a 8.3% increase in notifications received in 2019/20 on top of a 39.7% increase in 2018/19
- a 15% increase in notifications completed in 2019/20 on top of a 27% increase in 2018/19
- the average time to complete notifications reduced to 159 days (from 174 days)
- the average time to complete assessments increased to 89 days (from 61 days).

Ahpra and the MBA have reformed the intake and assessment process. The goal is to increase the rate of completion of notifications at assessment and to reduce the rate of investigation of low/medium risk practitioners, allowing resources to be focused on high risk matters. We are reforming the process by:

- applying a more sophisticated risk assessment that looks more holistically at the practitioner, the notification, their practice and their practice setting as well as any risk controls in place that will mitigate future risk
- ensuring that a medically qualified clinical advisor has input into all notifications very soon after they are lodged – Ahpra currently employs 18 doctors from a range of specialties and geographic locations whose key role is to medically contextualise information in notifications for Ahpra staff
- investing in the Notifications Committee: Assessment, made up of practitioner and community members, who are meeting five times a week to assess all notifications.

While the average time to complete assessments increased in 2019/20, Notifications Committees and Ahpra have been working to clear the backlog and improve timeframes.

Update on mandatory notifications

In response to concerns about changes to the mandatory notifications provisions in the National Law, Ahpra set up a hotline to provide support to anyone considering whether or not to report. Senior staff members are rostered to the hotline and aim to keep the identity of the practitioner anonymous.

Since the hotline was established in March, Ahpra has received around 200 calls, covering all professions. Most calls have been about nurses and midwives and very few calls have been received from treating practitioners. Most calls are from employers, in relation to concerns about performance.

Feedback is that after speaking with the staff, callers are less likely to make a report because they are clearer on reporting requirements.

It was reported that there has been a shift in the type of mandatory reports made about impairment, with fewer about mental health illness and more about substance and alcohol abuse. In terms of regulatory action, more notifications about mental illness are tending to result in no further action, while regulatory action is more likely to be taken in relation to substance and alcohol abuse.

Vexatious notifications

The AMA continues to express concern about reports of vexatious notifications but Ahpra confirmed that these are very uncommon. There is a perception that a high proportion of notifications that close with no action are likely to have been brought to us by a vexatious complainant. The reality is this is not matched by data. While a notification might not need the MBA to take action, most are made with a motivation to improve the way health services are delivered.

Ahpra staff have received training to recognise genuinely vexatious notifications early. This will be supplemented during 2020/21 by a Guideline to support identification of vexatious complaints, which the AMA will be consulted on. There are potential regulatory consequences for practitioners who makes a vexatious notification.

Other matters

The workshop participants noted that a number of reports and guides have been published that demonstrate Ahpra and the MBA's commitment to transparency and ongoing improvement:

- The publication of the *Chaperone report – Three years on: An independent report on the reforms of the regulatory management of allegations of sexual misconduct* available [here](#)
- The publication of the independent review by the National Health Practitioner Ombudsman and Privacy Commissioner (NHPOPC) of the *Confidentiality safeguards in place for individuals making notifications about registered health practitioners* available [here](#)
- The publication of the Regulatory Guide that sets out how Ahpra and the National Boards manage notifications about the health, performance and conduct of practitioners under Part 8 of the National Law [here](#).

Participants also noted that Ahpra and the National Boards received two Ministerial Directions this year and discussed their implementation. The Ministerial Directions are:

- Policy Direction 2019-01 – Paramountcy of public protection when administering the National Scheme and
- Policy Direction 2019-02 – Requirements to consult with patient safety bodies and health care consumer bodies on every new and revised registration standard, code and guidelines.

The Directions can be viewed [here](#).

Concluding remarks

The AMA acknowledged the significant work that continues to be done by the MBA and Ahpra to improve the notifications process. The AMA representatives felt that it was particularly important for the MBA and Ahpra to publicise the significant role and impact of clinical advisors and the early work done on assessing complaints to close low risk matters early and, therefore, reduce stress for notifiers and practitioners.

There was agreement that more work needs to be done to support individuals to make complaints to the correct entity. While the Ahpra website has been re-designed to promote this, Ahpra and the MBA continue to receive complaints that may be better managed by another entity. The AMA are keen to assist in this work as people also contact the AMA with complaints about doctors.

The MBA and Ahpra acknowledged the value of the feedback provided by the AMA as it helps them to continue to improve and look forward to meeting again in 2021.