

From: [REDACTED]
To: [medboardconsultation](#)
Subject: Consultation – Limited registration standards and draft guidelines on short-term training in a medical specialty pathway
Date: Saturday, 31 May 2014 9:00:48 PM

Dear Sir/Madam

I would like to take this opportunity to share my experience of the bureaucratic journey of an IMG servicing districts of workforce shortage in South Australia.

I unfortunately arrived in Australia from the UK following European Union 'harmonisation' and the decline of Commonwealth of Nations reciprocation which had previously served Anglocentric medical communities well. It was also a time when Dr Jayant Patel had been sentenced for his malpractice, AHPRA was in a formative stage, and I was seeking to improve the lot of my family by attempting to secure economic advantage following the inevitable effect of globalisation on wages and concomitant temporising measures of excessive private debt expansion mainly in the form of a housing 'boom'. I took a post as a full time locum GP in rural South Australia which involves a significant amount of travel and significant working hours away from the hub of Adelaide.

My first impressions were of an organisation without clear expertise as to how to administer the competent authority pathway from limited to general registration, and it took a year of being passed between AHPRA, ACRRM, my employers [REDACTED] and the RACGP for me to acquire a pathway and set of administrative tools in order to proceed.

I have found that it is impossible to telephone AHPRA for advice or discussion as no telephone service exists, latterly I have had some email contact, but, in the main, any dealings with AHPRA have had to be undertaken by visiting the Adelaide office in person during time off from work, often after having travelled considerably and been on call 24/7 in solo practices.

Following a procedure whereby I had to achieve references from colleagues and feedback from patients in order to apply for a certificate from the AMA in order to move towards gaining General Registration, I had to nominate an AHPRA office for collection of this certificate, as it is not allowed to be sent to a home address.

On receipt of notification from the AMA that my certificate was ready to be collected from the Adelaide AHPRA office, I took the identification form from the AMA needed to identify me as the recipient of the AMA certificate.

Upon receiving my AMA certificate from the AHPRA staff at the desk after showing them the identifying information sent from the AMA, I then enquired as to the requirements for applying for my move from Limited to General registration. At which point I was surprised to be told that AHPRA would need a certified copy of the original AMA certificate which they had just handed to me, following a check of my identification, and that the staff at AHPRA were unable to certify a copy and I would have to find a JP to do this.

I was also asked to provide an updated CV, and was given, at my request a copy of my CV which AHPRA had on file previously, and a further AHPRA application form.

I obtained a certified copy of the AMA certificate, filled in the application form and updated my CV in the same format as that which had been held on file and previously deemed satisfactory, and returned the following day in person to attempt completion of what I had assumed would be a summary processing.

I was then told that my CV was now not of the required format, and told to expand upon details of my duties and given a printout from the AHPRA website on the format required. It was incredibly vague in its detail and did not have an example of the format required. The staff at AHPRA were equally vague as to the details required and I was left in no doubt as to what was not an acceptable format, but no greater clue as to what was required. Later, after discussion with the [REDACTED] I attempted to provide a CV in a consensus-likely-to-be-in-correct-format, and returned to the Adelaide AHPRA office for the 3rd day running and was then told this was acceptable. They attempted to charge me a fee initially both for continuing Limited registration and application for General registration, and later decided that only one fee was payable.

I also note that I have heard from GPs of 20+ years practicing in South Australia that they were expected to forgo Medicare income when there was some delay with processing their registration renewals, and they quite humanely continued to work for their communities in the meantime.

If the current model is to stand, I would like to suggest that it would be better for those doctors working remotely to be able to deal with AHPRA by telephone, and email.

I note that the AMA certificate copy certification logical absurdity is to be removed which would appear to be a positive move.

Clarity regarding the formatting of CVs should be blatant, and staff should be able to provide an example CV outlining this format.

Clarity of service fees to avoid attempted double billing would appear to be fair.

Staff training on processes involved in various registration pathways would improve matters greatly, the onus should not be on applicants psychic divination skills in order to predict the machinations of a system not understood by the staff in charge of administering it.

I would suggest that a significant improvement in positive productivity of AHPRA staff would be gained by applicants paying fees only on completion of the services they are tasked with providing, not prior.

I note that the Victorian senate inquiry into AHPRA's functioning in 2012 concluded that it was "a dismal example of policy implementation and public administration".

I am of the same sentiment and may vote with my feet.

Yours faithfully

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