

## UNITED GENERAL PRACTICE AUSTRALIA

### Outcomes Statement for meeting held on 23 March 2017

ITEM	DESCRIPTION AND ACTIONS
1	<b>Standing items</b>
<i>No comment or action required</i>	
2	<b>Proposed change to government policy for pathology collection centre rent</b>
<ul style="list-style-type: none"> <li>The Department of Health will be meeting with the AMA and RACGP to further discuss this matter.</li> <li>Given there is a likelihood the proposed changes to pathology collection centre rent will be abandoned, the group decided to not proceed with sending a letter to the Department at this time.</li> <li>Any further action will be determined at the next UGPA meeting.</li> </ul>	
3	<b>AHPRA's medical complaints mechanism</b>
<ul style="list-style-type: none"> <li>A Senate Standing Committee on Community Affairs inquiry is currently underway following an initial enquiry into the medical complaints process in 2016.</li> <li>Various professional bodies have expressed their concerns around the AHPRA complaints processes.</li> <li>There has been some abuse of the system by life insurers who have lodged complaints about GPs refusing to forward complete medical records (because a patient has not consented). These and similar complaints are leading to increased stress for doctors and increased cost for indemnity insurance.</li> <li>More than 70% of all notifications do not result in regulatory action.</li> <li>AHPRA are required to look into all complaints made. AHPRA's timeframe KPI is 6 – 12 months, but this is often not the case, with the timeframe for complaint resolution often being up to four years.</li> <li>There is currently no vetting process to remove vexatious complaints or those without substance. AHPRA does not currently consider local resolutions for complaints. Local solutions used in the first instance would have significant savings for AHPRA, and speed up the process with will benefit doctors and patients.</li> <li>Not all complaints can be addressed in the same way – clinical supervision and input will be required for triaging complaints. AHPRA needs to be able to recognise when complainant feels disempowered, as these complaints may not be able to be resolved at a local level. Serious complaints would not be resolved at a local level.</li> <li>Findings and conditions are made public before the completion of an appeals process. AHPRA should publish findings only after appeals are completed.</li> <li>AHPRA and Medical Boards should work better together.</li> <li>There are different processes in different states/jurisdictions. For example the Health</li> </ul>	

	<p>Obudsman in Queensland is an outlier and there is a need to re-visit the mandatory reporting issue of doctors treating a colleague .</p> <ul style="list-style-type: none"> <li>• AHPRA must recognise doctor safety. The process currently has no regard for doctor safety.</li> <li>• AMA have a liaison group with AHPRA, which has made suggestions for improvements to the complaints process.</li> <li>• UGPA may consider addressing triaging issues in a letter to AHPRA, and other issues (including doctor self-harm) in a public statement, which may be sent by letter to State Governments for consideration at COAG.</li> </ul> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• <b>AMA to circulate advice on their discussions with AHPRA</b></li> <li>• <b>AMA discussions to be used to inform UGPA communication strategy; including possible public statement for further consideration</b></li> </ul>
4	<p><b>UGPA membership for Australian General Practice Alliance (AGPA)</b></p>
	<ul style="list-style-type: none"> <li>• The AMA Council of General Practice and RACGP are already well placed to represent practice owners on UGPA.</li> <li>• AGPA are a single issue group at this stage and may not contribute to wider UGPA discussions. However, having more interest groups brings more to the table for consideration.</li> <li>• AGPA will need to provide further information to UGPA, including their intentions joining UGPA, their national presence, and capacity to attend meetings and contribute to the work of UGPA.</li> </ul> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>As per previous process for requests to join UGPA, send letter to AGPA asking to provide further information on:</b> <ul style="list-style-type: none"> <li>○ <b>the group's intentions joining UGPA</b></li> <li>○ <b>the group's membership numbers and national presence</b></li> <li>○ <b>how the group represent its views publically, and on what issues has it recently made public comment</b></li> <li>○ <b>the group's capacity to attend UGPA meetings and contribute to actions arising from UGPA meetings.</b></li> </ul> </li> <li>• <b>Any response from AGPA to be included on the Agenda for UGPA's meeting on 18 May 2017</b></li> </ul>
5	<p><b>Other business</b></p>
	<p><b>Safe working hours</b></p> <ul style="list-style-type: none"> <li>• There are many cases of registrars working unreasonable hours (all night) and returning to work the following day.</li> <li>• After-hours work is important for registrar training; however, any after-hours work should be done in the full knowledge of the registrar's training practice.</li> <li>• A provision around fatigue exists in the <a href="#">National Terms and Conditions for the Employment of Registrars (NTCER)</a>.</li> </ul> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>GPRA and GPRA to discuss safe working hours and provide an update at UGPA's meeting on 18 May 2017</b></li> </ul>