

Senate Standing Committee
Enquiring into Professional
Service Review (PSR)
Parliament House
Canberra

5th September, 2011.



Dear sir|madam,

I believe time for submission to Senate enquiring into Professional Service Review (PSR) has passed. If so please accept this letter as a Communication to the Committee.

As a Doctor who had to appear before the Professional Service Review (PSR), I wish to recount my personal experience and offer some suggestions.

I was referred to Professional Service Review (PRS) by Medicare Australia because of my prescribing of so called "drugs of dependence" fall into the 90% percentile.

After examining a select number of patient records Director of PSR Dr Tony Weber wrote to me saying that he has three options in this matter. But before he could exercise any ^{one} of those options "Act" requires him to invite a written submission from me, only after he receives my written submission will he decide which one of those options will he take.

I was fairly confident, that I could persuade the Director why he should take no action in this matter by showing him how my practice differs from majority of my peers in general and the region in which I practice in particular.

But before I could do that I got an invitation from the Director to meet him in person. During the meeting he informed me that he intend to refer me to a Committee and will refer me to the Medical Board.

I was shocked by this arbitrary prejudgement by the Director, making me wonder what is the purpose of the "Act" requiring me to submit a written submission if the Director could unilaterally decide how he is going to act before reading my submission.

Then adding insult to injury having already told me how he is going to act he asked me to go ahead and submit a written submission.

Even though I now realised I was wasting my time putting in a written submission I did write a written submission in which I told Dr Tony Webber by his prejudicial prejudgement he might well have broken the letter and the spirit of the "Act" which in his letter he wrote told me he had to follow. I also pointed out to him the purpose of the "Act" is to give natural justice and benefit of the doubt to the accused.

I then explained to him in great detail how my practice differs from majority of my peers in general and the region in which I practice in particular.

As expected my submission got rejected and I was made to appear before a Committee, whose members were handpicked by the Director on his own.

At the end of the Committee process I could not but form the cynical view that these are nothing more than a bunch of highly skilled QC's acting for the Director.

If the Committee process is to be fair and seen to be fair Director of PSR should not have the right to nominate members to these Committees. Having established a Committee to investigate he has got a vested interest to see most of the doctors who appear before these Committees are found guilty. Otherwise his clinical judgement is wasting tax payers money in establishing these Committees will be questioned. Naturally there is an inclination on his part to appoint members to these Committees whose strengths and prejudices he knows well before hand for a desired outcome. Even such appointed members subconsciously feel they have an obligation to give the Director the desired outcome he wants for the honor he has bestowed on them for being selected to judge their peers. No wonder the majority of doctors who appear before these Committees are found guilty.

Ideally the Director should not have the right to nominate members to these Committees even with Consultation with Australian Medical Association, because over a period of time he comes to know the prejudices of those doctors and could allocate them appropriately to these Committees for the right outcome. For example some doctors put a lot of unnecessary details into their consultations and charge a private fee. If these doctors are made to sit in judgement of a bulk billing doctor who for his practices viability ~~but~~ in short succinct and relevant facts into their consultation, they will find such doctors practice inappropriate.

Same applies to prescribing the drugs of dependence. Some doctors are very reluctant, if not refuse to prescribe such drugs even in deserving cases. If such doctors are made to sit in judgement on doctors who prescribe these drugs little more liberally, but not recklessly liberally, they will find against such doctors.

The only way to avoid such conflict of interest is for the Director PSR to request respective colleges to appointment members in that speciality to these Committees. He should also ask Australian Medical Association to nominate a member of that particular speciality to these Committees.

In that way the justice is not only being done but seen to be done without bias.