AACP

AUSTRALIAN ASSOCIATION
OF CONSULTANT PHYSICIANS

Ms Naomi Bleeser
Committee Secretary
Senate Standing Committee on Community Affairs
PO Box 6100
Parliament House
CANBERRA ACT 2600

4 May 2010

Dear Ms Bleeser

Health Practitioner Regulation (Consequential Amendments) Bill 2010

The Australian Association of Consultant Physicians (AACP) appreciates the opportunity to make a submission in relation to the above Bill, which focuses on the consequential amendments relating to Medicare benefits, and notes that the Committee has discussed these issues on Friday 30 March 2010.

As we noted in our 2009 submission on the proposed arrangements, the AACP was concerned about provisions that would allow Government to determine professional standards in particular situations (such as "areas of need"). This highlighted a possible approach that could be used by future Governments, under the national registration scheme, to determine issues such as where consultant physicians and specialists may provide Medicare eligible services. In other words, the legislation potentially allows Government to use the national medical registration scheme for purposes other than recognition of the medical training of medical practitioners. The AACP does not believe such use is appropriate.

The same provisions and regulatory powers do not exist in the current Bill for general practitioners or for other health practitioners covered by the Bill. It is not clear why such a distinction was made but it raises significant concern as to additional requirements that may be imposed in the future on consultant physicians in order that their services are eligible for Medicare benefits.

During the Committee's deliberations on Friday 30 April 2010, it is noted[1] that Ms Elizabeth Jolly, A/First Assistant Secretary, Health Workforce Division, Department of Health and Ageing, stated that the issues outlines above under current "subclauses 9[a][iii] and 2[a][iii]) was partly a drafting issue" and that "... bill C (takes) what currently happens and (tries) to describe that for the purposes of the new national law". Ms Jolly further confirmed there was no intention to "impose additional requirements on consultant physicians and specialists in order to be eligible".

We appreciate this confirmation that the wording in the current Bill thus has inadvertently created an anomaly and look forward to seeing the revised wording that removes this anomaly in relation to consultant physicians and specialists.

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Given the Bill purports to make amendments consequential on uniform (our emphasis) legislation relating to the regulation of health practitioners, then sections 19C, 19CB and 19DA should be amended to extend their application to any category of health professional whose services are being deemed medical services for the purposes of Medicare eligibility. In this way, the application of the legislation will be uniform – otherwise it will not.

Similarly, sections 2(b), 3(b) and 9(b) that should be uniform are worded differently. There does not appear to be a reason why they should be different and so we recommend these three sections are worded along the same lines.

We note from the Proof Committee Hansard that the AMA raised an additional matter concerning the application of a public interest test in relation to the AHWMC giving directions to National Boards about accreditation standards. We fully support the AMA's proposed amendment to add the following provision:

> The Federal Minister for Health and Ageing, in exercising functions as a member of the Australian Health Workforce Ministerial Council in relation to the giving of directions to National Boards about proposed accreditation standards or proposed amendments of accreditation standards under Part 2 section 11 (3)(d) and (4) of the Schedule to the Health Practitioner Regulation National Law Act 2009 (Qld), must have regard to the public interest.

As stated in our initial submission on the arrangements, the AACP is concerned that the experience and expertise of medical colleges in determining appropriate standards has no role in the current legislative framework. There are sufficient examples in recent years of established credentialing and accreditation processes being overturned to provide short-term workforce solutions. However, these are not in the longer-term interests of quality medical and health care in Australia. The AACP remains concerned that the valuable expertise of the medical colleges and specialist organisations in determining appropriate standards has not been included in the current legislative framework.

Thank you again for the opportunity to provide comments on the Bill. We look forward to seeing the revised document following the Committee's further consideration.

Yours sincerely

William Heddle, FRACP
President

[1.] Proof Committee Hansard, Senate Community Affairs Legislation Committee, Reference: Health Practitioner Regulation (Consequential Amendments) Bill 2010, p CA28