



Australian Association of Surgeons

ABN 23 050 148 199

PRESIDENT:
John A. Buntine

SECRETARY
SENIOR VICE-
PRESIDENT:
Peter Hughes

TREASURER:
Richard Deveridge

JUNIOR
VICE-PRESIDENT:
Stephen Clifforth

DIRECTOR:
Peter MacNeil

Australian Association of Surgeons submission to the

Australian Senate Community Affairs Legislation Committee

Inquiring into the

National Health Reform Amendment (National Health Performance Authority) Bill 2011 [provisions]

April 2011

Just as national **registration** of health care providers became national **regulation**, what was entitled “**National Health and Hospitals Network Act 2011**” becomes “**National Health Reform Act**” and makes it clear that the National Health Performance Authority will relate to:-

- (a) local hospital networks
- (b) public hospitals
- (c) private hospitals
- (d) primary health care organisations
- (e) other bodies or organizations that provide health care services

Doctors strongly support outcome studies of treatment. Despite limited administrative and financial support much is presently done. Of course this does not mean that more would not be better. Audit activities for surgeons are presently strongest in the larger public hospitals and larger surgical specialties, supported by bodies such as the Royal Australasian College of Surgeons.

Specialist surgical units in public hospitals are continuing to ask for office space and secretarial support for properly administered outcome studies. This is where funding is most urgently needed.

To be of value, performance measuring activities relating to surgeons should build upon existing State and Territory structures and the activities of bodies such as the Royal Australasian College of Surgeons. New performance measuring activities must not be simply superimposed over existing structures.

With respect to surgery, in addition to providing funding for clinical audit activities, the most useful function the Performance Authority could perform would be to collate the detailed information recorded by a very large number of separate organisations.

It may be anticipated that what applies to surgery would apply to most groups of doctors. A useful new role might be to keep track of Medicare Locals when (if) these are set up as it seems likely that, as happened with the Divisions of General Practice, some Medicare Locals will do useful work and some will not. After making extensive enquiries

the Australian Association of Surgeons has come to the conclusion that there are few concrete ideas about the intended roles of Medicare Locals.

There will be great pressure on Medicare funds as Medicare is extended to an increasing number of practitioners. The Performance Authority could play a useful role in tracking such expenditures which could otherwise waste funds which would be better used by public hospitals.

It would be best for the authority to delegate performance activities relating to doctors to the Medical Board of Australia but for this to be possible the Medical Board of Australia would need to be greatly strengthened because, presently, the new Board is little more than a name – the real work is done by staff of AHPRA who it is understood are selected to deal with doctors. But this is no more than an ad hoc arrangement and much of the real work is still delegated to the Medical Boards of the States and Territories. These administrative processes are far from transparent, there is no consistency in the use of a letterhead for communication with doctors and telephone enquiries are especially difficult because the telephones of the Medical Board of Australia and of AHPRA often do not answer. Written responses, which are often long delayed, are sometimes from AHPRA and sometimes from the Medical Board of Australia or of a State.

Similarly, it would seem reasonable for the performance authority to delegate matters to the other health practitioner boards where appropriate structures exist.

The Performance Authority should establish clear limited objectives. It must not become a huge wasteful inefficient bureaucracy which tries to deal with an impossibly large number of issues arising in the disparate health groups it oversees.

The Australian Association of Surgeons would be pleased to elaborate upon any of the above comments.

✓

John A Buntine
President