



30 April 2009

The Secretary
Senate Community Affairs Committee
PO Box 6100
Parliament House
Canberra ACT 2600

By Email: community.affairs.sen@aph.gov.au

Dear Sir or Madam

**SUBMISSION TO THE SENATE COMMUNITY AFFAIRS COMMITTEE
INQUIRY INTO NATIONAL REGISTRATION AND ACCREDITATION
SCHEME FOR DOCTORS AND OTHER HEALTH WORKERS**

The Australian Orthopaedic Association (AOA) is pleased to make a submission to the Senate Community Affairs Committee.

AOA is the peak professional body representing orthopaedic surgeons in Australia, and is the training body for orthopaedic surgeons for this country on behalf of the Royal Australian College of Surgeons. As such it is the body that sets and maintains the standards for orthopaedic surgery in Australia, and is thus the reference point for orthopaedic surgery. AOA feels that there are great benefits to be made in the national registration and accreditation system proposed.

The major advantage is the capacity of medical practitioners to practise within the whole of Australia without requiring further re-registration processes, and the introduction of processes, which may improve national standards.

However, AOA has major concerns regarding some of the aspects of the consultative process and wishes to make the following points:

1. AOA feels that it is imperative that accreditation standards for each profession are separate from influences of registration boards and the Ministerial Council.
2. AOA believes that such accrediting bodies must be independent and must be able to exercise a professional review of training and qualifications for all medical and all other health professions.
3. AOA supports the Australian Medical Council in its current role as an independent accrediting body for medical professions, and does not accept that the Australian Medical Council or its equivalent, if formulated, should be influenced in anyway by the registration board or by any minister in any capacity or by any board which is a creation of the health departments or of the registration boards.

4. AOA supports the protection of professional title and strongly recommends that the title “surgeon” be protected as well as that of “medical practitioner”.
5. AOA does not support non-surgeons performing surgery.
6. AOA strongly supports the development of a specialist register as is present in some jurisdictions and believes that this will lead to higher, more appropriate and equitable standards.
7. AOA recommends that continuing professional development standards be set by individual professions, in our case by the orthopaedic surgeons through AOA, reflecting the nature and standards of practice for ongoing professional development and meeting of appropriate practising standards.
8. AOA does not support the concept that a minister may designate a particular geographic area as an area of need without reference from the profession as to the requirements and standards of the post and the standard of the applicant. There is a major risk that acceptable standards will be defined by parties other than those that can define the standards. It is mandatory for the protection of patients that practice in an area of need must be oversights by the respective college, in our case the College of Surgeons, but with reference to the particular specialty, in our case orthopaedic surgery.
9. AOA notes it has been suggested that “registrants be migrated across to the national scheme with the widest possible scope of practice that is consistent with public safety”. It is inappropriate that where registrants have been registered at a low standard by some jurisdictions that such a standard should be accepted nationally without review. The point of a national registration scheme is that standards be made universally appropriate and that the lowest acceptable standards not be an acceptable benchmark.
10. AOA does not support registration of non-surgeons to perform surgery. While it may seem that a particular procedure can be adequately performed by a non-surgeon, this pays no account to the selection of patients, appropriateness of procedures and medical care of the patient. Acceptance of such standards is dangerous to the health of the public.
11. AOA does not believe that any new area of specialty practice should be accepted without reference to the other health professional boards. There is no place for the creation of new specialty practice arrangements without reference to those specialties where such practice is already performed.
12. AOA believes that defined scopes of practice within particular specialties cover all branches of surgery and any new specialty registration should not be accepted without reference to the other

specialty groups. The College of Surgeons sets the standards for all surgery and the Australian Orthopaedic Association sets the standards for orthopaedic surgery within the College of Surgeons' umbrella. While there is cross-over between disciplines, there remains no place for new disciplines to be created without reference to the current disciplines.

13. AOA strongly supports appropriate professional involvement in accreditation. While it is appropriate for members of the public to be involved, the profession itself must provide the majority members of key committees such that the standards known to and applied by the medical profession can continue to apply.
14. AOA supports a nationally consistent, transparent process of complaints management. However, any new system must maintain a fair and conciliatory approach. Vexatious complaints must be dealt with appropriately but orthopaedic surgeons and other members of all the professions must not be made to be public scapegoats without appropriate process. Review processes must be confidential unless public safety is patently at risk. Damage to reputation and damage to practice in areas of surgery can be debilitating for both surgeon and services. There is no public benefit in such potential approaches. Any new approach to complaints mechanisms must take the best of each of the state systems.
15. AOA strongly supports the benefits of a national registration system. We strongly support the capacity for doctors to work across jurisdictions. AOA strongly supports the setting of appropriate systems for providing high quality medical care across Australia. We do not support the lowering of standards to provide access to inadequate care for patients who stand the risk of being harmed.

Where there are shortages of practitioners, there must be appropriate education processes such that safe standards can occur. AOA believes, in our case, the safe standard is that of a practising Australian orthopaedic surgeon. It is not appropriate for non-surgeons to perform orthopaedic surgery.

Likewise, AOA believes that it is not appropriate for orthopaedic surgeons, appointed from overseas by jurisdictions, who have been partially trained by Australian standards, be employed in Australia without reference to the College of Surgeons and its orthopaedic advisers. Appropriate assessments, supervision and education processes to establish a defined pathway to fellowship of the college is essential for the safe integration of such practitioners into the Australian surgical workforce to ensure that safe and acceptable standards of care apply during this process. Area of need appointments, without such reference, do no credit to the jurisdictions, and potentially risk the health of Australians.

16. We recognise that there is much to be improved in the health system. The national registration and accreditation system has a chance to achieve the environment in which to provide progress. However, it is important that the wrong steps are not taken.

I would be very pleased to represent AOA before the Committee to elaborate on any part of the content of this submission.

Yours faithfully

A handwritten signature in blue ink, appearing to read 'John Batten', with a stylized flourish extending to the right.

John Batten
President