

## **THE GENERAL MEDICAL COUNCIL – GMC**

An Australian General Medical Council [GMC] should be established for the registration of all members of the medical profession in all States and Territories of the nation, namely primary health care practitioners, specialist practitioners of all specialities, miscellaneous categories such as medical practitioners employed by Government or commercial organizations, those in research institutions and all foreign doctors seeking employment in Australia. The GMC will have a subsidiary branch in each State making the registration uniform and universal across the nation.

A special Registration Committee to deal with applications for registration by foreign doctors is necessary. This Committee will be experts in the knowledge of the education and training of doctors in other countries across the world and consequently will be able to more efficiently assess each applicant's ability and knowledge for registration. At the present time each State of Australia is responsible for a foreign doctor's application. This way of dealing with applicants has proved to be most unsatisfactory.

The GMC will NOT be involved in medical education. This will be the function of a special division of the federal Ministry of Health and Ageing. This special division will be concerned with the education of the undergraduate, the graduate specialist education in all categories, and post graduate education by the involvement of all medical schools. It is NOT the function of the various "colleges" of the specialists to be involved in

graduate education, as they now are. Their job is to register successful graduates from medical schools in their professional body. They should NOT be permitted to become involved in petty specialist politics with the GMC. At present Colleges can influence the number of new graduates given their higher qualifications.

Similar to the GMC, there should be a National General Nursing Council [GNC] for the registration of all nursing personnel and with a similar function to that of the GMC.

Similar to the GMC, National Accreditation Boards should be established for all paramedical personnel by each professional body such as physiotherapy, podiatry, radiography, ultrasound.

## **THE COMPOSITION OF A GMC**

It is most essential that the medical profession is controlled by the medical profession. The bureaucratic control of the GMC in the United Kingdom has not proved to be satisfactory. The Commonwealth Government should invite representatives from medical schools and other selected medical organizations to form its GMC. The GMC would then appoint its own full and part time medical directors. Directors will control doctors most efficiently. The professional bodies will make sure of this. Executive non-medical officers and members of the legal profession are employed to make efficient Boards. At

the present time, State Boards for the most part are controlled by non-medical personnel and not by members of the medical profession who are used in a subsidiary category such as tribunals, etc.

The NSW Medical Board is about to introduce regulations whereby a GP or specialist must report directly to the Board if they consider there is any “irregularity” or “misconduct” concerning any of their fellow doctors practicing in their profession. However, if a doctor does not report the offending doctor, then that doctor will be committing an offence. Instead, the Directorate of Medical Service [DMS] of each hospital should be responsible within a hospital complex for maintaining the standard of medical practice by all doctors and detecting an incompetent medical practitioner – THE ROGUE DOCTOR. Once the Directorate identifies an incompetent medical practitioner, the information is to be passed to the GMC.

The deregistration of a medical practitioner will be determined by a sub-committee of the GMC, if there is a breach of any regulation which requires deregistration, such as profession misconduct.

If a Super Clinic for private and/or public practice is established as part of a hospital to combine all relevant medical specialities and treatments, it will be under a Directorate of Medical Services jurisdiction. With respect to group practices, super clinics, etc, the

Senior Medical Officer in each centre will have the responsibility to report to the Directorate of Medical Services.

I believe the GMC could undertake other very effective roles, which are not the business of this enquiry.

Samuel Hatfield  
Former Foundation Kellogg Professor of Health and Hospital Administration  
University of New South Wales