Inquiry into Health Practitioner Regulation (Consequential Amendments) Bill 2010

1. Health Practitioner Regulation (Consequential Amendments) Bill 2010 is part of the COAG agenda to introduce the National Registration and Accreditation Scheme (NRAS), currently embracing 10 health professional groups and potentially 440,000 healthcare professionals.

2. The Australian Doctors' Fund (ADF) has consistently maintained that in regard to the Australian medical profession, NRAS is driven by ideology not necessity. The ADF asserts that the real agenda for NRAS is a dangerous belief that by de-professionalising Australian medicine (i.e. replacing professional autonomy backed by government regulation with centralised command and control through a plethora of new government agencies) a more egalitarian health workforce will emerge. The real purpose of NRAS is to socially re-engineer Australia's health workforce using a mechanism of central workforce planning, based on workforce demand forecasting, a device which the Australian Productivity Commission claimed was "fraught with danger".

   Furthermore, the ADF maintains there has been no critical examination of the assumptions on which NRAS has been built, namely, the writings of Professor Stephen Duckett in his publications entitled,

   a. *Health workforce design for the 21st Century,* Australian Health Review; May 2005; Vol 29, No 2
   b. *Interventions to Facilitate Health Workforce Restructure*, Australia and New Zealand Health Policy 2005, 2:14

3. In the case of the medical profession, the raft of legislation and new agencies created by NRAS was unnecessary since a national register of medical practitioners, entitled the National Compendium of Medical Registries, has been in existence for at least 10 years and simply required a software upgrade. Furthermore a national committee of the presidents of state medical boards in the Australian Medical Council (AMC) has also been in continuous existence and could easily have functioned as a national medical board. In summary **the Australian medical profession has always had a national register and a national body consisting of presidents of state medical boards.**

4. The ADF notes that the Explanatory Memorandum to the above bill states as follows, "*the new arrangement will help health practitioners move around the*

country more easily, reduce red tape, provide greater safeguards for the public and promote a more flexible, responsive and sustainable health workforce." The ADF refutes this claim. Australian doctors have had little difficulty moving around the country in times of emergency. The problems of dual registration could easily have been solved by a computer upgrade of the existing national register. The claims that the process will lead to greater safety have already been shown to be flawed given that the professional boards are subject to the dictates of the National Health Practitioner Agency with no individual minister either having or accepting responsibility for NRAS agencies. Exaggerated claims that rogue medical practitioners flourished as a result of the absence of NRAS do not stand scrutiny. Rogue practitioners flourish where standards are bypassed usually through political pressure on decision-makers and/or incentives to bypass well established quality filters.

5. Alarmingly, the concept of protected titles now promoted by the Medical Board of Australia (MBA) [imported from the NHS] has opened the possibility for the future widespread use of the title 'doctor' and 'surgeon' [not to be protected by the MBA] beyond the medical and dental professions. The ADF maintains that such blurring of the lines is contrary to patient safety and patient expectation. In summary, Australians are accustomed to assume that those who claim these titles in a healthcare setting have medical or dental qualifications. The ADF notes that the recommendations of the Royal Australasian College of Surgeons (RACS) in its submission to the MBA on this matter has been ignored.

6. The ADF asserts that the constitutional validity of NRAS has not been established. In particular, the validity of the legislation in relation to each state constitution raises a number of unanswered legal questions opening the possibility for future legal challenge.

7. Contrary to popular opinion, the MBA (or any other professional board) does not act as an independent umpire of professional standards since they are subject to the directives and/or influence of a number of government appointed agencies and organisations. These include:
    a. The Ministerial Council (MC);
    b. The Australian Health Workforce Ministerial Council (AHWAC);
    c. The Australian Health Practitioner Regulation Agency (AHPRA) – known as the "Agency");
    d. The Agency Management Committee (AMC, not to be confused with the Australian Medical Council) to manage the Agency;
    e. Profession specific boards including the Medical Board of Australia (MBA); and
    f. State committees (old state boards) of the national profession specific boards.

    However the above description does not include the host of allied government agencies that feed in to NRAS including:

    g. The Health Workforce Principal Committee (HWPC); set up to advise the

h. AHMAC (Australian Health Ministers' Advisory Council);
i. [not to be confused with The Australian Health Workforce Ministerial Council (AHWAC), see above]; as well as
j. the National Health Workforce Taskforce (NHWT); and
k. the Australian Health Workforce Institute (AHWI); which are members of
l. the National Health Workforce Planning and Research Collaboration (NHWPRC) known as the Collaboration.

8. Furthermore, the tenure of the Australian Medical Council is not guaranteed.

9. In creating NRAS, various state parliaments have created an unaccountable body fathered by 9 health ministers but with no direct individual minister accountable for the behaviour of the boards and agencies which embrace considerable influence on health professionals. The ADF maintains that this arrangement (NRAS) facilitates an accountability "no mans land" which allows all political players to avoid direct responsibility for system failures.

10. Under NRAS each state parliament is required to forfeit its sovereignty in regard to the disallowance of a regulation, as a regulation disallowed by any individual jurisdiction is still a law in that jurisdiction until such time as a majority of states disallow it. Hence, parliaments outside a particular state or federal jurisdiction determine laws (disallowed regulations) for which they have no direct mandate.

11. The ADF maintains that NRAS, rather than improving the safety of patients through streamlined administration, is a vehicle for the nationalisation of Australian medicine and forced top down task substitution agendas. These are ideologically driven and designed to replace a reputable and successful professional culture with the concept of a series of health technicians, best summed up by Dr Martin B Van Der Weyden, Editor of the Medical Journal of Australia (MJA), on 17/8/09, "*A quiet revolution has been taking place, driven by both ideology and pragmatism. Its aim is to dismantle general practice and eviscerate the ranks of its medical practitioners. The signals are loud and clear …. And, interestingly, there is a push for another change – namely, that all practitioners working in primary care, irrespective of their qualifications and expertise, be now called "doctor". Such a collaborative model readily brings to mind the sovietisation of health care."*

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