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AMA Submission to Inquiry into the NDIS Amendment (Improving Supports for At Risk Participants) Bill

The AMA supports the intention of the Bill, which is to improve protections for people with disability and prevent a repeat of the circumstances that led to the death of Ms Ann-Marie Smith. The AMA does not oppose any of the amendments in the Bill, however the AMA would like to see new mechanisms introduced to ensure that expanded compliance and enforcement powers of the Commissioner of the NDIS Quality and Safeguards Commission promote positive interactions with medical practitioners.

The AMA would like to see the introduction of a code of conduct for NDIS investigators interacting with medical practices and the Commission should also develop a scale of fees covering the reasonable costs of providing clinical records to investigators. This is an issue that the AMA has raised on numerous occasions, and it would be beneficial if this were resolved.

The absence of this code of conduct and set of fees has created issues in the past. I refer to the attached letter about an incident that occurred in August 2019 where investigators' behaviour to a general practice was unacceptable and undermined the trust of general practices towards the Scheme. Doctors are not registered providers under the NDIS, however they are an important part of a person's healthcare team. Doctors want to ensure their patients receive the best care possible. These measures would support that.

When dealing with requests for information under other laws such as the Privacy Act, medical practices are able to recover reasonable expenses and schemes like workers compensation provide a scale of fees for the provision of clinical records. We also know that Courts will make an order for the recovery of expenses in complying with Court notices.

The work involved in providing clinical records can be extensive and absorb a significant amount of practice resources. While they are very happy to cooperate with lawful requests for information, they should not be expected to do this to their own financial detriment. It is longstanding AMA policy that doctors should be entitled to recover from the patient or from any other legally authorised person or authority requesting the information, the reasonable cost of providing access to the information contained in a medical record.

The introduction of this code of conduct and set of fees should not deter from the important work in improving protections for NDIS participants and would foster goodwill among medical practitioners.

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