

My name is Dr Jeffery Peereboom and I am an Orthopaedic Surgeon in Brisbane.

I make the following submission on Behalf of the Foot and Ankle Society of the Australian Orthopaedic Association and myself.

I would like to make the following suggestions to improve the Bill B:

**Title Protection:**

Title Protection should be extended to include the terms " Doctor " and "Surgeon" as is the case currently in a number of Jurisdictions in Australia. We object to the proposed legislation only protecting the term " Medical Practitioner" ( 135 ), and by Title Protecting the terms Surgeon and Doctor, members of the Public have surgery would know if the person operating was medically qualified.

Violations of Title Protection are currently criminal offenses but it is proposed that this is removed under the Proposed Legislation ( 135 . 2) It will now be only a Disciplinary Offense - to be administered by the Boards. We should insist on this remaining a Criminal Act.

**Practice Protection:**

We advocate that all surgical interventions below the level of the subcutaneous tissue to be deemed Surgery and can only be conducted by persons who have completed courses approved by the AMC.

As this would ensure a uniform standard of Surgical care regardless of the Craft Group supplying the service.

The current suggested system of differing accrediting bodies and possibly Accrediting Committees being appointed by differing Boards do not ensure equal Standards of training will be guaranteed. Thus a member of the Public having a procedure performed by one accredited member of a Particular Craft Group may receive inferior care to an accredited member of a Different Craft Group.

The fundamental premise of the Legislation is to protect the Public ( Section 4 1(a) ) . Unless there is going to be a Government sponsored Ranking Table for differing craft groups, and clear methods to identify members of a particular craft group , a member of the public would have no idea of the level of competency of a Craft Group and the individual proposing surgery. To ensure safety - all surgery should be accredited to the same standard.

Furthermore, Practice Protection has been accepted as a principle by the Legislative Framers in the cases of Midwifery, Dentistry and Optometrists ( 136 ). Having established such a precedent, something of such potential for harm to members of the public such as the act of performing surgery should also be Practice Protected.

**Right to Prescribe:**

Endorsement of the right to prescribe Scheduled Drugs should only reside within a Board with some experience in the realm of prescription, pharmacology, physiology diagnostic experience and Pathology. ie: it should be conferred by the Medical Board or a subcommittee of the Medical Board, The Power to endorse the Right to prescribe any Schedule Drug not be held by the any other Board ( 112 ) who have no experience in the use of these materials, and in some cases decry the use of Pharmaceuticals.

Finally there is under the current construction of the law, there exists the possibility that a particular group may decided to extend their practice and begin to practice surgery. They then can define their own standards of care. If they choose not to apply for specialist recognition, there is no

ability for scrutiny by the current standard bearers of the craft of surgery, and the only process of review is after many complications have been recorded, a pattern of poor practice is found, cases are collated and then complaints can be handed to the Board who will then institute an investigation.

This is totally unacceptable as a method of maintaining or setting standards. Patients have to endure severe complications, pain and hardship in large numbers to begin an administrative process to discipline subskilled practitioners and eventually the "market" will drive out the poor performers?

This is hardly in keeping with the stated goals of the act:

**"4 Objectives and guiding principles of national registration and accreditation scheme**

(1) The objectives of the national registration and accreditation scheme are as follows:

(a) to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered,"

I would be grateful of the opportunity to present to the senate an example of how this problem has occurred in Queensland and how it has led to great harm to many Queenslanders, and how the Board process in Queensland has failed to protect the Health of Queenslanders.

Jeff Peereboom