Australian Association of Surgeons
ABN 23 050 148 199

Submission
to the

Senate Community Affairs Committee

Inquiring into National Registration and Accreditation Scheme for doctors and other health workers.

April 2009

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Overview

This is the most important inquiry that has been held into a proposed re-organisation of Australian health care. If the re-organisation were well executed benefits to all Australians could be significant but, on the other hand, because of the radical nature of the proposed changes, standards of health care could be seriously compromised.

Because the model legislation will be presented to the State and Territory Governments in the anticipation that it will be passed without amendment, arrangements which later proved to be disruptive would be difficult to correct. The model chosen to achieve consistent State and Territory legislation has never been applied to anything as complex as this proposed Scheme.

Over the past ten years, Members of the Board of the Australian Association of Surgeons have advocated better national arrangements for medical registration. While a Vice President of AMA Victoria, the present President received repeated requests from doctors in Wodonga to simplify the arrangements by which they could practice in Albury. Doctors on both sides of the Murray River wished to develop a properly co-ordinated Albury/Wodonga health service. The New South Wales and Victorian Medical Boards put much effort into attempts to achieve joint registration and their efforts progressed slowly until the Productivity Commission/COAG move to achieve national registration, not only of doctors but of all health care professionals.

The Australian Association of Surgeons contacted Louise Morauta in October 2006 while she was working in the Department of Prime Minister and Cabinet. The Association enthusiastically embraced moves to achieve national registration of doctors until it was appreciated that what was being proposed was not just a registration scheme. It was becoming increasingly obvious that inclusion of accreditation meant that the intention was to influence the way doctors and other health professionals went about their work. The final form of the COAG Scheme caused the Association considerable disappointment.

When it became apparent that many doctors were not supportive of the COAG Scheme, the President of the Association suggested to the Victorian Health Department that, as nurses seemed to be supportive of the Scheme, it would be sensible to introduce national registration of nurses as a forerunner to national registration of doctors. However, no interest was taken in this suggestion (which might still have merit).

State Medical Boards, Health Departments and Commissions and medical bodies are presently working hard to circumvent some problems which have arisen in health care. Some legal processes already commenced by State Medical Boards will not be completed by the intended date of transfer of all such responsibilities to new Federal bodies. The rushed implementation of the COAG Scheme would be disruptive. It would lessen the standards of health care Australia wide. Early introduction of the COAG Scheme would risk much for little possible gain.

The “consultations” were predicated on the assumption that the Scheme would go ahead essentially unchanged: only matters of detail were considered.

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a. *the impact of the scheme on state and territory health services;*

Only if introduced in a different form to that presently planned, could national registration arrangements for doctors improve State and Territory health services and attempts to change accreditation would be much more likely to interfere with the services (see “b” below).

Presently, a Minister for Health has overall control of the health service of each State and Territory. The importance of this direct Ministerial responsibility cannot be overstated. Health care is so complex and ever changing that problems cannot be avoided. Presently, when there is a significant problem, everyone knows whose responsibility it is to fix it. This makes the role of a State Health Minister most difficult as well as most important.

If national medical registration were introduced in a way which greatly diminished the role of the State Medical Boards (which is what is planned), State and Territory Health Ministers could not accept full responsibility for the safety and efficiency of the health services of their States (see “e.” below).

A degree of competition between the States and Territories for health care workers helps to maintain appropriate standards without interfering appreciably with professional independence but similar controls at a national level would be less well accepted by health care workers, especially doctors who perform best when they are allowed to do so with reasonable independence.

Health care is, perhaps, the most important service provided by State and Territory Governments: no country the size of Australia has been satisfactorily controlled by a single central government! Also, this is a State’s rights issue!

The COAG Scheme as presently planned would lead to wastage of Medicare funds and thus reduced funding of public hospitals (see “g” below) and to a general lowering of the standards of health care (see “b” below).

With respect to complaints management and disciplinary processes, the uncertainties which would arise because of a complicated interaction between several State and National bodies (Boards, Tribunals and Courts) would make State Ministers’ roles even more difficult. The efficiency of people who know one another working together would be lost (informal arrangements are often more productive than highly systematised arrangements). (See “d” below).

Greatly increased registration costs would encourage early retirement of much needed clinicians (see “f.” below).

b. *the impact of the scheme on patient care and safety;*

As accreditation applying to most doctors is already well organised on a national basis, interfering with accreditation would be much more likely to impact unfavourably upon patient care than to achieve significant improvements. All medical organisations agree that

present arrangements for the accreditation of doctors should be strengthened rather than replaced.

The COAG Scheme risks lowering the standards of health care via task substitution, by "dumbing down" the education of doctors, by lessening feedback to State authorities relating to health care problems, by lessening the commitment of doctors and other health workers, by less satisfactory arrangements for registration and supervision of overseas medical practitioners and by loss of Ministerial responsibility for health care.

Changes to scope of practice advised by and independently acted upon by each of the 9 allied health professions would encourage unsupervised medical care by practitioners other than doctors, e.g., physician assistants and nurses. The same would apply to dental care by practitioners other than dentists, e.g., dental hygienists; to nursing care by practitioners other than nurses, e.g., those previously called "nurses aides" and to care by less highly trained workers in other disciplines.

The Australian Association of Surgeons supports Julia Gillard's recently announced funding of the Holmesglen TAFE's Bachelor of Nursing degree because TAFE trained nurses would be more likely than university trained nurses to continue to care for patients (university trained nurses aspire to management and academic studies including research). The Association is disappointed that the Australian Nursing Federation (ANF) has strongly objected as is clearly set out in the Australian Nursing Federation Media Release of the 7th April 2009 headed "Gillard sells out nursing profession – ANF". The Media Release states "the nation's nurses and midwives are categorically opposed to any attempts to move undergraduate education away from the university sector".

True "holistic care" depends upon a general practitioner or other doctor making a diagnosis and then directing the patient to an appropriate health worker or workers. Because of their long science based education and subsequent training, doctors are best qualified to diagnose the nature and cause of an illness.

When they are worried that they may be truly sick, people want to see their doctor, not an allied health worker as might eventuate if they attended a "super clinic" of the type advocated by the Health and Hospitals Reform Commission.

Presently, by the operation of formal and informal mechanisms in the States and Territories, problems relating to medical treatment and the measures undertaken to avert them become known about by other health workers, politicians, tribunal members, etc. In Victoria, the Health Services Commissioner is important in this regard. Such interactions would be far less effective if most important decisions were made at a national level.

Implementation of the present Scheme would cause the standard of medical care to fall because doctors would be frustrated by being forced to work for a large and inefficient bureaucracy. This would apply particularly to a new inflexible centralised system for accreditation.

It is most important that both existing and new measures designed to maintain standards of patient care are not bypassed. National bodies should ensure that State bodies do not give

in to pressures within a State to disregard safety in order to ease strain on service provision.

Under the COAG Scheme as presently proposed, no Health Minister would lose his or her seat if the health system became unsafe in any State or Territory or if the same applied Australia wide. A faceless bureaucrat directed by COAG would be forced to take responsibility for health care disasters!

c. *the effect of the scheme on standards of training and qualification of relevant health professionals;*

The thinking upon which the Scheme was based is that it should be efficient to educate health workers of particular disciplines so as to expedite their subsequent specific training to undertake defined treatment roles. This type of education is appropriate for technicians but not for doctors or engineers whose early education should be in the pure sciences. For medical students, the main aim should be to learn to think along scientific lines. Presently many medical educators are too quick to question the value of teaching science. Another reason why it is appropriate at this level to learn facts which have no obvious application is that no-one knows what knowledge will be valuable in the future, e.g., a few years ago it may have seemed pointless for doctors to study mathematics and, perhaps, physics but the present importance of computers and of sophisticated imaging techniques demonstrates the appropriateness of these studies. Doctors should have as great a depth of understanding of the sciences as is possible.

The COAG Scheme's endeavours to make the standard of health care education more uniform across the professions would further lessen emphasis on basic sciences in medical courses, e.g., by introducing lower level combined courses in sciences for students of medicine, nursing, physiotherapy, etc. Changing the education of doctors from a progression from basic sciences to clinical studies by the early introduction of "problem orientated learning" (which means that the sciences are picked up along the way at the same time that a clinical problem is studied) is already moving medical education in this direction. "Dumbed down" medical courses would attract students less proficient in science: yet a deeper study of science is the main difference between medical courses and courses for allied health professionals.

The Royal Australasian College of Surgeons is highly respected internationally because of its high standards of postgraduate education, training and accreditation. In fact, in the recent past, the College has been heavily criticised because it has tried to apply the same high standards to overseas trained doctors who intend to undertake surgical procedures in Australia. It would be pointless and dangerous to attempt to set up a new system of accreditation for surgeons. Universities are becoming more involved in surgical training which is appropriate and universities and the Royal Australasian College of Surgeons are co-operating well to achieve high standards of training but, because of its structure, the College is much better suited to undertake accreditation and the major responsibility for the ongoing education of surgeons (the help given by universities with respect to ongoing surgical education is much appreciated). The roles of other medical colleges are similar.

International recognition of Australian undergraduate and postgraduate qualifications depends upon the independence from Government of the responsible institutions and so could be threatened by Government intrusion into the setting of curricula and standards. There should be no Ministerial involvement in the setting of medical standards. The ability of Australian health care workers to gain further qualifications and training overseas depends upon the international standing of our independent institutions including the medical colleges. Also, health care students from other countries come to Australia because of international recognition of our institutions.

d. *how the scheme will affect complaints management and disciplinary processes within particular professional streams;*

The New South Wales Medical Board has put much effort into the development of a complaints system and the Victorian Health Services Commissioner greatly assists the smooth running of the State's health services, e.g., by working towards conciliation which provides outcomes with which both health consumers and doctors are happy. State Medical Boards work closely with State Tribunals and other State bodies. Efficient arrangements of this type in the State and Territories would be lost if the State Medical Boards were disbanded. The same would apply to health care professionals other than doctors.

At this stage it is appropriate to point out that "doctor death scenarios" came about because arrangements designed to protect the standards of registration of doctors and of medical care were not followed because of pressures to supply particular medical services at particular sites.

Australians are now heavily dependent upon overseas trained doctors because, some twenty years ago, the intakes of medical students were substantially cut and no new medical schools were planned as it was believed that an over supply of doctors was contributing to increasing costs of health care. The mistaken belief in the over supply of doctors cannot be sheeted home to any political party or organisation. Mistakes happen! Now, we must not make the mistake of destroying the institutions which support our State and Territory health services including complaints management and disciplinary processes. In particular, State bodies are well suited to respond to complaints relating to overseas doctors whose work is different in different parts of the country. "Doctor death scenarios" would actually be more likely (not less likely) to occur if slow, cumbersome and unresponsive national complaints management and disciplinary processes were introduced, especially if accreditation of professionals such as surgeons were interfered with.

Despite recent legislation in the States and Territories to limit medical indemnity claims, indemnity insurance remains a major practice cost for most doctors. This insurance would be a prohibitive cost for some doctors, such as obstetricians and neurosurgeons, if the Government did not provide financial assistance. Presently, allied health workers are largely protected because, if a doctor is involved, claims for unsatisfactory treatment are directed at the doctor rather than at the nurse or other allied health worker, largely because it is known that the doctor is much more adequately insured. Presently, most people are cautious when they seek treatment directly from an allied health worker without reference to a doctor but the situation would be different if allied health workers were directly funded by Medicare to accept sole responsibility for the treatment of an ailment. Most sensibly, Nicola

Roxon is not supporting independently practising midwives because their indemnity insurance premiums would be so high that they would have to be paid by Government. It appears that midwives will be required to work under some type of supervision (the nature of which has not been specified). Certainly, Nicola Roxon is not supporting home births by midwives (which would have extraordinarily expensive indemnity implications). However, as patients and their legal advisers came to understand that allied health workers were being authorised to perform services without medical supervision, the number of claims against allied health workers and the sizes of the claims would greatly increase. Indemnity issues arising from application of the COAG Scheme have been insufficiently considered.

e. the appropriate role, if any, in the scheme for state and territory registration boards;

The Australian Association of Surgeons warns against scrapping the State and Territory Medical Boards and replacing them with ineffective panels acting according to strictly defined delegated responsibilities. The Medical Board of Australia should control and direct the State and Territory Medical Boards rather than take over their roles. Important actions presently under way in State Medical Boards will not be finished by the time of their proposed disbandment. Also, it would be extraordinarily slow and cumbersome to be forced to refer all important matters to a national medical board!

f. *alternative models for implementation of the scheme;*

A great deal of work still needs to be done if national registration and accreditation is to be introduced in a way that will be enthusiastically supported by health professionals of all disciplines and which will improve Australian health care.

Doctors would support a model whereby the Medical Board of Australia is essentially made up of nominees from the State Medical Boards and the national medical and surgical colleges. Such a board would be expected to promote the highest standards of professionalism, qualifications and training and so would achieve nationally consistent standards for registration and peer reviewed accreditation and thus a stable and happy medical workforce.

The Medical Board of Australia should maintain a national register of doctors. Encryption should allow the instantaneous transfer of detailed information between State and National Medical Boards. Perhaps the Australian Medical Council (AMC) could become the Australian Medical Board? Similar arrangements would be envisaged for all allied health workers.

As the proposed administrative structure is complex and unwieldy with a plethora of boards and agencies (some of which would seem to have no good purpose), the number of bodies devised by the Scheme and their individual compositions should be cut to the bare bones. Already, it has been indicated that the nineteen million dollars budgeted for implementation of the COAG Scheme would not cover all implementation costs!

As the proposed national registration and accreditation bodies are intended to be self funding, the high ongoing costs of the Scheme would lead to objections from health professionals of all disciplines: greatly reducing the number of agencies and advisory bodies is essential to lessen the otherwise very large increases in registration costs.

g. *cost blowouts*

Workers' compensation authorities Australia wide have learnt that supposed savings from allowing injured workers to directly consult a physiotherapist, chiropractor or osteopath are illusory, largely because workers often continue to attend for such treatments even though their effects are transient. Largely to control costs, the authorities have found it necessary to limit the number of visits to an allied health care provider unless approved by a doctor, in this case usually a specialist.

Doctors presently serve a gatekeeper function with respect to workers' compensation insurance, transport accident insurance and both the Commonwealth Medical Benefits Scheme (CMBS) and the Commonwealth Pharmaceutical Benefits Scheme. The Health and Hospitals Reform Commission, which has suggested possible changes to health care following the introduction of the COAG Scheme, would do away with this gatekeeper role. However, doing so would greatly increase the overall costs of our health services and would further deflect shrinking Medicare funds from public hospitals, where they are urgently needed, to less essential, duplicated and inefficient health services out of hospital. There will be financial problems enough in health care: this is no time to waste Medicare funds!

The gatekeeper role undertaken by doctors will become increasingly important as an increasing need develops to make appropriate use of expensive diagnostic tests including new highly sophisticated imaging studies. This is not the time to "dumb down" health care services!

However, it would be wrong to think that the gatekeeper role referred to above is important only with respect to cost saving. Considering both physical and psychological factors, it is not in the best interests of patients for diagnostic tests and procedures to be inappropriately performed (unnecessary exposure to irradiation is but one consideration).

h. *increased registration costs*

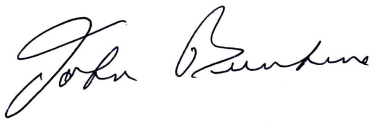
The Scheme, which would be self funding, would be much more expensive to run than the present State systems. This would be of particular concern to doctors as some registration expenses of other health professionals might be passed on to doctors. Greatly increased registration costs would need to be passed on to patients or paid by Medicare further depleting Medicare funds.

FINAL COMMENTS

At a time of economic risk and having received many serious warnings from professionals whose life's work is caring for ill people, it would not be sensible to proceed with the COAG Scheme as it presently stands. The legislation is deeply flawed: it would lower the standards of Australian health care and yet would cost governments and the community more.

Medical treatment is science based and so complex that the undergraduate education, training, postgraduate education and accreditation of doctors should be separate from that of other health care professionals. Accreditation of doctors must be removed from the Scheme and the aims of national registration of doctors should be achieved in a different way.

The Australian Association of Surgeons would be pleased to co-operate with other parties to assist the development of better health registration policies.



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