



Health Care Consumers' Association of the ACT

Submission to The Australian Senate Inquiry into
National Accreditation and Registration Scheme for Doctors
and Other Health Workers

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Health Care Consumers' Association (HCCA) of the ACT was formed over 30 years ago to provide a voice for consumers on local health issues and now provides opportunities for health care consumers in the ACT to participate in all levels of health service planning, policy development and decision making.

We welcome the opportunity to make a submission to this Senate inquiry. We have sought views from our members and drawn on that input in preparing our submission.

Comments:

In general, HCCA supports the proposals before the Senate. We are also supportive of the submission from Consumers' Health Forum Australia (CHF) to this Inquiry.

There are a few areas of the National Registration and Accreditation Scheme for Doctors and other Health Workers on which we would like to comment specifically. These are: consumer awareness, establishment of new specialties, endorsements and specific registration provisions.

Consumer Awareness

There is a need for consumers to be aware of the speciality or sub-speciality in which the practitioner is credentialed; eg general surgery, renal surgery, neurosurgery.

Establishment of New Specialties

The rationale for various boards checking with each other on the establishment of new specialties is not seen as strong and could be the subject of some turf wars. The community consultation as part of the development process is, however, supported. Consumers could play an important role in providing feedback to ensure the profession retains a consumer focus and does not become sub-speciality driven.

Endorsements

This relates to the Note in the proposed amendments and additions column of the first page of Attachment A. While accepting that endorsement is and needs to be separate from funding and employment issues, it is important that funding sources e.g. Medicare and consumers are made aware of the registration decisions and that consumers are aware of the speciality endorsements for individual specialists.

Specific Registration Provisions

This comment relates to the provisions on the penultimate page of Appendix A. On this major aspect of the proposals HCCA would like to see the following:

There needs to be transparency, consistency and careful co-ordination between what currently appear as two separate systems. The specialist registration system is granted by the Medical Colleges and relies on the education and training undertaken at a requisite level by the practitioner. The second system is the clinical privileges system which is managed through employers, particularly State and Territory health authorities. Clinical privileges are awarded or removed by the employers with some level of input and advice from Registration Boards and or Medical Colleges, the level appearing to be variable. The two systems appear not to talk to each other.

The lack of consistency between these two systems was apparent in the report of the Victorian Ombudsman *Report of an investigation into issues at Bayside Health*, October 2008, a report that dealt in large part with the professional behaviour of Professor Crossmann at the Alfred Hospital in Melbourne.

The issue of consumers being able to access information on the range or limitations of a specialist's clinical credentials is important. It is also important that the employer is able to access the same information. There needs to be a seamless transfer of information between Boards, employers and consumers.