

Senate Inquiry into National Registration & Accreditation Scheme for Doctors and Other Health Workers

Submitted by
**Australian Association of Medical
Surgical Assistants**

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1. The Australian Association of Medical Surgical Assistants (AAMSA) represents medical practitioners who engage in surgical assisting and are termed Medical Surgical Assistants (MSAs).
2. AAMSA expresses its deep concerns with the COAG's current proposed model for a national medical registration system.
3. AAMSA maintains that the COAG is essentially proposing a UK style National Health System, where a central bureaucracy will determine not only registration of all health professionals, but accreditation, training and the very roles each profession is allowed to perform.
4. AAMSA believes the process of de-constructing Australian medical standards will adversely affect patient care.
5. The medical surgical assistant provides the patient with the benefit of a doctor who is comprehensively trained in whole body systems and hence has an understanding of the implications (often unrecognisable to the untrained) of actions and reactions before, during and after procedures.
6. AAMSA members would oppose any attempt to force them out of their current roles and conscript them into other areas of the medical workforce.
7. AAMSA recognises that generations of Australians have worked hard to improve Australian medical standards to the point where Australia is one of the safest places to have surgery. Recent estimates by the World Health Organisation on maternal mortality rate a lifetime risk of maternal death as 1 in 13,300 in Australia, 1 in 5,900 in New Zealand, 1 in 8,200 in the United Kingdom and 1 in 4,800 in the United States.
Ref: Maternal Mortality in 2005, World Health organisation 2007, ISBN 9789241596213, Annex 3
8. AAMSA supports the statement by the Productivity Commission,

“Australia’s health system has many strengths. Overall the health outcomes compare quite favourably with those in other developed countries. For example, Australians have among the highest life expectancies in the world - including when ‘disability adjusted’ for years of ‘good health’. Yet total spending on health care as a percentage of GDP and per capita is not overly high by advanced OECD country standards (AIHW 2004a)”.

Ref: Australia’s Health Workforce, Productivity Commission Research Report, p.1, 22 Dec 2005

9. AAMSA also refutes claims that a central bureaucracy manipulating the workforce, as proposed by COAG (national workforce agency), will be able to alleviate claimed shortages of health workforce. There is no evidence to support this claim.
10. AAMSA maintains that previous experience of government intervention into health workforce issues provides clear evidence of an inability of agencies to accurately predict future workforce needs. The Productivity Commission has acknowledged this in its own report warning of the dangers of relying on forecasting,

“of course attempting to predict the future is fraught with danger. While broad trends can be identified the ways in which these trends will interact and play out are often unclear”

Ref: Australia’s Health Workforce, Productivity Commission Research Report, p.11, 22 Dec 2005.

“Identifying shortages in workforce supply is not straight forward, especially given the difficulty in establishing underlying health care demand and an appropriate level of workforce response, and the extensive involvement of governments in delivering or otherwise influencing the level of demand”

Ref: Australia’s Health Workforce, Productivity Commission Research Report, p.11, 22 Dec 2005.

11. In summary, AAMSA calls on all parliamentarians to critically examine claims by health bureaucrats and central planners that the creation of bigger government agencies controlled by COAG (the costs of which will be eventually be passed on to patients) will enhance Australia’s health care workforce.
12. AAMSA believes a more sensible path would be to support a national computer based register of medical practitioners and leave the remaining state apparatus in tact.
13. AAMSA does not oppose harmonisation of criteria for registration where states believe it is beneficial (although the benefits have not been clearly defined).

Conclusion

The Australian medical profession is diverse and complex because medical treatment is diverse and complex. Attempts to achieve mindless uniformity and to impose a ‘one size fits all’ model will not of themselves prove to be beneficial particularly when such a process seeks to blur the traditional roles of medical practitioners and other health professionals.