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**Submission on  
Health Practitioner Regulation National Law –Exposure draft  
released 12 June 2009 “Bill- B”**

By

**South Australian Salaried Medical Officers Association**

17 July 2009

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President

**Introduction:**

The South Australian Salaried Medical Officers Association (SASMOA) is the association registered under the SA Fair Work Act to represent salaried doctors in South Australia. Members of SASMOA are also members of the Australian Salaried Medical Officers Federation (ASMOF) which represents salaried doctors federally.

**Workforce issues are linked to accreditation standards:  
Clause 10 Ministerial Council Policy Directions (clause 10 (3) (d) and  
clause 10 (4))**

Clause 10 of the exposure draft allows the Ministerial Council to issue directions to the National Medical Board “*relating to a particular accreditation standard, only if, in the council’s opinion, the accreditation standard will have a substantive and negative impact on the recruitment or supply of health practitioners to the workforce*”.

This allows a political and medically unqualified body to direct accreditation standards based on workforce shortages and recruitment problems. SASMOA rejects this on the basis that it is not protecting the public to allow less qualified doctors to work in a speciality simply to address workforce shortages.

Workforce issues should never be part of determining accreditation standards. To allow this will allow a lessening of accreditation standards with a progressive fall in the standard of care delivered to the public.

SASMOA also notes that the document ‘Guide to the exposure draft of the Health Practitioner Regulation National Law 2009’ is misleading on this issue as it states:

“The Ministerial Council will have powers to act, for instance, where it believes that **changes** to accreditation standard, including changes to clinical

placement hours or workplace and work practice, would have a significantly negative effect (refer clause 10)”

This statement falsely implies that it is only changes to accreditation standards where the Ministerial Council can act and only where the standard will have a negative effect, implying a lessening of a standard.

The reality of the exposure draft of the legislation is that the only time the council can act is if the council believes any accreditation standard at any time has a substantive and negative impact only on the recruitment or supply of health practitioners to the workforce.

From this it is clear that accreditation functions are not independent of government as is claimed.

It is of concern to SASMOA that the legislation is being falsely represented in guidance documents on the legislation in this way.

Thank you for the opportunity to comment on this legislation

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