



The Medical Council of Tasmania

Our ref: MJHH:ama:1874:08 (NRAS)

10 September 2008

Ms Bronwyn Nardi
Chair, Practitioner Regulation Subcommittee
Of the Health Workforce Principal Committee

(Via email: NRAIP@dhs.vic.gov.au)

Dear Ms Nardi,

Medical Council of Tasmania – First invitation to make a submission – National Registration and Accreditation Scheme for Health Professions

Further to your email and associated letter dated 13 August 2008 and our subsequent correspondence to Dr Louise Morauta's office dated 5 September 2008 confirming an extension to make a submission by Wednesday, 8 September 2008, I now provide the Medical Council of Tasmania's submission on the document entitled "*Consultation paper on Issues Supplementary to the Intergovernmental Agreement on a National Registration and Accreditation Scheme for the health professions to be included in the first bill*".

Firstly, it is noted that the consultation paper makes reference to issues that are supplementary to the Intergovernmental Agreement ('IGA'). Given that the consultation paper omits some of the primary functions of at least one of the various groups outlined in the IGA, it is not clear whether the functions outlined in the IGA will automatically be covered in Bill A or whether it is necessary to point out those omissions. On that basis, we consider that we should point out those omissions as they arise.

We have used the same numbering system as that shown in the consultation paper.

1. Objects or purposes of the Act and commencement

1.1 Objects or purposes

The initial aim was to have national consistency in regulation and the ability for medical practitioners to move freely across State and Territory boundaries.

The aim now seems to be primarily work force, as evidenced by the term "workforce" in the titles of the Ministerial Council and Advisory Council and objectives 5.3 (e) and 5.4 (c).

2. Australian Health Workforce Ministerial Council

It is hoped that members of this Council have some knowledge of regulation and accreditation.

2.1 Publication of decisions

It is stated that the interventions will be transparent. Does this mean that an individual has to regularly access the Ministerial Council website to find out what is going on?

Also, the Annual Report only provides information up to 12 months “after” something has occurred.

3. Australian Health Workforce Advisory Council

It is hoped that members of the Advisory Council have knowledge of regulation and accreditation.

Appointments should be staggered to provide continuity of membership and to avoid a loss of all corporate knowledge at one time.

How will advice provided be public and transparent? What is the proposed publication strategy?

3.8 Reporting requirements

We regard what is proposed with the Ministerial Council having the capacity to make directions concerning the matters to be reported as potential control and censorship.

4.2 Terms of office – length of appointments, sitting fees and allowances

We consider that appointments should be staggered for the same reasons outlined above at 3.

In relation to the appointments to the Agency Management Committee, it is assumed that there will be provisions to allow a member to serve a further (or more) three-year term(s). What is the proposed maximum?

5. National Boards

The Council is concerned with the prospect of the National Board overseeing regulation and accreditation functions, including individual registration and accreditation decisions.

It is noted that the IGA (at 1.25 (g) and (h) of Attachment A) includes the functions of the National Board to:

- *“...oversee the receipt and investigation of complaints about registered practitioners and the determination of matters following investigation,*

including referral of serious matters for hearing by the relevant external tribunal;

- *“...oversee disciplinary processes in relation to less serious matters, including the conduct of disciplinary hearings and settlement of matters by consent and determine less serious disciplinary matters relating to individual practitioners;*
- *“...oversee the management of impaired registrants, including the monitoring of conditions and suspensions imposed through disciplinary processes...”*

However, those functions are not articulated in the Consultation Paper. Is that an omission or is it no longer the intention of the National Agency for the National Boards to oversee these very important regulatory functions? These are matters that are currently the statutory responsibility of the Medical Boards (at jurisdictional level). It is the view of the Medical Council that these functions should remain the statutory responsibility of the State and Territory “Committees of the Boards” so that such matters can be dealt with expeditiously and with professional or peer input.

5.3 Sitting fees and allowances, and length of appointment

Appointments must be staggered (for the same reasons outlined above).

If an appointment is for a period of three years, what is the maximum number of terms for a member of the National Board?

The fees must be reasonable and competitive.

5.11 Responsibility for developing accreditation standards (accreditation committee or bodies)

The Medical Council considers that this uncertainty is unjustified.

The National Boards should have the authority to establish the accreditation body or committee and that this not be assigned by the Ministerial Council.

Information Sheet 1: August 2008 – Outline of the new scheme agreed by COAG

It is noted that the Information Sheet (under the heading of “The National Boards”) continues to omit the very important regulatory functions of complaints investigation, hearing of less serious matters and monitoring of impairment programs. It is not clear from the consultation paper as to whether these functions will be the statutory responsibility of the National Boards; whether the National Boards will delegate those responsibilities to the Committees of the Boards; or whether they will become the statutory responsibility of the Committees of the Boards (in their own right). Clarification on this point is sought.

Transition provisions

The Medical Council considers it an imperative that sound human resource strategies are in place as soon as practicable. Notwithstanding that the Consultation Paper indicates that “...*first consideration will be given to existing registration boards staff to operate the State and Territory offices of the new agency; ...*” the ongoing uncertainty has had a negative effect on the ability to retain staff and recruit new staff.

It is noted that all existing members of State and Territory registration Boards (and supporting hearing panels), will (if they agree) be appointed to a list of persons from which National Boards may appoint Committees for a period of two years. Similar to the problems faced with the retention and recruitment of Board secretariat staff, it has become apparent in recent months that the ongoing regulatory uncertainty has had a negative effect on the appointment of medical practitioners to the Medical Council when vacancies have arisen. Notwithstanding that a notional honorarium is paid for Board membership, much pro-bono work has been undertaken by members of the Medical Boards in the past. With the very strong perception among the medical profession of a dramatic move away from a self-regulation model of governance to a very hierarchical and bureaucratic model of governance, the members of medical profession are more reluctant to give of their very limited time to Medical Boards. In the Medical Council’s view, this trend will increase.

In the current environment where the Medical Council is fully self-funded, in that it derives no income from the State or Commonwealth Governments, the Medical Council remains very concerned at the expected dramatic increase in registration fees for medical practitioners in order for the NRAS to become a self-funded scheme.

Commitment to consultation

The Medical Council strongly encourages NRAIP to openly engage in consultation with the Medical Boards and the medical profession. It is imperative that protection of the public remains the primary statutory function of all of the health professional regulatory Boards and that regulatory decisions are not driven by workforce issues.

The Medical Council of Tasmania thanks you for the opportunity to make this submission.

If you have any queries, please contact the Registrar Mrs Annette McLean-Aherne by telephone on 03.6233.5499, by facsimile on 03.6233.7986 or by email (registrar@medicalcounciltas.com.au).

Yours sincerely,



Dr Mike Hodgson AM
President