

Medical Services Committee

Established under the Health Administration Act 1982

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National Registration and Accreditation Scheme for the Health Professions

Other matters for inclusion in Bill B :- Submission

The Medical Services Committee has considered the consultation paper and provides the following advice.

From progressive experience, gathered over many years, it is recommended that the composition of a National Medical Board should be defined in the legislation.

The legislation should provide for there to be nominees from individual organisations and groups of organisations, including -- the Australian Medical Association, learned colleges, the University medical schools.

There should also be provision for appointment of: --

a barrister or a solicitor

a medical practitioner who is an employee of the Department of Health, such as the Chief Health Officer.

Community members, at least two of whom are conversant with the interests of patients as consumers of medical services.

Members should be appointed by the Ministerial Council and, apart from the medical officer of the Department of Health, should be nominees.

It is essential to note that nominees are not representatives of any organisation or group of organisations but are selected by those organisations or bodies as the most appropriate persons to fulfil the responsibilities of board members.

Over half of the members, but not more than two thirds, should be registered medical practitioners

The advertising of positions does not necessarily avoid nepotism nor does it ensure that the most appropriate persons are available and appointed.

3.4 Key decisions.

It should not be a function of the National Medical Board to approve or refuse to approve a course of study for registration purposes.

The standards required, the assessment, recommendations and decision relating to any course of study or training program, proposed for acceptance or review for initial registration or recognition as a specialist, should be the function of the independent accrediting body or committee.

It is not considered appropriate that a group of persons, appointed primarily because of their ability relating to registration, complaints handling and performance, health and conduct management functions, should determine the standards required for medical education and training and whether or not courses or programs should be recognised

A National Medical Board, for registration purposes, should record all current approved (accredited) medical courses of education and training.

3.5. More flexible committee arrangements.

3.5 .5. & 4.1.2 It is recommended that in the case of delegation by the National Medical Board to a State or Territory committee of all functions, apart from the power to delegate and the maintenance of the National Medical Register, the committee should be of a similar composition, by way of nomination, as the National Board, as recommended above.

5. Interaction of national scheme with other legislative schemes.

The interface between the national scheme and the legislated responsibilities of the Health Care Complaints Commission in New South Wales is not clear and requires specific definition, without any diminished role for the HCCC..

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Chairman