

Medical Services Committee

Established under the Health Administration Act 1982

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Complaints Arrangements Submission
Practitioner Regulation Subcommittee

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National Registration -- Registration

Consultation Paper

Proposed Registration Arrangements.

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

The Committee strongly supports the concept of National Registration and Accreditation for the Health Professions.

The Committee continues to have grave concerns regarding the potential for the deterioration of standards of medical care under the proposed legislation. Nowhere in the papers presently provided is there any indication of any continuing input from those educational and training facilities, the universities and the Learned Colleges that have been fundamental to the development and maintenance of high standards, of training and health care delivery, in this country that are recognised worldwide

It appears that standards, in future, will be determined by administrative edict rather than informed independent professional advice from those experienced in the teaching and training of health professionals and personally providing health care services..

There is also concern that the Health Care Complaints Commission of NSW will be reduced to an ineffectual organisation, confined to the conciliation of minor notifications (complaints).

The Committee provides comment on specific Sections and Proposals.

4.3 **Criminal history checks** -- it is considered that Option 3 provides protection to ensure that those with a criminal record do not enter a health profession and that there are appropriate mechanisms for declaration or checking at renewal of registration and during a registration period.

Proposal 5.2 . The National Board should only recognise qualifications recognised by registration authorities in another country as substantially equivalent to Australian standards on the advice of the Australian Medical Council or the equivalent for other registered health disciplines. On occasions in the past determining equivalent standards has proved to be extremely difficult.

Proposal 6.2.1 It is noted that, under the proposed constitution of State Committee, the present Constitution of the Medical Board of New South Wales could be maintained.

It is considered that that constitution should be continued to permit appropriate input from the learned colleges as well as lay persons. Although a committee of 20 members appears large this would enable the establishment of subcommittees without imposing too heavy a workload on any individual.

It is recommended that, to ensure appropriate regional input, the composition of and appointments to State Committees are determined following receipt of advice from the Minister of the State or Territory concerned.

Proposal 6.2.2. It is considered that it would not be appropriate for a person, employed by the National agency or a person engaged by the National agency to provide services to the Board, to exercise the powers of the Board in relation to an initial registration.

Proposal 6.4.1 .e. It is considered that this proposal is far too loose, in that the proceedings may have been minor and the wording "proceedings have never been finalised" implies an indefinite period of suspension.

7.3. **Non-practising registration.**

Proposals 7.3.1 and 7.3.2. It is essential that as many medical practitioners retiring from active practice maintain their registration in order that, in the event of a national emergency or disaster, such as the Newcastle earthquake, they can be called back to provide services in the public health system on a temporary basis. The proposals recommended provide no incentive whatsoever for retiring medical practitioners to maintain any form of registration. The proposal should be totally re-evaluated.

Exemption from the requirement to hold indemnity insurance along the lines originally recommended by NSW Health is strongly supported. There is no evidence that retired medical practitioners, providing limited gratuitous service, provide any risk to the public or any other individual.

7.4 **Student registration.**

Proposal 7.4.1 Particularly for the medical profession and those professions where students have, or will have, patient contact, it is considered important that registration should be mandatory at the point of enrolment and for the duration of their course. Option 3 is preferred.

8.4. **Optometry practice restrictions.** Proposals 8 .4 .1 and 8.4.2 are supported.

8.5 **Restrictions on spinal manipulation.** It is strongly recommended that spinal manipulation be restricted to registered chiropractors, osteopaths, physiotherapist and medical practitioners. There are a number of risks to patients associated with spinal manipulation including spinal cord and nerve root injury. It is considered that it is most important for those

performing spinal manipulation to have an understanding of the anatomy of the area and possible underlying pathological processes in order that conditions requiring definitive treatment are appropriately diagnosed and treated. Protracted treatment, spinal manipulation, by untrained persons could seriously impair recovery and this would be almost impossible to quantify.

9.2 **Continuing competence requirements.** It must be clearly understood that continuing professional development is an important aspect of ongoing postgraduate training, it does not, however, provide any indication of competence to practice.

9.4.3. b. The requirement to report any medical negligence claim within 30 days should be deleted or made much more specific, as the claim could be vindictive or of very minor degree.

10.1 All recognised specialist qualifications should be endorsed on the registration of a suitably qualified practitioner

Particular Specialist endorsements should initially be approved by the AMC or an equivalent independent body and individual overseas qualifications should be individually assessed.

Proposal 10.1.3. The title "medical specialist" is considered to be too restrictive for the various specialties of medical practice.

Proposals 11.2.4 and 11.2.5 It is considered essential that there be a requirement for registrants to notify a change of contact address and practice addresses. It is noted that for medical practitioners a separate Provider number is required for each practice site. Special consideration will have to be given to those providing medical advice or managing treatment by means of tele-medicine .

11.3.1. It is considered important that there be a grace period of three months following expiry of registration, during which a practitioner is "deemed" to be registered.

11.4.1. It is considered that there should be provision to allow a practitioner's name to be restored to the register if they reapply within a period of two years following a lapse of registration. Particularly for women who withdraw from practice to raise a family there should be some degree of flexibility to encourage these important practitioners to return to the medical workforce.

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Chairman