

**REGISTRATION ARRANGEMENTS SUBMISSION,
ATTENTION: PRACTITIONER REGULATION SUBCOMMITTEE
HEALTH WORKFORCE PRINCIPAL COMMITTEE
AUSTRALIAN HEALTH MINISTERS' ADVISORY COUNCIL**

Re: the Medical Board of Australia

Under the proposed scheme a national board is accorded great powers some of which I believe threaten the quality of patient care.

The COAG ministers must have been apprehensive about the shortage of doctors nationwide, especially in certain groups as GPs, residential medical officers and doctors in the bush. If the ministers wish to alleviate this problem I submit they should take a long term view and aim to assist the universities and clinical schools with more resources to train more undergraduates from the start. There is no shortage of first class applicants to the faculties of medicine. To continue to maintain the high standards of medical practice we expect in Australia the seats of learning should have unfettered powers in this area independent of political control. Likewise the Colleges (National) should be the Accreditation bodies for qualification of medical specialists independent of government control.

Re: Non-Practicing Medical Practitioners

That said (above) if the scheme is introduced regardless I seek one special alteration to the proposal outlined which should call for no objection:

In the A.C.T. under the A.C.T. Medical Board a non-practicing doctor is not restricted in scope to the extent proposed in the Consultation Paper (7.3.2). In the last three years A.C.T. doctors designated as "non-practicing registrants" have been able to consult, as patients, with a GP and contribute to the diagnosis and management of their case in the process. The A.C.T. Medical Board has arranged periodic lectures to assist this group and encourages other professional studies which further update their knowledge and understanding of relevant conditions in particular as these apply to the prescribing of therapeutic substances. Under schedule 2 b, section 12.2 of the Health Professionals Regulation 2004 the Board may register the person on the condition that they must practice medicine as follows:

- (2) *b the person may prescribe a therapeutic substance if*
 - (i) *the prescription renews a prescription given by an unrestricted medical practitioner within 6 months before the day the prescription is written; and*
 - (ii) *the person undertook professional education in relation to prescribing therapeutic substances in the year before the day the prescription is written; and*
- (2) *c the person may also prescribe a therapeutic substance if*
 - (i) *the prescription is for a patient who requires emergency or temporary medical relief until the patient can be seen by another unrestricted medical practitioner; and*
 - (ii) *the person undertook professional education in relation to prescribing therapeutic substances in the year before the day the prescription is written.*

Allowing renewal of a script initiated in this way by a fully registered doctor of an ongoing medication obviates the need for the doctor patient to make a trip to the GP every time a script runs out within the following six months, a great time saver, especially as so often applies in the elderly, multiple scripts are required which expire under the PBS at different intervals. It also saves time for the GP.

Allowing for the non-practicing registrant to prescribe in an emergency when no fully registered doctor is available is clearly a valuable safety measure. In the Consultation Paper under “Principles and Approach” Proposal 2.1 (d) it states that the registration provisions (should) be framed in such a way that is the least restrictive law necessary to achieve the policy objectives, and includes legislative restrictions on practice only where the benefits to the community as a whole outweigh the costs. I submit that permitting these powers to non-practicing doctors in the A.C.T. confers no cost to the community. Slamming this A.C.T. scheme, now in its third year and well supported, can confer no benefit on the community. Why not permit such to be developed nationwide?

Helen B Wiles

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