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National Registration and Accreditation Scheme Review Implementation Project

NRAS Review Implementation Project Secretariat
Workforce Regulation
Health and Human Services Workforce Branch
Department of Health and Human Services

Health Practitioner Regulation National Law Amendment proposal 2017

The AMA supports the National Registration and Accreditation Scheme for the Health Professions (the scheme) in so far as it delivers:

- nationally consistent arrangements that ensure medical practitioners who are qualified and safe can work anywhere in Australia through a single application process and registration fee;
- independent accreditation of medical education and training that meets international guidelines;
- medical practice registration standards set by the Medical Board, with clear jurisdiction over all health care provided by medical practitioners; and
- a notification process for the Medical Board to receive, consider and determine concerns about the health, performance or conduct of individual medical practitioners where there is a risk of harm to the public, which is efficient and affords due process to the medical practitioner under review.

The AMA is generally supportive of the proposed set of amendments. However there are two issues of concern and these are discussed below.

Enabling Community Members to be appointed as Chairpersons of National Boards.

This amendment would allow the Ministerial Council to appoint either a practitioner member or a community member of a National Board as Chairperson.

The chair is a very influential and challenging position. This person needs to be able to consider complicated matters that require a detailed understanding of the medical profession. As you may be aware when the Queensland Government reconstituted the State Medical Board in 2014 it appointed a chair from a different profession. This created consternation and significant loss of

confidence in the work of the Board among Queensland medical practitioners. The AMA argues strongly that it is essential that the Chair of the Medical Board of Australia remains a medical practitioner. The AMA will vigorously oppose a non-medical practitioner Chair being considered for such a crucial appointment.

Power for the National Board to seek 'practice information' regardless of the manner of engagement.

This amendment will allow a Board to be able to require the practitioner to notify all places of remunerated and voluntary practice (e.g. contracts, partnerships, service company arrangements) of any conduct or performance action against that practitioner. The AMA agrees with the general principle that if a practitioner has conditions placed on them and their practice in Hospital A, that the patients in Hospital B are afforded similar and appropriate protection.

However, if these provisions are read too broadly there is a risk of unintended consequences. The AMA notes that whilst this does exclude home visits, there is the potential for a practitioner to be required to notify all of the staff specialists at a hospital clinic if the practitioner had rooms in the hospital. Alternatively, a practitioner who uses rooms in a practice, but has no association with that practice, may be required to notify all other practitioners who use those rooms.

It has been raised with the AMA that some of the medical boards have a natural tendency to apply provisions in a far-reaching manner. There are circumstances where the board has ordered extraordinarily onerous arrangements for practitioners who have made an error, such that they can't realistically practice. It is important that these provisions are not used in a similar manner, as this is not their intent.

The AMA supports the intent of these amendments and understands that in certain circumstances the board and a practitioner place of practice needs to be aware of performance action taken against that practitioner, however there needs to be sensible limits and safeguards to ensure that they are applied in a judicious manner.

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