

Healthy Profession. Healthy Australia.

24th June, 2013

The Research Director Health & Community Services Committee Parliament House Sent via email to: <u>hcsc@parliament.qld.gov.au</u>

Dear Director,

RE: Submission on the Health Ombudsman Bill (2013)

The Queensland Faculty of the Royal Australian College of General Practitioners (RACGP Qld Faculty) wishes to draw your attention to the submission made by the AMA Queensland in relation to the Health Ombudsman Bill (2013), and convey our unqualified support for this submission.

Further, the RACGP Qld Faculty wishes to re-iterate the following points in relation to the Health Ombudsman Bill (2013):

- The Bill entrusts the role of the Ombudsman with the primary duty to oversee and investigate all aspects of health care complaints, rather than being an avenue of last resort for justice. This will create a co-regulatory model with potential for duplication, confusion and imbalance of accountability between the two regulators.
- Rather than diminishing confusion for health consumers and practitioners, such a model will add to the complexity of the health complaints process.
- The Bill contains an inherent bias towards dealing with complaints against individual practitioners, rather than larger health entities such as Queensland Health.
- The Bill creates a significant conflict of interest between Government and the State Health Department.
- The Ombudsman model described in the Bill undermines the national registration and regulatory model, which was designed to standardize regulation and registration of medical practitioners across Australia.



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The RACGP Qld Faculty does envisage potential for a Health Ombudsman who has the power to independently assess complaints from patients and health consumers once a complaint has been dealt with under AHPRA's regulatory framework. Similarly, such an Ombudsman could also provide an avenue of appeal from a practitioner who feels aggrieved by any outcome of the AHPRA process. However, establishing an additional layer of regulation that serves to undermine the national scheme is a regressive and retrograde step for patients and practitioners in Queensland.

In addition to these comments, and on behalf of the RACGP Qld Faculty Board, I commend the detailed submission made by the AMA Queensland on the Health Ombudsman Bill (2013) to the Health and Community Services Committee.

Yours sincerely,



Dr Eleanor Chew MBBS, FRACGP, MMED(GP), GAICD

Chair

RACGP Queensland Faculty