



HEALTH AND ENVIRONMENT COMMITTEE

Members present:

Mr AD Harper MP—Chair
Mr R Molhoek MP
Mr SSJ Andrew MP (virtual)
Ms AB King MP
Ms JE Pease MP

Staff present:

Ms R Easten—Committee Secretary
Ms R Duncan—Assistant Committee Secretary

PUBLIC BRIEFING—INQUIRY INTO THE HEALTH PRACTITIONER REGULATION NATIONAL LAW (SURGEONS) AMENDMENT BILL 2023

TRANSCRIPT OF PROCEEDINGS

Wednesday, 3 May 2023

Brisbane

WEDNESDAY, 3 MAY 2023

The committee met at 1.32 pm.

CHAIR: Good afternoon. I declare open this public briefing for the inquiry into Health Practitioner Regulation National Law (Surgeons) Amendment Bill 2023. My name is Aaron Harper, chair of the committee and member for Thuringowa. I would like start by respectfully acknowledging the traditional custodians of the land on which we meet today and pay our respects to elders past and present. We are very fortunate to live in a country with two of the oldest continuing cultures in Aboriginal and Torres Strait Islander people, whose lands, winds and waters we all share. With me here today are: Rob Molhoek, member for Southport and deputy chair; Joan Pease, member for Lytton; and Ali King, member for Pumicestone; and joining us on the phone is Stephen Andrew, member for Mirani.

On 20 April 2023, the Hon. Yvette D'Ath, Minister for Health and Ambulance Services, introduced the Health Practitioner Regulation National Law (Surgeons) Amendment Bill 2023 into the Queensland parliament and referred it to this committee for detailed consideration and report. The briefing today by representatives from Queensland Health is to explain the policy objectives and key provisions of the bill. This briefing is a proceeding of the Queensland parliament and is subject to the parliament's standing rules and orders. Witnesses are not required to give evidence under oath, but intentionally misleading the committee is a serious offence. The proceedings are being recorded and broadcast live on the parliament's website. I remind committee members that officers are here to provide factual or technical information. Questions seeking an opinion about policy should be directed to the minister or left to debate on the floor of the House.

MAHLER, Mr Karson, Director, Legislative Policy Unit, Strategy, Policy and Reform Division, Queensland Health

SLAPE, Ms Kirsten, Manager, Legislative Policy Unit, Strategy, Policy and Reform Division, Queensland Health

CHAIR: Thank you both for being here. Would you like to make an opening statement and then we will move to some questions?

Mr Mahler: Thank you for the opportunity to brief you on the Health Practitioner Regulation National Law (Surgeons) Amendment Bill 2023. I would also like to start by acknowledging the traditional custodians of the land on which we are meeting today and pay our respects to elders past, present and emerging.

The bill amends the Health Practitioner Regulation National Law to protect the title 'surgeon' within the medical profession. These amendments respond to recent reviews into the regulation of cosmetic surgery in Australia. A consistent theme of those reviews is that the way in which the title 'surgeon' is currently regulated is out of step with how patients and the general public understand that term. Protecting the title 'surgeon' will ensure that doctors who use that title, including cosmetic surgeons, have the degree of advanced surgical training and qualifications that health consumers have come to assume and should reasonably be able to expect. In addition to protecting the title 'surgeon', the bill also makes some minor amendments to the national law to clarify the decision-making authority of tribunals after hearing a matter about a registered health practitioner.

These national law amendments were approved by the health ministers of all states and territories and the Commonwealth on 24 February 2023. As Queensland is the host jurisdiction for the national law, the amendments must be progressed through the Queensland parliament. As the bill has a relatively narrow focus, I will just spend a few minutes outlining the provisions and policy drivers for the bill. Then we would be very happy to take any questions that the committee may have.

By way of an overview, the national law protects the public in part through a system of title protections. The national law contains a list of protected titles, and only individuals who are registered in a particular profession can use the titles associated with that profession. The national law similarly protects titles associated with approved specialties within the health profession, so only persons who are registered in a profession and in a particular specialty can use the specialist titles that are

protected under the national law. The protection of titles protects patients from misleading or deceptive claims by practitioners and other persons. It provides patients with a level of comfort that their practitioner has the qualifications and training that is reasonably expected of someone using a professional or a specialist title.

As I mentioned earlier, recent reviews into the regulation of cosmetic surgery in Australia demonstrate the need to strengthen title protections under the national law specifically by extending these protections to the use of the title 'surgeon'. Currently, any registered medical practitioner, of which there are over 130,000 across Australia, may refer to themselves as a surgeon, even if they are not registered in a surgical specialty and have not completed any significant postgraduate training in surgery. This is because the national law does not protect 'surgeon' as a standalone title. Rather, it is protected only when used to refer to an approved specialist title such as a 'specialist general surgeon' or a 'specialist cardiologist'.

The diversity of qualifications of those calling themselves a surgeon has caused confusion for patients and the public. This confusion is particularly evident in relation to cosmetic surgery. The bill protects the use of the title 'surgeon' within the medical profession by ensuring that only those medical practitioners with significant surgical training can use the title or hold themselves out as a surgeon.

The bill makes it an offence for a medical practitioner who is not a member of a defined surgical class to knowingly or recklessly use the title 'surgeon' or to otherwise hold themselves out as being a surgeon. The bill also makes it an offence for an employer or other person who is not a medical practitioner to knowingly or recklessly use the title 'surgeon' in relation to a medical practitioner or to hold that medical practitioner out as being a surgeon when they are not.

The new offences are indictable and carry a maximum penalty of \$60,000 or three years imprisonment for an individual or \$120,000 for a body corporate. These are the same penalties that apply for similar offences under the national law in relation to the misuse of professional and specialist titles. The title offences will apply whether the word 'surgeon' is used alone or in combination with other words. This means that the titles such as 'cosmetic surgeon' or 'aesthetic surgeon' will also be protected.

The bill sets out the initial classes of medical practitioners who will be entitled to use the title 'surgeon'. These are medical practitioners holding registration in any of three recognised medical specialties—surgery, obstetrics and gynaecology, and ophthalmology. To be registered in those three specialties, a medical practitioner is required to have successfully undertaken significant accredited specialist surgical training. Complex surgeries are also often within the normal scope of practice for those specialists. That is why they are in the initial classes of surgeons prescribed by the bill.

The bill will also allow medical practitioners to use the title 'surgeon' if health ministers approve another specialist title in the future that contains that word. The bill will allow health ministers to prescribe additional classes by regulation. In prescribing any additional classes of surgeons under the national law, Australian health ministers must have regard to advice of the Medical Board, if it is provided, and the surgical training required to be a member of the class.

The bill will not restrict use of the title 'surgeon' by practitioners registered in health professions other than the medical profession—for example, dentistry. In general, use of the title 'surgeon' by a non-medical practitioner is already prohibited by other sections of the national law. However, there are some circumstances in which it is lawful for a non-medical practitioner to use the title 'surgeon'. For example, registered podiatrists who hold specialist registration in podiatric surgery are entitled to refer to themselves as 'podiatric surgeons'. Similarly, the title 'oral surgeon' is approved by use by members of the dental profession who hold specialist registration in that field. The bill will not prevent these accepted uses of the title.

Separate from the title protection reforms, the bill makes minor amendments to clarify tribunal decision-making under the national law. Section 196 of the national law sets out the decisions that a tribunal may make after hearing a matter about a registered health practitioner. A possible decision includes cancelling the practitioner's registration. If a tribunal decides to cancel a practitioner's registration under section 196, that section allows the tribunal to disqualify the practitioner from applying for re-registration for a period of time or to prohibit or restrict the practitioner from providing certain health services or from using a title or a specified title.

A review of decisions applying this section of the national law reveals that tribunals in different jurisdictions have interpreted the provision differently, with some finding that a tribunal may only impose one remedy and not the other. The bill will clarify that the powers of the tribunal are not mutually exclusive and that a practitioner may be prohibited from both using a title and providing health services.

I will leave it there. In summary, the bill aims to lessen confusion around use of the title 'surgeon' by medical practitioners to allow people to make more informed choices about their health care and as part of a wider range of reforms to strengthen the regulation of cosmetic surgery in Australia. Thank you for the opportunity to address the committee and we would be pleased to take questions.

CHAIR: Thank you very much, Mr Mahler. I totally understand that the core of this is patient safety. It is not the first time we have dealt with protection of title. A former iteration of this committee dealt with paramedic registration. There was protection of title involved there and it was all about patient safety. Can you take me through the consultation process? Was there anybody who disagreed with the protection of title?

Mr Mahler: These reforms are really rooted in two consultation processes. There was a national regulatory impact statement process. That was an extensive process conducted towards the end of 2001 by the state of Victoria on behalf of all jurisdictions at the request of health ministers.

Ms KING: 2001 or 2021?

Mr Mahler: 2021, sorry.

Ms KING: Conducted by Victoria, did you say?

Mr Mahler: Yes, by the Victorian Department of Health at the request of health ministers. That consultation process explored both title protection and other measures to strengthen regulation of cosmetic surgery in Australia. It was a fairly extensive process, with many submissions from a wide range of different stakeholders—professional bodies, legal organisations, indemnity insurers and consumer groups. We can provide information about the composition of that consultation process.

The other major source of consultation for these reforms was an independent review conducted by the Australian Health Practitioner Regulation Agency and the Australian Medical Board, led by the former Queensland health ombudsman, Andrew Brown, into practitioners providing cosmetic procedures. That review made a suite of recommendations. It did not specifically address title protection; however, that was because title protection was at the same time subject to the regulatory impact statement process. However, many of the recommendations coming out of that independent review dovetailed with the title protection reforms in the bill.

Ms KING: What did you say that review was?

Mr Mahler: I will get the formal name for you.

Ms Slape: It was the Independent review of the regulation of medical practitioners who perform cosmetic surgery. It was commissioned by the Australian Health Practitioner Regulation Authority and the Medical Board of Australia.

CHAIR: Can we get a copy of that review, just to inform us of those other recommendations, please?

Mr Mahler: Absolutely. We are happy to provide that.

CHAIR: In terms of people who may have disagreed with the scope of title restriction—

Mr Mahler: Yes, I am just finding some information for you. I should mention that there was additional targeted consultation conducted on the legislative proposals before they were approved by health ministers. In February 2023 the Australian government undertook targeted consultation on these reforms which included consultation on the classes of medical practitioners who would be able to use the title 'surgeon'.

Several stakeholders supported the scope of the title protections including: the Royal Australian College of General Practitioners, the Royal Australasian College of Surgeons, the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, the Royal Australian and New Zealand College of Ophthalmologists, the Australasian College of Dermatologists, the Australasian Society of Aesthetic Plastic Surgeons, the Australian Society of Plastic Surgeons and the Cosmetic Physicians College of Australasia.

There were some stakeholders that did raise concerns. The Australian College of Rural and Remote Medicine advocated for the surgical training in their fellowship program to be considered sufficient to be included within the surgical class under the bill. Although that fellowship is not included in the initial scope, the amendments in the bill have been drafted to minimise the impact on the provision of rural medicine. The Australian Orthopaedic Association provided feedback that these restrictions should also apply to use of the title 'surgeon' by podiatrists. The Australian Medical Association provided similar feedback along those lines.

Ms PEASE: Sorry, just to clarify—the doctors wanted to carve out the podiatrists?

Mr Mahler: Wanted to exclude the podiatrists from being able to use the title ‘surgeon’.

Ms KING: And the AMA agreed with that?

Mr Mahler: That is correct. The Australasian College of Cosmetic Surgery and Medicine provided feedback that title protection is unnecessary and that non-legislative reforms, for example to establish an area of practice endorsement in cosmetic surgery, would be sufficient to address the public safety concerns. Health ministers obviously disagreed with that.

Ms KING: Did they?

Mr Mahler: They did.

Ms PEASE: Can I get clarification as to why they wanted the podiatrists carved out?

Mr Mahler: I do not want to speak for the Australian Medical Association—

Ms PEASE: No, but what was in their submission? Oh, you do not have it.

Ms KING: Rather than that, can we ask why it was felt that that was appropriate?

Mr Mahler: I believe the arguments being made were around podiatrists having less training than other types of surgeons. I am not sure the exact number of years training they have, but it is significantly less than, for example, a RACS trained surgeon. Health ministers made a very clear decision to limit this bill to the medical profession. That is really where the confusion is. Consumers are not confused about the qualifications generally of a podiatric surgeon, or at least that is the rationale the health ministers have approached this with. It is really medical doctors who are calling themselves surgeons where the public has a reasonable expectation that that person must have very advanced qualifications in surgery, so where the use of the title is most misleading. I should maybe mention as well that there are really only three titles outside of medicine where the term ‘surgeon’ is used. It is an oral surgeon, a podiatric surgeon and a dental surgeon, which is not even a recognised title; it is more of a historical legacy kind of title that some dentists still use today.

Ms Slape: It might also be helpful to note in terms of numbers that there are 44 specialist podiatric surgeons across Australia. Only one of those is in Queensland.

CHAIR: Deputy Chair?

Mr MOLHOEK: I do not really have any questions. My only sense is that the legislation perhaps does not go far enough in terms of dealing with issues around cosmetic surgery and other interesting claims and practices of the sector. That is not what this bill is about, so I cannot really go there. It is really just about who gets to be called a surgeon and who should or should not be called a surgeon.

CHAIR: My question relates to the online advertising of people who claim to be surgeons. How will this bill impact that difficult area when people are searching for a cosmetic surgeon? How will the bill help?

Mr Mahler: The bill will not directly regulate online advertising or advertising in any way, other than, obviously, a person’s ability to hold themselves out as a surgeon. If someone were advertising online as a cosmetic surgeon, that would be a breach of the title protections. It is important to keep in mind that this is only one part of a suite of measures that Australian health ministers have approved and that Ahpra, as the regulator, is taking to strengthen regulation of cosmetic surgery.

Ahpra has recently revised its advertising guidelines to make clear that certain types of online advertising claims being made about cosmetic surgery that might downplay the risks or the use of influencers and things of that nature are not acceptable. They have tightened those advertising restrictions as a direct response to the concerns being raised around cosmetic surgery and they have updated those advertising guidelines which form the basis of the professional standards that apply to practitioners when they are advertising their services. There are other reforms that touch on advertising, but the bill really is not focused in that domain.

Ms PEASE: You have talked about the different areas where people are going to be entitled to still use that. There were three—people who are actually surgeons, OB-GYNs and ophthalmology—but then there were the podiatric, dental and oral surgeons. When you talk about why they are picked up in that group, is that because they have undertaken significantly more training to become the surgeon as a specialist—so they have a speciality already and then have gone on to be a surgeon?

Mr Mahler: Essentially. I could divide it into the two categories. You have the three surgical classes in the bill—the surgeons, ophthalmologists and OB-GYN. Those are existing medical specialities within the medical profession. All three of those specialities essentially encompass what we might think of as your traditional surgeons. Ophthalmologists are surgeons. They undertake qualifications and training equivalent to surgeons in other specialities that happen to have the word

‘surgeon’ in the title. There are titles associated with ophthalmology that have ‘surgeon’ in the title—eye surgeon, for example. You can refer to yourself as an eye surgeon if you are an ophthalmologist. They have the same sort of level of advanced surgical qualifications and training; they just happen to be organised under a different speciality within the national scheme under the Medical Board standards.

Ms KING: Would it be fair to say that there is sort of no such thing as an OB-GYN who does not do surgery?

Mr Mahler: That is right.

Ms KING: Ophthalmology likewise; dental surgery likewise?

Mr Mahler: Correct. I think with the dental surgeons it is a little bit different because they are not medical practitioners. Some of that just goes to the historical terminology that is used in dentistry but, by the nature of dentistry, they are performing procedures in people’s mouths. It is within their general scope of practice to do some types of surgery. Again, there is not the same risk of confusion. I think your average person understands that a dental surgeon has a fairly limited scope and probably is not performing cosmetic surgery.

Ms PEASE: Did the dental peak body make a submission? Were they part of the stakeholder group?

Mr Mahler: Off the top of my head, I do not know if they made a submission to the RIS process, but we can look into that.

Ms PEASE: It would be interesting to know whether they have actually commented. Looking at maxillofacial surgeons as a prime example of that, can they call themselves surgeons?

Mr Mahler: They can. The oral maxillofacial surgeons are a bit of a special case. They are the only speciality that is a speciality within both the medical and the dental professions. There has been some confusion around whether they would be able to use the title ‘surgeon’, I think because of some of the communiques and public statements that have been made around this bill. To the extent that a medical practitioner has a speciality in oral and maxillofacial surgery, they would be a specialist within the field of surgery. Oral and maxillofacial surgery is just a subspecialty of surgery, so they would be treated the same as any other type of surgeon and they would be able to use the title.

Ms PEASE: For example, is it fine for them to advertise themselves—we talked about the online advertising or whatever—to say that they are conducting themselves as a general practitioner who undertakes surgery? Are they allowed to do that?

Mr Mahler: We probably would get into some fact-specific circumstances, I think, in terms of what crosses the line of holding out as a surgeon. If I am a GP and I say on my practice ‘surgeon’, that is obviously a breach of the title protections. If I have a doctors surgery, that is not going to be a breach.

Ms PEASE: For example, I could go to my GP with a lump on the back of my leg and they could say, ‘We can take that out for you, Joan,’ and perform some surgery. They can promote that they are doing that, but they are not holding themselves up as a surgeon, so they would not be penalised for that?

Mr Mahler: That is right. I do not want to speculate on hypothetical cases, but I think it is safe to say that that falls well within the safe area of doing the types of things that GPs do. The mere performing of procedures or performing surgery is not the same as holding oneself out as a surgeon. GPs routinely perform minor surgery, and nothing in this bill will restrict or prohibit that. That goes to the point about rural GPs as well. It will not restrict any of the sorts of procedures they can perform. It does not regulate procedures; it regulates use of the title. It is really about whether they are holding themselves out as a surgeon—that is, as somebody who has that advanced level of surgical training and is entitled to use that title under the law.

Ms PEASE: With the dental surgeons or oral surgeons, how long will that continue? Will that continue forever, given that it is an historical term? Dentists may only ever undertake fillings. The surgery might not ever include cutting your mouth open and pulling teeth out or whatever the surgery might be. Is there any scope into the future to remove ‘dental surgeon’, given that it is only an historical title?

Mr Mahler: In terms of the scope to do it in the future, obviously health ministers could decide to do that. I suppose they have made a judgement that it does not pose a particular risk to the public at this time. It is not something that they have actively considered restricting. They have been very clear that they will limit it to the medical profession.

Ms KING: Does the name of the bill include the word ‘cosmetic’? It doesn’t, does it?

Mr Mahler: No.

Ms KING: Are there other areas of surgical practice where holding out is considered to present a real risk? For example, do people hold out as skin cancer surgeons, which might imply an ability to put you back together again effectively afterwards when perhaps they may not have that in their training and qualification? Are there any other major areas of risk that have been identified or is it largely about the cosmetic surgery space? That is certainly the most egregious example, as I see it.

Mr Mahler: The risk this bill is responding to is really about cosmetic surgery. The reason is that it is a significant industry and it operates somewhat in the shadows in the sense that these procedures, by definition, are not medically necessary so there is very limited data about them because they do not get Medicare reimbursement and they are not performed in public hospitals. We have identified a particular cohort of people calling themselves surgeons—growing in number, large industry, a lot of money involved and—

Ms KING: Providing non-clinically necessary procedures for profit?

Mr Mahler: Providing non-clinically necessary care; correct.

CHAIR: Or plastic surgery, as they hold out to be.

Mr Mahler: Right.

Ms KING: That is a good point. What do the appropriately credentialed plastic surgeons think of this? Are they in favour?

Mr Mahler: They are supportive of title protection, as you might expect. They are supportive of the bill. There is some contention around other reforms that are happening such as the area-of-practice endorsement, which we could discuss. They have taken a position around that, but in terms of the bill itself they are supportive of title protection.

CHAIR: On those other reforms, they do include the establishment of an area-of-practice endorsement, as you say, for cosmetic surgery. The decision RIS indicates that these reforms should operate in aggregate. How long will it take to establish an area-of-practice endorsement for cosmetic surgery?

Mr Mahler: Accreditation standards have been approved. The next step is for education providers to become accredited to provide programs of study leading to an endorsement. It is a long process. I would not want to speculate as to how long it might take, but generally standing up an entire new education program, going through the accreditation process and then having cohorts of practitioners enrolled—one could expect that it will take a number of years before you would start to see people having an endorsement in cosmetic surgery.

CHAIR: If someone goes outside their scope of practice and training, who prosecutes them? Is that within the elements of this bill? Are you going to go to Ahpra?

Mr Mahler: I suppose it depends on what you mean by ‘goes outside their scope of practice and training’.

CHAIR: They do a procedure that perhaps they are not trained for.

Mr Mahler: That would probably be dealt with as a disciplinary matter under the national law, so in Queensland that could be handled by either Ahpra or OHO. You would need to look at the relevant guidelines and professional standards. Ultimately, that is a disciplinary matter that would be dealt with by one of the regulators.

CHAIR: I want to go back to the social media side of it and I will rephrase my question. Another reform proposed by the health ministers meeting in September 2022, to be implemented concurrently with the title restrictions in this bill, is to initiate a crackdown on misleading cosmetic surgery, including advertising and the use of testimonials on social media. I know you went to Ahpra before. How is the department progressing this?

Mr Mahler: In relation to the advertising restrictions, Queensland Health is not directly involved in setting advertising rules for practitioners. It really is the responsibility of the regulator. Obviously we provide input, working with Ahpra to provide the department’s perspective, and have commented on consultation drafts of those standards around advertising. Yes, that is squarely within the purview of the regulator.

CHAIR: You mentioned about Ahpra doing some more work and stopping those testimonials and advertising online. Can you provide any of that to us?

Mr Mahler: We would be happy to provide that. We can provide the updated advertising standard as well.

Mr MOLHOEK: In respect of the misuse of the title, does the department have any data on how many people they think may be misusing the title?

Mr Mahler: We do have some data. I will have a quick look at my cheat sheet. There are not a lot of prosecutions. To give you an idea, nationally, in the 2021-22 reporting period, Ahpra closed 325 criminal offence complaints in relation to title protection. Those are complaints that allege that somebody is breaching the title protection provisions. In Queensland in the period since 1 January 2020 there were six prosecutions for title protection offences in Queensland. Two of those were trials, three were pleas of guilty and one was a charge that was withdrawn due to the defendant's mental incapacity. There is currently one prosecution on foot. I suppose that says that there is a relatively small number of prosecutions for these offences in Queensland but not insignificant. The provisions are being used. Nationally, around 325 criminal offence complaints closed. Again, that is not a huge number but a significant number of serious complaints and allegations are being made.

Having reviewed a lot of these cases and the decisions of tribunals around title protection when they are prosecuted, I can say that these are some really serious cases. I think the value in the title protection scheme is that it does have a very strong deterrent effect. Ahpra is not prosecuting every single person who might misuse a title inadvertently or might make claims that perhaps are a little bit across the line. However, when it does prosecute it sends a serious message and has a deterrent effect for practitioners or for other persons who may seek to hold themselves out as something they are not.

Ms PEASE: In terms of dental surgeons being allowed to continue to use the term or the title, what sort of scope is there to ensure they are not operating outside of their scope of practice? They might be calling themselves a dental surgeon and actually performing cosmetic surgery. What protection is there for the consumer in that case?

Mr Mahler: I think that might go a little bit to the chair's question. Really, the scope of practice is quite distinct from the title. The national law generally does not codify a scope of practice. What it does is set up various boards to regulate the professions, and they set the professional standards for the boards. For dentistry there are well-established standards about a dentist's scope of practice and what types of procedures they should be performing. If they were doing something outside of their scope of practice then that would clearly be a breach of their professional standards. It could be professional misconduct if it were a serious enough deviation from the typical types of procedures that dentists perform. Those sorts of things would be prosecuted under the national law through the tribunals and the regular disciplinary processes.

Ms PEASE: I am trying to understand why, in the dental industry, doctors or surgeons have been included and they can keep the title 'surgeon'. What is the driving force behind that? Is it just historical as that is what they have always been called?

Mr Mahler: Again, it goes back to the decision of health ministers that the real risk here, in terms of misleading the public, which is ultimately the evil that this bill is trying to address, is around doctors claiming to be cosmetic surgeons. There has not been extensive, or really any, evidence that I am aware of that there is a problem with dental surgeons practising outside their scope or performing procedures that are outside their scope of practice. It just is not the focus of the bill and is not a risk, I suppose, that has been identified. There was consideration of restricting the title more broadly as part of the regulatory impact process, but that was not progressed on the basis that, really, there was not that evidence and there was not the regulatory case for the burden versus the benefit.

Ms PEASE: You mentioned a couple of organisations that made it clear that they were not supportive of podiatrists being able to use the title. Did no-one raise the issue about dentists being able to use the title 'surgeon'?

Mr Mahler: Not that not I am aware of, but we could certainly go back and have a thorough look.

Ms PEASE: I would be interested in that.

CHAIR: There being no further questions, I thank you very much for your contribution today. It has been helpful to the committee. I declare this briefing closed.

The committee adjourned at 2.10 pm.