Health Practitioner Regulation National Law (Surgeons) Amendment Bill 2023

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Australian College of Rural & Remote Medicine
WORLD LEADERS IN RURAL PRACTICE

College Submission
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Health and Environment Committee Inquiry: Health Practitioner Regulation National Law (Surgeons) Amendment Bill 2023

About the Australian College of Rural and Remote Medicine (ACRRM)

ACRRM's vision is ***the right doctors, in the right places, with the right skills, providing rural and remote people with excellent health care***. It provides a quality Fellowship program including training, professional development, and clinical practice standards; and support and advocacy services for rural doctors and the communities they serve.

ACRRM is accredited by the Australian Medical Council to set standards for the specialty of general practice. The College's programs are specifically designed to provide Fellows with the extended skills required to deliver the highest quality Rural Generalist model of care in rural and remote communities, which often experience a shortage of local specialist and allied health services.

ACRRM has more than 5000 rural doctor members including 1000 registrars, who live and work in rural, remote, and Aboriginal and Torres Strait Islander communities across Australia. Our members provide expert front line medical care in a diverse range of settings including general practices, hospitals, emergency departments, Aboriginal Medical Services, and other remote settings such as RFDS and Australian Antarctic Division.

Initial Comments

The Health Practitioner Regulation National Law (Surgeons) Amendment Bill 2023, which was introduced into the Queensland Parliament on 20 April 2023 and referred to the Health and Environment Committee for examination and report, is the final stage in a period of protracted consultation around establishing protected title of the designation "surgeon" under the National Law.

At each stage of the consultation process[i], ACRRM has categorically stated that it does not support moves to legislate to protect the title "surgeon" and has highlighted the perverse consequences likely to arise from such action.

The Bill proposes to amend the Health Practitioner Regulation National Law to:

- protect the title 'surgeon' within the medical profession to safeguard the public and strengthen the regulation of cosmetic surgery in Australia; and

- clarify the decision-making authority of tribunals after hearing a matter about a registered health practitioner.

The College remains seriously concerned that the proposed amendment (restricting the surgeon title to those holding specialist registration in three medical specialties) fails to appropriately recognise the crucial role of Rural Generalists (RGs) delivering surgical procedures.

These amendments will lead to competent and qualified practitioners in rural and remote areas, being discouraged from providing critical surgical services, and the people in these locations who already face significant barriers to accessing this care, having their access restricted even further. The new s115A of the National Law should be amended to permit medical practitioners who have completed ACRRM Advanced Specialised Training in Surgery and/or Obstetrics and Gynaecology to use the title 'surgeon'.

We are disappointed to see resource and efforts focussed on introducing new legislation which will further diminish access to care in Australia's rural and remote areas, when the people in these communities are already experiencing extreme inequity of access to primary, emergency and secondary care services.

Key Concerns

RGs are specialist general practitioners who are trained to provide context-appropriate skilled services in rural and remote areas extending across primary, secondary and emergency care to help meet the service needs of their community. RG's surgical services are typically credentialled by local hospital and health Services and for ACRRM Fellows, clinical privileges recognise that their surgical training is part of their accredited Fellowship award.

The ACRRM Fellowship (FACRRM) is an AMC accredited qualification that recognises doctors competency in the RG scope of practice. The FACRRM curricula are AMC accredited and the award provides the basis for attaining/maintaining specialist registration in general practice. FACRRM training includes a minimum 6-months hospital training and an additional one to two years of Advanced Specialised Training (AST) in one of 11 optional fields including surgery and obstetrics.

The ACRRM two-year assessed AST curriculum in Surgery is supported by the Royal Australian College of Surgeons.[ii] The ACRRM AST curriculum in Obstetrics and Gynaecology has been developed in association with the Joint Consultative Committee between ACRRM, RACGP and the Royal Australian and New Zealand College of Obstetricians and Gynaecologists.

The College considers the proposed restriction over-reaching and leading to perverse outcomes for people living in rural and remote communities. These include restricted access to services and confusion and loss of confidence in local health care facilities and medical professionals even when these doctors may have relevant training and skills.

This proposal will not prevent those practitioners of concern from continuing to perform the procedures of concern. It is inconsistent with the purported rationale behind the Consultation RIS which was to ensure that individuals who are not qualified in a particular area of practice are forbidden from 'holding themselves out' as having qualifications and skills that they do not have and to ensure that the general public could have confidence that any practitioner performing these procedures had the necessary skills and qualifications to do so with a high standard of quality and safety.

The Commonwealth and jurisdictional governments have invested substantially in the National Rural Generalist Pathway to support training of RGs to deliver services to rural people, including surgical services. The decision undermines the national validity of these programs, as well as their utility - as it discourages doctors, patients, communities, and health systems from recognising these doctors' qualified services. Rural Generalists are highly likely to practice rurally with some 80% of ACRRM

Rural Generalist Fellows based in rural areas. By contrast, 12% of Fellows of RACS live and work rurally and for five of the nine surgical specialties, less than 5% of surgeons were based outside cities.[iii]

Consequences

The perverse outcome of the Health Ministers' decision is that RGs who have completed advanced skills training in surgery and/or obstetrics in accordance with the nationally accredited ACRRM Fellowship curriculum will not be allowed to call themselves surgeons. ACRRM Fellows holding ASTs in Surgery or in Obstetrics and Gynaecology have the necessary surgical training and qualifications yet will not be entitled to refer to themselves surgeons, nor will they be able to clearly communicate their services to their patients, employers or communities.

Title restrictions will lead to competent and qualified practitioners in rural and remote areas being discouraged from providing critical surgical services, and the people in these locations who already face significant barriers to accessing this care, will have their access restricted even further.

Some examples of potential perverse outcomes include:

- The decision communicates a lack of confidence in the RG profession by governments. This is likely to contribute to a loss of confidence in the skills of these doctors by communities and health systems. It will undermine the authority of RGs to negotiate employment in rural hospitals and clinical privileging in rural towns.

- The decision is a significant discouragement to aspiring doctors to pursue rural careers as surgically trained RGs in favour of non-GP specialist pathways which have a strong urban bias. This is a crucial element of workforce development given that the Medical Schools Outcomes Database points to a shift toward interest in RG careers from a portion of graduates that would otherwise have been interested in non-GP specialist careers.[iv]

- RG's providing surgical services cannot effectively communicate their capacity to provide these services to their patients and communities. As such rural patients will be inhibited from making informed judgements about treatment options that may be available locally. This is concerning given that they face clinical risks in terms of transport safety[v] and delayed care[vi, vii], as well as significant personal costs and barriers to receiving surgical services in cities.[viii, ix]

- The decision represents yet another demonstration of the devaluing of the skills of rural doctors by governments which will add further weight to a prevailing sense of abandonment among the profession. This is particularly injurious in the current workforce crisis.

Despite reassurance that initial rulings could be amended to address perverse consequences, the damage in terms of causing confusion within the community and undermining community confidence in services, will not be able to be repaired. Likewise, the potential attractiveness of RG as a career path.

Recommendations

Based on appropriately informed departmental advice, Ministers are asked to reconsider their agreement to the amendments on 24 February 2023 to ensure that RGs holding the ASTs mentioned above are not disenfranchised, and the communities they serve are not disadvantaged by having to travel to major centres to access surgical procedures within the remit of local RGs.

ACRRM recommends that Health Ministers amend their approval as follows:

Only medical practitioners

(i) holding specialist registration in the following medical specialties
- ***surgery***
- ***obstetrics and gynaecology; and***
- ***ophthalmology***

(ii) who have completed ACRRM Advanced Specialised Training in
- ***Surgery***
- ***Obstetrics and Gynaecology***

should be permitted to use the title 'surgeon'

This would allow FACRRMs holding the AST in Surgery or the AST in Obstetrics and Gynaecology to use the title surgeon, reflecting their full scope of practice and allowing them not only to perform surgery but to advertise those services to their communities.

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Clause 4, Insertion of New S 115A

The new s 115A, subsection 5 should be **amended as follows**:

(5) *In this section-*

***Surgical class** means the following classes of medical practitioners-*

(a) A medical practitioner holding specialist registration in the recognised specialty of surgery;

(b) A medical practitioner holding specialist registration in the recognised specialty of obstetrics and gynaecology;

(c) A medical practitioner holding specialist registration in the recognised specialty of ophthalmology;

(d) A registered medical practitioner who has completed the Australian College of Rural and Remote Medicine Advanced Specialised Training in Surgery and/or Obstetrics and Gynaecology;

(e) A medical practitioner holding specialist registration in another recognised specialty in the medical profession with the word "surgeon" in a specialist title for the specialty;

(f) Another class of medical practitioner prescribed as a surgical class by regulations made by the Ministerial Council

College Details

Organisation	Australian College of Rural and Remote Medicine (ACRRM)
Name	Marita Cowie AM
Position	Chief Executive Officer
Location	Level 1, 324 Queen St, PO Box 2507 Brisbane Qld 4001
Email	[redacted]
Phone	[redacted]

ACRRM acknowledges Australian Aboriginal People and Torres Strait Islander People as the first inhabitants of the nation. We respect the Traditional Owners of lands across Australia in which our members and staff work and live, and pay respect to their Elders past present and future.

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[i] ACRRM Responses to Consultation RIS Use of Surgeon Title and Independent Review of Cosmetic Surgery

[ii] ACRRM Advanced Specialised Training Surgery https://www.acrrm.org.au/docs/default-source/all-files/ast-handbook-surgery.pdf?210324

[iii] RACS (2020) Rural Health Equity Strategic Action Plan: 15 December 2020. Retrieved from: https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/interest-groups-sections/Rural-Surgery/RPT-Rural-Health-Equity-Public-FINAL.pdf?rev=1709767dffbd48cda7dbfa3c053c6b58&hash=717809CD51D32CE7F4C927E883515ECE

[iv] MDANZ (2022) Medical Deans – Medical Schools Outcomes Database - National Data Reports 2020, 2021, 2022. Retrieved from: https://medicaldeans.org.au/data/medical-schools-outcomes-database-reports/

[v] Greenup EP, Potts AB (2020) Road deaths relating to the attendance of medical appointments in Queensland. *Australian Health Review: CSIRO Publishing.*

[vi] Ravelli A et al (2010) Travel time from home to hospital and adverse perinatal outcomes in women at term in the Netherlands. *BJOG* 118:457-465.

[vii] Grzybowski et al (2011) Distance matters: a population-based study examining access to maternity services for rural women. *BMC Health Serv Res* 11:147.

[viii] Kelly J et al (2014) Travelling to the city for hospital care: Access factors in country Aboriginal patient journeys. Aust J Rural Health 22:109-113

[ix] County Women's Association of New South Wales (CWA NSW) (2021) Submission to New South Wales Parliamentary Inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales. https://www.parliament.nsw.gov.au/lcdocs/submissions/70108/0445%20Country%20Women%E2%80%99s%20Association%20of%20NSW%20REDACTED.pdf