# Health Practitioner Regulation National Law (Surgeons) Amendment Bill 2023

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My name is Dr. Jeff Peereboom and I am an Orthopaedic Surgeon practising in Queensland. I thank you for the opportunity to make a submission regarding the Health Practitioner Regulation National Law (Surgeons) Amendment Bill 2023 ("the Bill").

I have reviewed the stated aims and in the Explanatory Notes to the Bill and feel that there are unforeseen consequences as a result of the proposed Bill and that there is the capacity with amendment to improve the Bill and would advocate for these changes prior to passage of the Legislation.

The aim of the Bill in the Explanatory Notes is to protect the title 'surgeon' within the medical profession to safeguard the public and strengthen the regulation of cosmetic surgery in Australia; the decision-making authority of tribunals after hearing a matter about a registered health practitioner.

It proposes to restrict the use of the title "Surgeon" to recognised specialist trained Classes of the Medical Profession.

It fails however to restrict the use of the term Surgeon or the use of the term Cosmetic Surgeon for anyone not a registered Medical Practitioner.

## The Potential Problem:

After passage of the proposed Bill, a Beautician who does injectables and perhaps a course on breast implants with no surgical or medical training, and not subject to the governance of the Medical Board, could put up a sign as Cosmetic Surgeon and would not commit an offence under these amendments.

A current cosmetic surgeon, could resign their Medical registration, choose to have no Medical indemnity insurance, forgo access to the Medibank Schedule scheme, and still continue to advertise as a Doctor (not a protected title), use their university degree M.B. B.S, or MD. Behind their name, and define themselves as cosmetic surgeon (not a protected title) do the same harm as they do now, and the Board could not act against the individual as they are not subject to supervision of the Board as they are not registered medical practitioner.

Injured patients can launch legal action to seek redress, but the goals of Legislation is to prevent harm, not to allow harm and permit legal action.

These are the actions this legislation is attempting to stop, but upon which this Bill in its current form will have no effect.

The failure to include all Health Practitioners within the Bill is a significant failure as it allows any allied health Practitioner to use the term Surgeon or Cosmetic Surgeon without restraint, continuing the confusion to Patients as to the qualifications of the person offering surgical services.

I offer suggestions to improvements in the Bill which could address these issues below.

## **Inconsistent Definition of the Term Surgeon**

The explanatory notes to the Bill state "Recent reviews into the regulation of cosmetic surgery in Australia demonstrate a need to strengthen title protections under the National Law to ensure that

medical practitioners using the title 'surgeon' possess the degree of advanced surgical training and qualifications that health consumers already assume and should be able to expect."

I would agree with this assessment.

But the Bill allows for there to be inconsistent use and definition of the term surgeon after the passage of the Bill.

### **Inconsistent Training:**

The Bill functions by restricting the title of Surgeon in the Medical Profession to certain Surgical Classes.

These classes are defined in section 5, a to d as holding specialists registration in differing specialities. To obtain this registration, there has been a requirement to complete an AMC certified training program.

However, section 5e allowing for future "classes" to be allowed to use the title surgeon without specifying the standard required and allowing the Ministerial Council to add the new class without specifying the requirements for acceptability.

A lack of definition of the Standards of training that are acceptable leads to a potential weakness, I would suggest that either section 5e (line 32) is changed to read:

e) another class of AMC accredited surgical specialist prescribed as a surgical class by regulations made by the Ministerial Council

This would ensure that a uniform standard of training has been undertaken, and assessed by a single institution, offering consumers confidence of the universal applicability of the term Surgeon

## **Inconsistency between Professions:**

I also advocate the Bill be expanded and that all references to "Medical Practitioners" be removed to be replace by the term" Health Practitioners" and references to "Medical Board" changed to "Health Practitioners Board".

This would be consistent with the Title and goal of the Bill, and the term "Surgeon" be made a protected title in all circumstances of Health Care provision.

It would thus not have any impact on Computer Surgeons or Tree Surgeons advertising and conducting their business.

I do recognise that there are Health Practitioners who use the term surgeon. Oral Surgeons and Podiatric Surgeons. I also acknowledge that these individuals have Specialist Registers under their respective Boards

However, I would point out that the creation of the Specialist register, and the permission to use the term surgeon does not imply that these individuals are equally trained to Oral FacioMaxillary

Surgeons or Orthopaedic Surgeons, or that the Boards and Health Ministers assessed the training to ensure equality of training to these AMC accredited specialties before creating these registers.

The granting of the registers was done to allow these groups to be differentiated from general podiatrists or dentists.

The Bill could be improved by requiring these groups to be required to use the new protected term "Operative Podiatrist" "Operative Dentist" which reflects their separation from general Podiatrists and Dentists, but protects the consumer safety by maintaining the integrity of the term Surgeon.

If the training of these groups are later endorsed by the AMC, under this proposal, they would be allowed to use the term Surgeon.

It is illogical and inconsistent that GP Surgeons who have rendered decades of faithful reliable service to communities who are not AMC trained, under the current legislation will be expected to surrender the title GP Surgeon and adopt the term of Operative GP, and there is no expectation that this would not be enforced throughout all the Health Practitioners encompassed within the National Registration Legislation.

With these amendments we feel that Queensland can offer the nation a vastly improved Bill.