

Grand plans and hidden agendas

The parallels between national registration and the restriction of provider numbers

The proposed national registration and accreditation scheme will make it easier for doctors to practise around Australia, but will also give governments much greater control over workforce numbers and professional roles. Like the restriction of provider numbers 12 years ago, the benefits to the medical profession might conceal greater costs.

In 1996 the Federal Government decided to restrict provider numbers to doctors who had completed a recognised post-graduate qualification. Interns who had hoped to enter general practice remained in hospitals while seeking placements on specialist training programs. Interns staged demonstrations around the country, but the profession was divided and the legislation was passed.

"The restriction of provider numbers impacted quite negatively on us," said AMA (NSW) Councillor Dr Pradnya Dugal, a senior medical student at the time.

"We lost our flexibility and independence to work in the community to get community practice experience, to start earning a living, or to take a little time out to decide our career paths. Eligibility for provider numbers, which is

the sole means by which doctors can access Medicare rebates for services provided, has been delayed on average by three to 10 years after the internship year, depending on which specialty one chooses," she said.



Dr Pradnya Dugal

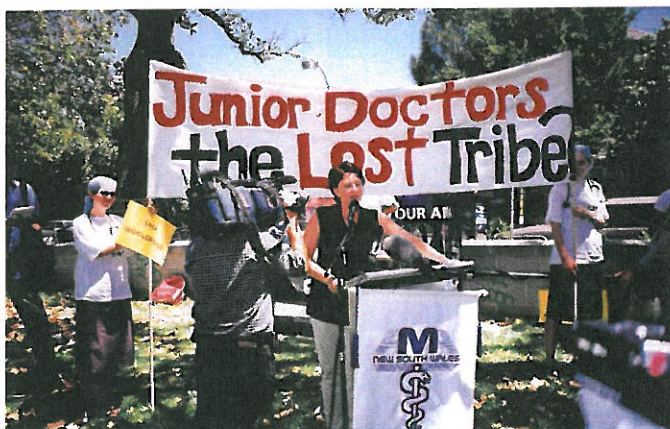
Although AMA (NSW) strongly supported the junior doctors' campaign, this support was ultimately not given nationwide. Thus many junior doctors felt betrayed when the legislation was passed despite months of protests.

While the government focused on specialty training for GPs, the real agenda as stated in the Budget papers of the time was to reduce the demands on Medicare by restricting the number of doctors. It was a poor application of supply side economics.

As a result of the restriction of provider numbers, entry into general practice was limited by the number of training places offered. Australia now has an unprecedented shortage of general practitioners, due to this policy as well as the long-running cap on medical school places that has only recently been lifted.

AMA (NSW) Councillor Dr Choong-Siew Yong was involved in the protests and said the government wanted control and gave deliberate misinformation about workforce numbers.

"There was a willing suspension of disbelief in certain sectors of the profession and it's happening again. You can tell people what's happening but they don't want to see it."



AMA (NSW) then-President Prof Kerry Phelps led another rally when the legislation came up for renewal in 2000.



DITs took the provider numbers battle to the streets in 1996.



The parallels with the proposed national registration system are only too evident. As with provider numbers, the national registration scheme is a package in which the negative consequences are as significant as the improvements.

In promoting the scheme, the federal and state governments are focusing on mobility and accountability of medical and other health professionals. The equally important purpose of the scheme is to implement the recommendations of the Productivity Commission's report into the health workforce, published in late 2005.

The Coalition of Australian Governments (COAG) has created a structure that will allow governments to determine professional standards, create new professions and implement task substitution. This will be achieved through control of accreditation requirements by peak bodies on which individual professions might not even be represented.

The Productivity Commission decided that demarcation in the health professions was the core reason for the workforce shortage. The report said many other health workers were qualified

but unable to perform some of the tasks traditionally performed by doctors. Submissions to the commission came from many professions, which were keen to expand their role and attract Medicare rebates for their services. Under the new scheme, governments, not the professions, will have the deciding hand.

"National registration won't make anything safer," Dr Yong said.

"You can't fly a plane until you learn how to fly it. Bureaucrats, whose decisions were at the heart of the Patel and Reeves cases, will run the new system. Let's keep it independent."

Dr Yong recalled that the expected benefits of the provider number legislation had not come to pass.

"The RACGP supported the legislation as they thought it cemented the college's position as the arbiter of who would enter general practice. This was later lost," he said.

Dr Dugal considers that the handling of the provider number issue has had significant repercussions for the AMA.

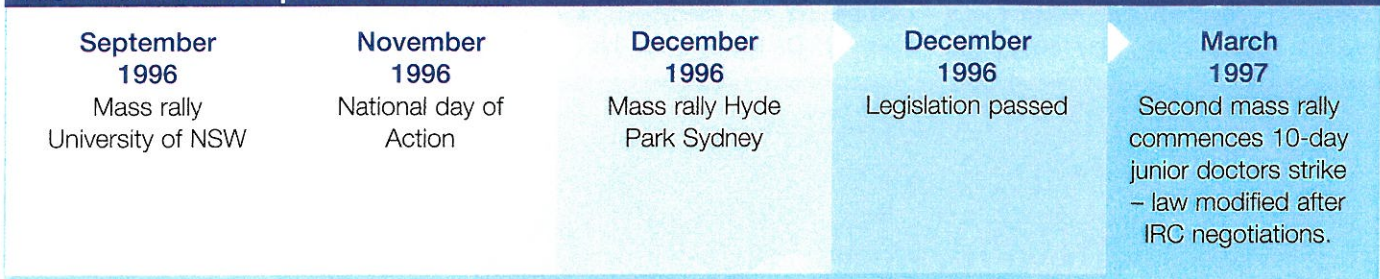
"I am finding that there are doctors of my vintage who are adamant that, out of principle, they will never be involved with the AMA again, but I am sure that the AMA can win back some members by demonstrating an interest in the issues of current importance to them, and assuring them that the AMA will provide a valuable, beneficial and true representation.

"The real strength of an AMA membership is tested during times of political or professional stress, not during the times when everything is going smoothly. So the AMA has to prove to these younger doctors that they will reliably come to their aid in these matters when it really counts," Dr Dugal said.

"Fancy a 15 hour wait at a public hospital, or a three week wait to see the GP of your choice?"

- AMA (NSW)/PSA leaflet, 1996

Provider number protest timeline



STOP PRESS – Attention all DITs

The *Public Hospital (Medical Officers) Award* will soon be up for renegotiation. This is the award that controls all DIT employment conditions in NSW. AMA (NSW) is acutely aware of the many fallacies contained in this award but as we do not have union status for DITs, we are limited in access to industrial negotiations. However, over the next few months we will be working hard to ensure that your award is improved and we encourage all DITs to be active in the fight. Further information will be sent to members shortly so keep an eye out and update all your colleagues. If you have any more information or concerns, please contact Alicia@nswama.com.au