



Submission to the Department of Health and the Health and Community Services Complaints Commission

IMPLEMENTING THE NATIONAL CODE OF CONDUCT JANUARY 2018

The Australasian College for Emergency Medicine (ACEM) welcomes the opportunity to provide comments to the Department of Health (the Department) and to the Health and Community Services Complaints Commission (the Commission) on implementing the National Code of Conduct for unregistered health care workers in the Northern Territory.

ACEM is the not-for-profit organisation responsible for the training of emergency physicians and the advancement of professional standards in emergency medicine in Australia and New Zealand. As the peak professional organisation for emergency medicine, ACEM has a vital interest in improving the quality of training and clinical supervision of its Members, while ensuring the highest standard of emergency medical care is provided for all patients. ACEM welcomes the opportunity to engage with the Department and the Commission through this paper.

The Department and the Commission will be aware that medical colleges, including ACEM, provide training programs that lead to specialist qualifications. ACEM's specialist qualifications includes the *Fellowship of the Australasian College for Emergency Medicine* (FACEM) that is recognised by the Medical Board of Australia (MBA) and by the Medical Council of New Zealand (MCNZ). To demonstrate our ability to train emergency department specialists, ACEM's education and training programs are accredited by the Australian Medical Council on behalf of the MBA and the MCNZ. (1)

Our Members, as medical practitioners, are also regulated under the National Registration and Accreditation Scheme (the National Scheme). The first objective of the National Scheme is to:

- *“help keep the public safe by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered”* (2)

ACEM considers that any person providing a health care based service, to an individual or to a group of persons, must be regulated. Regulation ensures that appropriate 'checks and balances' are in place to protect a patient from harm, malpractice or an adverse outcome. Regulation also ensures that the person providing the health care based service/s is qualified to do so, has met the required criteria to provide the service and is monitored by an appropriate authority should the need for legal or criminal proceedings be required.

The implementation of the National Code of Conduct in the Northern Territory is timely. Patient safety when seeking out and receiving health care services must be enshrined in law as this will help to ensure positive patient health outcomes.

Regarding the proposals outlined in the consultation document, ACEM provides the following responses on questions it feels best placed to comment on.

Does the current definition of a 'health service' in the HCSC Act need to change to accommodate the Code or should it stay as is?

ACEM considers that the definition of a health service under the Act must reflect individuals providing health care services and their employers, including those who own a service or deemed to be providers of a service.

If you believe the definition of a health service needs to change, do you favour a broad definition which captures aged care services and disability services not funded by the NDIS, or would you prefer a narrower definition which excludes these latter services?

ACEM considers that the necessary change to the definition of a health service must be broad in nature to capture existing, new and emerging services while also ensuring it does not require continuous amendments. For example, the HCSC Act could provide a broad definition of a health service (individual/owner/provider) with the responsibility for specific definitions provided in the regulation developed for the Code.

For the purpose of the Code, should the definition of a health care worker (or provider) in the HCSC Act include a person and other entities such as health service organisations and employers, or should it just be confined to a person who provides the service?

ACEM considers that the definition of a health care worker should include specific definitions that capture:

- A health care worker
- A health service organisation
- A provider of a health service organisation
- Owners of health service organisations
- Employer/s of health care workers.

Why should the definition change/not change?

ACEM considers that definitions must reflect the specific terminology and processes for the given sector. Definitions must also be flexible and responsive to new or emerging trends, terminology, processes and stakeholders so that the regulation or legislation does not require continuous amendments.


Ultimately, definitions should not hamper or restrict the ability of the market to function. Rather, they should provide certainty and security that allows demand and supply forces to reach equilibrium.

Thank you for the opportunity to provide feedback to this consultation. Should you require clarification or further information, please do not hesitate to contact the ACEM Policy Officer Lee Moskwa on (03) 9320 0444 or via email at Lee.Moskwa@acem.org.au .

Yours sincerely,



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President



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References

1. Australasian College for Emergency Medicine, 2018. *College Accreditation: Reaccreditation submission to the Australian Medical Council and the Medical Council of New Zealand*. [Internet] Available from <https://acem.org.au/About-ACEM/Governance/College-Accreditation.aspx>
2. Australian Health Practitioner Regulation Agency, 2018. *AHPRA Facts: About the National Scheme*. [Internet] As viewed on 11 January 2018. Available from <http://www.ahpra.gov.au/About-AHPRA/What-We-Do/FAQ.aspx>