

REPORT TO THE AUSTRALASIAN SOCIETY OF CARDIO-VASCULAR PERFUSIONISTS

CARNEY ASSOCIATES ACTIVITIES – MARCH 2003 TO NOVEMBER 2004

1. In March 2003, ASCVP engaged Carney Associates (CA) to provide a Canberra-based lobbying service to help the Society convince Federal and State Governments in Australia to introduce appropriate levels of Government recognition, registration and regulation for professional clinical perfusionists - including recognition of the ABCP-administered training course and Diploma of Perfusion.
2. Over the following period CA initiated a series of contacts and meetings with the Medical Benefits branch of DHA in Canberra, seeking to convince departmental officers of the urgent need - primarily in the interests of patient safety - for government recognition and registration.
3. This was a frustrating time. Despite an encouraging letter from DHA addressed to the ASCVP Executive on 26 May confirming that it would call a formal meeting between departmental officers and the Executive to progress the matter, no such meeting was called.
4. We decided therefore, in consultation with the Executive, on a new approach. In late October we sent a letter outlining the Society's concerns and proposals to Professor Bruce Barraclough, Chair of the Australian Council for Safety and Quality in Health Care (ACSQHC). A favourable response was received and this led to a meeting between Dr Barraclough and the ASCVP Executive on 16 December 2003, in the CA office in Canberra.
5. This meeting proved to be an important turning point. Dr Barraclough indicated his general agreement with our concerns and suggested that the apparent deadlock with DHA might be broken if the Society prepared and sent a detailed submission to AHMAC, the Australian Health Ministers' Advisory Council in Adelaide.
6. We started work immediately on the document and in May 2004 a formal Submission was forwarded by the Society to AHMAC, with four attachments to provide detailed background information. These were: - the ASCVP illustrated information booklet - the ASCVP "Standards of Clinical Practice of Perfusion for Cardiopulmonary Bypass" - the ANZCA "Guidelines for Fellows who practise Major Extra-corporeal Perfusion" - and the RACS "Standards of Practice for Major Extra-corporeal Perfusion".
7. In the Submission, we recommended that the federal Minister issue a statement recognising the ABCP Diploma, as a basis for convincing State Governments of the need to establish registers.
8. We also recommended - as a separate, but related, issue - that current eligibility for medical practitioners to claim HIC rebates for the "supervision" of clinical perfusionists in theatre be withdrawn.

9. The Submission was duly considered by AHMAC, which decided, early in June 2004, to forward it for further, more detailed, examination to its sub-committee in DHA Canberra, known as AHWOC (Australian Health Workforce Officials Committee), chaired by Mr John Ramsay (CEO of the Tasmanian Health Department). Our point of contact in AHWOC is Mr Brett Lennon, head of the Health Workforce branch in DHA.
10. It should be noted that the two major issues raised in our Submission fall within the areas of responsibility of two separate divisions within DHA. The registration issue is covered by the Health Services Improvement division (which includes the Health Workforce branch, headed by Mr Lennon.), whereas the “supervision” issue is covered by the Medical and Pharmaceutical Services division (which includes the Medicare Benefits branch, headed by Mr Michael Joyce.).
11. On 4 June, the ASCVP Executive and CA had two important meetings in Canberra to discuss the Submission – the first with Mr Lennon in DHA and the second with Mr Terry Barnes, a senior adviser in the Minister’s office. These meetings proved to be helpful in giving Mr Lennon and Mr Barnes a better understanding of the Executive’s concerns and proposals – a success which was due in no small measure to the graphic ASCVP video of a perfusionist at work in theatre.
12. An outcome of these meetings was a decision to propose a new option for registration, which was forwarded by e-mail to Mr Lennon on 18 June, as an alternative to the process recommended in the Submission. Under this option, the federal Minister would give his approval for a National Register (subject to obtaining the agreement of the States) – and he would then delegate functional responsibility for managing it to ASCVP. Mr Lennon has confirmed that the new option is being considered by AHWOC.
13. Mr Lennon also indicated his support for the Society’s current negotiations with Swinburne University of Technology aimed at developing the ABCP training course as a national post-graduate, off-campus, Master’s degree.
14. The other major recommendation in the Submission (for the Government to withdraw Medicare rebates for “supervision”) is, in our opinion, likely to win considerable support in DHA, as it appears that the high level of cost of these Medicare rebate claims was the main reason for HIC initiating the Houston Review of Perfusion Services in 2002.
15. We understand that this Review was completed in mid-2003, although Dr Houston’s report was not released to ASCVP. (We have since asked DHA to send us a copy; indications are that they will do so in the near future.) On 8 March 2004, DHA made reference to the Report in a letter ASCVP received, as a copy addressee from Mr Michael Joyce, addressed to the Anaesthetists’ Society.
16. In this letter DHA proposed that a new flat-rate Medicare rebate of \$330 for “supervision” by medical practitioners be introduced, in place of the current arrangements for a number of time-based rebates.
17. ASCVP responded to this letter on 29 March, opposing the legitimisation of “supervision” by introducing a flat-rate rebate. We reiterated our position that the practice of “supervision” is unnecessary and our recommendation that no rebate for it should be authorised. We are informed that the medical perfusionists’ association (NAMPA) has, not unexpectedly, opposed any replacement of current time-based rebates by the \$330 flat-rate rebate.
18. In this context, we see the move by HBA Health Insurance in July 2004 to withdraw gap cover for medical perfusionists’ services (associated with MBS Item 22060) as an important element in the debate, adding pressure on HIC and DHA to take our recommendation seriously.
19. On 3 November we attended a useful meeting in DHA about our May 2004 Submission, chaired by Ms Marian Kroon (acting head of the Health Workforce branch while Mr Lennon is acting

division head). Ms Kroon told us that Mr Joyce had been invited to the meeting to cover our recommendation on “supervision” rebate issue, but he was unable to attend.

20. In a conversation on 2 November, Michael Joyce informed us he did not have time for a meeting for all of November, but would be able to do so in December. This will be followed up late-November.
21. In discussion of the registration proposal, Ms Kroon expressed understanding for our desire for Government registration, but said that in her opinion the best prospect for CPs achieving such registration would be as one of about ten other groups of health professionals, such as the Anaesthetic Technicians, who would apply at the same time to AHMAC/AHWOC for Commonwealth-endorsed State Registers for each group.
22. Although this line of action has some merit, we tend to prefer the “National Register” concept as proposed by us, as we believe it will have considerable political appeal to the Minister in view of the negative reaction, on cost grounds, to earlier ASCVP approaches in Victoria.
23. In early July, ASCVP President Darryl McMillan had an interesting meeting with Prof. Michael Cousins, President of the College of Anaesthetists, during which both the registration and the “supervision” issues were discussed. Prof. Cousins expressed his understanding for our position on both issues; he asked for and received a copy of our Submission.
24. In a new development, AHMAC has invited the Society, as a stakeholder, to make a submission to a Review of future governance arrangements for safety and quality in Health Care, as the current term of ACSQHC is due to expire in 2006. After discussion with the Executive, we have advised the Review Team of the Society’s intention to make a submission before the closing date of 17 November. We are currently preparing a draft.
25. We plan to follow up all these issues closely, including “testing” the State registration concept apparently favoured by Ms Kroon, in discussions at higher levels of DHA and also with the Minister’s office.

Summary

The complexities and anomalies of the current Federal-State relationship in the health area make even sensible reforms to improve patient safety very difficult to achieve.

However, we consider that the progress we have made to date through AHWOC, DHA and the Minister’s office, taken in conjunction with the continuity provided by the re-election of the Howard administration (where we have extensive personal contacts), give us a good prospect of seeing the Society’s recommendations on both the registration and “supervision” issues being put into effect within the foreseeable future.

Stephen Carney

4 November 2004