



**AUSTRALIAN MEDICAL ASSOCIATION**  
(SOUTH AUSTRALIA) INC.  
ABN 91 028 693 268

14 February 2017

Mr Len Richards  
Deputy Chief Executive  
Minister's Delegate, Private Hospital Licensing  
SA Health  
P O Box 287  
Rundle Mall  
ADELAIDE SA 5000

Email: [nick.parker@sa.gov.au](mailto:nick.parker@sa.gov.au)  
[mandy.davies@sa.gov.au](mailto:mandy.davies@sa.gov.au)

Dear Mr Richards

**Re: Health Care (Private Day Procedure Centres) Variation Regulations 2017 – Draft for Comment**

I refer to your letter received 1 February 2017 in relation to the above regulations.

The Australian Medical Association of South Australia is greatly concerned and disappointed over the amendment to the Health Care (Miscellaneous) Act 2016 and specifically part 10A - Private day procedure centres, s89(1) and s89(2) (a).

The above amendments to the *Health Care Act 2008* have led to overwhelming uncertainty and anxiety amongst our medical specialist members and the wider medical community. The amendment places a significant number of diagnostic and treatment services currently conducted safely, for and on behalf of the public of South Australia, at significant risk.

Our main concern is the effect Part 10A which states '*local anaesthetic*' is included as a '*prescribed health service*' for the purposes of licensing of stand-alone private day procedure centres, meaning that outside of general practice and dentistry, ALL services provided by specialists requiring a local anaesthetic will need to be performed in one of the soon to be licenced private day procedure centres.

Whilst the AMA(SA) appreciates the reasoning behind seeking to introduce a licensing framework for such centres, it is reprehensible that the broad effect of this legislation, due to commence on 1 July 2017, will severely restrict the practice of all specialists who undertake to perform minor surgical procedures outside of a private day procedure facility.

Public access to a wide range of specialists services including, but not limited to, urology; gynaecology; dermatology; pathology; radiology; plastic and reconstructive surgery; ophthalmology and others will be severely reduced.

The public inconvenience and outcry caused by this restricted access will be significant. The increased service costs due to the unnecessary but mandated (under the new provision) infrastructure service requirements will be burdensome. Patient costs for minor procedures will be increased and delays in diagnosis and treatment unacceptably lengthened. In addition there will be flow-on effects to the public health sector.

To further highlight the discriminatory impact, general practitioners and dentists are excluded within the new amendments! We believe this anomaly must be the result of oversight as it cannot be made on any credible grounds of patient safety.

The above is totally unacceptable to the AMA(SA) and we seek an urgent review of this disruptive and carelessly drafted legislative change.

As a priority, the AMA(SA) demands that *all specialists* be excluded from the restriction of administration of local anaesthetic as is allowed under the s89(1)c of the Act. We submit that specialists who currently provide minor procedures under local anaesthetics in their rooms do so with minimal patient risk and have done for decades.

In addition to the immediate and obvious necessary exclusion within the regulations, we further seek to have the legislation itself amended to include all specialists in the exemption criteria and treated equally to general practitioners and dentists. We find the current exclusion unreasonably restrictive on specialist practice.

The wording for such an exemption could be added to s89(2) (a) and read as follows:

***'A health service provided by a registered medical practitioner in the course of conducting their normal scope of practice for minor procedures'.***

The above is not discriminatory to GPs or specialists, but rather inclusive of all regulated registered medical practitioners, including general and specialist registrants, conducting their usual (minor procedural) scope of practice.

It is understood a definition for minor or major procedures will need to be contained in the definitions, however, this is preferable across ALL practitioners rather than excluding specialist who conduct many minor procedures in their private rooms. Indeed the legislation will increase GPs already heavy workloads.

The above recommendations once enacted will provide confidence for our specialists and their patients who are currently caught up in this most unfortunate situation which seems to have arisen without proper wider consultation with the AMA(SA) or medical colleges.

The AMA(SA) is willing to meet to discuss the above as necessary. Thank you for your urgent attention to this important issue.

Yours sincerely

**Mr Joe Hooper**  
LLB(Hons), BSc(Nursing), DipAppSc, GAICD  
CHIEF EXECUTIVE

cc Hon Jack Snelling, Minister for Health  
Hon Stephen Wade, Shadow Minister for Health & Wellbeing