

Victorian Parliamentary Inquiry into the performance of the  
Australian Health Practitioner Regulation Agency

# David C Lindsay

30<sup>th</sup> April 2013

## ATTENTION

**Dear Parliamentary Inquiry Officers,**

Thank you for accepting my Late submission. I was given permission to make a Submission by your team one week ago after a Phone call.

I think it maybe useful and important to have the perspective a Doctor who has been persecuted by the system, and particularly a Doctor from NSW where the whole modern disciplinary system started some 20 to 25 years ago.

### Queensland:

I congratulate the Queensland minister on his bold move against the Queensland Medical Board. I think the politicians need to lead in these matters.

### SOLUTIONS:

Simply, an independent reviewer such as **Police, DPP or Ombudsman** was the only solution, and Queensland has chosen an **Ombudsman**. There is no reason the **Police** and **DPP** cannot also monitor **Complaint Unit** activities.

## Victorian Parliamentary Inquiry into the performance of the Australian Health Practitioner Regulation Agency

If one State Medical Board 'goes' as in Queensland, then all Eastern state Medical Boards should 'go'.

This is possible in **Victoria**, however in **NSW**, I am not so sure, as certain **Interested parties and 'powers'** will go out of their way to make change very difficult.

Both major political parties in **NSW** have favoured and even protected the: the **MCNSW / NSWMB, the HCCC, the AMA, and the Medical Tribunal Judiciary**, for many years.

Also, whatever the **NSW AMA** says goes in **NSW**, as the **AMA in NSW** endorse and facilitate the **Medical Authorities**.

This has created many problems, including the **favouring of Specialists and Hospitals**, and a bias against and **persecution of General Practitioners**, and a total collapse of the **PSR / Medicare disciplinary system**.

This **condoned bias** is clearly demonstrated and pervasive throughout **Medical Tribunal / Judicial Decisions**, for the last 20 years.

In **NSW**, the major Political parties need to stand at more of a distance from the **AMA**, and the **Medical authorities**, and a new **Court** needs to be found in NSW for the **Medical Tribunal**.

Another driving force against change in NSW is that the past history of the NSW Disciplinary system will have to be confronted, investigated and revisited. For example, NSW had the **Indemnity crisis of 2002**, and thus maintaining the status quo would avoid revealing and revisiting the **real truths** about the **Indemnity crisis**.

I assume, the **Ombudsman model** has benefits in that the **Ombudsman** can make recommendations to the **Health Minister** and to **Parliament**. Hopefully, the **Ombudsman** will request a **re-writing of the Legislation**, and moving from '**Codes of Conduct and morals**' and '**in person**' **Peer review** to formal published **Australian Standards for Medical and Surgical Practice** and a

## Victorian Parliamentary Inquiry into the performance of the Australian Health Practitioner Regulation Agency

### **National Practice and Procedure Code for Medical and Surgical Practice.**

These above Documents would become **Legal and Enforceable Documents, Standards and Codes in Court** in a similar way as the **National Construction Code** (formerly Building Code of Australia) and the **Australian Standard : Residential Timber-framed construction Part 2: Non-cyclonic areas : AS 1684.2** (*"Timber Framing Code"*) become **Legal and enforceable Documents** for the **"Building" Courts** for Architects Engineers and Builders. (These above Documents can be accessed and referenced as a starting point and framework for drafting).

As far as written **Standards and Codes** are concerned, the Medical Profession is 30 years behind the game. All other Professions have gone this way, except Medicine and Law.

It may take up to 6000 Contributors and Experts to draft such **Standards and Codes**, each year. This should be done at the Medical profession's own expense, and if professional Colleges or the AMA resist, the Colleges could be suspended or de-registered.

**Medical and Surgical Standards and Codes** would describe and enforce: *"consistent, minimum necessary standards of relevant safety, performance, outcome, and efficiency ... and requirements, technical provisions, and systems for Medical and Surgical Care"*, ... or something like that ! .

The above measures and changes would immediately improve standards of Practice across the Medical community, and direct the Medical Authorities away from silly prosecutions of minor infringements, and direct the Authorities instead towards only prosecuting serious matters.

## Victorian Parliamentary Inquiry into the performance of the Australian Health Practitioner Regulation Agency

This will also obligate **Peer Reviewers / Professional witnesses** to the same Standards and Codes, and no longer will the **HCCC (NSW)** and **Peers**

be able to distort and exaggerate a minor Complaint or Offence into a serious matter with severe sanctions and Punishment for the accused Doctor.

Also, the **Boards and The Complaint Units** should only **enforce and Monitor the Law**, and this obligating, policing, and distorted role of “**Protecting the Public**” should be removed from **Legislation**. As in the past, the **Boards** became overly protective of the Public, just in case, and of course the Doctors were punished more often, to excess and unnecessarily. Note, **Protecting the Public** is already covered under the **Duty of care** owed by the Authorities to their “neighbour” (the Public) under **Common and Civil Law (Civil liability : Tort of Negligence)**.

Continuing Professional Education (**CPE**) should be formalised and institutionalised **online** or **on an attendance basis** at TAFE (preferred) or University.

Many **individuals** need to be removed: from their roles in the Medical Authorities, or from their roles as Peer reviewers, in NSW, and the **AMA’s** power in, and influence over, the system should be markedly reduced. The selection process for the **MCNSW** Council members and staffing, and the **HCCC** Senior staff is not working.

**Freedom of Information** access should be allowed, once again, over **HCCC** (NSW) Documents in most situations.

## Victorian Parliamentary Inquiry into the performance of the Australian Health Practitioner Regulation Agency

### **Myself:**

In a system where guilty Doctors and Specialists are being favored, ... there are always going to be innocent Doctors and GPs persecuted. I am one of the latter Doctors, in NSW.

I was a **Skin Cancer Doctor**. I am a victim of this GP persecution in NSW, and I would like to explain to you **how the Authorities and senior Doctors would stage, orchestrate and set up false Complaints against innocent Doctors**, to occupy most of their time and activities. **I have already prepared detailed documents relating to these NSWMB, HCCC and PSR activities in NSW .**

This is why I am contacting you, as the Health Minister may need to know what the Medical Boards and Complaint Units were up to, in NSW and other States, what games the Authorities played, why they lost their way, and why only a few GPs were being persecuted and their offences exaggerated.

I am a De-registered NSW Doctor. I was de-registered in 2008. I was a Skin Cancer Doctor. I was a victim of 60+ Registered Complaints to the HCCC. There were 250 Complaints Incidents altogether, and everyone of them was orchestrated. I have no mental illness. I am a victim, and I am not paranoid. I have been investigated for 20 years, non-stop. I am the most investigated Doctor in Medical History and probably the most investigated individual in the Country, Doctor or non-Doctor....

**(See Annexures attached).**

**Victorian Parliamentary Inquiry into the performance of the  
Australian Health Practitioner Regulation Agency**

Please **Contact** me, if you have any questions or you need further explanation or documents.

I am happy to travel to Melbourne to speak, if the Oral Evidence still continues. Or, I am happy to meet and discuss matters I have raised that are **outside** the **Inquiry Terms of Reference**.

Regards

David Charles Lindsay



**SEE SIX ATTACHMENTS**

**END.**