Would Butler really do it?

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This Hospital Health Check edition is an important piece in the AMA (WA)'s extensive advocacy for our members as the peak body for doctors and medical students. It has really become part of the fabric of forming an understanding of the conditions faced in our hospitals, since the data is gathered by the medical workforce most affected, our Doctors in Training (DiTs).

Our Intern Breakfast was an informative and enjoyable way to release the results. It was also a privilege for me to support our DiTs Dr Natalie Ferrington and Dr Nicole Burger on the day, while taking something of a backseat as they competently and passionately communicated with young doctors, students and media alike.

Of course, one thing leads to another, and many of our DiTs have ambitions for specialty positions. So, while learning the ropes in the highly pressurised hospital system, their eyes are set on careers in areas of their choosing, with all the dedication, singlemindedness and, of course, the endless study and practice this entails. All of us at the AMA (WA) wish them every success. We want them to know we are here to support them at every step of what we hope will be a long and fruitful career.

Yet, the way our specialists are often being portrayed or more accurately, scapegoated, through the media at the moment, particularly via the framing by federal Health Minister Mark Butler, you'd think they were only single-minded about the next dollar they could squeeze from an unsuspecting and vulnerable patient. Butler is on the war path, or potentially law path, regarding what he is characterising as 'out of control' specialist fees. Not only is he suggesting mandating publishing fees on the Government's Medical Costs Finder – currently a voluntary system – but he's considering changes to legislation that would, directly or indirectly, cap fees.

To put it mildly, none of this is going down particularly well with our specialists. The AMA (WA) Private Specialist Practice Group is very engaged and knowledgeable, and they are seething about the perceptions being promulgated.

The federal Health Minister has made these fees a focus for this term of government. Whether or not this is a shot across the bow is debatable. Mandating upper limits on fees would require testing constitutional arrangements that have limited government's ability to make such restrictions on doctors' fair trading.

By Butler's own admission: "Now, we want to test the boundaries of that because we think we're getting to a point where a minority of specialists are charging fees so outrageous that the only way we might be able to deal with them is regulation."

On this point of actual impact, AMA President Dr Danielle McMullen agrees with the minister, having previously pointed out that data from the Australian Prudential Regulation Authority indicated about 97% of in-hospital procedures were performed with either no gap or a known gap fee. Is cracking a nut with that much force really the way to go here, especially when it has the potential to cause a lot of collateral damage that would include placing greater strain on our already over-burdened public system?

The AMA has outlined a number of measures that would help much more effectively than any such blunt legislative instrument. The most basic of these is one squarely in the ambit of the minister: Modernise Medicare rebates for non-GP specialist care to reflect actual costs in providing care. The rebate, as it stands, in no way resembles the actual costs it was originally meant to meet, and has eroded gradually but substantially over time due to the cost base simply not keeping up.

In the meantime, we have a lot of distressed members worried about the assault on their livelihoods. These are small-business people who put themselves on the line to deliver services that they have spent decades honing. They are not called specialists for nothing. But they are also caught squarely in the cost-of-living crunch, and can't absorb those costs. Moreover, they are supporting a range of other staff and contractors, and other businesses.

We will work with the Federal AMA to ensure they are dealt with fairly; and that the minister pulls the levers at his disposal judiciously and without imposing undue harm on our private specialist member community. Besides anything else, many maintain a practice in the public system as well, providing their expertise in all sorts of settings.

We need to protect their working conditions, not the least for the DiTs looking on with disdain at what they might face at their next career stages in this most rewarding and critical of professions for all members of the community who rely on their services. ■