



## Council of Social Service of New South Wales

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Standards Review Process  
The Royal Australian College of General Practitioners  
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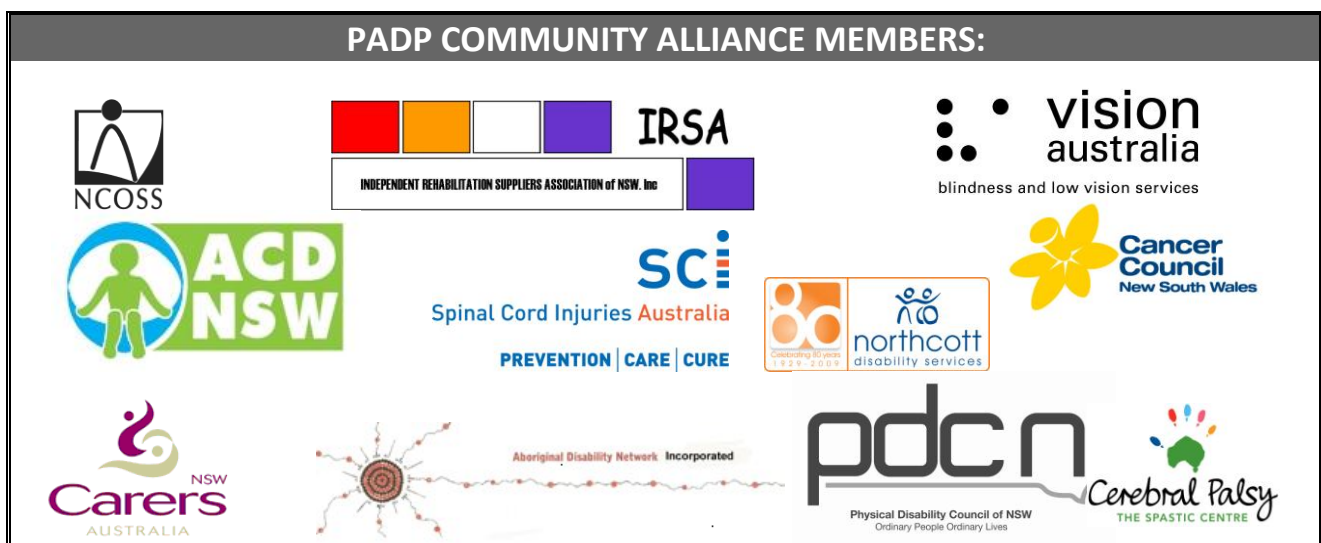
30 November 2009

Dear Sir or Madam,

The Program of Appliances for Disabled People (PADP) Community Alliance welcomes the opportunity to provide a submission to the current review of the Royal Australian College of General Practitioners (RACGP) Standards for General Practice. This submission, written by the Council of Social Service of NSW (NCOSS) on behalf of the PADP Community Alliance, concerns the current unflagged item in Criterion 5.1.3 relating to adjustable-height examination beds.

### About the PADP Community Alliance

The PADP Community Alliance (the Alliance) is a collection of organisations with an interest in improving access for people with disability to equipment and aids. Organisations forming the Alliance include; Council of Social Service of NSW, Spinal Cord Injuries Australia, Aboriginal Disability Network, Occupational Therapists Australia NSW, Cancer Council NSW, Northcott Disability Services, Carers NSW, Physical Disability Council of NSW, Vision Australia, The Spastic Centre, Independent Rehabilitation Suppliers Association and the Association for Children with Disability NSW.



## **Statement of position**

The Alliance supports the call of the Physical Disability Council of NSW and Women With Disability Australia for the RACGP to make the provision of height adjustable examination beds a mandatory requirement for all of its members through the GP standards accreditation program.

## **The importance of adjustable height examination tables**

The continuing limited availability of adjustable height examination tables in GP surgeries is severely impacting the access of people with disability to appropriate and timely medical care, as is their right under the UN Convention on the Rights of Persons with Disability. Fixed height adjustable examination tables are a physical barrier to receiving health care, a barrier that is easily rectifiable through the inclusion of adjustable height examination tables as a mandatory component of the RACGP standards for General Practice. This is an important and essential step towards improving the health of people with disability. Moreover, it is further exacerbating the disparity in health outcomes experienced by people with disability compared to the rest of the population.

Mandatory adjustable height examination tables in all GP clinics and surgeries across Australia will ensure the following:

### ***1. Universal access and quality standards of care for all***

Accessible structural design is a key component of universal access to quality health care and equal rights of people with disability. The use of adjustable height examination tables in all GP surgeries is an important component of structural design as it ensures people with disability are able to physically access regular health examinations for early diagnosis, prevention and treatment of a range of medical conditions.

Adjustable height examination tables are not only essential for people with disability but appropriate to the changing needs and standards of the whole community including but not limited to; older people, pregnant women, people whose illness results in restricted movement and obese people. In the context of an ageing Australia, mandatory adjustable height examination tables will enable an accelerating population access to appropriate and early treatment by their trusted GPs.

In addition to providing quality medical treatment by all GPs to all patients, mandatory height adjustable examination tables will ensure the RACGP will meet its organisational commitments to *'improve the health and wellbeing of individuals and communities across Australia'*<sup>1</sup> and *'advocate for equity and enhanced access to general practice for all people in Australia'*<sup>2</sup>.

### ***2. Legal and human rights responsibilities are adhered to***

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<sup>1</sup> Royal Australian College of General Practitioners Council Strategic Directions, last accessed 27 November 2009 [http://www.racgp.org.au/Content/NavigationMenu/About/Governance/Council/RACGPStrategicPrinciples/strategic\\_principles.pdf](http://www.racgp.org.au/Content/NavigationMenu/About/Governance/Council/RACGPStrategicPrinciples/strategic_principles.pdf)

<sup>2</sup> *Op. Cit.*

## *The Federal Disability Discrimination Act 1992*

Under the Federal Disability Discrimination Act 1992 (DDA) and similar State and Territory laws, health service providers such as general practices, hospitals and specialist services are required to provide their services in a non-discriminatory way<sup>3</sup>. The limited availability of height adjustable examination tables can be construed as a breach of this Act because fixed height tables prevent some community members from receiving even standard medical examinations.

## *UN Convention on the Rights of Persons with Disability*

Australia has responsibilities under the recently ratified UN Convention on the Rights of Persons with Disabilities which under Article 25- Health requires State parties to:

Recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation. In particular, States Parties shall:

Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes<sup>4</sup>.

## **Conclusion**

In order for the Royal Australian College of General Practitioners to ensure that quality service is delivered by all GPs to all presenting patients, adjustable height examination tables must be made a mandatory component of GP standards. This is an essential and critical step towards access to appropriate, timely and quality medical treatment for people with disability and other community members and is also an important safeguard for doctors and practitioners in delivering treatment in local areas.

Should you require any clarification or further information on this submission, please contact Amy Williams Policy and Research Officer on 9211 2599 ext. 102 or [amy@ncoss.org.au](mailto:amy@ncoss.org.au)

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<sup>3</sup> Disability Discrimination Act 1992 (Commonwealth of Australia) last viewed 30 November 2009  
[http://www.comlaw.gov.au/ComLaw/Legislation/ActCompilation1.nsf/0/31452800B62A28B7CA256FC00020014A/\\$file/DisabilityDiscrimination1992\\_WD02.pdf](http://www.comlaw.gov.au/ComLaw/Legislation/ActCompilation1.nsf/0/31452800B62A28B7CA256FC00020014A/$file/DisabilityDiscrimination1992_WD02.pdf)

<sup>4</sup> United Nations Convention on the Rights of people with disabilities, last viewed 30 November 2009,  
<http://www.un.org/disabilities/convention/conventionfull.shtml>

Yours Sincerely,

Alison Peters

A handwritten signature in black ink that reads "Alison Peters". The signature is written in a cursive, flowing style.

Director  
NCOSS