

Smart new uniform styles suggested for women members

AFP Policewomen across Australia are being asked to comment on suggested changes to their current summer and winter uniforms.

The suggested changes follow a review of the uniforms instigated by the Equipment, Materials and Uniform Committee (EMU), and conducted by a three-member review panel of Constables Isabel Jirasek, Geraldine Morris and Julie Dillon.

Members' views will be taken into account by the AFP command in any decision on changes to the uniform. The timing of the issue of any changes would depend upon the normal government procurement process and, of course, the availability of funds.

EMU committee chairman, Superintendent Bob Prigg, said that over the years there had been numerous complaints about the

• **BELOW:** Constables Isabel Jirasek, Geraldine Morris and Julie Dillon at work on the review.



uniforms and various attempts had been made to design new ones.

"Deputy Commissioner Johnson recommended a review and within the limits prescribed in Section 86(a) of Determination T2 of the AFP's Terms and Conditions of Service, the review panel considered the practicality and comfort of the uniform for all members, while also considering economic factors and problems associated with the manufacture of new uniforms," he said.

Constable Morris said: "Within these limits we started at the head and worked down. We all believed that, from an operational point of view, the existing uniforms have many disadvantages.

"This is much more so with the summer than the winter uniform, the major complaints being that the jacket and skirt restrict movement and that a pin through the badge, rather than buttoned down like the men's uniform could prove dangerous."



• **Three of the suggested uniform styles: Winter dress, summer A-line skirt, blouse and slacks.**

Julie Dillon said that when a member had to wear the AFP issue belt with all accoutrements under the summer jacket, it looked ridiculous.

The review committee recommended that the uniform colour conform with that of the men's uniform and that:

- The current summer uniform skirt and blouse be replaced with a summerweight A-line skirt with centre pleat or culottes based on the current issue NSW Police style, the culottes having permanent pleats and two front pockets and one rear pocket and a waistband to accommodate a dress belt. These would be worn with a blouse, short-sleeve and open neck, with the flashes embroidered onto the shoulders. The blouses would have darts in the front and pleats at the back.
- The current winter uniform skirt be replaced with either

the culottes, this time winter-weight, or a winterweight A-line skirt, and improvements to the current issue slacks with the addition of a zipper on the centre front, no side pockets but instead a rear pocket and a pen pocket on the left thigh. The slacks should also be tapered more to minimize the flair.

These were the major proposals, although others included abolishing the pin for the badge in favour of a button-on fixture, improving stockings by including a cotton gusset, and improving the current issue shoe, although on this no definite recommendations have yet been made.

Coloured photographs of the proposed new prototype female winter and summer uniforms have been sent to uniformed female members around Australia with a copy of the review committee's recommendations.

MEDI SERVICE FRAUDS 'TO \$200m.'

• *Continued from Page 1*

us all as our contributions to health insurance and taxes increase to cover the additional cost of fraud and overservicing."

He said examples of medifraud included:

- Forged signatures of patients who had not been visited (one doctor claimed for a service to his mother who was interstate at the time, others have claimed for services to patients who it was found weren't even in Australia);
- Doctors asking pensioners and health card holders to sign blank assignment forms, which enables the doctor to subsequently claim for services not provided;
- Claims for visiting nursing home patients after the patients had died;
- In one case a doctor had his lawns mowed, was charged \$20 and got the gardener to sign an assignment form for an after-hours consultation for which the doctor received \$24.

Today, there were joint task forces of police and health investigators working at both the Federal and State levels.

"It is successful not only because it combines the extensive computer resources of the Department of

Health and the investigative expertise of the AFP, but it also gives the investigators a source of knowledge on which to draw when confronted with the specialities of the professional language of the medical profession," he said.

But before action was taken against doctors for fraud or overservicing there were various mechanisms for doctors to receive the best possible advice.

Assistant Commissioner Winchester said the Department of Health had a team of health counsellors, all of whom were qualified medical practitioners, to counsel doctors.

This was done in three stages:

- Visits by the counsellors to explain Medicare and its intricacies;
- Counselling interviews where statistical or claim data had revealed patterns that caused concern, and
- An early warning interview where marked abnormalities were detected.

"The majority of the counsellors' thrust is education. And the educating of the provider in the proper use of the medical insurance system cannot be overstated as the most effective preventive measure against medical fraud," he said.



• **Acting Assistant Commissioner Col Winchester**

There were also Medical Services Committees of Inquiry in all States which inquired into services provided by doctors referred to them when evidence of overservicing was found.

If the Committees were convinced overservicing had occurred, they could recommend one or more of the following actions be taken by the Minister for Health:

- the practitioner be reprimanded;
- be further counselled;
- that medical benefits be repaid to the Commonwealth and/or registered health insurance funds or where benefits have not been paid, payment be withheld.

The Minister could also make the

facts of the case public by tabling them before the House of Representatives or the Senate.

"Another measure that deserves our whole-hearted support is the disqualification legislation that provides for doctors found by a court of law to have committed two or more offences of medical fraud against the Health Insurance Act or the Crimes Act to be automatically disqualified from access to Commonwealth and fund medical benefits for a period of three years," Mr Winchester said.

"The legislation is not draconian. It has avenues of appeal. The Minister has the power to moderate the period of disqualification, but the point of the exercise is correct — if a provider is going to abuse the system for his own financial benefit then he should not be allowed to continue using the medical insurance system as it is a system of trust."

Acting Assistant Commissioner Winchester said that in the end, the best weapon against medifraud and overservicing was that people employed in the medical sector should refuse to tolerate a few dishonest people destroying the trust and goodwill afforded by society after decades of dedicated and honest medical service by the vast majority of the profession.