

My answers to the questions posed by the board are as follows:

Question 1

No other factors.

Question 2

Yes, I support this statement. I believe that this describes the only situations which should require registration. The key is direct responsibility for clinical care.

Question 3

I support the following interpretation of this statement. It hinges on the meaning of the words: 'directing, supervising or advising other health practitioners about the healthcare of individuals.' When this is interpreted to mean 'dealing with the healthcare of individual patients' as a clinical consultant does, I support the statement. However, if and when the statement is interpreted in a more general sense, e.g. giving advice about medical subjects which could then be applied to individuals, I do not support it. The reason for this distinction is that medical advice *per se* is bandied around liberally by the media, by medical representatives of drug companies, non-medical health workers and by members of the public. Why then should doctors who, for example, write medical articles in the medical or popular press be required to be fully registered?

Question 4

I do not believe that these practitioners are 'practising the profession.' They should not require registration, as they are not directly responsible for the nature and quality of clinical care which patients receive.

Question 5

The first setting in which care is being delivered is the only one of the scenarios listed which would require the medical practitioner to be registered. The reason is that this is the only one of the settings in which patient care is involved.

Options for consideration

I do not support Option 1, i.e. no change. The existing definition of practice is far too wide ranging and is causing problems, especially for retired doctors in the non-practising category. Regrettably, option 2 does not offer a satisfactory solution. The problem lies in the wording: 'in any way that impacts on safe, effective delivery of health services.' There are so many factors which may impact on the safe, effective delivery of health services. The whole health service in a State has a major impact on the safety and effectiveness of healthcare delivery, as we are constantly reminded by the media. How then do we make a distinction between the individual practitioner and the system in this respect? While the intent of the definition may be to describe a situation pertaining to an individual, the wording does not say so. The administrative staff of the Department of Health may have more impact on the effectiveness of healthcare delivery than any of the medical staff in a State health service.

In my opinion the definition should be changed to reflect medical practice as direct patient care.

For your information I attach a copy of a letter I wrote to the Chair of the Board some months ago.

Yours sincerely

B. Shanley