Dr Joanna Flynn  
Chair, Medical Board of Australia  
Via Email: practice.consultation@ahpra.gov.au  
2 December 2011

Dear Dr Flynn,

RE: PUBLIC CONSULTATION PAPER ON THE DEFINITION OF PRACTICE

Thank you for the opportunity to provide feedback in response to the ‘Public consultation paper on the definition of practice’.

The Medical Indemnity Industry Association of Australia (MIIAA) is the peak representative body for the medical indemnity industry in this country. The member organisations provide medical indemnity services to over 70% of Australia’s medical practitioners.

Medical indemnity plays an important part in the delivery of healthcare in Australia and the member organisations of MIIAA are committed to a sustainable, quality health system. They work together in a non-competitive context aimed at benefiting all involved in the industry. MIIAA is committed to being a key communicator on the interaction between healthcare, regulatory issues and the delivery of indemnity to Australia’s medical professionals.

The MIIAA submits that it is essential that whatever definition of practice is adopted by the Medical Board of Australia, this definition must be clear and unambiguous. Additional clarification of the definition of practice could be provided by way of guidelines/explanatory notes. “Guidelines for mandatory notifications” is an excellent example of how guidelines may assist in providing direction and clarification.

The MIIAA is aware that the current broad definition of practice has created practical difficulties for some individual medical practitioners. For example, a number of medical practitioners who had retired from active clinical practice involving direct patient care but who had continued to work in the area of education have sought professional indemnity insurance to comply with the ‘Professional indemnity insurance arrangements registration standard’. Medical defence organisations have also received a number of new applications from medical practitioners seeking cover for gratuitous services.

As noted in the consultation paper, the definition of practice is linked to professional indemnity insurance in that the definition is contained in the ‘Professional indemnity insurance arrangements registration standard’. A narrow definition of practice may inadvertently result in too few people taking out professional indemnity insurance and a broad definition may result in too many.
Ultimately, however, it is important to note that the need for professional indemnity insurance is not solely related to the definition of practice. Even if a practitioner is not required to hold professional indemnity insurance under the registration standard, this should not be construed as advice from the National Boards that professional indemnity insurance is not required. Practitioners should always consider their own circumstances to decide whether it is prudent or necessary to maintain professional indemnity insurance.

Should you have any questions in relation to this feedback or seek further input from the medical indemnity industry, please contact:

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Yours sincerely,

Claire Leonard  
National Coordinator