Submission re Public consultation paper on the definition of practice

'Practice means any role, whether remunerated or not, in which the individual

uses their skills and knowledge as a health practitioner in their profession. For the purposes of this registration standard, practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy

development roles, and any other roles that impact on safe, effective delivery

of services in the profession.'

As it stands at the moment it appears that the definition of "practice" may lead to may unintended and quite anomalous situations. Many of these relate to senior retired practitioners.

As outlined in the consultation paper in order to teach medical students, to provide advice on therapeutic matters and good medical administration, and even to provide comment on medical matters in the community a medical practitioner should be registered. Taken to its limit the present policy would required a retired Nobel laureate in medicine to be registered before public comment or giving advice in his previous area of expertise. However registration now imposes very significant costs both financially and in terms of the requirement for continuing professional development. The costs have escalated significantly with the advent of national registration. Also the requirement to have done 100 hours of continuing development in a year will in many instances pose both difficulties, for example how does one take part in practice quality assurance when retired, and costs as attendance at scientific meetings is one of the best ways of keeping up to date. Many retired medical practitioners will decide that these requirements are too onerous for the occasional, often voluntary help, with teaching or other matters, and walk away from the whole process, thereby denying the profession and the public at large of a wealth of experience and expertise at a time when with the aging of the population such help may be sorely needed.

I believe that the expansion of the definition of practice is unnecessary

The Board's fundamental and essential role should be to provide assurance to members of the public that registered medical practitioners whom they consult and on whom they rely for their treatment are properly licensed. This would include all direct patient contact and all consultations for testing such as in radiology and pathology – in other words broadly the range of services covered by Medicare. Where other institutions are involved, these should bear the responsibility for ensuring competence. For example a retired practitioner teaching students will do so under the auspices of a medical school which has a duty to its students to

vet the teachers it uses. In other situations there may the responsibility may rest with the user of the practitioner's expertise. For example a medical practitioner should be free to consult a senior colleague either concerning a medical situation in general or concerning a specific patient and in doing so will use his/her knowledge of the reputation of the practitioner consulted. This should be acceptable without registration so long as the sole responsibility for care remains with the consulting practitioner and this does not constitute a "formal consultation" with the implications for responsibility for care.

In other situations in the public arena medical practitioners should be treated no differently from professionals in other spheres and the attempt implied in the definition to prevent retired practitioners from taking part normal public affairs is completely unacceptable.

Indirect roles in relation to care of individuals

Health practitioners who are in roles in which they are directing, supervising or advising other health practitioners about the health care of individuals would also be expected to have the qualifications and contemporary knowledge and skills to do so as there is potential to alter the management of the patient/client.

Question 3: Do you support this statement**? No**

In general the criterion should be whether the health practitioner in this role has any direct responsibility for patient care (direct responsibility for care include provision of laboratory and imaging services).

Non-clinical roles / non-patient-client care roles

There are experienced and qualified health practitioners who contribute to the community in a range of roles that do not require direct patient/client contact and whose roles do not

“impact on safe, effective delivery of services in the profession”. Examples are some management, administrative, research and advisory roles.

Question 4: Do you believe that health practitioners in non-clinical roles / non-patient-client care roles as described above are “practising” the profession? Please state and explain your views about whether they

should be registered and if so for which roles?

No. Not in the sense of needing a licence to practice

Education and Training

Experienced health professionals are vital to the education and training of health professionals. Their roles in education have an impact on safe and effective delivery of health services both directly and

indirectly.

Question 5: For which of the following roles in education, training and assessment should health professionals be registered?

. Settings which involve patients/clients in which care is being delivered ie when the education or training role has a direct impact on care, such as when students or trainees are providing care under the direction, instruction or supervision of another practitioner
– **Not unless the practitioner is taking responsibility for the care of the patient either directly or through a supervisory role.**

. Settings which involve patients/ clients to demonstrate examination or consulting technique but not the delivery of care -**NO**

. Settings which involve simulated patients/clients - **No**

. Settings in which there are no patients/clients present -**NO**

Option 1 – No change

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. For the purposes of this registration standard, practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession.

The current definition of "practice" captures all activities and settings in which an individual with

qualifications as a health practitioner might be involved professionally. It protects the public by

requiring health practitioners to be registered and to meet the registration standards.

Question: Do you support this option? **NO see above**

Option 2 – Change the definition to emphasise safe and effective delivery of health care

As stated above, the current definition of "practice" captures the various settings in which a health practitioner may use his or her knowledge and skills and provides for the changing nature of health care delivery.

The current definition could be changed to place the emphasis on safe and effective delivery of health care.

Practice means any role in which the individual uses their skills and

knowledge as a health practitioner in their profession in any way that impacts

on safe, effective delivery of health services.

Question: Do you support this option? **No "**on safe, effective delivery of health services" is a meaningless phrase and could be construed to include advice about equipment, nursing procedures, admission procedures and even student teaching.

Yours sincerely,

Dr D. Jupe