

Medical Deans Australia and New Zealand Inc (Medical Deans)

Submission to National Boards' consultation on Definition of Practice

Medical Deans is pleased to respond to the AHPRA Consultation Paper on definition of 'practice'. The organisation has previously written to the Medical Board of Australia expressing concern at the impact of the current definition of practice on medical doctors who contribute on an occasional basis to the teaching of medical students outside a clinical context. There is a particular need for a kind of non-practising registration in medicine which Medical Deans is seeking to ensure is met so that the expertise of recently retired doctors can be fully utilised within medical education settings.

Most medical schools in Australia greatly value the teaching and mentorship that is provided by doctors who have retired from clinical practice permanently or temporarily, but retain the currency of their medical knowledge. They often serve as tutors in teaching sessions that do not involve any contact with patients, such as problem-based learning sessions and discussion sessions on communication, ethics, professionalism and medical humanities. Retired surgeons are often interested in serving as anatomy tutors and retired pathologists have served very successfully as demonstrators in anatomical pathology. These doctors often teach on a voluntary basis or accept only modest honoraria to cover their expenses.

Many of these doctors contributing on an occasional basis to the teaching of medical students perceive themselves as 'non-practising' in the sense that they do not see patients or they hold mainstream non-clinical positions. They therefore consider that they should be eligible for 'non-practising registration'. However, the Board has defined 'practice' as including 'any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession' (*sic*); this includes '...education...and any other roles that impact on safe, effective delivery of services in the profession.' Tutoring and demonstrating to medical students is clearly 'education' and could be construed as, indirectly, activities 'that impact on the safe, effective delivery of services'. Under this interpretation, it appears those involved in occasional non-clinical teaching must maintain full practising registration.

For these reasons, Medical Deans does not support the retention of the current definition of practice.

'Practice' should be interpreted as provision of direct clinical care. Further, Medical Deans submits that AHPRA should provide guidance on the circumstances when non-practising registration is appropriate including that such registration is sufficient for health practitioners who are not directly supervising or advising other practitioners about the direct clinical care of an individual/s and who undertake teaching and research which does not directly impact on the provision of clinical care.

To this end, Medical Deans proposes that Option 2 as proposed in the Consultation Paper be modified as follows.

Definition:

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 **direct clinical care** ~~health services~~.

Further explicit guidelines should be provided as follows:

Guidance:

For the avoidance of doubt, excluded from the definition of practice is teaching, scholarship or research undertaken by clinicians, public health clinicians, medical administrators and academics with a medical degree who do not hold medical registration where the activity does not impact on direct clinical care. Examples include retired medical practitioners, and academics with an Australian or international medical degree who are not in active clinical practice but who contribute to teaching, scholarship or research outside of the clinical context.

In response to the specific questions in the Consultation Paper:

Question 1: *Are there any other factors that the National Boards should consider when advising whether or not a person needs to be registered?* In our view, there are no other substantial factors but (2) and (3) should be modified to reflect our preceding comments.

Question 2: *Do you support this statement? Please explain your views.* Medical Deans supports this statement if the suggested changes are incorporated in option 2 and the definition of the non-practising category (p5 of 8), the statement will then be consistent with a definition of practice confined to provision of direct clinical care.

Question 3: *Do you support this statement? Please explain your views.* Medical Deans supports this statement as long as the direction, supervision or advice relate to provision of direct clinical care.

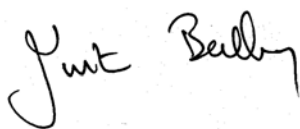
Question 4: *Do you believe that health practitioners in non-clinical roles / non-patient-client care roles as described above are "practising" the profession? Please state and explain your views about whether they should be registered and if so for which roles?* Management, research and advisory roles are difficult to classify as they may have a direct impact on patient care - one problem is that the same role can sometimes be filled by a person who is not a health professional. This would be less problematic if the Board provided explicit guidance that non-practising registration is sufficient for health practitioners who are not directly supervising or advising other practitioners about the direct clinical care of an individual(s) and who undertake roles, including teaching and research, which do not directly impact on provision of direct clinical care.

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* **Yes**
- *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**

Medical Deans is aware of the submission on these matters from the Australian Medical Council. We believe that the proposed definitions put by AMC (page 5 of its submission) are sensible and respond directly to the need which Medical Deans is trying to meet on behalf of its members. We would be pleased to see these definitions further developed, but would also again emphasise that some very specific examples on non-practicing roles accompany those definitions consistent with the guidance proposed on page 1.

Further we also support the AMC approach for additional explanation to support public health physicians, medical administrators to be registered as practicing where the circumstances warrant.



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