

Dear Sir,

This letter is in response to your invitation to make a submission concerning the definition of "practice".

I have read your paper released on 3rd October 2011 on the subject. In that paper a number of questions are asked.

Question 1. The factors 1 to 6 listed on P5 of the paper are, in opinion, complete.

Question 2. I agree with the statement. A health practitioner having direct clinical contact with patients must be registered.

Question 3. The answer to this question is not as clear cut as the previous two. There are number of situations in which a practitioner may be asked advice in which it would seem advantageous for the consulted practitioner to give advice but without being registered. For example, in a situation in which clinical and ethical matters collide a discussion between practitioners may result in issues being clarified; in this situation the treating practitioner might consult an ethicist who would not be registered, so why should a senior, experience colleague need to be registered? Such a requirement seems discriminatory. Another example would be a practitioner faced with an unusual situation for which a non-conventional approach or rarely used instrument is required in which case advice from an experienced practitioner who know the heuristics would be valuable.

Question 4. Practitioners who are using their professional knowledge and experience in a manner that does not impinge on patient care should not need to be registered. In addition to the roles mentioned (management, administrative, research and advisory) education should be added. The latter in particular is important. It is not widely realised that much teaching in surgery is done *pro bono* by surgeons including retired surgeons. The basic surgical techniques such as making incisions, tying knots, closing wounds, joining bowel or vessels, observing sterile technique and being aware of safety issues do not change rapidly. Much teaching is now done in structured courses the content of which is determined by a group of experts, but is delivered by groups of practitioners, many of whom are no longer in active practice. Requiring all these persons to maintain full registration would seriously interfere with surgical teaching in this country. Equally, participation in research in a role that does not impinge on direct patient care should not require the individual to be fully registered.

For these reasons option 1 – no change - is potential damaging and I do not support it.

Option 2 expresses the fundamental tenet of delivering health care that is safe and effective, but allows some flexibility in interpretation that is desirable. It should replace the present definition.

Yours faithfully,

H. Martin