



Definition of Practice Consultation
AHPRA
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ACT 2601

28 November 2011

The Manager

RANZCO submission on definition of practice

The Royal Australian and New Zealand College of Ophthalmologists (RANZCO) makes the following submission about the AHPRA definition of “practice” for health professions.

The current definition is:

“Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. 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.”

Since this definition was first promulgated, the medical profession has been concerned about its restrictive nature.

RANZCO believes the definition is particularly restrictive. For example:

- retired medical practitioners (whether on the register as practising or registered as “nonpractising” or not registered at all), are significantly penalized if they wish to :
 - participate in any College education, training or assessment activities organised by the College. Examples of such activities include:
 - training post assessor
 - teaching students clinical signs and history taking with patients
 - participating as a member of College, or health Institute boards and committees
 - conducting research programs which do not impact directly on patient care
 - educational workshops/meetings about ophthalmic diseases.



- participate in other education, training or assessment activities organised by others such as universities, Australian Medical Council, hospitals or any other health institute.
- the nonregistered or non-practising category of registration precludes any activities that are deemed to be related in the definition to “practice ” and hence cannot do any of the above activities
- those who are registered, but effectively retired and not treating patients may have terminated any professional indemnity insurance, and only do minimal appropriate continuing professional development. If such a practitioner wants to participate in the above educational type activities – then the person is deemed to be practising. They would then need to hold professional indemnity insurance and continuing professional development appropriate to those tasks. This would be time and financially expensive - all to no useful purpose and a major disincentive to be involved.

The situation is further complicated by the indication and definition of “non-practising” registration. This type of registration may be suitable for:

“ medical practitioners who:

- *have retired completely from medical practice,*
- *are not practising temporarily (for example, on maternity or paternity leave) or*
- *who are not practising in Australia but are practising overseas.”*

Medical practitioners with non-practising registration cannot undertake any educational, training or assessment activities. They are not permitted to prescribe or refer, regardless of whether they are being remunerated. So, although this clearly means such a practitioner has no registration to treat patients in any way, they are excluded from any other activities, which do not put patients at risk.

Surely it can be argued that the aim of any definition of “practice” is to ensure patient safety in the direct patient care scenario. The current definition is far more restrictive than this aim. It is important that the definition is changed, and becomes more specific to direct clinical care.

There is also a second problem relating to medical registration and the definition of practice concerning College fellows, who hold medical registration in New Zealand. There are many such fellows who contribute to College activities in Australia that are of an educational, research, advisory, regulatory or policy development roles. For example:

- members of the qualification and education committee, which decides on training curriculum, educational standards etc
- members of examination committees



- Board and Council members
- training post, assessment teams
- contributing to educational workshops at conferences

A similar issue arises when considering overseas, invited speakers to educational events.

This problem would be obviated if the definition of practice was not as wide ranging. The same problem may also occur for Australian registered medical practitioners doing similar activities in New Zealand.

RANZCO believes that AHPRA needs to urgently recognise this anomaly in the registration standard, which legally provides a barrier to the operations of trans-Tasman colleges and overseas visiting medical practitioners, who are invited to contribute to educational events.

The discussion document poses a number of questions which the submission provides the following responses:



Question 1:

The discussion document acknowledges that there is minimal risk to the community if practitioners are not registered or are in the non-practising category if:

- (1) they do not have direct clinical contact and*
- (2) their work does not “impact on safe, effective delivery of services in the profession” and*
- (3) they are not directing or supervising or advising other health practitioners about the health care of an individual(s) and*
- (4) their employer and their employer’s professional indemnity insurer does not require a person in that role to be registered and*
- (5) the practitioner’s professional peers and the community would not expect a person in that role to comply with the relevant Board’s registration standards for professional indemnity insurance (PII), continuing professional development (CPD) and recency of practice and*
- (6) the person does not wish to maintain the title of “registered health practitioner”.*

RANZCO believes item (2) is too restrictive, by using the words “services in the profession”, which is very non-specific and could embrace educational and training type services for the profession.

This phrase could be changed to: “impact on delivery of patient care services”

The other items listed are appropriate, and no further additions are recommended

Question 2:

RANZCO endorses the statement:

When health practitioners provide advice, health care, treatment or opinion, about the physical or mental health of an individual, including prescribing or referring, it is clear that there is a level of risk to the public. The public and the practitioners’ professional peers would expect that this group of health practitioners would have the qualifications and the contemporary knowledge and skills to provide safe and effective health care within their area of practice. It would be expected that these practitioners will meet the standards set by the Board and therefore should be registered

Question 3:

RANZCO endorses the statement:

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 4:

RANZCO does not believe that health practitioners in nonclinical roles / non-patient roles are really practising the profession. As such, they do not impact on safe, effective health care of individuals. This would include some management, administrative, research and advisory roles. The role of professional medical administrators however, is more complex and would in most instances need to be considered as practising their profession.

Question 5:

RANZCO agrees that health professionals should be registered as practising in the following settings:

- *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*

RANZCO does not believe health professionals should be registered as practising in the following settings:

- *Settings which involve patients/ clients to demonstrate examination or consulting technique but not the delivery of care*

The following settings are more difficult to be specific about:

- *Settings which involve simulated patients/clients ,*
- *Settings in which there are no patients/clients present ,*

In these settings, the appropriateness of the individual should be that determined by the educational Institute. For example: the teacher should have the appropriate qualifications to impart knowledge relating to best evidence based clinical practice.



Alternative options for definition of “practice”

Option 1:

RANZCO rejects the no change option, as argued previously.

Option 2:

RANZCO does not endorse the following option:

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

The term “health services”, is very wide ranging and could be construed to include education, training, College activities, policy development, and some administrative roles.

If this option was to be adopted, it would require a number of guidelines to help clarify the meaning of “effective delivery of health services”. Such guidelines should specifically identify those activities that would be excluded. It would be difficult to compile a comprehensive list.

A further alternative option:

RANZCO would endorse the following alternative option:

“Practice means any role in which the individual uses their skills and knowledge as a health practitioner in their profession that

- a. directly impacts on safe, effective delivery of health care to a patient,*
- b. or the health services that directly enable such care”*

This definition would require a health professional

- maintain adequate continuing professional development,
- comply with recency of practice definitions and
- professional indemnity insurance.

A health professional would not be deemed to be practising if:

- they do not have direct clinical contact and
- their work does not impact on safe, effective delivery of patient care services and
- they are not directing or supervising or advising other health practitioners about the health care of an individual(s) and
- their employer and their employer’s professional indemnity insurer does not require a person in that role to be registered and
- the practitioner’s professional peers and the community would not expect a person in that role to comply with the relevant Board’s registration standards for professional indemnity insurance, continuing professional development and recency of practice and
- the person does not wish to maintain the title of “registered health practitioner”.



RANZCO



The Royal Australian
and New Zealand
College of Ophthalmologists

THE MEDICAL EYE SPECIALISTS

Should any clarification be required regarding this submission please contact the chief executive officer (Ms Susi Tegen).

Yours faithfully

Dr William Glasson
President