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C/O practice.consultation@ahpra.gov.au

To Whom it May Concern,

Re: Public Consultation paper on the Definition of Practice

The Royal Australasian College of Medical Administrators (RACMA) would like to thank the Australian Health Practitioner Regulation Agency (AHPRA) for the opportunity to comment on the common "definition of practice" used by the Medical Board of Australia and others. The College was also represented by several Fellows at the Victorian Forum held on the 22nd of November.

The College's responses to the questions embedded in the consultation paper are listed in order below:

Definition

Question 1: *Are there any other factors that the National Boards should consider when advising whether or not a person needs to be registered?*

RAMCA supports the current definition and sees no need to change it. Using their skill and leadership role the specialist medical manager draws on a combination of clinical and management competencies, to form a bridge between the needs of doctors, other clinicians, government and business to achieve the operational needs of health services and deliver safe patient care outcomes. The integration of medical and management knowledge enables the medical administrator to work through others to accomplish complex outcomes while simultaneously being accountable and accepting responsibility for medical services outcomes. While medical management is not directly involved in the diagnosis and treatment of patients, the medical manager brings to decisions a medical 'lens' through which they are able to make 'safe' decisions for populations of patients and to address issues which impact direct patient care. It is the application of this medical lens that distinguishes medical management as a specialty.

Direct clinical roles / patient or client health care

Question 2*: Do you support this statement? Please explain your views.*

Yes. RACMA supports this statement.
Many medical practitioners in roles where' hands-on' patient care is not observed are still bringing their medical knowledge and skill to decisions that directly impact safe and effective patient care. Registration for these roles allows the public, peer professionals, employers and other agencies to rely on a level of professional standards being attained and maintained by these individuals in the

context of contemporary Australian practice, which would be otherwise difficult to ascertain. This is particularly relevant in an industrial context, where positions relating to these roles have registration as an essential requirement.

Indirect roles in relation to care of individuals

Question 3*: Do you support this statement? Please explain your views.*

Yes. RACMA supports this statement for the same reasons as above and with the addition of "It would be expected that these practitioners will meet the standards set by the Board and therefore should be registered."

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

RACMA is of the view that specialist medical administrators are practitioners 'in - practice' because they are working in a health role and making decisions that may impact directly on patients and clinicians' delivery of services. Medical administrators/managers should not be excluded from the requirement to register as 'practising'.

Medical administrators/managers and (many more medical specialists in part time management roles/positions) should be registered as they are 'practising' in a professional capacity. Patients, other clinicians and the general community are entitled to rely on the level of professional standards reflected via the register.

RACMA is of the view that unless a practitioner is fully retired they should maintain their registration and the obligations that go with that.

Education and Training

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*
- *Settings which involve patients/ clients to demonstrate examination or consulting technique but not the delivery of care*
- *Settings which involve simulated patients/clients*
- *Settings in which there are no patients/clients present*

Are there any other settings that are relevant and if so, what are your views about whether health practitioners should be registered to work in these settings?
Please explain your views.

RACMA is of the view that unless a practitioner is fully retired they should maintain their registration and the obligations that go with that.

Options for consideration

Option 1 – No change

RACMA supports no change.

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

RACMA does not support this proposal.

Other Comments

The Non-practising category is meaningless as indicated on page 4 of the document, which indicates that such a practitioner 'must not practise'. By implication, a practitioner who chooses not to be registered at all but continues to undertake activities using their expertise as a clinician/knowledge diminishes all forms or governance in relation to clinical practice.

It would assist practitioners in determining whether or not they are required to be registered as practising if AHPRA specified categories of 'exclusions' i.e. which categories would be considered to 'not be in practice'.

Where doctors who have otherwise retired from practice are serving on College boards/committees or as tutors/examiners, where it is conceded they would still be 'practicing,' perhaps there could be some modification to the Continuing Professional Development, Recency of Practice and Professional Indemnity requirements for registration. In such cases, the relevant College would be well placed to form a view on the appropriateness of the particular doctor's competence for that role (including consideration of their continuing professional development and recency of practice) and the College might be expected to indemnity its officer through Directors and Officers 'or similar insurance coverage.

For any such specialists who are predominantly practising in managerial or administrative roles, where their College is assessing the suitability of their continuing professional development and recency of practice, they might for example expect completion of a modified CPD program developed with RACMA.

There needs also to be clarity around NZ fellows who do work for the colleges in Australia (e.g. faculty examiners) when they are not registered in Australia.

RACMA does not accept that "some administrative, managerial" etc roles are non-clinical roles/non-client-patient care roles (see page 6 of the consultation document). While such roles may appear indirect' the practitioner is still 'practising' their craft and in so doing influencing patient care.

Of interest is the Medical Council of NZ which defines the practice of medicine as including any of the following:

- *advertising, holding out to the public, or representing in any manner that one is authorised to practise medicine in New Zealand*
- *signing any medical certificate required for statutory purposes, such as death and cremation certificates*

- *prescribing medicines, the sale or supply of which is restricted by law to prescription by medical practitioners*
- *assessing, diagnosing, treating, reporting or giving advice in a medical capacity, using the knowledge, skills, attitudes and competence initially attained for the MB ChB degree (or equivalent) and built upon in postgraduate and continuing medical education (CME), wherever there could be an issue of public safety.*

Notes

1. *"Practice" in this context goes wider than clinical medicine to include teaching, research, medical or health management, in hospitals, clinics, general practices and community and institutional contexts, whether paid or voluntary.*
2. *Emergency care is so much a part of a doctor's professional ethic that, in the opinion of the Council a qualified doctor who is not registered may render medical or surgical aid to any person in an emergency when a registered doctor is unavailable.*

This is a very wide ranging definition, which has been helpful over the years with doctors causing concern. One does not need to hold a current Annual practising certificate (APC) to be registered in NZ but the presence of a current APC is shown on the register, which is publicly available.

Thank you for the opportunity to comment.

Yours sincerely

Dr Karen Owen
Chief Executive