

Dr Joanna Flynn
Chair
Medical Board of Australia

via email: practice.consultation@ahpra.gov.au

Dear Dr Flynn

The AMA is pleased to comment on the *Public consultation paper on the definition of practice* released in October 2011.

The object of the *Health Practitioner Regulation National Law 2009* (the National Law) to

provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered (paragraph 3(2)(a))

leads many people to assume that the only medical practitioners who need to be registered are those who are treating patients i.e. diagnosing, treating and prescribing.

The AMA believes that the practice of medicine extends to medical practitioners who are acting in a capacity that directly impacts on safe patient care. These roles might include:

- clinical teaching;
- health service delivery planning and budgeting;
- medical administration and planning at a population level;
- research;
- assessing/accrediting; and
- providing expert medical opinion.

These roles require current professional medical knowledge, and usually have (at some point in time) a direct impact on medical practitioners who are treating patients.

While we recognise that some institutions may not require individuals in these roles to hold registration as a medical practitioner, we consider the appropriate test for these institutions is whether a person who hasn't completed medical training could appropriately carry out these roles.

The current definition of practice used by the Board satisfactorily covers the medical practitioners that should be registered for the purposes of the National Law.

All registered medical practitioners should be required to meet the same continuing professional development (CPD) requirements (tailored to their scope of practice).

Registration fees

The AMA acknowledges that medical registration fees are intended to cover the administrative costs of registration and managing notifications, and the external costs of notifications (i.e. legal fees and tribunal costs).

Medical practitioners in roles that do not involve direct patient care are less likely to attract notifications or have impairments or conduct issues that would require administrative action by AHPRA and the Medical Board. Consequently, the administrative costs for managing the registration of these people would likely be lower than for people that provide direct patient care.

The AMA urges the Board to waive a proportion of the registration fee for medical practitioners in roles that warrant registration but do not involve direct patient care.

Pro bono practice

Similarly, the AMA urges the Board to waive a proportion of the registration fee for medical practitioners who provide direct patient care on a pro bono basis.

The registration arrangements need to take account of the fact that 28 per cent of registered medical practitioners are over the age of 55. It is important that the registration arrangements ensure that there are sufficient medical practitioners to meet patient demand. In transitioning to retirement, many older members of the medical workforce choose to scale down or limit their scope of practice and provide direct patient care on a pro bono basis.

The Medical Board would be aware that the medical indemnity insurers offer reduced premiums in these circumstances, which is reflective of the reduced level of exposure to medico-legal risks. The AMA considers that there is a proportionate reduced level of risk in terms of notifications for these practitioners.

The registration arrangements should support registrants, who may be considering retiring, to maintain their registration in order to remain in the workforce and contribute as an active member of the medical profession.

In the absence of detailed publicly available data on the full administrative costs to manage notifications about medical practitioners, the AMA is not in a position to reasonably proffer an amount of the registration fee that should be waived in the two circumstances proposed.

Non-practising registration

The non-practising registration category should be available to people who are not in roles described above. People in the non-practising category might be those who teach anatomy or who are in research roles where the likely direct impact on safe patient care is negligible.

The AMA agrees with the Board's *Frequently asked questions* document that provides for medical practitioners to be registered in the category if they:

- 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.

It is important that individuals who have retired from medical practice but who want to remain a member of the medical profession in a formal way continue to have access to this registration category.

If you have any questions, please contact Belinda Highmore on (02) 6270 5439 or by email to bhighmore@ama.com.au.

Yours sincerely

A handwritten signature in black ink that reads "Steve Hambleton". The signature is written in a cursive style with a horizontal line extending from the end.

Dr Steve Hambleton
President

5 December 2011

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