



The Royal Australian  
College of General  
Practitioners

# *RACGP Submission to the Australian Health Practitioner Regulation Agency*

*Public consultation paper on the definition of  
practice*

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2 December 2011

## 1. Introduction

The Royal Australian College of General Practitioners (RACGP) thanks the Australian Health Practitioner Regulation Agency (AHPRA) for the opportunity to provide input regarding the definition of practice for health professionals.

The RACGP is the specialty medical college for general practice in Australia, responsible for defining the nature of the discipline, setting the standards and curriculum for education and training, maintaining the standards for quality clinical practice, and supporting general practitioners in their pursuit of excellence in patient care and community service.

Discussion within this submission is made in response to the consultation paper titled *Public consultation paper on the definition of practice*, available at: .

<http://www.medicalboard.gov.au/documents/default.aspx?record=WD11%2F6040&id=AP&checksum=IW%2BUiXZa7%2Fzp6lIXpGcJKw%3D%3D>

## 2. RACGP response to consultation paper

The RACGP welcomes discussion on the definition of practice, as the current broad definition has effectively precluded retired and semi-retired medical practitioners from any continued involvement in their profession. Given Australia's current workforce shortages, combined with the large number of medical students and interns currently undergoing training, it seems counter productive to preclude these medical practitioners from contributing to the medical profession both directly and indirectly.

Retired and semi-retired medical practitioners must be supported to continue to contribute to their specialty.

In the following submission, the RACGP provides input regarding:

1. Scope of the definition of practice
2. Registration fees
3. Continuing professional development
4. Definition of practice questions.

### 2.1 Scope of definition

While the RACGP agrees that the current definition should remain broad enough to encompass the various roles and settings in which a medical practitioner may use their professional knowledge and skills, it is inappropriate to require registration for roles that could be performed by someone who is not a qualified medical practitioner. This includes roles in health sector administration, management, regulation, and policy formulation.

Requiring registration for these roles places an unnecessary and discouraging burden on medical practitioners considering roles within the health sector that do not necessarily require medical knowledge or skills to perform, even though it may be advantageous to have such qualifications.

Therefore, the definition of 'practice' should be clarified to ensure that non-registered medical practitioners can continue to contribute to the profession and the health sector indirectly.

## **2.2 Registration fees**

While it may be appropriate to have a broad definition of 'practice' that requires registration, the registration fees require review, as it is important to recognise, value, and encourage the continued contribution of medical practitioners who are seeking to reduce their practice hours in lead up to retirement.

If the current situation continues, their complete withdrawal from the medical workforce will both increase the workload of the doctors who remain in the system and impact future generations of doctors due to the limited availability of experienced medical practitioners to meet their education and training requirements.

To encourage their continued involvement, the RACGP believes that there should be a partial fee waiver for medical practitioners who are semi-retired, or winding down practice.

Medical practitioners, who have been continuously registered for 30 or more years and have reduced their practice to 0.3 full time equivalence (FTE) or less, should be eligible for significantly discounted registration. Introducing a fee reduction for such eligible medical practitioners:

- recognises the contribution they have made to the profession
- recognises our reliance on medical practitioners aged 55 or older in delivering the workforce support needed by Australians nationally
- reduces disincentives for their continued involvement in the profession as they decrease their contact hours.

Additionally, given the reduced scope of practice and/or volume of patients, the College believes that it is less likely that these medical practitioners will be subject to notifications from the public, and therefore it would be appropriate to recognise the reduced administrative costs associated with their continued registration.

## **2.3 Continuing professional development for semi-retired medical practitioners**

The RACGP believes that semi-retired medical practitioners, still practicing in some form, should continue to meet the Continuing Professional Development (CPD) requirements of their specialist medical college, as it is important that their skills and knowledge are contemporary and up-to-date. Our College, provides this free of charge for all 35 year + members. The Medical Board of Australia should encourage all medical colleges to do so to reduce financial disincentives to workforce participation for senior medical practitioners.

## **2.4 Definition of practice questions**

The RACGP provides the following responses in relation to the five questions posed in AHPRA's discussion paper on the definition of practice:

1. The RACGP believes that Criterion 2, "their work does not impact on the safe delivery of services in the profession" is too broad.

For example, it could be argued that medical practitioners working in health related organisations in management, administration, regulatory, policy, or academic roles, would require registration as their work may in some indirect way impact on service delivery in the profession. The RACGP believes that, as these roles can be performed by someone who is not a qualified medical practitioner, there is little justification to require registration.

The College therefore recommends that Criterion 2 be amended. For example, it would be more realistic to look for evidence of a *direct* impact on safe and effective service provision to determine whether there is any need for some form of registration.

2. The RACGP would expect medical practitioners providing their professional opinion, advice and/or health care for physical or mental health problems to be registered practitioners.
3. The RACGP would expect medical practitioners who are directing, supervising or advising other medical practitioners about the health care of patients to have the appropriate qualifications, knowledge and skills. As noted above however, semi-retired medical practitioners or medical practitioners winding down their practice should be eligible for a registration fee waiver.
4. Similar to question 1, the RACGP does not believe that medical practitioners working in roles that could be performed by someone who is not a qualified medical practitioner should require registration. Examples include, but are not limited to, research, policy, administrative, and management roles.
5. The College believes that any role that has a direct impact on patient safety should require registration.

### **3. Concluding comments and recommendations**

In summary, the existing definition should largely remain the same to encompass the range of roles and settings in which medical practitioners are required to use their medical knowledge and skills to ensure safe and effective service delivery. However, the definition should not include roles that someone who is not a qualified medical practitioner can perform.

The RACGP also recommends that a partial fee waiver be implemented for medical practitioners who have been registered for 30 or more years and are either semi-retired or are winding down their practice to less than 0.3 FTE.