



ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

SUBMISSION TO THE AUSTRALIAN HEALTH PRACTITIONER REGULATION AGENCY

DECEMBER 2011

PUBLIC CONSULTATION ON THE DEFINITION OF PRACTICE

The Royal Australasian College of Surgeons welcomes the invitation from the Australian Health Practitioner Regulation Agency (AHPRA) to participate in its public consultation process regarding the definition of practice.

Formed in 1927, the College is a not-for-profit organisation training surgeons and maintaining surgical standards in Australia and New Zealand. A Fellowship based organisation, the College is committed to ensuring the highest standard of safe and comprehensive surgical care for the community we serve through excellence in surgical education, training, professional development and support. As part of this commitment the College strives to take informed and principled positions on issues of public health.

The College believes the definition of practice must be considered in the context of an ageing health workforce and the unprecedented number of medical school graduates who will soon be seeking specialist training.

Many surgeons who have retired from clinical practice continue to contribute to the profession in a range of ways. Much of the College's training programs is reliant on the considerable wisdom and experience of these Fellows. Retired Fellows also play an important mentoring role, often advising surgeons in clinical practice. And retired Fellows perform administrative and quality assurance roles.

The College believes the health care system must properly value and support those practitioners who have retired from active clinical practice but still wish to remain part of the profession that they have served diligently and with distinction most of their adult lives. This is particularly so given that these roles are often performed pro bono and there is a growing demand for these services.

The definition of practice as it currently stands is too broad and places these important roles at risk if it is to be used as the criterion for determining eligibility for registration. The College believes the current definition is in fact a broad description of professional activity and that the primary concern of the Medical Board of Australia (MBA) should be those aspects of professional activity that relate to direct patient care – the "doctor-patient" relationship.

The College is strongly of the view that considerations of patient safety dictate that individuals directly responsible for an individual's medical care must be appropriately registered.

Although patient care should be the basis on which registration is awarded, the MBA should not exclude itself from the investigation of allegations of unprofessional conduct in non-direct patient care.

With reference to the public consultation paper on this matter (page 7), the College would support Option 2 with minor modifications as the definition of practice upon which the awarding of registration depends, but supports the adoption of Option 1 as a description of professional behaviour, thus reserving the right to take subsequent action should complaints be received.

While the College appreciates that the MBA cannot create new categories of registration, it may be possible to create a form of limited registration. Eligibility for limited registration could include:

- a) A declaration of no direct patient care;
- b) no provider number; and
- c) no prescriber number.

Limited registrants should be exempt from Continuing Professional Development and medical indemnity requirements.

By choosing limited registration practitioners would still be registered and, although not participating in direct patient care, would subject themselves to scrutiny and the possible investigation of non-clinical professional behaviour.

Another issue of serious concern to the College arises from the fact that many medical colleges are bi-national or international (the current President of the Royal Australasian College of Surgeons is registered in New Zealand). Practitioners registered in other countries have traditionally provided an extremely valuable service to the Australian population. Until now, they have not sought registration in Australia unless their role involved direct patient care. This arrangement is supported by the College and should be preserved in any changes to registration eligibility requirements. The current definition of practice is ambiguous as to their status.

Conclusion

Australia's health system cannot afford to let a valuable resource, surgeons of immense experience no longer engaged in clinical practice, to go to waste. To prevent such an outcome the College endorses the definition of practice proposed as Option 2 but with amendments. It further recommends that the option of limited registration be established which would enable surgeons retired from clinical practice to continue teaching, mentoring and working in administrative and quality assurance roles yet remain part of the profession.

Option 1 should be maintained as a description of professional behaviour.

Option 2 should be adopted as the definition of practice when medical registration is unequivocally required, but with the term "in any way that directly impacts on safe, effective delivery of health care to an individual" replacing the existing term "in any way that impacts on safe, effective delivery of health services".

The College thanks AHPRA for the opportunity to participate in its consultation process.