

Monday 30 June 2014



**The Royal Australasian College
of Medical Administrators**

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Attention:
Executive Officer, Medical, AHPRA,
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C/O medicalboardconsultation@ahpra.gov.au

To Executive Officer,

Re: Consultation – Core registration standard

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 core registration standards for continuing professional development and recency of practice.

1. Continuing professional development registration standard

RACMA supports the proposed revised continuing professional development registration standard and offers the following comments for consideration.

1.1 RACMA is of the view that the proposed continuing professional development standard should specify requirements for a practitioner with specialist registration where part of their ongoing work role is outside of their specialty scope of practice and is included in the Board's definition of medical practice (eg, Management, RACMA considers ensuring practitioners are trained and credentialed in medical management roles imperative).

This view is consistent with Item 3 within the "More information section" of the proposed standard in which it states the Board expects practitioners with more than one specialty to comply with the CPD requirements of every specialty in which they hold specialist registration.

1.2 With regards to the second dot point within Item 1 entitled "Medical practitioners who have specialist registration" from the "What must I do?" section. RACMA believes there is a need for further clarity of how the condition for a self-directed program to meet the requirements for CPD set by the relevant specialist medical college will be applied and whether the specialist medical college will be tasked with certifying the practitioner's submitted program.

RACMA is of the view that certification of compliance be provided by the specialist medical college. Where a practitioner is not a member of the College but is working in that scope, then the specialist college program, for example the RACMA Maintenance of Professional Standards Program (MoPS), will enable the evidence required by the Board.

1.3 With regards to Item 7 entitled "Medical practitioners who have general registration only" from the "What must I do?" section. RACMA is of the view that continuing professional development programs should be overseen by the specialist college whose scope of practice corresponds to the work of the practitioner. For example, there may be practitioners with general registration

performing leadership/management roles within various settings (for example, pharmaceutical industries, health insurance, government agencies, non-government organisations, consultancy services, etc), in these instances RACMA believes it should be providing oversight of the practitioners' continuing professional development through their participation in the RACMA Maintenance of Professional Standards Program.

1.4 Finally, RACMA feels the Standard would benefit by the inclusion of a detailed introductory statement and believes this can be achieved by repositioning the following statement, currently located in the "More Information" section, to the very beginning of the standard.

"Medical practitioners who are engaged in any form of medical practice are required to participate regularly in continuing professional development (CPD) that is relevant to their scope of practice in order to maintain, develop, update and enhance their knowledge, skills and performance to ensure that they deliver appropriate and safe care."

2. Proposed Recency of Practice Standard

RACMA supports the proposed revised recency of practice standard and offers the following comments for consideration.

2.1 The distinction between the subset of current practice and extension of practice be clarified.

2.2 Further qualification is warranted regarding the statement about additional training requirements when changing scope of practice to indicate that practitioners should consult with the relevant professional college. The inclusion of a statement indicating that this will have implications for continuing professional development would also be appropriate.

2.3 Further clarification on how changing to a different scope would occur in practice, particularly as a practitioner may change such that 50% of their practice is management and 50% clinical rather than a 100% variation.

2.4 It appears that "field" equals "scope" of practice within the proposed recency of practice standard therefore we suggest it may be beneficial to use the word scope for consistency with the proposed continuing professional development standard.

Thank you for the opportunity to comment.

Yours sincerely

A handwritten signature in black ink that reads "K. A. Owen". The signature is written in a cursive, flowing style.

Dr Karen Owen
Chief Executive