

Submission to the Australian Health Practitioner Regulation Agency: December 2011

Re: CONSULTATION PAPER ON THE DEFINITION OF PRACTICE (Released 3 October 2011)

The Australasian College for Emergency Medicine (ACEM – the College) welcomes the opportunity to review and provide comment on the Australian Health Practitioner Regulation Agency (AHPRA) *Consultation paper on the definition of practice*.

ACEM is a not-for-profit organisation responsible for the training of emergency physicians and the maintenance of professional standards in emergency medicine in Australia and New Zealand. The College has a vital interest in the quality of emergency care provided to the community and strongly supports a definition of *practice* used by the Medical Board of Australia (and other National Boards) that emphasises safe and effective delivery of healthcare to all patients/clients. In particular, ACEM maintains that the definition of practice should clearly differentiate clinical practice from non-clinical practice. As such the wording of the definition must be straightforward and aligned to common understanding of medical (clinical) practice.

With regards to the questions raised in the Consultation Paper:

Question 1: Registration

ACEM considers there is minimal risk to the community if practitioners are not registered, or are registered in a non-practising category if:

- (1) they do not have direct clinical contact and
- (2) their work does not “impact on safe, effective delivery of services in the profession” and
- (3) they are not directing or supervising or advising other health practitioners about the health care of an individual(s) and
- (4) their employer and their employer’s professional indemnity insurer does not require a person in that role to be registered and
- (5) the practitioner’s professional peers and the community would not expect a person in that role to comply with the relevant Board’s registration standards for professional indemnity insurance (PII), continuing professional development (CPD) and currency of practice and
- (6) the person does not wish to maintain the title of “registered health practitioner”.

As identified by the Australian Medical Council¹, the extent to which a practitioner is considered to be legally responsible for the provision of clinical care or treatment is an additional factor that the National Boards should consider when advising whether or not a practitioner needs to be registered.

The College considers that the definition of *practice* should be patient/client-centred and encompass any form of health care provided directly or indirectly to a patient/client, therefore:

Question 2: Direct clinical roles / patient or client health care

ACEM fully agrees that practitioners providing advice, health care, treatment or opinion about the physical or mental health of an individual will be required to meet the standards set by the National Board and therefore must be registered. This is consistent with provision of safe and effective health care, and aligned with contemporary community expectations.

¹ Australian Medical Council Submission to National Boards Consultation on the Definition of “Practice”

Question 3: Indirect roles in relation to care of individuals

Indirect roles that relate to the care of individuals, including directing, supervising or advising other health practitioners on the health care of an individual should also be encompassed by the definition of practice. ACEM believes that practitioners undertaking such indirect roles should be required to meet the standards set by the National Board and therefore be registered.

Question 4: Non-clinical roles / non-patient-client care roles

ACEM considers that health practitioners in non-clinical roles / non-patient-client care roles, as described in Question 1 (above), are not “practising” the profession. These roles potentially include:

- Teaching and/or assessment of trainees and students
- Non-clinical research
- Management
- Advisory and policy development
- Committee/Board membership

Practitioners undertaking these roles, where there is no direct or indirect clinical care of patients/clients, should not be required to be registered by the National Board.

Question 5: Education and Training

ACEM supports any mechanism that facilitates the engagement of experienced health professionals in the education and training of health professional trainees and students, while ensuring safe and effective delivery of healthcare to patients/clients. For example, continued teaching roles for retired practitioners should be acknowledged and enabled without having to fulfil significant onerous registration requirements.

Therefore, health professionals should be registered for roles in education, training and assessment in settings which involve patients/clients in which care is being delivered i.e. 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. Such settings involve the delivery of health services where the practitioner’s role has the potential to affect the delivery of care and management of patients/clients.

Health professionals should not be required to be registered for roles in education, training and assessment in:

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

as there is no direct or indirect involvement in the delivery of health services to patients/clients in these settings.

Options for consideration

ACEM advocates for a concise definition of practice that emphasises safe and effective delivery of health care to an individual and is consistent with the common understanding of medical practice.

Therefore ACEM supports, in principle, the proposed change in the definition of *practice*, i.e. Option 2:

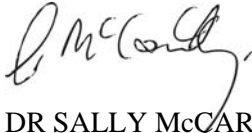
Practice means any role in which the individual uses their skills and knowledge as a health practitioner in their profession in any way that impacts on safe, effective delivery of health services.

However, the College recommends that this alternative definition should be re-worded to ensure it is patient/client-centred and suggests that, at a minimum, the following wording be added to the end of the definition:

“to any patient/client.”

Thank you again for the opportunity to provide a submission on the AHPRA *Consultation paper on the definition of practice*. If you require any clarification or related information, please do not hesitate to contact the ACEM Director of Policy and Research, Dr Andrew Gosbell (03 9320 0412 or andrew.gosbell@acem.org.au).

Kind regards

A handwritten signature in black ink, appearing to read 'S. McCarthy', with a stylized flourish at the end.

DR SALLY McCARTHY
PRESIDENT