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Dear Dr Flynn

Australian and New Zealand College of Anaesthetists Submission

Public consultation paper on the definition of practice

Thank you for the opportunity to review the public consultation paper on the definition of practice. The Australian and New Zealand College of Anaesthetists (ANZCA) is committed to high standards of quality and safety of health services and we welcome the opportunity to have input into this complex area.

We believe that the current AHPRA definition of "practice" is accurate and appropriate. Medical practitioners not only apply their medical skills and knowledge to clinical work, but also to management, administration, education, research, advisory, regulatory and policy development roles. Furthermore, it is clear that all these activities may impact on safe, effective delivery of services, albeit some more directly and rapidly than others. We therefore do not propose an amendment to this overarching definition and suggest that the solution to the current conundrum be found elsewhere. One way to solve this issue would be to introduce additional practice categories ("clinical practice" and "non-clinical practice") as outlined in the following.

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We will explore potential solutions by responding to the questions posed in the consultation paper:

Q1. Are there any other factors that the National Boards should consider when advising whether or not a person needs to be registered?

In order to progress the debate, a definition of "clinical practice" is required. We propose a modification of words used in the consultation document:

"the provision by health practitioners, directly or indirectly, of advice, health care, treatment or opinion, about the health of individual patients"

It is also necessary to reflect further on the characteristics of the medical practitioners affected by this issue, their needs and those of the community. Two broad groups of medical practitioners are affected by the existing definition of "practice" by virtue of not undertaking "clinical practice": those with general and/or specialist registration who engage solely in "non-clinical" practice of medicine and those who are retired (holding "non-practising" registration or without registration). We suggest that doctors solely in "non-clinical" practice who have chosen to maintain their practising registration have done so to fulfil employer or college requirements, or to retain flexibility. We hypothesise that these doctors are unlikely to pursue a "non-clinical" registration category if offered. We must ensure, however, that any change to registration of the retired group does not have unintended consequences on the solely non-clinical practising registration group.

It is our understanding that it is the retired group who are most disaffected by the current definition of practice". The main objection that the retired group has to re-entering the general or specialist register is the need to engage in 50 hours of continuing professional development (CPD) (general registration) or the requirements of the relevant AMC-accredited medical college (specialist registration). Further disincentives include the need to establish recency of practice (is this related to past clinical practice or current non-clinical practice?) and the expenses associated with professional indemnity insurance (PII) and registration fees.

The MBA has created the impression that it wishes all practising doctors to be registered. An advantage of universal registration is that all these practitioners are captured in reporting and planning exercises. ANZCA supports mandatory registration of all doctors who are "practising" medicine (under the current definition of "practice").

The MBA must decide, therefore, if it wishes to relax the requirements for CPD, PII, recency of practice and fees for the "retired" group who wish to undertake solely "non-clinical" activities, as this is what will be required to retain many of these practitioners in their non-clinical roles.

Q2. Direct clinical roles/patient or client health care

We would expect these doctors to have current general and/or specialist registration.

Q3. Indirect roles in relation to care of individuals

We would expect these doctors to have current general and/or specialist registration.

Q4. Non-clinical roles/non-patient-client care roles

As mentioned above, we believe that these doctors are "practising". We would expect these doctors to be registered in some way and to undertake some CPD that is appropriate to the doctor's individual practice. We suggest that the minimum amount of CPD could be lower

and that activities would not necessarily need to meet the content standards for the relevant specialist medical college (i.e. the doctor would have an individualised CPD program). Furthermore, we suggest that PII should only be required at the request of an employer, and that the recency of practice standard should be relaxed. One way to achieve this goal would be to introduce an additional practice category ("non-clinical practice") that precluded "clinical practice" (including prescribing and referring).

Q5. For which of the following roles in education, training and assessment should health professionals be registered?

As outlined above, we believe that all doctors who "practise" medicine should be registered in some way (including all the individuals described in the dot points).

Another role that is not mentioned and is relevant to our college is the role of workplace based assessors for international medical graduate specialists (IMGS) or poorly performing anaesthetists. These assessors are never involved in the care of a patient, either directly or indirectly. Furthermore, their advice is provided to a decision-making committee. We therefore believe that "non-practising" registration would be appropriate for this group.

Options

Option 1 should be retained as the overarching definition of practice.

Option 2 is effectively the same as the current definition (without the examples)

Our suggested alternative is to:

- Define "clinical" practice.
- Define a registration category of "non-clinical" practice.
- Mandate this category of registration for all doctors with "non-practising" registration or no registration.
- Establish realistic CPD requirements for this group.

Many thanks once again for inviting our submission on this important issue.

With kind regards

Professor Kate Leslie
President