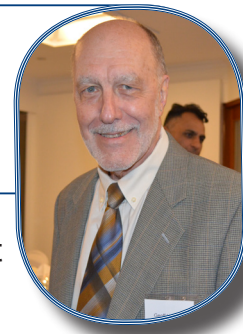


# RDMA EXECUTIVE & AMAQ COUNCIL MEMBER RETIRED DOCTOR REPRESENTATIVE DR GEOFF HAWSON



As the Retired Doctors Representative on the AMA Qld Council, I thought I would set out the following information on the changes that will/are affecting doctors who are reaching retirement age.

My aim is to provide an overview of key issues compiled from multiple documents located on the AHPRA website. My interpretation is not infallible and members should research information relevant to their situation and practice requirements.

The Medical Board's role is to ensure that all doctors who are registered to practice have the current skills, experience and qualifications to provide safe care. There are no minimum levels, but ...you must have professional indemnity to cover all aspects of your practice, and meet the Board's registration standards on Continuing Professional Development (CPD) and recency of practice.

The remainder of this article is an expansion on the following issues.

1. Definition of practice
2. Recency of practice
3. Maintenance of CPD requirements
4. Non-practicing registration (NPR)
5. Retired doctors

Medical Indemnity is important but not covered in detail here.

**1. Definition of practice:** - Practice means any role, whether remunerated or not, in which:- The individual uses their skills and knowledge as a health practitioner in their profession.

For the purposes of this registration standard, **practice is not restricted to the provision of direct clinical care.**

It also includes **using professional knowledge** (whether remunerated or not) in a

1. direct non-clinical relationship with clients,
2. working in management, or administration,
3. education,
4. research,
5. advisory, regulatory or policy development roles,
6. and any other roles that impact on a.  
safe,  
b. effective delivery of services in the profession

**2. Recency of Practice:** - To meet this

registration standard, you must practise within your scope of practice at any time for a minimum total of:

- four weeks full-time equivalent in one registration period, which is a total of 152 hours, or
- 12 weeks full-time equivalent over three consecutive registration periods, which is a total of 456 hours. (Note: implies that hours can vary per period as long as a total of 456 is reached across 3 periods although this is not stated)

Full-time equivalent is 38 hours per week. The maximum number of hours that can be counted per week is 38 hours.

**There are no exemptions to this standard**

### 3. CPD Requirements

- Medical practitioners with specialist registration must continue to meet the requirements set out by their relevant college.
- Medical practitioners with general registration (who do not have specialist registration) must continue to complete a minimum of 50 hours CPD per year. This might require some form of reflective audit. This may not be the same as the recency requirements

**Definition of CPD:** - CPD is the means by which members of the profession maintain, improve, & broaden their knowledge, expertise and competence, and develop the personal qualities required in their profession.

There are two time hurdles for registration.

**1 CPD hours** – The hours required will vary according to specialist college as per 3 above. For general registration, it may be that hours accumulated for recency of practice can count towards CPD hours, although this is unclear in the standards. Practitioners will need to consider categories of professional involvement when determining allocation of hours, for example, education under Recency of Practice appears to refer to education of others (as in lectures) and not CPD self-education (by reading or attending events).

**2 Recency of practice hours:** Many things could be counted here, but 40 weeks of non-holiday time would require 3.8 hrs per week (average) to comply. Added to this would be the 1.25 hrs per week of CPD.

**4. Non Practicing Registration (NPR):** - (FAQs 29/7/2013 on AHPRA website)

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# RDMA EXECUTIVE & AMAQ COUNCIL MEMBER RETIRED DOCTOR REPRESENTATIVE CONTINUED FROM P10: DR GEOFF HAWSON

1. NPR allows the use of the protected title "Medical Practitioner" BUT does not allow medical practice (see below).
2. Practitioners are subject to the Medical Board's jurisdiction in relation to professional conduct.
3. NPR has a reduced registration fee. (\$141 vs \$724)
4. Practitioners do not have to meet the Board's standards in relation to:-
  - a. Medical Insurance
  - b. CPD
  - c. Recency of practice.

Under the National Law, medical practitioners with non-practicing registration must not practice the profession. You cannot provide medical treatment or opinion about the physical or mental health of an individual, prescribe, or formally refer to other health practitioners. I am not sure why anyone would choose to register under NPR as individuals cannot practice medicine in any form (as defined in section 1 above – Definition of practice).

## 5. Retired Doctors

Retired doctors (as defined by AHPRA):

1. Can use the title "doctor".
2. Cannot use the title "medical practitioner".
3. **\*Cannot practice medicine** (as per above).
4. Pay no fee.

## Summary

The Definition of Practice is broad and impacts doctors who are retired and have given up their registration, or choose to register under NPR. It is the view of the Medical Board and the AMA that medical practitioners who choose to maintain any form of practice, including writing scripts and referrals for relatives and friends must maintain a category of practicing registration and must meet the Board's registration standards.

The AMA's position is that the general registration category is the best option to allow any doctor who decides to scale back their practice, for any reason, with or without remuneration, to determine their own scope of practice.

However, practising the profession includes imparting medical knowledge. Does this mean that a doctor who is non-practising or retired should not at any time discuss any aspect of medicine or healthcare? Based on the above, one could argue the answer is "yes."

In their position statement, the AMA encourages all medical practitioners to maintain registration and CPD and notes that medical practitioners have a duty, if they continue to provide patient care, to do Continuing Professional Development (CPD).

However, the CPD requirements can be met through a wide range of activities, not all of which have to be particularly onerous.

Examples listed include attending structured educational courses to reading journals and undertaking online learning activities. Both recency and CPD requirements must be met.

Although the AMA and the Medical Board appear to be in agreement, with no appetite for changing these limitations for non-practicing-registered doctors and retired doctors, it is worth noting that the AMA Queensland Council includes a Retired Doctor Representative position, which I fill.

Not all states have this position. I will continue to use this relatively unique position to advocate for change wherever possible and I am happy to receive comments from RDMA members via the Executive.

This could be discussed at the next RDMA MTG.

Geoff Hawson  
MBBS, FRACP, FACHPM, FRCPA (1976)

RDMA executive (retired doctor representative)

AMAQ Council member (retired doctor representative)

*\*\* As the definition of 'practice' is broad, practitioners engaging in non-clinical practice can be registered and will continue to meet this standard as long as they do not change the scope of their practice.*

However, if they wish to change the scope of their practice, for example to resume clinical activities, they will need to meet the requirements in this standard.