Guide for preparing an initial proposal for recognition of a new or amended medical specialty under the Health Practitioner Regulation National Law

Note this guide applies to applications for a new or amended medical specialties or a new or amended field of specialty practice

August 2019
Preparing the initial proposal for recognition of a new or amended medical specialty

This Guide gives general guidance to applicants on presenting the initial proposal for recognition of a new or amended medical specialty or new or amended field of specialty practice.

The submission and assessment of the initial proposal is Stage 1 in the two stage recognition process. A separate guide will describe the requirements of Stage 2.

**Recognition of medical specialties process**

New or amended specialties are approved by the COAG Health Council on the recommendation of the Medical Board of Australia.

The recognition of a new or amended specialty by the COAG Health Council is a ‘regulatory instrument’, and requires a rigorous assessment process. Applicants proposing a new or amended specialty (or field of specialty practice) for recognition under the National Law\(^1\) must establish that there is a need for government intervention (regulation) in the interests of the public and that existing arrangements or other regulatory or alternative non-regulatory options are unsatisfactory.

The Medical Board Australia and the Australian Medical Council have prepared *Guidelines for the Recognition of Medical Specialties and Fields of Specialty Practice under the Health Practitioner Regulation National Law* which detail the process established to assess applications and the criteria against which applications are assessed.

Applicants for a new or amended specialty submit an initial proposal to the Medical Board of Australia.

If on the basis of the initial assessment of the proposal, the Medical Board decides that there may be a case for the recognition of a new or amended specialty, the applicant will be asked to provide additional information in the form of a detailed application. The Board will assess the detailed case for recognition. This includes seeking advice from the Australian Medical Council.

If on the Medical Board concludes there is a case of recognition, it may recommend that the COAG Health Council approve a new or amended specialty.

**This guide**

The document *Guidelines for the Recognition of Medical Specialties and Fields of Specialty Practice under the Health Practitioner Regulation National Law* provides details on the information that must be provided in the initial proposal for recognition of a new or amended specialty (see Attachment A to the Guidelines).

This document does not replace or supersede the information contained in the Guidelines, but provides a suggested structure for presenting that information.

Once the applicant submits the initial proposal, the AMC or the Board may provide the applicant with opportunities to address identified weaknesses. However, the presentation of a weak case often extends the time taken to assess an application.

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\(^1\) Health Practitioner Regulation National Law, as in force in each state and territory.
Arrange access to electronic resources

If information relevant to the assessment, for example training program information, is available on the applicant’s website, and requires a username/password for access, please arrange usernames/passwords for the Medical Board and the AMC, and provide log-in details.

Formatting tips

Please provide the proposal electronically. Provide the proposal as a stand alone document, and provide a separate, indexed folder of the appendices, t

Include a table of contents, a glossary, a list of appendices, and a list of the tables and figures that are included in the body of the submission.

Number appendices, tables and figures according to the relevant section i.e. Appendix 1_1 and 1_2 are the first 2 appendices for section 1; Table 1_1 is a table included in the submission at section 1.

Provide electronic links in the list of appendices to the relevant appendix. Likewise, provide electronic links in the lists of tables and figures to the relevant point in the submission.

Please ensure that both the pdf electronic version of the submission and the collated appendices are ‘searchable’ by use of the ‘find’ function, or provide a word version of the submission.

Provide any spreadsheets as ‘protected’ Excel / Access sheets to improve readability and double-check that charts or graphs included in the submission are clear when copied.

Consideration of the initial proposal

Submit this initial proposal to the Medical Board of Australia.

The way in which the Medical Board decides whether there may be a case for recognition is described in the Guidelines for the Recognition of Medical Specialties and Fields of Specialty Practice under the Health Practitioner Regulation National Law.

If the Medical Board decides there may be a case for recognition, it will proceed with a detailed assessment, and will seek further information from the applicant.

If the Medical Board decides there is not a sufficient case for recognition of a new or amended specialty, the proposal will not to proceed to a detailed assessment. The Medical Board will inform the applicant of the outcome and will provide reasons why the application was unsuccessful.

Reference documents:

Guidelines for the Recognition of Medical Specialties and Fields of Specialty Practice under the Health Practitioner Regulation National Law
**Costs of assessment of preliminary application**

**There is a $10,000 fee for assessment of the preliminary proposal.** This upfront fee covers the cost of the assessment through the Australian Medical Council’s committee processes and providing advice to the Medical Board of Australia.

The Australian Medical Council will provide a tax invoice to the applicant upon receipt of the initial application. The Australian Medical Council assessment of the initial application will not commence until the $10,000 fee is paid.

Applicants should refer to the Guidelines for full description of the costs incurred by an applicant body in seeking the recognition of a new or amended medical specialty.

**Enquiries**

If you have any questions about the information required to submit in the initial proposal, please contact [recognition@amc.org.au](mailto:recognition@amc.org.au)

**Submissions**

Please send your completed initial proposal (application) for a new or amended medical specialty to [medicalboard@ahpra.gov.au](mailto:medicalboard@ahpra.gov.au).
Identifying information

Applicant Details

If more than one organisation is linked in the application, provide these details for all signatories to the application

<table>
<thead>
<tr>
<th>Name of Applicant:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Executive Officer:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Telephone number:</td>
</tr>
<tr>
<td>Email:</td>
</tr>
<tr>
<td>Organisation website:</td>
</tr>
<tr>
<td>Australian Business Number:</td>
</tr>
</tbody>
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Officer to contact concerning the initial proposal (name, and position):

| Telephone number: |
| Email: |

Specialty or field of specialty practice details

| Name of proposed specialty or field of specialty practice: |
| If this is a proposal for an amended speciality or field of specialty practice, provide current name: |
Verify proposal

The information presented is complete, and it represents an accurate response to the Guidelines for the Recognition of Medical Specialties and Fields of Specialty Practice under the Health Practitioner Regulation National Law.

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Signature

Name ......................................................

Chief Executive Officer
1. **Describe the function of the organisation(s) lodging the preliminary proposal and its/their interest in the proposal.**

   In this section:
   
   - describe the current role of the organisation(s), with reference to the organisation’s statement of mission and purpose, and the functions it performs
   - provide a brief history of the organisation(s) relevant to the application
   - provide brief information on the applicant’s governance structures
   - current number of Fellows/Members of applicant body
   - provide the most recent annual report
   - provide a declaration of the organisation(s) interest in the proposal, including agreements and arrangements with funding bodies and MoUs with other entities
2. **Present a clear statement of the issue or issues that the proposal for the recognition of a new or amended specialty is intended to address**
   
a. Present a summary of the issues that the proposal is intended to address and state why you consider the existing arrangements cannot address these issues.

b. Provide a clear definition of the specialty/field of specialty practice as:
   i. understood by the applicant; and
   ii. used by other local and international authoritative sources to demarcate this area of medical practice.

c. How will recognition of the proposed new or amended specialty advance the objectives of the National Scheme, that is:
   - to enhance protection of the public, including improvement in the quality of health services
   - to facilitate workforce mobility
   - to facilitate access to health services in the public interest
   - to enable the development of a flexible, responsive and sustainable health workforce and innovation in service delivery

d. Demonstrate the extent to which health services are established in the proposed specialist or field of specialty practice and the demonstrated and/or potential ability of this proposal to improve the provision of the service, including:
   - describe the extent to which the area of practice is already established and acknowledged as a distinct area of practice in Australia
   - describe the scope of practice relevant to the discipline and the settings of practice with particular relevance to regional rural and remote Australia

e. Describe other ways in which the proposal is in the public interest.

**Note**: A guiding principle of the recognition process is that the Australian community and health system are better served by avoiding unnecessary fragmentation of medical knowledge, skills and medical care. The onus is on the applicant to demonstrate the benefits of a specialty in a particular field of medicine, how these benefits outweigh the disadvantages of fragmentation, and present evidence to this effect.

**Note**: Attachment C to the Guidelines gives guidance on proposals not likely to meet the requirements for recognition under the National Law.
3. **Describe alternative options (both regulatory and non-regulatory) for addressing the issues outlined in point 2.**

   In addition to recognition under the National Law, the proposal must present and compare the advantages and disadvantages of:

   - existing arrangements (no change);
   - other regulation that exists that may be used to address the problem listed in point 2;
   - other non-regulatory mechanisms to achieve the desired outcome, for example: self-regulation of practitioners through professional (voluntary) codes of conduct.

**Note:** The Council of Australian Governments’ (COAG) Best Practice Regulation Guide for Ministerial Councils and National Standard Setting Bodies (2007, p. 3) define ‘regulation’ as referring to: the broad range of legally enforceable instruments which impose mandatory requirements upon business and the community, as well as to those government voluntary codes and advisory instruments for which there is a reasonable expectation of widespread compliance. Other forms of regulation might include: The registration provisions of the Health Practitioner Regulation National Law, therapeutic goods and medicines regulation, health complaints regulation, consumer protection regulation and National Quality and Safety Standards.
4. **Describe the existing professional standards that are relevant to training and specialty practice in the specialty:**

   a. If education programs and continuing professional development programs exist, provide a short outline of them and a link to more detailed information. The short outline could include but is not limited to:
      
      - Name of qualification awarded (if a formal qualification is awarded)
      - Length of education and training program
      - Program structure, teaching and learning methods and locations (including how the program is organised by year, terms, or phases)
      - Number of trainees entering the training program/s for the last five years
      - Organisation responsible for training and CPD, if different
      - CPD program structure
      - Numbers of CPD program participants for the last three years

   b. Indicate what new standards or requirements are anticipated if the proposal results in recognition of a new or amended specialty of field of specialty practice under the National Law.

**Note:** The capacity to provide training and education to support specialist practitioners is a key consideration during Stage 1.

**Note:** Groups representing developing specialties and fields of specialty must identify existing specialties and field of specialty whose scope of practice or training programs are similar.
5. Impact of recognition

a. Identify the stakeholder groups likely to be affected by the recognition of the specialty including groups within the regulated profession or segments of the profession, other health professions, health consumers and the community, Aboriginal and Torres Strait Islander Peoples, health service providers, funding bodies and education providers.

b. Describe the consultation which has been undertaken to determine the stakeholders affected by the proposal.

c. Identify extant medical specialties and/or fields of specialty practice that have significant overlap in scope of practice, required knowledge, skills and competencies with the proposed new or amended specialty or field of specialty practice; and describe what differentiates the proposed new or amended specialty from these existing specialties.
6. Impact of options for addressing issue or issues covered by the proposal for the recognition of a new or amended specialty

   a. Identify expected impacts on the stakeholders identified (see section 5) of each option described in section 3, namely using existing arrangements, using other regulation, and using other non-regulatory mechanisms to achieve the desired outcome. The response should include impacts on coordination and continuity of health care and the quality and safety of care, workforce impacts, financial impacts, business impacts and competition impacts.