14/31

AMA

AUSTRALIAN MEDICAL ASSOCIATION
ABN 37 008 426 793

T | 61 2 6270 5400
F | 61 2 6270 5499
E | info@ama.com.au
W | www.ama.com.au

42 Macquarie St Barton ACT 2600
PO Box 6090 Kingston ACT 2604

Dr Joanna Flynn
Chair
Medical Board of Australia
GPO Box 9958
MELBOURNE VIC 3001

Dear Dr Flynn

Thank you for the opportunity to comment on the Board's proposed revisions to the following registration standards:

- Professional indemnity insurance;
- Continuing professional development;
- Recency of practice;
- Limited registration standard for postgraduate training or supervised practice;
- Limited registration standard for area of need;
- Limited registration standard for teaching or research; and
- Limited registration standard in public interest.

Professional indemnity insurance registration standard

The AMA notes that, while the style and format of this standard have changed, the requirements have not.

Continuing professional development registration standard

Additional CPD requirements

The AMA notes from the proposed changes to the CPD standard that the Board's broad intention is to require all registrants to complete a minimum of 50 hours of CPD per year for medical practitioners, with the exception of:

- People with **specialist** registration – who are required to meet the relevant medical college's CPD requirements for each of their specialties; and
- Australian and New Zealand medical graduates with **provisional** registration for their intern year – who must be participating in supervised training and education programs associated with their position;
- People with **general** registration who are college vocational trainees – who must be participating in supervised training and education programs associated with their position;

- International medical graduates who have **provisional** registration – who are participating in supervised training and education programs associated with their position; and
- People with **limited** registration (*public interest – occasional practice*) [and who are soon to transfer to general registration] – who must complete 10 hours of CPD per year.

The AMA supports this broad approach, noting that medical practitioners with limited registration in the categories of: post graduate training or supervised practice; area of need; teaching and research; and the public interest will have a new requirement to achieve 50 hours CPD per year even if their supervision plans require less than that.

However, the AMA cannot support the proposed change to the requirements for pre-vocational trainees. It is important that the CPD standard explicitly state that pre-vocational trainees participate in supervised training and education programs associated with their position. If not, there is a risk that their employers will no longer be obliged to provide structured supervision and education programs. The result could be that these practitioners are left to determine their own CPD needs, which may not be relevant to their current position.

On that basis the AMA asks that the Board not change the requirement for these practitioners and to include them with the college vocational trainees in paragraph 4 of the proposed standard thus:

> *4. Medical practitioners who have general registration and are* ***prevocational trainees or*** *college vocational trainees must:*
>
> - *participate in the supervised training and education programs associated with their position, and*
> - *comply with any further requirements for training or supervised practice specified in guidelines issued from time to time by the Board.*

Finally, unless the Board intends otherwise, Section 5 of the proposed standard could be clearer that for registrants with limited registration for teaching and research, the requirement for CPD activities agreed in their supervision plans applies to any clinical practice they may undertake during their registration, and not their teaching and research activities.

Audits of CPD compliance

The AMA understands that audits of compliance with CPD requirements are only conducted by the Medical Board for the previous registration year.

However, the new requirement for medical practitioners to retain their records of CPD activity for up to seven years in some cases, prompts us to consider the audit process. The possibility of auditing CPD activity as far back as seven years was not discussed by the Medical Board's CPD Audit working group. We question how an audit of CPD compliance (say) five years ago is an appropriate measure to protect the public. It is appropriate that the Board reconvene the working group to discuss this issue before the revised standard is settled by the Board.

Exemption

The AMA notes that the Board is now proposing that registrants can apply for exemption or variation from the standard in exceptional circumstances (and remove the requirements related to temporary absence from practice). This would offer relief for practitioners who are in

situations that make undertaking CPD temporarily difficult, e.g. when partners leave the practice. The AMA welcomes this proposal, but asks that the Board provide:

- a clear pathway for applying for exemptions and variations;
- the criteria that will be used to grant exemption and variations;
- information about whether applications can be either prospective or retrospective; and
- information about who will consider these applications.

Recency of practice registration standard

Minimum of four weeks practice per year

The AMA notes that the Board's proposal to impose a new requirement that medical practitioners must complete a minimum of 152 hours practice in a registration year, roughly equates to one session of practice per week. This may have an impact on people transitioning to retirement, and those returning to practice after a period of absence, e.g. women returning from maternity leave.

The AMA considers that the Board and the profession need to better understand the impact that this requirement will have on the medical workforce. The AMA urges the Board to delay implementing this new requirement until there has been appropriate surveying of the medical workforce and analysis of the potential impact on service delivery.

Audits

The proposed requirement that medical practitioners should retain evidence of recency of practice for five years, again prompts the question of the value of the audit process and consideration of how the Board will enforce the standard.

We question how an audit of recency of practice five years ago is an appropriate measure to protect the public, and what action the Board would take against a practitioner in this circumstance. We suggest audits of recency of practice should only be conducted for the previous year, which would allow the Board to put in place a contemporaneous and appropriate notations on a person's registration.

Limited registration standards

The AMA has no comment to make on the proposed revisions to the limited registration standards and the draft guidelines as set out in the April 2014 public consultation document.

Yours sincerely

A/Prof Brian Owler
President
July 2014