



Communiqué

Seventh meeting of the Medical Board of Australia 28 April 2010

The Medical Board of Australia (the Board) is established under the *Health Practitioner Regulation (Administrative Arrangements) National Law Act 2008*.

At its seventh meeting on 28 April 2010, the Board continued to focus on operational and policy matters necessary for the smooth transition to the national registration and accreditation scheme.

Approval of registration standards

The Board was pleased to note that on 31 March 2010, the Ministerial Council approved the following registration standards:

- English language
- Criminal history
- Recency of practice
- Continuing professional development
- Professional indemnity insurance
- Limited registration – area of need
- Limited registration- supervised practice and postgraduate training

The Ministerial Council also approved the Board's proposed list of specialties to be included on the specialist register.

These standards are now available on the Board's website.

Mail out to all registrants

Every registered medical practitioner in Australia should receive a letter during May from the Board that confirms their personal details and informs them of their new registration type after 1 July 2010. Most of the information has been obtained from State and Territory medical boards. Information about specialist qualifications and specialist recognition has been obtained from State or Territory medical boards with a specialist register, Medicare Australia and some specialist colleges.

Medical practitioners should contact their current registration board if any personal details need to be updated.

Medical practitioners should contact the Australian Health Practitioner Regulation Agency (AHPRA) if they believe that there are errors in the proposed registration type or any proposed

conditions. Feedback to AHPRA can be made by completing and returning the form enclosed with the letter or by telephoning 1300 088 590.

Registration matters

Medical practitioners who do not renew by 30 June 2010

Medical practitioners who are not registered on 30 June 2010 will not automatically transition to the new scheme and will be required to make a new application for registration if they wish to continue to practise medicine. They will not have the benefit of a 'grace period'.

The Board approved a 'fast track' application process for medical practitioners who are registered on 31 May 2010 but did not renew by 30 June, in time to transition to the national scheme. This fast track process will apply for six weeks from 1 July. After this time, medical practitioners will need to make a new application, including paying an application fee and complying with the Board's registration standards.

Guidelines for supervised practice

The Board considered draft guidelines for supervised practice for limited registration. Supervision is one of the requirements for medical practitioners with limited registration. Effective supervision assures the Board that the community is safe and also supports International Medical Graduates (IMGs) who have been granted limited registration. The Board will consult on the draft supervised practice guidelines shortly.

Requirements for general registration for AMC certificate holders

The Board agreed to develop a registration standard for general registration for AMC certificate holders. In addition to complying with the existing approved registration standards, this standard will define the supervised training requirements that IMGs will need to undertake to be eligible for general registration. The Board will consult about this registration standard.

Medical practitioners granted public interest-occasional practice registration

A small group of medical practitioners who are largely retired from medical practice have registration in some states for very limited practice, such as non-remunerated prescribing and referring. These individuals will transition as a 'one off' arrangement to a category of registration called 'Limited registration (public interest-occasional practice)' and will have a range of conditions imposed. The Board determined that a fee will be set for this type of registration. Medical practitioners with Limited (public interest) registration must undertake relevant CPD. These requirements are detailed in the Board's registration standard on Continuing Professional Development (CPD).

Registration Certificates

The Board considered draft certificates of registration, noting that the Register of Medical Practitioners published on the Board's website will be the primary source of information about a medical practitioner's registration status.

New registration certificates will be issued electronically as registration is granted after 1 July 2010. The certificates will be available in hard copy on request.

Registration Forms

The Board provided input into draft registration application forms and notification forms. The forms will be available on the website by July 2010.

Guidelines on mandatory reporting

The National Boards received more than 50 submissions about the guidelines on mandatory reporting. The feedback confirmed that there was a great deal of support for the guidelines and it provided constructive suggestions that will be incorporated to improve the final document. The guidelines will be finalised and published on the Board's website before 1 July 2010.

Health Professions Agreement

Each year, the Board and AHPRA will be required to negotiate the terms of a health profession agreement. Under the National Law, the Board cannot enter into contracts and it cannot employ staff. The Board therefore relies on AHPRA to provide the resources to enable it fulfil its statutory functions.

The Board recognises that the Health Professions Agreement will define the relationship between the Board and AHPRA and is carefully considering the structure and content of the agreement. Under the National Law, the agreement must include the fees that will be payable by medical practitioners, the annual budget of the Board, including the funding arrangements for its committees and accreditation authorities and the services to be provided to the Board by the Agency to enable the Board to carry out its functions under the law.

The Board is keen to ensure that the agreement includes both service and quality measures, and that accountabilities are well described and risks are appropriately identified and managed.

Interaction with State and Territory Boards

Board members

At its last meeting, the Board confirmed that it would delegate all matters to do with individual registrants to the State and Territory Medical Boards which will become committees of the national Medical Board. The Board has invited all current State and Territory Board members to continue to be members of local Boards after 1 July 2010. This will promote the smooth transition to the national scheme. The Chair and Executive Officer are meeting with all the State and Territory Boards to consult on the delegation of powers and proposed structures and to discuss how the national scheme is likely to work.

Panel members

The National Law establishes health panels and performance and professional standards panels. Panel hearings are not open to the public and the Board will usually refer a matter to a panel after investigation. The Board may refer a matter to a health panel if it reasonably believes that a medical practitioner or student has or may have an impairment. The Board may refer a matter to a performance and professional standards panel if it reasonably believes that the way in which the practitioner practises is or may be unsatisfactory or their conduct is or may be unsatisfactory.

The National Law defines the make up of panels, which must have community representation. Health panels of the Medical Board must be made up of at least two medical practitioners, one with expertise relevant to the matter the subject of the hearing, and one community member. Performance and professional standards panels must be made up of at least three members, at least half and no more than two-thirds being medical practitioners and at least one community member. The members of panels must be selected from a list of people that the Board has approved.

The Board is asking existing State and Territory Board members whether they agree to be on the list of approved Panel Members and is developing a process to appoint additional individuals to this list. Members who are appointed at 30 June 2010 as members of a list of people that can be on panels (or equivalent) will transition and will be on the National Board's list after 1 July 2010.

External briefings

Members of the Board have been active in providing briefings about the Medical Board of Australia and the national scheme to interested stakeholders over the last month.

Conclusion

The safe transition to the new scheme is a collaborative effort. While the National Board is developing registration standards, guidelines, registration forms and certificates, the day-to-day work of dealing with individual registrants is, and will remain, the responsibility of State and Territory Boards. Individual medical practitioners can ensure their safe transition to the National Scheme by checking that their contact information with their current Board is accurate and up to date and by reading their letter from the National Board carefully to make sure their proposed registration type in the National Scheme is correct. If there are any errors please correct them and return the form as directed. The Board's website www.medicalboard.gov.au provides further information.

Dr Joanna Flynn, Chair
6 May 2010