



1 March 2010

The Hon John Hill MP
Chair, Australian Health Workforce Ministerial Council
Minister for Health
GPO Box 2555
ADELAIDE SA 5001

Dear Minister

Proposals for Ministerial Council approval

I am pleased to submit the attached revised proposals from the Medical Board of Australia on mandatory registration standards, specialist registration and registration standards for limited registration for area of need and limited registration for postgraduate training and supervised practice

The proposals for registration standards and specialist registration are submitted in line with schedule 7, clause 30 of the *Health Practitioner Regulation National Law Act 2009* (Qld) (the National Law), for approval of the Ministerial Council under sections 12 and 13 of the National Law.

The proposals submitted relate to:

- criminal history registration standard
- English language requirements registration standard
- professional indemnity insurance arrangements registration standard
- continuing professional development registration standard
- recency of practice registration standard
- specialist registration
- limited registration for area of need registration standard, and
- limited registration for postgraduate training and supervised practice registration standard.

You will note that the proposals on the registration standards for criminal history, English language requirements, professional indemnity insurance arrangements, continuing professional development and recency of practice were previously submitted on 22 December 2009. They are re-submitted without change.

The proposal on specialist registration that was previously submitted on 22 December 2009 has been amended following the receipt of feedback during consultation.

The registration standards for limited registration for area of need and limited registration for postgraduate training and supervised practice have not been submitted previously.

All the proposals have been subject to wide-ranging consultation as required in relation to registration standards by section 40 of the National Law, and comments have been received from the sector, governments and other stakeholders. The Board has found it very useful during the consultation process to receive advice agreed across jurisdictions from the heads of all health departments across Australia on their views on the matters under consideration.

I advise that the development of the proposals has been consistent with the Australian Health Practitioner Regulation Agency's *Procedures for Development of Registration Standards* which the Agency has issued under section 20(1)(a) of the *Health Practitioner Regulation (Administrative Arrangements) National Law Act 2008* (Qld).

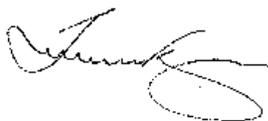
The Board also consulted on the adoption of the Australian Medical Council's publication titled *Code of Good Medical Practice: A Code of Conduct for Doctors in Australia* as the Board's approved code of conduct under section 39 of the National Law. The consultation confirmed overwhelming support for the Code and it will therefore be adopted by the Board, after minor modifications are made to reflect the National Law.

With respect to the Board's list of proposed specialties and specialist titles submitted for Ministerial Council approval, the Board wishes to draw the Council's attention to a number of matters. The Board made substantial changes to the specialties and specialist titles as a result of the first round of consultation. It therefore decided to submit the specialties and specialist titles to further consultation. This was also an opportunity to consult on specialties that the Commonwealth Minister for Health, the Hon Nicola Roxon had recently recognised for inclusion in the Australian Medical Council list of recognised specialties that had not been on the original list.

The list of fields of specialty practice with associated specialist titles has been expanded to list separately the paediatric and adult specialty fields previously classified together under the specialty of 'physician'. While this leads to a longer list, and additional professional titles proposed for approval, it is designed to ensure that the list will accurately reflect the existing established paediatric specialties fields and therefore meet the needs of the health system and assist members of the public to understand in what field a specialist is qualified and practising.

The Board looks forward to receiving the approval of the Ministerial Council of the proposed registration standards under section 12 of the National Law and the proposed specialties and specialist titles under section 13 of the National Law.

Yours sincerely



Dr Joanna Flynn
Chair
Medical Board of Australia



Revised Proposals to the Australian Health Workforce Ministerial Council on registration standards and related matters

1 Mandatory registration standards

1.1 Criminal history

Medical Board of Australia

Criminal history standard

Summary

In deciding whether a health practitioner's criminal history is relevant to the practice of their profession, the Board will consider the 10 factors set out in this standard. While every case will need to be decided on an individual basis, these 10 factors provide the basis for the Board's consideration.

Scope of application

This standard applies to all applicants and all registered health practitioners. It does not apply to students.

Requirements

In deciding whether a health practitioner's criminal history is relevant to the practice of their profession, the Board will consider the following factors.

1. The nature and gravity of the offence or alleged offence and its relevance to health practice.

The more serious the offence or alleged offence and the greater its relevance to health practice, the more weight that the Board will assign to it.

2. The period of time since the health practitioner committed, or allegedly committed, the offence.

The Board will generally place greater weight on more recent offences.

3. Whether a finding of guilt or a conviction was recorded for the offence or a charge for the offence is still pending.

In considering the relevance of the criminal history information, the Board is to have regard to the type of criminal history information provided. The following types of criminal history information are to be considered, in descending order of relevance:

- (a) convictions
- (b) findings of guilt
- (c) pending charges
- (d) nonconviction charges; that is, charges that have been resolved otherwise than by a conviction or finding of guilt, taking into account the availability and source of contextual information which may explain why a nonconviction charge did not result in a conviction or finding of guilt.

4. The sentence imposed for the offence.

The weight the Board will place on the sentence will generally increase as the significance of the sentence increases, including any custodial period imposed. The Board will also consider any mitigating factors raised in sentencing, where available, including rehabilitation.

5. The ages of the health practitioner and of any victim at the time the health practitioner committed, or allegedly committed, the offence.

The Board may place less weight on offences committed when the applicant is younger, and particularly under 18 years of age. The Board may place more weight on offences involving victims under 18 years of age or other vulnerable persons.

6. Whether or not the conduct that constituted the offence or to which the charge relates has been decriminalised since the health practitioner committed, or allegedly committed, the offence.

The Board will generally place less or no weight on offences that have been decriminalised since the health practitioner committed, or allegedly committed, the offence.

7. The health practitioner's behaviour since he or she committed, or allegedly committed, the offence.

Indications that the offence was an aberration and evidence of good conduct or rehabilitation since the commission, or alleged commission of the offence, will tend to be a mitigating factor. However, indications that the offence is part of a pattern of behaviour will tend to have the opposite effect.

8. The likelihood of future threat to a patient of the health practitioner.

The Board is likely to place significant weight on the likelihood of future threat to a patient or client of the health practitioner.

9. Any information given by the health practitioner.

Any information provided by the health practitioner such as an explanation or mitigating factors will be reviewed by the Board and taken into account in considering the health practitioner's criminal history.

10. Any other matter that the Board considers relevant.

The Board may take into account any other matter that it considers relevant to the application or notification. A Board will not require an applicant or registered health practitioner to provide further information that may prejudice their personal situation pending charges and the Board must not draw any adverse inference as a result of the fact that information has not been provided.

Note: the above factors have been numbered for ease of reference only. The numbering does not indicate a priority order of application.

Definitions

Criminal history is defined in the Schedule of the National Law as:

- every conviction of the person for an offence, in a participating jurisdiction or elsewhere, and whether before or after the commencement of this Law,
- every plea of guilty or finding of guilt by a court of the person for an offence, in a participating jurisdiction or elsewhere, and whether before or after the commencement of this Law and whether or not a conviction is recorded for the offence
- every charge made against the person for an offence, in a participating jurisdiction or elsewhere, and whether before or after the commencement of this Law.

Under the National Law, spent convictions legislation does not apply to criminal history disclosure requirements.

Review

This standard will commence on 1 July 2010. The Board will review this standard at least every three years.

1.2 English language skills

Medical Board of Australia English language skills standard

Summary

All internationally qualified applicants for registration, or applicants who qualified for registration in Australia but did not complete their secondary education in English, must demonstrate that they have the necessary English language skills for registration purposes. All applicants must be able to demonstrate English language skills at IELTS academic level 7 or the equivalent, and achieve the required minimum score in each component of the IELTS academic module, OET or specified alternatives (see 'Definitions', below).

Test results must be obtained within two years prior to applying for registration. The Board may grant an extension in specified circumstances.

Scope of application

This standard applies to all applicants for initial registration as a medical practitioner or medical specialist. It does not apply to students.

Requirements

1. An applicant for registration who is
 - an internationally qualified applicant; or
 - an applicant who has graduated from an approved program of study, but did not undertake and complete their secondary education in English in any of the countries specified in Exemption E1, below.must submit evidence or, in the case of test results, arrange for evidence to be provided to the Board, of their competency in English language.
2. The following tests of English language skills are accepted by the Board for the purpose of meeting this standard:
 - (a) the IELTS examination (academic module) with a minimum score of 7 in each of the four components (listening, reading, writing and speaking); or
 - (b) completion and an overall pass in the OET with grades A or B only in each of the four components; or
 - (c) successful completion of the NZREX; or
 - (d) successful completion of the PLAB test.
3. Results must have been obtained within two years prior to applying for registration. An IELTS (or approved equivalent) Test Report Form more than two-years old may be accepted as current if accompanied by proof that a candidate:
 - (a) has actively maintained employment as a registered health practitioner using English as the primary language of practice in a country where English is the native or first language; or
 - (b) is a registered student and has been continuously enrolled in an approved program of study.
4. Results from any of the abovementioned English language examinations must be obtained in one sitting.
5. The applicant is responsible for the cost of English tests.
6. The applicant must make arrangements for test results to be provided directly to the Board by the testing authority; for example, by secure internet login.

Exemptions

1. The Board may grant an exemption from the requirements where the applicant provides evidence that:
 - (a) they undertook and completed secondary education that was taught and assessed in English in one of the countries listed below where English is the native or first language; and
 - (b) the applicant's tertiary qualifications in the relevant professional discipline were taught and assessed in English in one of the countries listed below, where English is the native or first language:
 - Australia
 - Canada
 - New Zealand
 - Republic of Ireland
 - South Africa
 - United Kingdom
 - United States of America
2. The Board may grant an exemption where an applicant applies for limited registration in special circumstances, such as:
 - to perform a demonstration in clinical techniques
 - to undertake research that involves limited or no patient contact
 - to undertake a period of postgraduate study or supervised training while working in an appropriately supported environment that will ensure patient safety is not compromised.

These special circumstances exemptions will generally be subject to conditions requiring supervision by a registered health practitioner and may also require the use of an interpreter.
3. The Board reserves the right at any time to revoke an exemption and/or require an applicant to undertake a specified English language test.

Definitions

IELTS means the International English Language Testing System developed by the University of Cambridge Local Examinations Syndicate, The British Council and IDP Education Australia (see <http://www.ielts.org/>).

OET means Occupational English Test (OET) administered by the Centre for Adult Education (see <http://www.occupationalenglishtest.org/>).

NZREX means New Zealand Registration Examination administered by the New Zealand Medical Council.

PLAB test means the test administered by the Professional and Linguistic Assessments Board of the General Medical Council of the United Kingdom.

An **internationally qualified applicant** means a person who qualified as a medical practitioner outside Australia.

One sitting means the period of time set by the testing authority for completion of the test. For example, IELTS states that the listening, reading and writing components of the test are always completed on the same day. Depending on the test centre, the speaking test may be taken up to seven days either before or after the test date.

Review

This standard will commence on 1 July 2010. The Board will review this standard at least every three years.

1.3 Professional indemnity insurance arrangements

Medical Board of Australia

Professional indemnity insurance arrangements standard

Summary

All medical practitioners who undertake any form of practice must have professional indemnity insurance (PII), or some alternative form of indemnity cover that complies with this standard, for all aspects of their medical practice.

Initial registration and annual renewal of registration will require a declaration that the medical practitioner will be covered for all aspects of practice for the whole period of the registration.

Scope of application

This standard applies to all applicants for initial medical registration and for renewal of medical registration. It does not apply to medical students and medical practitioners who have nonpractising registration.

Requirements

1. Medical practitioners practise in a wide range of settings and employment or contractual arrangements. They must be insured or indemnified for each context in which they practise.
2. If a medical practitioner is specifically precluded from cover for any aspect of practice under their insurance or indemnity arrangements, they must not practise in that area. Practising without appropriate and adequate cover is a breach of the legal requirements for registration and may constitute behaviour for which health, conduct or performance action may be taken [National Law s 129(4)].
3. All practitioners will be asked at the time of their initial application for registration and at any subsequent renewal of registration to declare that they have met or will meet the PII requirements set by the Board under this standard, during the period of the registration. This declaration will be subject to audit.
4. The following requirements must be met:
 - (a) All medical practitioners covered by this standard must complete a declaration that there is in force or will be in force appropriate insurance arrangements to cover their scope of practice for the period of the proposed registration or renewal. This requirement applies to private and public practice, to self-employed practitioners and those employed by others.
 - (b) Practitioners in private practice must retain relevant records and, if required by the Board, provide written advice from an approved insurer or insurance broker that PII has been issued or that a premium has been paid and accepted for the issue of PII. Generally this will be in the form of a certificate of insurance, a certificate of currency or policy schedule.
 - (c) Practitioners who practise in employment whose insurance cover is provided by their employer are required to retain documentary evidence of their insurance where such documentation is provided by their employer but are not required to seek such documentation where it is not automatically provided to them. Medical practitioners who do not have such documentation may be required by the Board to seek documentation from their employer.
5. Practice contexts and the usual nature of insurance cover include:
 - (a) private practice — PII with an approved insurer; the cover must include run-off cover
 - (b) employment in the public sector or contractual arrangements — cover under a master policy or legislation
 - (c) other indemnified employer — employee or contractual arrangement with a nongovernment employer who holds the appropriate insurance to cover the medical practitioner
 - (d) statutory exemption from liability — employed as a medical practitioner and exempted from liability under a State or Commonwealth Act
 - (e) practitioner working overseas — a medical practitioner registered in Australia but practising exclusively overseas must make a declaration to the Board but is not required to provide evidence of professional indemnity insurance.

Where the scope of medical practice of an individual medical practitioner does not include the provision of health care or medical opinion in respect of the physical or mental health of any person, PII will not be required for the purposes of registration.

Definitions

Approved insurer is an insurer approved by the Board. The Medical Board of Australia has published a list of approved insurers.

Health care is defined as 'any care, treatment, advice, service or goods provided in respect of the physical or mental health of a person'.

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

Professional indemnity insurance arrangements means arrangements that secure for the practitioner insurance against civil liability incurred by, or loss arising from, a claim that is made as a result of a negligent act, error or omission in the conduct of the practitioner. This type of insurance is available to practitioners and organisations across a range of industries and covers the costs and expenses of defending a legal claim, as well as any damages payable. Some government organisations under policies of the owning government are self-insured for the same range of matters.

Run-off cover means insurance that protects a practitioner who has ceased a particular practice or business against claims that arise out of activities which occurred when he or she was conducting that practice or business. This type of cover may be included in a PII policy or may need to be purchased separately.

Review

This standard will commence on 1 July 2010. The Board will review this standard at least every three years.

1.4 Continuing professional development

Medical Board of Australia

Continuing professional development standard

Summary

Medical practitioners who are engaged in any form of medical practice are required to participate regularly in continuing professional development (CPD) that is relevant to their scope of practice in order to maintain, develop, update and enhance their knowledge, skills and performance to ensure that they deliver appropriate and safe care.

CPD must include a range of activities to meet individual learning needs including practice-based reflective elements, such as clinical audit, peer-review or performance appraisal, as well as participation in activities to enhance knowledge such as courses, conferences and online learning. CPD programs of medical colleges accredited by the Australian Medical Council (AMC) meet these requirements.

Scope of application

This standard applies to all registered medical practitioners, including applicants for initial medical registration who are not new graduates, and applicants for renewal of medical registration. It does not apply to medical students, or to medical practitioners who hold nonpractising registration.

Requirements

1. All medical practitioners will be asked to declare annually on renewal of registration that they have met the CPD standard set by the Board. This declaration will be subject to audit.
2. Medical practitioners are required to ensure their CPD activities are recorded, either by keeping records themselves or by using college processes, and to produce these records when the Board requires them to do so as part of an audit or investigation. Records must be kept for three years.
3. A failure to comply with this CPD standard is a breach of the legal requirements for registration and may constitute behaviour for which health, conduct or performance action may be taken under the National Law s. 128(2).
4. Registrants must fulfil the requirements set out in one of the following categories:
 - (a) Members or fellows of medical colleges accredited by the AMC — by meeting the standards for CPD set by their college. Members or fellows of medical colleges accredited by the AMC can only choose a self directed program of CPD if that program meets the standards for CPD set by their college.
 - (b) Medical specialists and general practitioners who are not College members or fellows but are on the specialist register — by meeting the standards for CPD set by the relevant AMC accredited college.
 - (c) Medical practitioners who hold provisional registration (interns), or limited registration for postgraduate training or supervised practice, or general registration and are prevocational trainees or college vocational trainees must participate in the supervised training and education programs associated with their position. Note that requirements for training or supervised practice may be specified in guidelines issued from time to time by the Board.
 - (d) Medical practitioners who hold limited registration for area of need must complete CPD activities specified in their supervision plan. Note that requirements for supervision may be specified in guidelines issued from time to time by the Board.
 - (e) Medical practitioners who hold limited registration for teaching or research must complete a minimum of 10 hours CPD per year (in addition to their teaching load) that is relevant to their teaching or research role.
 - (f) Medical practitioners who hold limited registration in the public interest must complete CPD activities specified in their conditions of registration. Those who hold limited registration in the public interest for occasional practice, prescribing and referral must complete a minimum of 10 hours CPD per year focused on the particular nature of their practice; for example, therapeutics.
 - (g) Medical practitioners who are not on the specialist register and do not fit into categories 4(c), (d), (e) or (f) must complete a minimum of 50 hours of CPD per year, and may choose a self-directed program. Self-directed programs must include practice-based reflective elements such as clinical audit, peer review or performance appraisal, as well as participation in activities to enhance knowledge such as courses, conferences and online

learning.

5. Temporary absence from practice:

- (a) for up to one year — no CPD requirement
- (b) for between one and three years — complete a minimum of one year's pro rata of CPD activities relevant to the intended scope of practice prior to recommencement, designed to maintain and update knowledge and clinical judgement.
- (c) An absence of more than three years is not regarded as a temporary absence by the Board. Applicants are required to provide a plan for professional development and for re-entry to practice for the Board for consideration. See also requirement 1(c) of the Board's 'Recency of practice' registration standard (Section 1.5).

Definitions

Continuing professional development is the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal qualities required in their professional lives.

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 in a direct nonclinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession.

Review

This standard will commence on 1 July 2010. The Board will review this standard at least every three years.

1.5 Recency of practice

Medical Board of Australia Recency of practice standard

Summary

To ensure that they are able to practise competently and safely, medical practitioners must have recent practice in the fields in which they intend to work during the period of registration for which they are applying.

The specific requirements for recency depend on the field of practice, the level of experience of the practitioner and the length of absence from the field.

If a practitioner proposes to change their field of practice, the Board will consider whether the practitioner's peers would view the change as a normal extension or variation within a field of practice, or a change that would require specific training and demonstration of competence.

Practitioners who are unable to meet the recency of practice requirements set out below will be required to submit a plan for re-entry to practice for the Board's consideration and may be required to complete specific education and/or assessment, or to work under supervision or oversight, before being granted unrestricted registration.

Scope of application

This standard applies to all applicants for medical registration and registered medical practitioners, including those in nonpractising categories, who are applying for registration in any practising category.

It does not apply to medical students, applicants for provisional registration who will be undertaking an approved internship or medical practitioners who are applying for, or renewing, nonpractising registration.

Requirements

1. For practitioners returning to practice within their previous field, provided they have at least two years' experience prior to the absence:
 - (a) Absence less than one year — no specific requirements to be met before recommencing practice.
 - (b) Absence between one and three years — complete a minimum of one year's pro rata of CPD activities relevant to the intended scope of practice prior to recommencement designed to maintain and update knowledge and clinical judgement.
 - (c) Absence greater than three years — provide a plan for professional development and for re-entry to practice to the Board for consideration. Refer also to 5(c) of the Board's 'Continuing professional development' registration standard.
2. For practitioners returning to practice after an absence of 12 months or longer, and who have had less than two years' experience prior to the absence — required to commence work under supervision in a training position approved by the Board.
3. For practitioners changing field of practice:
 - (a) If the change is to a subset of current practice, there are no requirements.
 - (b) If the change is an extension of practice that the practitioner's peers might reasonably expect from a practitioner in that field, the practitioner is required to undertake any training that peers would expect before taking up the new area of practice.
 - (c) If the change is to a different field of practice, the practitioner will be required to consult with the relevant specialist college and develop a professional development plan for entering the new field of practice for the consideration of the Board.

Definitions

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 in a direct nonclinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession.

Review

This standard will commence on 1 July 2010. The Board will review this standard at least every three years.

Proposed list of specialties, fields of specialty practice, and related specialist titles

Proposed specialty	Proposed fields of specialty practice	Proposed specialist titles
Addiction medicine	—	Specialist in addiction medicine
Anaesthesia	—	Specialist anaesthetist
Dermatology	—	Specialist dermatologist
Emergency medicine	—	Specialist emergency physician
General practice	—	Specialist general practitioner
Intensive care medicine	—	Specialist intensive care physician
Medical administration	—	Specialist medical administrator
Obstetrics and gynaecology		Specialist obstetrician and gynaecologist
	Gynaecological oncology	Specialist gynaecological oncologist
	Maternal–fetal medicine	Specialist in maternal–fetal medicine
	Obstetrics and gynaecological ultrasound	Specialist in obstetrics and gynaecological ultrasound
	Reproductive endocrinology and infertility	Specialist in reproductive endocrinology and infertility
	Urogynaecology	Specialist urogynaecologist
Occupational and environmental medicine	—	Specialist occupational and environmental physician
Ophthalmology	—	Specialist ophthalmologist
Paediatrics and child health		Specialist paediatrician
	Clinical genetics	Specialist paediatric clinical geneticist
	Community child health	Specialist in community child health
	General paediatrics	Specialist general paediatrician
	Neonatal and perinatal medicine	Specialist neonatologist
	Paediatric cardiology	Specialist paediatric cardiologist
	Paediatric clinical pharmacology	Specialist paediatric clinical pharmacologist
	Paediatric emergency medicine	Specialist paediatric emergency physician
	Paediatric endocrinology	Specialist paediatric endocrinologist
	Paediatric gastroenterology and hepatology	Specialist paediatric gastroenterologist and hepatologist
	Paediatric haematology	Specialist paediatric haematologist
	Paediatric immunology and allergy	Specialist paediatric immunologist and allergist
	Paediatric infectious diseases	Specialist paediatric infectious diseases physician
	Paediatric intensive care medicine	Specialist paediatric intensive care physician
Paediatric medical oncology	Specialist paediatric medical oncologist	

	Paediatric nephrology	Specialist paediatric nephrologist
	Paediatric neurology	Specialist paediatric neurologist
	Paediatric nuclear medicine	Specialist paediatric nuclear medicine physician
	Paediatric palliative medicine	Specialist paediatric palliative medicine physician
	Paediatric rehabilitation medicine	Specialist paediatric rehabilitation physician
	Paediatric respiratory and sleep medicine	Specialist paediatric respiratory and sleep medicine physician
	Paediatric rheumatology	Specialist paediatric rheumatologist
Pain medicine	—	Specialist pain medicine physician
Palliative medicine		Specialist palliative medicine physician
Pathology		Specialist pathologist
	General pathology	Specialist general pathologist
	Anatomical pathology (including cytopathology)	Specialist anatomical pathologist
	Chemical pathology	Specialist chemical pathologist
	Haematology	Specialist haematologist
	Immunology	Specialist immunologist
	Microbiology	Specialist microbiologist
	Forensic pathology	Specialist forensic pathologist
Physician		Specialist physician
	Cardiology	Specialist cardiologist
	Clinical genetics	Specialist clinical geneticist
	Clinical pharmacology	Specialist clinical pharmacologist
	Endocrinology	Specialist endocrinologist
	Gastroenterology and hepatology	Specialist gastroenterologist and hepatologist
	General medicine	Specialist general physician
	Geriatric medicine	Specialist geriatrician
	Haematology	Specialist haematologist
	Immunology and allergy	Specialist immunologist and allergist
	Infectious diseases	Specialist infectious diseases physician
	Medical oncology	Specialist medical oncologist
	Nephrology	Specialist nephrologist
	Neurology	Specialist neurologist
	Nuclear medicine	Specialist nuclear medicine physician
	Respiratory and sleep medicine	Specialist respiratory and sleep medicine physician
Rheumatology	Specialist rheumatologist	
Psychiatry	—	Specialist psychiatrist

Public health medicine	—	Specialist public health physician
Radiation oncology	—	Specialist radiation oncologist
Radiology	Diagnostic radiology	Specialist radiologist
	Diagnostic ultrasound	Specialist radiologist
	Nuclear medicine	Specialist in nuclear medicine
Rehabilitation medicine	—	Specialist rehabilitation physician
Sexual health medicine	—	Specialist sexual health physician
Sport and exercise medicine	—	Specialist sport and exercise physician
Surgery		Specialist surgeon
	Cardio-thoracic surgery	Specialist cardio-thoracic surgeon
	General surgery	Specialist general surgeon
	Neurosurgery	Specialist neurosurgeon
	Orthopaedic surgery	Specialist orthopaedic surgeon
	Otolaryngology – head and neck surgery	Specialist otolaryngologist - head and neck surgeon
	Oral and maxillofacial surgery	Specialist oral and maxillofacial surgeon
	Paediatric surgery	Specialist paediatric surgeon
	Plastic surgery	Specialist plastic surgeon
	Urology	Specialist urologist
Vascular surgery	Specialist vascular surgeon	

Proposed registration standard - limited registration for area of need

Limited registration for area of need

Medical Board of Australia

Limited registration for area of need

Summary

The Medical Board of Australia has established this standard under section 67 of the *Health Practitioner Regulation National Law Act 2009 (Qld)* ('the National Law'), and in accordance with section 38(2) of that Act. It applies to international medical graduates (IMGs) who do not qualify for general or specialist registration. The Minister for Health in each relevant jurisdiction is responsible under section 67(5) of the National Law for determining whether there is an area of need for health services in the jurisdiction or part of the jurisdiction. The Board is responsible for deciding whether an individual applicant is eligible, qualified and suitable for limited registration for area of need, to practise in a particular position. On the basis of the application and any additional information requested, the Board will decide whether the applicant has the necessary skills, training and experience to safely meet the particular need for health services.

All medical practitioners granted limited registration for area of need must comply with the requirements of registration set out in this standard, including:

- compliance with a supervision plan
- compliance with a professional development plan
- authorising and facilitating the provision of regular reports from their supervisors to the Board regarding their safety and competence to practise
- satisfactory performance in the area of need
- if intending to practise medicine in Australia longer term, providing evidence to confirm the satisfactory progress towards meeting the qualifications required for general registration or specialist registration.

These requirements are established under this standard to ensure safe and competent practice for the period of limited registration.

The Board will be including the requirements of limited registration on the National Register pursuant to section 225(p) of the National Law.

Scope of application

This standard applies to IMGs who do not qualify for general registration under section 52 or specialist registration under section 57 of the National Law, who apply for limited registration in an area of need under section 67 of the National Law, or for renewal of limited registration for area of need under Part 7 Division 9 of the National Law.

Requirements

For initial registration

General requirements:

1. Presentation in person to a Board office or authorised delegate with proof of identity (100 points of identity) — a list of permitted documents is available on the Board's website at the following address:

www.medicalboard.gov.au.

Applicants are required to provide certified documentation identifying changes of name when the name of the applicant is different to the name on the primary degree in medicine and surgery and/or the name used with previous registration authorities.

2. Evidence of having been awarded a primary degree in medicine and surgery, after completing an approved course of study at a medical school listed in the current International Medical Education Directory (IMED) (online only) of the Foundation for Advancement of International Medical Education and Research, or other publications

approved by the Australian Medical Council. An approved course of study means that the applicant must be able to demonstrate that they have completed a medical curriculum of at least four academic years, leading to an entitlement to registration in the country issuing the degree to practise clinical medicine.

3. Evidence of application for primary source verification of medical qualifications from the Educational Commission for Foreign Medical Graduates International Credentials Service (EICS). The Board may take action under Part 8 of the National Law if the practitioner's medical qualifications are not verified. The New South Wales Medical Council may take action under the relevant law in that jurisdiction.

4. Evidence of successful completion of a medical internship or comparable in accordance with guidelines issued from time to time by the Board.

5. Evidence of English language skills that meet the Board's English language registration standard.

6. Evidence of work practice history that meets the Board's recency of practice registration standard. This must include a resume that describes the applicant's full practice history and any specific clinical training undertaken. Any gaps and/or overlaps in practice history from date of qualification to the present must be included and explained.

7. Details of registration history including certificates of good standing or registration status from each registration authority with which the applicant has been registered in the previous ten years (supplied where possible directly to the Board from the relevant registration authority).

8. Sponsoring employer's written confirmation of offer of employment.

9. Statement from the sponsoring employer including:

(a) employer contact details

(b) position description including key selection criteria addressing clinical responsibilities and qualifications and experience required

(c) name, qualifications and contact details of the proposed clinical supervisor/s

(d) details of a supervision plan, prepared in accordance with any Supervised Practice Guidelines issued from time to time by the Board, providing details of proposed supervisor/s and how supervision will be provided to ensure the medical practitioner's ongoing development and safe practice.

10. Written confirmation from the proposed supervisor that they agree to provide supervision and to comply with supervision obligations as required by the Board.

11. Evidence of an area of need declaration for the geographical area and/or type of health service, for which there is a need, from the responsible Minister for Health or delegate in the jurisdiction in which the designated area of need position is located.

12. Satisfactory completion of a criminal history check undertaken by the Board that meets the Board's criminal history registration standard.

13. Any other information the Board requires under section 70 in order to determine whether the applicant is a suitable person to hold limited registration.

14. Board assessment of training, skills and experience of the applicant against the position description for the designated area of need position.

In addition to the general requirements above, specific requirements apply depending on the pathway through which the applicant is seeking to qualify for registration. There are three pathways to registration:

- competent authority pathway
- standard pathway
- specialist pathway

Other pathway specific requirements

1. Competent authority pathway:

(a) certificate of Advanced Standing issued by the Australian Medical Council

(b) satisfactory results of a pre-employment structured clinical interview (PESCI) required for any non specialist position if the Board determines the PESCI is necessary. The Board will base its decision on the nature of the

position and level of risk.

2. Standard pathway:

- (a) successful completion of the Australian Medical Council MCQ examination and
- (b) satisfactory results of a pre-employment structured clinical interview (PESCI) required for any non specialist position, if the Board determines that the PESCI is necessary. The Board will base its decision on the nature of the position and level of risk.

3. Specialist pathway¹

- (a) verification from the Australian Medical Council that the applicant has had an assessment of their specialist qualifications by the relevant specialist medical college against the position description for the designated area of need position, and the results of the assessment and
- (b) letter of recommendation from the relevant specialist college and confirmation that the applicant is fit to carry out the tasks necessary for the particular position, including any recommended limitations on the nature and extent of practice.

Requirements on limited registration

The Board establishes requirements on the medical registration of all practitioners with limited registration for area of need. These relate to the requirement for the registrant to:

- comply with the supervision plan approved by the Board
- comply with the professional development plan approved by the Board
- ensure that clinical supervisors provide regular reports to the Board regarding the registrant's safety and competence to practise
- perform satisfactorily in the area of need position
- provide evidence to confirm the satisfactory progress towards meeting the qualifications required for general registration or specialist registration if the applicant is intending to practise medicine in Australia longer term
- restrict their practice to the approved position in the defined area of need.

If a practitioner with limited registration for area of need does not maintain their employment in the designated area of need position, they are unable to comply with the requirements on their practice and therefore cannot practise medicine. They will need to submit a new application for limited registration if they wish to practise in a new position.

The Board will grant limited registration for area of need for a period of up to 12 months.

The Board will be including the requirements of limited registration on the National Register pursuant to section 225 (p) of the National Law.

Requirements for renewal of registration

1. Renewal of limited registration area of need will be subject to the practitioner meeting the following requirements:

- (a) completion of an annual renewal form in accordance with section 107 of the National Law, including an annual statement in accordance with section 109
- (b) demonstrated compliance with any conditions or requirements on registration
- (c) satisfactory performance in the area of need
- (d) documentary evidence in accordance with any guidelines issued from time to time by the Board, demonstrating satisfactory progress towards general registration or specialist registration if the registrant is intending to practise medicine in Australia longer term
- (e) any additional investigation, information, examination or assessment required by the Board in accordance with section 80 of the National Law.

The Board will not renew limited registration more than three times. However, a new application for limited registration can be made.

¹ This does not qualify applicants for specialist registration

2. The Board may **refuse to renew** the practitioner's registration if:

- (a) the practitioner's employment in the designated area of need position ceases or is terminated; or
- (b) the practitioner fails to comply with supervision requirements; or
- (c) during assessment or supervision, deficiencies are identified in the practitioner's practice that the Board considers are significant.

Applications for variation in changed circumstances

If a practitioner is offered another position or there is another substantial change to their circumstances, they must submit a new application for limited registration. However, practitioners can apply to the Board for a variation if there is a minor change to their circumstances, such as a change in their supervision arrangements. When making an application for a variation, the Board requires the details of the change of circumstances from the sponsoring employer and confirmation from the registrant that they agree to the change in circumstances. Supporting documentation of the change must be submitted.

If the Board considers that the variation is significant, it will require the practitioner to submit a new application.

Definitions

Area of need for health services means a jurisdiction or part of a jurisdiction where the responsible Minister for Health decides under section 67(5) that there are insufficient health practitioners practising in the particular health profession to meet the needs of people living in the jurisdiction or part of the jurisdiction.

Supervision plan means a plan that sets out the arrangements or proposed arrangements for clinical supervision of the medical practice of the applicant for registration or registered practitioner.

Review

This standard will commence on 1 July 2010. The Board will review this standard at least every three years.

Proposed registration standard - limited registration for postgraduate training or supervised practice

Limited registration for postgraduate training or supervised practice

Medical Board of Australia

Limited registration for postgraduate training or supervised practice

Summary

The Medical Board of Australia has established this standard under section 66 of the *Health Practitioner Regulation National Law Act 2009 (Qld)* ('the National Law'), and in accordance with section 38(2) of that Act. It applies to international medical graduates (IMGs) who do not qualify for general or specialist registration.

This standard sets out the requirements that an applicant for registration must meet in order to be granted limited registration to practise as a medical practitioner undertaking postgraduate training or supervised practice, under section 66 of the National Law.

All practitioners granted limited registration for postgraduate training or supervised practice must comply with the requirements for registration set out in this standard, including:

- compliance with a supervision plan
- compliance with a training plan
- authorising and facilitating the provision of regular reports from their supervisors to the Board regarding their safety and competence to practise
- satisfactory performance in the postgraduate training or supervised practice position
- if intending to practise medicine in Australia longer term, providing evidence to confirm satisfactory progress towards meeting the qualifications required for general registration or specialist registration.

These requirements are established under this standard to ensure safe and competent practice for the period of limited registration.

The Board will be including the requirements of limited registration on the National Register pursuant to section 225(p) of the National Law.

Scope of application

This standard applies to international medical graduates (IMGs) applying for limited registration for postgraduate training or supervised practice, under section 66 of the National Law, or for renewal of limited registration for postgraduate training or supervised practice, under Part 7 Division 9 of the National Law.

Requirements

For initial registration

General requirements:

1. Presentation in person to a Board office or authorised delegate with proof of identity (100 points of identity) — a list of permitted documents is available on the Board's website at the following address:

www.medicalboard.gov.au.

Applicants are required to provide certified documentation identifying changes of name when the name of the applicant is different to the name on the primary degree in medicine and surgery and/or the name used with previous registration authorities.

2. Evidence of having been awarded a primary degree in medicine and surgery, after completing an approved course of study at a medical school listed in the current International Medical Education Directory (IMED) (online only) of the Foundation for Advancement of International Medical Education and Research, or other publications approved by the Australian Medical Council. An approved course of study means that the applicant must be able to demonstrate that they have completed a medical curriculum of at least four academic years, leading to an entitlement to registration in the country issuing the degree to practise clinical medicine.

3. Evidence of application for primary source verification of medical qualifications from the Educational Commission for Foreign Medical Graduates International Credentials Service (EICS). The Board may take

action under Part 8 of the National Law if the practitioner's medical qualifications are not verified. The New South Wales Medical Council may take action under the relevant law in that jurisdiction.

4. Evidence of successful completion of a period of internship or comparable, in accordance with guidelines issued from time to time by the Board.
5. Evidence of English language skills that meets the Board's English language registration standard.
6. Evidence of work practice history that meets the Board's recency of practice registration standard. This must include a resume that describes the applicant's full practice history and any specific clinical training undertaken. Any gaps and/or overlaps in practice history from date of qualification to the present must be included and explained.
7. Details of registration history including certificates of good standing/registration status from each registration authority with which the applicant has previously been registered in the previous ten years (supplied where possible directly to the Board from the relevant registration authority).
8. Sponsoring employer's written confirmation of offer of employment.
9. Statement from the sponsoring employer including:
 - (a) employer contact details
 - (b) position description including key selection criteria addressing clinical responsibilities and qualifications and experience required
 - (c) name, qualifications and contact details of the proposed clinical supervisor/s.
 - (d) details of a supervision plan, prepared in accordance with any supervised practice guidelines issued from time to time by the Board, providing details of supervisor/s and how supervision will be provided to ensure the medical practitioner's ongoing professional development and safe practice.
 - (e) details of a training plan, prepared in accordance with any training plan guidelines issued from time to time by the Board, providing details of the purpose, anticipated duration, location, content and structure of training and the anticipated date of any examinations or assessments.
10. Written confirmation from the proposed supervisor that they agree to provide supervision and to comply with supervision obligations as required by the Board.
11. Satisfactory completion of a criminal history check undertaken by the Board that meets the Board's Criminal history registration standard.
12. Any other information the Board requires under section 70 in order to determine whether the applicant is a suitable person to hold limited registration.

Specific requirements

In addition to the general requirements above, specific requirements apply depending on the pathway through which the applicant is seeking to qualify for registration. There are three pathways to registration:

- competent authority pathway
- standard pathway
- specialist pathway – specialist recognition and short term training

1. Competent authority pathway:

- (a) certificate of Advanced Standing issued by the Australian Medical Council
- (b) satisfactory results of a pre-employment structured clinical interview (PESCI) required for any non specialist position if the Board determines the PESCI is necessary. The Board will base its decision on the nature of the position and level of risk.

2. Standard pathway:

- (a) successful completion of the Australian Medical Council MCQ examination
- (b) satisfactory results of a pre-employment structured clinical interview (PESCI) required for any non specialist if the Board determines the PESCI is necessary. The Board will base its decision on the nature of the position and level of risk.

3a. Specialist pathway² – specialist recognition

- (a) Specialist college assessment (coordinated by the Australian Medical Council) as either:
 - substantially comparable; or
 - partially comparable.

- (b) Where possible, recommendations from the specialist college about necessary training for specialist recognition.

3b. Specialist pathway – short term training

² This does not qualify applicants for specialist registration

Typically, medical practitioners in this pathway have satisfied all the training and examination requirements to practise in their specialty in their country of training or are specialists-in-training in another country and wish to undertake specialised training in Australia.

(a) Statement from the overseas specialist college or body awarding the specialist qualification, or with whom the applicant is a trainee in the country of training:

- confirming the applicant's trainee status with the college/body
- outlining the content, structure and length of the training program
- confirming that the applicant is no more than 2 years from completing their specialist training
- confirming that the applicant has passed a basic specialist examination **or** satisfactorily completed substantial training (generally 3 or more years i.e. PGY 5); and
- identifying the objectives of the training to be undertaken in Australia or

OR:

- Confirming the applicant's specialist qualification in their country of training.
- (b) Written confirmation from the applicant that they will be returning to their country of training at the end of the period of postgraduate training or supervised practice

Requirements on limited registration for postgraduate training or supervised practice

The Board establishes requirements on the medical registration of all limited registrants. The requirements relate to the requirement for the registrant to:

- comply with the supervision plan approved by the Board
- comply with the training plan approved by the Board
- ensure that supervisors provide regular reports to the Board regarding the registrant's safety and competence to practise
- perform satisfactorily in the position for postgraduate training or supervised practice
- provide evidence to confirm the satisfactory progress towards meeting the qualifications required for general registration or specialist registration if the practitioner is intending to practise medicine in Australia longer term
- restrict their practice to the approved position.

If a practitioner with limited registration for postgraduate training or supervised practice does not maintain their employment in the designated position, they are unable to comply with the requirements on their practice and therefore cannot practise medicine.

The Board will grant limited registration for postgraduate training or supervised practice for a period of up to 12 months.

The Board will be including the requirements of limited registration on the National Register pursuant to section 225(p) of the National Law.

Requirements for renewal of registration

1. Renewal of limited registration for postgraduate training or supervised practice will be subject to the practitioner meeting the following requirements:

- (a) completion of an annual renewal form in accordance with section 107 of the National Law including an annual statement in accordance with section 109
- (b) demonstrated compliance with any conditions or requirements on registration
- (c) satisfactory performance in the position
- (d) documentary evidence in accordance with any guidelines issued from time to time by the Board, demonstrating satisfactory progress towards general registration or specialist registration, within a maximum period of four years if the practitioner is intending to practise medicine in Australia longer term.
- (e) any additional investigation, information, examination or assessment required by the Board in accordance with section 80 of the National Law.

The Board will not renew limited registration more than three times. However, a new application for limited

registration can be made.

2. The Board may **refuse to renew** the practitioner's registration if:

- (a) the practitioner's employment ceases or is terminated; or
- (b) the practitioner fails to comply with supervision requirements; or
- (c) the practitioner fails to comply with the training plan
- (d) the practitioner fails to demonstrate satisfactory progress towards general registration or specialist registration
- (e) during assessment or supervision, deficiencies are identified in the practitioner's practice that the Board considers are significant.

Applications for variation in changed circumstances

If a practitioner has a significant change in circumstances, such as a change from the original training plan or a change in position, they must submit a new application for limited registration. However, practitioners can apply to the Board for a variation if there is a minor change to their circumstances, such as a change in their supervisor.

When making an application for a variation, the Board requires details of the change of circumstances from the sponsoring employer and confirmation from the registrant that they agree to the change in circumstances.

Supporting documentation of the change must be submitted.

If the Board considers that the variation is significant, it will require the registrant to submit a new application.

Definitions

Supervision plan means a plan that sets out the arrangements or proposed arrangements for clinical supervision of the medical practice of the applicant for registration or registered practitioner.

Review

This standard will commence on 1 July 2010. The Board will review this standard at least every three years.