Consultation paper on registration standards and related matters

Issued by the Medical Board of Australia
under the authority of Dr Joanna Flynn, Chair

27 October 2009

If you wish to provide comments on this paper, please lodge a written submission in electronic form, marked 'Attention: Chair, Medical Board of Australia' to natboards@dhs.vic.gov.au by close of business on 24 November 2009.

Please note that your submission will be placed on the Board's website unless you indicate otherwise.

At the time of issuing this consultation paper the Board is operating under the *Health Practitioner Regulation (Administrative Arrangements) National Law Act 2008* (the Act). However, the approach to the paper and consultation has been informed by the proposed provisions of the Health Practitioner Regulation National Law Bill 2009 (the Bill, the proposed national law), which was introduced in the Queensland Parliament on 6 October 2009. Nothing in this paper is intended to pre-empt consideration of the Bill in that parliament. A copy of the Act and a link to the proposed national law are available at www.ahpra.gov.au.

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Contents

1 Introduction

1.1 Legislative requirements

This consultation paper has been developed under the requirements of the *Health Practitioner Regulation (Administrative Arrangements) National Law Act 2008* (the Act), taking into account a requirement of the Health Practitioner Regulation National Law Bill 2009 (proposed national law). The Act empowers national boards to oversee the development of health profession standards. The proposed national law includes a requirement for national boards to undertake wide-ranging consultation on proposed registration standards, codes and guidelines.

Other matters needing ministerial approval also require consultation to ensure that boards take into account stakeholder views, and so ministers know that consultation has occurred when they consider board proposals.

1.2 Contents of the consultation paper

This consultation paper covers proposals from the Medical Board of Australia on the following issues:

Section 2 Proposals for mandatory registration standards (required by all boards).

Section 3 Proposals for specialist registration.

2 Mandatory registration standards (all boards)

The proposed national law provides for national boards to develop registration standards for approval by the Australian Health Workforce Ministerial Council (the Ministerial Council). Under the legislation, boards must develop a registration standard on each issue shown in Table 2.1.

Table 2.1 Mandatory registration standards

Issues for mandatory standards	Common or individual board standard
Criminal history	Common standard for all boards
English language	Common standard for all boards
Professional indemnity insurance	Specific to individual boards
Continuing professional development	Specific to individual boards
Recency of practice	Specific to individual boards

Common standards across all boards are proposed for criminal history matters and English language requirements.

The proposed national law will require a national board to undertake wide-ranging consultation on its proposed registration standards before they are submitted to the Ministerial Council for approval.

2.1 Criminal history

The following draft common registration standard on criminal history is proposed to be used by all registration boards. It sets out the proposed arrangements of the Medical Board of Australia with respect to criminal history checking. The Board:

- notes that the Health Practitioner Regulation National Law Bill 2009, clauses 79 and 135, confer powers on the Board to conduct criminal history checks
- advises that the requirement to conduct a criminal history check will not apply to student registrants
- understands that a criminal history check will not capture minor traffic offences or parking infringements unless these result in the laying of charges or court proceedings
- is likely to place more weight on offences involving victims who are patients, as well as those who are under 18 years of age or other vulnerable persons.

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 seeking registration or renewal of registration and registrants.

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.

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.

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.

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:

  1. convictions
  2. findings of guilt
  3. pending charges
  4. nonconviction charges; that is, charges that have been resolved otherwise than by a conviction or finding of guilt.

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.

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.

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.

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.

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 of the health practitioner.

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.

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.

Definitions

Criminal history is defined in the Health Practitioner Regulation National Law Bill 2009 (the proposed 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 proposed national law, spent convictions legislation does not apply to criminal history disclosure requirements.

Health practitioner means an applicant for registration or a registrant under the proposed national law.

Review

This standard will commence on 1 July 2010. The Board will review this standard within three years of operation.

2.2 English language skills

The following draft common registration standard on English language requirements is proposed to be used by all registration boards. It sets out the proposed requirements of the Medical Board of Australia with respect to English language.

Specifically, the Board seeks advice on:

- whether the definition of 'international student' is sufficiently clear
- whether any other countries should be listed in the exemption under 1(a).

Medical Board of Australia

English language skills standard

Summary

An internationally qualified applicant or an applicant who is an international student must have the necessary English language skills for registration purposes by achieving a minimum score of 7 in the IELTS academic module, or specified alternatives (see item 2 under Requirements, and 'Definitions', below).

Test results will generally need to be obtained within two years, but preferably within 12 months prior to applying for registration. The Board may grant an exemption in specified circumstances.

Scope of application

This standard applies to all internationally qualified applicants and applicants who are international students seeking registration in Australia.

Requirements

An applicant who is an internationally qualified applicant or an international student must submit evidence, or arrange for evidence to be provided, to the relevant Board of competency in English language skills as demonstrated by having completed the IELTS examination (academic module) to the following standard:

1. The applicant must have achieved a minimum score of 7 in each of the four components (listening, reading, writing and speaking).
2. Alternative English proficiency tests that will be accepted are:
   (a) completion and an overall pass in the OET with grades A or B only in each of the four components; or
   (b) NZREX (Medical Board only)
   (c) PLAB (Medical Board only)
   (d) other tests as approved by the Board (to be specified in the standard).
3. Results must have been obtained within two years prior to applying for registration.
4. An IELTS (or approved equivalent) Test Report Form more than two years old will be accepted as current if accompanied by proof that a candidate 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. Test results must comply with the current requirements of this policy.
5. Results from any of the abovementioned English language examinations must be obtained in one sitting.
6. The applicant is responsible for the cost of English tests.
7. 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 where :

   (a) the applicant provides evidence of successful secondary education in English, and that 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:

   - Canada
   - Republic of Ireland
   - New Zealand
   - United Kingdom
   - United States of America
   - South Africa
   - Australia.

   (b) 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 postgraduate study or 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 use of a translator and/or supervision by a registered health practitioner.

2. The Board reserves the right at any time to require an applicant who has been granted an exemption 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. The test is administered at least once a month by IELTS Australia and The British Council at over 230 centres worldwide.

NZREX means the New Zealand Registration Exam (NZREX) for Overseas Doctors

PLAB means the United Kingdom Professional and Linguistic Assessments Board

OET means Occupational English Test (OET) administered by the Centre for Adult Education.

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

An **international student** is a person who completed their secondary education outside Australia in any country other than those specified in exemption 1.

Review

This standard will commence on 1 July 2010. The Board will review this standard within three years of operation.

2.3 Professional indemnity insurance

The following draft professional indemnity insurance registration standard puts forward the proposed requirements of the Medical Board of Australia.

Medical Board of Australia

Professional indemnity insurance arrangements standard

Summary

All medical practitioners who undertake any form of active practice must have professional indemnity insurance (PII), or some alternative form of indemnity cover that is appropriate and adequate, for all aspects of their medical practice.

Initial registration and annual renewal will require a declaration that the registrant will be covered for all aspects of practice for the whole period of the registration. These declarations will be subject to audit.

Scope of application

This standard applies to all registrants except those in student and nonpractising categories. It includes those in occasional practice.

Requirements

1. Doctors 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 doctor 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 will be viewed as professional misconduct.
3. All registrants 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 the professional indemnity insurance requirements set by the Medical Board of Australia for the period of the registration.
4. The following requirements must be met:
   (a) All medical practitioners in scope for this standard must complete a declaration that there is in force or will be in force appropriate insurance arrangements to cover the scope of practice for the period of the proposed registration or renewal.
   (b) This requirement applies equally to private and public practice, to self-employed practitioners and those employed by others.
   (c) For private practice, the medical practitioner must retain relevant records and, if required by the Medical Board of Australia, 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.
   (d) For practice in employment, medical practitioners 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 in a limited number of circumstances (such as in the handling of a notification) to seek documentation from their employer or union.

5. Practice contexts and the usual nature of insurance cover include:

   (a) private practice — PII with an approved insurer

   (b) employment in the public sector or contractual arrangements —coverage 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 Medical Board of Australia 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 a person, PII will not be required for the purposes of registration.

Definitions

In 2002, the Australian Government enacted legislation to address the availability and affordability of medical indemnity insurance in Australia. The Medical Indemnity Act 2002 (Cwlth) sets out a number of specific schemes aimed to achieve these aims. The Australian Government also specified minimum product standards that apply to all medical indemnity insurers. These are set out in the Medical Indemnity (Prudential Supervision and Products Standards) Act 2003 (Cwlth). The insurers that currently meet these requirements include Avant, Invivo, MDA National, MIPS and MIGA.

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

Review

This standard will commence on 1 July 2010. The Board will review this standard within three years of operation.

2.4 Continuing professional development

The following draft continuing professional development registration standard puts forward the proposed requirements of the Medical Board of Australia.

Medical Board of Australia

Continuing professional development standard

Summary

Medical practitioners in any form of active practice are required to participate regularly in continuing professional development (CPD) which 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 on-line learning. Medical college CPD programs accredited by the Australian Medical Council (AMC) meet these requirements.

Scope of application

This standard applies to all registrants except those in nonpractising categories.

Requirements

1. All registrants will be asked to declare annually on renewal of registration that they have met the CPD standard set by the Board.
2. Medical practitioners are required to ensure their CPD activities are recorded, either by keeping records themselves or 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. Registrants must fulfil the requirements set out in one or more 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
   (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) interns, postgraduate Year 2, or college vocational trainees — participate in the supervised training and education programs associated with their position
4. Registrants with limited registration must comply with the specific CPD conditions on their registration if applicable, or meet the requirements in another of the categories in this standard.
5. Registrants choosing a self-directed program must complete a minimum of 50 hours CPD per year, which 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 on-line learning. For specialist registration, the program must be meet the requirements of the relevant specialist college.
6. Limited registration (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.
7. 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 quota of CPD activities relevant to the intended scope of practice prior to recommencement designed to maintain and update knowledge, clinical judgement and technical skills.

Definitions

Continuing professional development is the means by which members of the profession maintain, improve and broaden their knowledge and skills, and develop the personal qualities required in their professional lives. It means a commitment to being professional, keeping up to date, and continuously seeking to improve one's competence and professional practice.

Review

This standard will commence on 1 July 2010. The Board will review this standard within three years of operation.

2.5 Recency of practice

Recency of practice requirements ensure that registrants maintain an involvement with practice. The standard may also cover practitioners returning to practice after a period of not practising.

The following draft recency of practice registration standard puts forward the proposed requirements of the Medical Board of Australia.

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.

In determining whether a change in a practitioner's field of practice is significant, 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 which would require specific training and demonstration of competence.

Practitioners who cannot meet the recency standards 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 and may be required to work under supervision or oversight before being granted unrestricted registration.

Scope of application

This standard applies to all registrants including those in nonpractising categories who are applying for registration in any practising category.

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 quota of CPD activities relevant to the intended scope of practice prior to recommencement designed to maintain and update knowledge, clinical judgement and technical skills
   (c) absence greater than three years – provide a plan for professional development and for re-entry to practice to the Board for consideration.
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

Recency of practice means that a practitioner has maintained an adequate connection with and practice of the profession since qualifying or obtaining registration.

Review

This standard will commence on 1 July 2010. The Board will review this standard within three years of operation.

2.6 Assessment against the Procedures for Development of Registration Standards

The Medical Board of Australia has used a process to develop these proposed standards consistent with the requirements set out by the Australian Health Practitioner Regulation Agency in the document *Procedures for the Development of Registration Standards* (see www.ahpra.gov.au). The Board has made the following assessments, against the three elements outlined in the procedures.

The proposal takes into account the objectives and guiding principles in the legislation

Board comment

The Board considers that its proposal on mandatory standards meets the objectives and guiding principles within the framework of the legislation. The Board notes in particular that it is required to develop registration standards on these subjects under the proposed national law and that it is not proposing any addition to the number of generally applicable registration standards set down in the legislation.

The proposal meets the consultation requirements in the legislation

Board comment

Through the current consultation process, including the publication of this paper on its website, the Board is ensuring that there is public exposure for the proposal and the opportunity for public comment. The Board has specifically drawn this paper to the attention of the State and Territory medical boards, the other nine national boards, the Australian Medical Council (AMC), the specialist medical colleges, the postgraduate medical councils, the Australian Medical Association (AMA), other professional associations, a range of organisations that represent consumer interests, and governments. The Board will take into account the comments it receives in finalising its draft standards.

The development of the proposal takes into account the COAG principles for best practice regulation

Board comment

In developing the draft standards, the Board has taken into account the Council of Australian Governments (COAG) principles. The Board has been careful not to impose unnecessary regulatory burdens which would create unjustified costs for the sector or the community. In particular, the Board draws attention to the following factors:

- The criminal history standard indicates and explains the factors that the Board will take into account in reviewing criminal history. It is largely consistent with current and general practice in relation to board assessments of criminal history of health practitioners in relation to registration matters.
- The English language standard refers to standards that are used by the Department of Immigration and Citizenship for applicants for skilled migration. The standard provides for some exemptions from the standard to ensure that the cost of assessment only applies where necessary to ensure that applicants have adequate English language skills to protect the public.
- The design of the PII arrangements does not create a minimum quantitative requirement for the level of cover required for private practitioners to avoid raising costs in the market to some new national level where there are currently differences between jurisdictions and eventually driving up the overall costs of private practice
- Similarly in terms of the PII requirements the Board has avoided imposing onerous documentation requirements on employed practitioners which would add either to employer costs or practitioner costs or both.
- The CPD standard imposes a modest requirement on registrants to undertake professional development activities. The Board considers that it is in the public interest for registrants to undertake such professional development activities, to ensure that, as far as possible, their skills and knowledge remain current. The draft standard sets requirements that are consistent with current requirements of specialist medical colleges. It provides a choice for registrants about how to undertake their CPD activities and how to demonstrate compliance with the standard. In this way the draft standard allows for access to CPD activities for those in rural and remote areas and those without medical college affiliations.

- The recency of practice standard does not impose costs on registrants or the public, but may involve some costs for boards in monitoring compliance with the standard in line with their role in protection of the public. It ensures that practitioners have sufficient recent practice experience to maintain their competence, to protect the public. The standard also provides for ways that practitioners who have not met the recency requirements to re-enter practice, to promote workforce participation. It is consistent with the direction that some State and Territory registration boards have already taken.

The Board has considered whether the draft standards results in an unnecessary restriction of competition among health practitioners. The Board considers that the draft standards do not restrict competition among health practitioners or impose an unreasonable or unwarranted regulatory burden. Rather, the draft standards promote the public interest in ensuring that the public receive safe, high quality health care and that practitioners are suitable to practise, maintain their skills and competence, are appropriately insured and have adequate English language skills. The CPD requirements are considered by the Board to be reasonable given public expectations, as well as achievable for practitioners.

The Board has considered whether the draft standards result in an unnecessary restriction of consumer choice. Rather than restricting consumer choice, the draft standards support consumer choice by encouraging practitioners to equip themselves with the skills, qualities and competence to practise safely.

The Board considers that the overall costs of the draft standards to members of the public and/or registrants and/or governments are reasonable in relation to the benefits to be achieved.

The Board has procedures in place to ensure that the standards remain relevant and in the public interest over time. The standards will be reviewed within three years of their commencement, including assessment against the objectives and guiding principles in the proposed national law and the COAG principles for best practice regulation.

3 Proposals for specialist registration

Governments have already determined that specialist recognition will operate under the national scheme for the medical profession. The Health Practitioner Regulation National Law Bill 2009, clause 13, specifies the medical profession as a profession for which specialist recognition will operate, and clauses 57–61 empower the Medical Board of Australia to grant specialist registration.

3.1 Proposed list of specialties and specialist titles

Clause 13(2) of the proposed national law empowers the Ministerial Council, on recommendation of the Medical Board of Australia, to approve the list of specialties for the medical profession and approve one or more specialist titles for each specialty in the list.

Attachment A to this paper sets out the list of proposed specialties on which the Medical Board of Australia is seeking comment. In preparing the proposed list of specialties, the Board has taken advice from the Australian Medical Council (AMC) on current specialties and fields of specialty practice that are already recognised, and a number of changes currently under consideration by the AMC. Thus, the proposed list is, with a small number of amendments, the same list that has been approved previously by the AMC and in place nationally.

3.2 Assessment of proposal against Procedures for Standard Development

The Medical Board of Australia has used a process to develop this proposal consistent with the requirements set out by the Australian Health Practitioner Regulation Agency in the document *Procedures for the Development of Registration Standards* (see www.ahpra.gov.au). The Board has made the following assessments, against the three elements outlined in the procedures.

Below is the Board's assessment against the procedures of its proposal for specialties and specialist titles:

The proposal takes into account the objectives and guiding principles in the legislation

Board comment

The Board considers that the list of proposed specialties, fields of specialty practice and specialist titles meet the objectives and guiding principles within the framework of the legislation.

The Board notes in particular that recognition of these specialties and specialty fields is expected to:

- protect the public by ensuring only appropriately qualified and skilled practitioners would use the associated specialist titles
- facilitate access to services provided by health practitioners in accordance with the public interest by identifying on the public register practitioners qualified in a recognised specialty
- help to enable the continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivery by, medical practitioners.

The proposal meets the consultation requirements in the legislation

Board comment

Through the current consultation process, including the publication of this paper on its website, the Board is ensuring that there is public exposure for the proposal and the opportunity for public comment. The Board has specifically drawn this paper to the attention of State and Territory medical boards, the other nine national boards, the Australian Medical Council (AMC), the specialist medical colleges, the postgraduate medical councils, the Australian Medical Association (AMA), other professional associations, providers of medical education, a range of organisations that represent consumer interests, and governments. The Board will take into account the comments it receives in finalising these proposals.

The development of the proposal takes into account the COAG principles for best practice regulation

Board comment

In developing this proposal, the Board has taken into account the COAG principles. The Board has been careful not to propose the imposition of unnecessary regulatory burdens which might create unjustified costs for the sector or the community. The Board considers that there is a net public benefit in providing as part of the medical registration system information on who is considered by the Board to be qualified as a specialist and who is not. This is information on which a variety of parties rely, including consumers, governments and other funding bodies, employers and other health service administrators. The Board considers it to be in the public interest for such information to be accurate, reliable and easily accessible through the national registration system.

The Board has considered whether the proposal is likely to result in an unnecessary restriction of competition among health practitioners. The Board considers that the proposal represents a proper balance in the public interest and does not constitute an increase in regulation. Indeed the creation of national consistency in specialist recognition through the registration system will make it easier for medical practitioners to move from one employment or practice setting to another.

The Board notes that specialist recognition already applies under most State and Territory medical registration schemes. Medical specialists have specific expertise, and undertake complex, specialised medical activities and procedures, and it is in the public interest that specialist recognition distinguish them from other practitioners who do not

have these specialist skills. The Board has considered whether the proposal results in an unnecessary restriction of consumer choice. Rather than restricting consumer choice, the proposed list of specialties, specialty fields and associated specialist titles is expected to facilitate informed consumer choice by making it easier to identify specialist practitioners with relevant skills (through the public register).

The Board considers that the overall costs of the proposals to members of the public and/or registrants and/or governments are reasonable in relation to the benefits to be achieved. The proposal continues, largely unchanged, the current approach administered by the Australian Medical Council and the specialist medical colleges. Accordingly, the proposal does not impose significant costs as the key components that support specialist recognition including the specialist colleges are in place.

Attachment A

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

Proposed specialty	Proposed fields of specialty practice	Proposed specialist titles
Anaesthesia	—	Specialist — anaesthesia
Dermatology	—	Specialist dermatologist Specialist — dermatology
Emergency medicine	—	Specialist — emergency medicine
General practice	—	Specialist general practitioner Specialist — general practice
Intensive care medicine	—	Specialist — intensive care medicine
Medical administration	—	Specialist medical administrator Specialist — medical administration
Obstetrics and gynaecology	Obstetrics and gynaecology Gynaecological oncology Maternal-fetal medicine Obstetrics and gynaecological ultrasound Reproductive endocrinology and infertility Urogynaecology	Specialist obstetrician and gynaecologist (all fields) Specialist — obstetrics and gynaecology Specialist — gynaecological oncology Specialist — maternal-fetal medicine Specialist — obstetrics and gynaecological ultrasound Specialist — reproductive endocrinology and infertility Specialist — urogynaecology
Ophthalmology	—	Specialist — ophthalmology
Pain medicine	—	Specialist — pain medicine
Pathology	General pathology Anatomical pathology (including cytopathology) Chemical pathology Haematology Immunology Microbiology Forensic pathology	Specialist pathologist (all fields) Specialist — general pathology Specialist — anatomical pathology Specialist — chemical pathology Specialist — haematology Specialist — immunology Specialist — microbiology Specialist — forensic pathology

Physician		Specialist physician (all fields)
	Addiction medicine	Specialist — addiction medicine
	General medicine	Specialist — general medicine
	General paediatrics	Specialist — general paediatrics
	Cardiology	Specialist — cardiology
	Clinical genetics	Specialist — clinical genetics
	Clinical pharmacology	Specialist — clinical pharmacology
	Community child health	Specialist — community child health
	Endocrinology	Specialist — endocrinology
	Gastroenterology and hepatology	Specialist — gastroenterology and hepatology
	Geriatric medicine	Specialist —– geriatric medicine
	Haematology	Specialist — haematology
	Immunology and allergy	Specialist — immunology and allergy
	Infectious diseases	Specialist — infectious diseases
	Medical oncology	Specialist — medical oncology
	Neonatal and perinatal medicine	Specialist — neonatal and perinatal medicine
	Nephrology	Specialist — nephrology
	Neurology	Specialist — neurology
	Nuclear medicine	Specialist — nuclear medicine
	Occupational and environmental medicine	Specialist — occupational and environmental medicine
	Paediatric emergency medicine	Specialist — paediatric emergency medicine
	Palliative medicine	Specialist — palliative medicine
	Public health medicine	Specialist — public health medicine
	Rehabilitative medicine	Specialist — rehabilitative medicine
	Respiratory and sleep medicine	Specialist — respiratory and sleep medicine
	Rheumatology	Specialist — rheumatology
	Sexual health medicine	Specialist — sexual health medicine
Psychiatry	—	Specialist psychiatrist
		Specialist — psychiatry
Radiology		Specialist radiologist (all fields)
	Diagnostic radiology	Specialist — radiology
	Diagnostic ultrasound	Specialist — diagnostic ultrasound
	Nuclear medicine	Specialist — nuclear medicine
	Radiation oncology	Specialist — radiation oncology

Surgery		Specialist surgeon (all fields)
	Cardio-thoracic surgery	Specialist — cardio-thoracic surgery
	General surgery	Specialist — general surgery
	Neurosurgery	Specialist — neurosurgery
	Orthopaedic surgery	Specialist — orthopaedic surgery
	Otolaryngology – head and neck surgery	Specialist — otolaryngology
	Oral and maxillofacial surgery	Specialist — oral and maxillofacial surgery
	Paediatric surgery	Specialist — paediatric surgery
	Plastic and reconstructive surgery	Specialist — plastic and reconstructive surgery
	Urology	Specialist — urology
	Vascular surgery	Specialist — vascular surgery