Medical Board of Australia

22 December 2009

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 proposals from the Medical Board of Australia on mandatory registration standards and specialist registration for the Ministerial Council's approval.

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, and
- specialist registration.

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

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).

I also advise that the Board has decided to proceed with a second public consultation, prior to Christmas on a number of proposals that the Board considers require action so that registration standards and guidelines can be approved in time for commencement of the national scheme.

The Board will consult on proposals for:

- registration standards, for limited registration for area of need (under section 67 of the National Law), and for limited registration for postgraduate training or supervised practice (under section 66 of the National Law)
- adoption of the Australian Medical Council's Code of Good Medical Practice as the Board's approved code of practice under section 39 of the National Law.

The Board expects to complete the consultation by February and make any necessary amendments to the draft standards for submission to the Ministerial Council before the end of February.

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. First, the Board has included the specialty of 'sport and exercise medicine' that the Commonwealth Minister for Health, the Hon Nicola Roxon has recently recognised for inclusion in the Australian Medical Council list of recognised specialties (see correspondence at Attachment B). While widespread consultation has occurred with respect to recognition of this specialty, this consultation has been conducted by the AMC rather than the Medical Board of Australia. For this reason, and because the Board has made significant amendments to the list following its first consultation, the Board has decided to publish the proposed list of specialties in parallel with submission of the list to the Ministerial Council, in order to ensure it meets its obligation under the National Law for widespread consultation.

Second, the list of fields of specialty practice with associated specialist titles has been expanded to list separately the paediatric and adult specialty fields previously clumped 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

PO Box 16085 Collins Street West Melbourne VIC 8007 E: chair@medicalboard.gov.au

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
	General paediatrics	Specialist general paediatrician
	Neonatal and perinatal medicine	Specialist neonatologist and perinatologist
	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
	Oral and maxillofacial surgery	Specialist oral and maxillofacial surgeon
	Paediatric surgery	Specialist paediatric surgeon
	Plastic and reconstructive surgery	Specialist plastic and reconstructive surgeon
	Urology	Specialist urologist
	Vascular surgery	Specialist vascular surgeon

Rec'd 23/11/09
MedicalBoard2009/018

AUSTRALIAN MEDICAL COUNCIL
LIMITED
ABN 97 131 796 980

PLEASE ADDRESS ALL CORRESPONDENCE TO
THE CHIEF EXECUTIVE OFFICER AUSTRALIAN MEDICAL COUNCIL PO BOX 4810 KINGSTON ACT 2604 AUSTRALIA

8*4*7*1/8*11*17*1

18 November 2009

Dr Joanna Flynn
Chair
Medical Board of Australia
c/o NRAIP
PO Box 2089
WODEN ACT 2606

Dear Dr Flynn

RECOGNITION OF SPORT AND EXERCISE MEDICINE AS A NEW MEDICAL SPECIALTY

I write to inform you that the Minister for Health and Ageing, the Hon Nicola Roxon MP, has announced that she has decided to recognise sport and exercise medicine as a medical specialty for the purpose of inclusion in the AMC *List of Australian Recognised Medical Specialties*.

This decision does not automatically lead to the inclusion of this specialty on Schedule 4 of the Health Insurance Regulations 1975, which would grant patients access to rebates through Medicare Australia.

In November 2008, an AMC assessment team assessed the training and professional development programs of the Australasian College of Sports Physicians (ACSP). The findings of this assessment are in the AMC's *Accreditation Report: The Education and Training Programs of the Australasian College of Sports Physicians*. For your reference, a copy of the Accreditation Report on the Australasian College of Sports Physicians is enclosed.

11 Lancaster Place, Majura Park ACT 2609 TELEPHONE: (02) 6270 9777 FACSIMILE: (02) 6270 9799

e-mail: amc@amc.org.au http:\\www.amc.org.au

On 13 November 2009, the AMC issued a media release announcing the Minister's decision to recognise sport and exercise medicine as a medical specialty. For your reference, a copy of the media release is enclosed.

The Minister's decision will also be advertised on the AMC website and the AMC *List of Australian Recognised Medical Specialties* will be updated to include sport and exercise medicine. Sport and exercise medicine should also be included in the list of specialties proposed by the Medical Board of Australia in its consultation paper of 27 October 2009.

Should you require further information, please contact Ms Drew Menzies-McVey, Secretary of the Recognition of Medical Specialties Advisory Committee on (02) 6270 9737 or by email on drewm@amc.org.au.

Yours sincerely

Richard Smallwood AO
President

Enclosures:

- Accreditation Report – Australasian College of Sports Physicians
- Australian Medical Council Media Release of 13 November 2009

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MEDIA RELEASE

Recognition of Sport and Exercise Medicine as a Medical Specialty

13 November 2009

In November 2009, following on the advice received from the Australian Medical Council (AMC), the Commonwealth Minister for Health and Ageing announced that she has decided to recognise sport and exercise medicine as a medical specialty for the purpose of inclusion in the AMC *List of Australian Recognised Medical Specialties*.

The Minister's decision does not automatically lead to the inclusion of this specialty on Schedule 4 of the Health Insurance Regulations 1975, which would grant patients access to rebates through Medicare Australia.

The education and training programs of the Australasian College of Sports Physicians were assessed by the AMC in November 2008. The AMC then advised the Minister for Health and Ageing that the education and training programs of the College met the criteria for AMC accreditation, thereby completing Stage 2 of the recognition procedure. The AMC assessment of specialist education and training programs is a collegial process for quality assurance and continuous quality improvement of specialist medical education and training programs. Listing on the AMC *List of Australian Recognised Medical Specialties* allows training providers to participate in the AMC's accreditation of specialist medical education, training and professional development programs.

In 2002, in response to an invitation of the Commonwealth Minister for Health and Ageing, the AMC took on the responsibility for advising the Minister on which disciplines of medical practice should be recognised as medical specialties in Australia. The AMC manages a two-stage process that assesses applications for recognition against specific criteria and standards. In Stage 1, an application is assessed against specific recognition criteria. In Stage 2, the standards of the specialist education, training programs and continuing professional development programs available for the proposed medical specialty are assessed.

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The decision to recognise a medical specialty rests with the Commonwealth Minister for Health and Ageing. Recognition as a specialty is conditional upon successful completion of both stages of this process and on the Minister having made a decision to recognise a specialty.

The overall objective of the College's training is 'to set and maintain a specialist standard of excellence in the training and practice of sport and exercise medicine'. To be granted College Fellowship, which leads to independent practice as a sports physician, medical practitioners must successfully complete the College's four-year training program.

The AMC expert team's assessment included visits to clinics; a review of College documents and interviews with College representatives; surveys of doctors completing sport and exercise medicine training and their supervisors; and submissions from external stakeholders such as health departments, other health professional bodies and university medical schools.

The report identifies and commends the significant strengths of the College's training. The AMC found that while the College is small, it is active and produces competent specialists capable of practising independently. The report makes recommendations to improve the ACSP programs and plans, and to monitor the implementation of the changes. The report recognises the primary strength of ACSP training to be the development and implementation of a comprehensive and well documented training program with considerable multi-disciplinary input to training; regular formalised cycle of formative assessment; an active program of review for all aspects of the training curriculum; and a clear commitment to provide ongoing professional development for Fellows.

The team's report also recommends the College develop more explicit learning objectives, a curriculum map and linked assessment blueprint for the training program. The team found that the College could develop policies to improve the involvement of consumers, registrars and other health practitioners in governance and review and assessment processes.

The Executive Summary of the accreditation report of the education and training programs of the Australasian College of Sports Physicians is available on the AMC website at www.amc.org.au.

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