



# Communiqué

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## Eighth meeting of the Medical Board of Australia 26 May 2010

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

At its eighth meeting on 26 May 2010, the Board considered a wide range of issues. It received reports on the progress of the mail out to registrants and the operational readiness of AHPRA for the implementation of the national scheme on 1 July 2010. The Board made a number of decisions necessary to support the smooth transition to the national registration and accreditation scheme.

### Operational readiness

As 1 July 2010 approaches, the Australian Health Practitioner Regulation Agency (AHPRA), which supports the Board, is finalising arrangements to start operating on 1 July 2010. This includes training staff in eight State and Territory AHPRA offices on a new IT system, developing nationally consistent operating procedures for registrations and notifications and developing contingencies should one or more states not have passed the necessary legislation to join the national scheme on 1 July 2010. At the time of writing this Communiqué, it was not clear if Western Australia, South Australia or Tasmania will be part of the national scheme on 1 July 2010 or if their entry to the scheme will be delayed.

### Mail out progress

It was reported in the previous Communiqué that the Board was sending every registered medical practitioner in Australia a letter during May confirming their personal details and informing them of their new registration type from 1 July 2010.

The Board has been advised that most of these letters have now been sent. Medical practitioners with conditions on their registration or who are registered in multiple States or Territories may not yet have received their letter. These are expected to be mailed in the next few days.

Any medical practitioner who has not received a letter from the Board by **8 June 2010** should telephone AHPRA on 1300 088 590.

Feedback from the mail out indicates that medical practitioners' main concern relates to recognition of specialist status. In particular, a large number of medical practitioners have incorrectly not been identified as specialists. AHPRA is now following up all responses, clarifying specialist status with the relevant specialist colleges and Medicare and making the necessary corrections to individual registrant data.

There have also been many responses about the 'Principle place of practice' in Part 2 of the form. This information will also be corrected before the National Register is published on 1 July 2010.

## Registration issues

### Registration Standards: Limited registration for teaching and research; and limited registration in the public interest

The *Health Practitioner Regulation National Law Act 2009* (the National Law) gives the Board the power to grant registration to international medical graduates (IMGs) who are not eligible for general or specialist registration.

Limited registration can be granted by the Board for the following purposes:

- a. Postgraduate training or supervised practice  
Typically, IMGs with this type of registration are undertaking supervised training in Australia with the intention of returning to their country of training or having their specialist qualifications recognised by an Australian specialist college. Alternatively, the IMG may be undertaking training so that they can sit the Australian Medical Council (AMC) examination.
- b. Area of need  
Medical practitioners with this type of registration are usually working under supervision in an area of medical workforce shortage. Frequently it is in a rural or remote location. These practitioners have been assessed by the Board as having the necessary skills, training and experience to undertake this practice.
- c. Teaching or research  
IMGs with this type of registration will have a position that involves clinical teaching or research, for example, a university appointment. They can undertake a limited clinical practice, relevant to their teaching or research role, and under supervision.
- d. Public interest  
This is for short-term registration with a limited scope of practice in circumstances in which the Board deems there is a 'public interest' in registering the practitioner. Examples of when it might be in the public interest to register include natural disasters, pandemics or for an expert to demonstrate a new procedure.

The Board's registration standards for limited registration for postgraduate training or supervised practice and area of need have been approved by Ministerial Council and are published on the Board's website.

The Board recently consulted on Registration Standards for limited registration for teaching or research and in the public interest. Submissions were received from stakeholders. The Board revised the standards on the basis of the feedback and has submitted them to the Ministerial Council for approval.

### Registration Standard: Supervised practice requirements for IMGs who have the AMC certificate and are undertaking the standard pathway to registration

There are three pathways to registration in Australia for medical practitioners who were trained and qualified overseas. These are consistent nationwide and are the:

- Competent Authority Pathway: for IMGs applying for non-specialist positions who have completed specified training and assessment through approved overseas 'competent authorities'
- The Specialist Pathway: for IMGs who have satisfied all the training and examination requirements to practise in their field of specialty in their country of training. The standard applied to the assessment of overseas-trained specialists is the standard required for admission to the relevant specialist medical college as a Fellow
- The Standard Pathway: For IMGs who are working towards the AMC examination of overseas-trained medical practitioners who want to practise medicine in Australia.

The Medical Board of Australia approved for consultation a Registration Standard on the supervised practice that IMGs who have the AMC certificate and are participating in the standard pathway, are required to complete before being eligible for general registration.

The Board is consulting on the standard, which can be accessed on the Board's website. In summary, the draft standard states that registrants must undertake broad based supervised practice of at least 12 months with rotations including:

- 10 weeks in medicine
- 10 weeks in surgery and
- eight weeks in emergency or general practice.

The balance of the 12 months can be spent in a range of rotations.

The supervised practice must be undertaken in Australia, preferably in hospitals that are accredited to train interns. The supervised practice can be undertaken at any time, including before the completion of the AMC examinations. The Board will require confirmation from supervisors of satisfactory practice.

The Board encourages stakeholders to make submissions about this Registration Standard.

### **Management of applications for registration that have been 'approved-in-principle' before 1 July 2010**

It is usual practice for IMGs to submit an application for registration to State or Territory medical boards before their arrival in Australia. Each Board decides, on the basis of information provided, whether the applicant is 'registrable'. This 'in principle' approval is subject to the applicant presenting in person on arrival in Australia with their original documents which confirm their identity, visa status, medical qualifications and their 'good standing' with all registration authorities where they have held previous registration.

Applicants with 'approval-in-principle' granted before 1 July 2010 will not be required to re-submit their applications after 1 July 2010. The Medical Board of Australia has decided that that for a limited time, it will support the registration decisions made by current State and Territory boards based on previous registration standards. However, all applicants in this category will be required to:

- have a criminal history check – this can be undertaken after registration has been granted but applicants will be required to declare any criminal history. If the Board finds that the applicant has made a false declaration, it can take action under the National Law and
- confirm that they will comply with the Board's registration standard on professional indemnity insurance.

### **Medical practitioners granted public interest-occasional practice registration and professional indemnity insurance**

There is currently a small group of medical practitioners who are largely retired from medical practice but who have registration for very limited practice, such as non-remunerated prescribing and referring. The National Law states that these individuals will transition as a 'one off' arrangement to a category of registration called 'Limited registration (public interest-occasional practice)'. They will have a range of conditions imposed on their registration.

The Board has received submissions from more a number of medical practitioners who will transition into this category of registration. These medical practitioners have requested that the Board waive the requirement for professional indemnity insurance.

The Board decided that all medical practitioners, including those with this type of registration, **must** comply with its Registration Standard on professional indemnity insurance. This states that:

“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.”

### **Acupuncture endorsement**

In Victoria, it is currently an offence to use the title ‘acupuncturist’ or to hold oneself out as a practitioner who is qualified to practise acupuncture unless the person is registered by the Chinese Medicine Board of Victoria or endorsed in relation to acupuncture by a health regulation Board.

The Victorian government has decided to retain these provisions for acupuncture after 1 July 2010.

Any medical practitioner who wishes to use the title ‘acupuncturist’ or to perform acupuncture in Victoria after 1 July 2010 must be registered with the Chinese Medicine Board of Victoria or must apply to the Medical Board of Australia for acupuncture endorsement.

The Board decided to develop a Registration Standard for acupuncture endorsement. Initially, this Registration Standard will be based on the criteria accepted by the Medical Practitioners Board of Victoria for acupuncture endorsement. Further details will be published on the Board’s website after the draft standard has been developed.

### **Postgraduate medical councils**

Postgraduate medical councils perform a range of functions in each State and Territory that relate to the training and support of doctors in their prevocational years, including an important role in the accreditation of intern positions.

The Australian Medical Council has agreed to help the Board to develop a nationally consistent intern accreditation framework. This will take some time to complete. Recognising the importance of the intern year, the Board has decided to continue to fund the intern accreditation function of postgraduate medical councils for the 2010/2011 financial year, at the same level provided by existing State and Territory Boards in 2009/2010.

### **Conclusion**

Since its formation in September, the Medical Board of Australia’s main priority has been to pave the way for the safe introduction of the national registration and accreditation scheme. It has focussed on developing standards and policies that need to be in place from 1 July to ensure that all registered medical practitioners transition to the appropriate type of registration in the new scheme, that there are consistent pathways for registering international medical graduates and that there is clear guidance for the profession about the requirements for Continuing Professional Development, Professional Indemnity Insurance and Mandatory Reporting. The Medical Board has also adopted Good Medical Practice, which was developed by the Australian Medical Council on behalf of all State and Territory medical boards, as the code of conduct for doctors in Australia.

Further information on registration standards can be found on the Board’s website at [www.medicalboard.gov.au](http://www.medicalboard.gov.au).

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**Chair, Medical Board of Australia**

**2 June 2010**