

# Communiqué

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## 11th meeting of the Medical Board of Australia held on 27 August 2010

The Medical Board of Australia (the Board) is established under the *Health Practitioner Regulation National Law Act 2009* (the National Law) as enacted by participating jurisdictions.

The Board was delighted to note that Western Australia has passed the National Law and is expected to join the National Registration and Accreditation Scheme in mid October. For the first time, medical practitioners in all Australian states and territories will be registered under nationally consistent legislation. After Western Australia joins the Scheme, medical practitioners with general registration will pay a single registration fee and will be able to practise anywhere in Australia.

On 28 August 2010, all the National Boards and the Australian Health Practitioner Regulation Agency (AHPRA) held the second annual combined meeting. This was the first combined meeting since the National Scheme began and provided an important opportunity to reflect on the past year and to identify future priorities and ways of working together.

### Implementation

The Board reviewed progress in implementation of the National Scheme in the first two months. It noted that there had been problems reported in three areas: the completeness of data on the online register, the responsiveness of AHPRA to enquiries and delays in processing applications for limited registration for IMGs. These difficulties were not surprising given the scale and complexity of the task of changing over from the old to the new systems. The Board believes that these problems are being addressed and is looking forward to the scheme operating more smoothly now that the initial phase is over. In particular it noted the high focus that AHPRA state offices are giving to ensuring that there are no unnecessary delays in processing registration applications.

### Accreditation

The Australian Medical Council has been appointed as the accreditation authority for medicine for the first three years of the Scheme. The AMC provided a comprehensive written and verbal report of activities at the meeting that include:

#### *The outcome of the review of the constitution of the AMC*

A review of the AMC constitution is necessary because the state based medical boards, which made up a significant proportion of the Council membership, have ceased to exist. This has given the AMC the opportunity to consider increasing community representation and including a medical student, a post-graduate trainee and a representative from the Safety and Quality Commission. It is difficult for National Board members to be on the AMC because of the potential conflicts of interest and the National Law specifically precludes the Chair of the Medical Board from being a member. However, the AMC requires advice about registration and regulatory issues. The proposal is that members of state boards of the MBA will be appointed to the AMC Council to provide this input.

### *Medical school accreditation activities*

The National Law has changed the role of the AMC and the Board in relation to medical school accreditation.

The AMC may accredit a program of study if, after assessing the program it is satisfied that the program and the education provider that provides the program meet an approved accreditation standard. The AMC can also impose conditions on the approval or refuse to accredit the program.

The AMC is required to give the Board a report about the accreditation of a program of study. The Board must then decide whether to approve or refuse to approve the accredited program of study as providing a qualification for the purposes of medical registration.

The AMC has a regular cycle of medical school accreditations and will be reporting these to the Board.

### *Measures being taken to meet the high demand for clinical AMC examinations*

The demand for places in the clinical examination of the AMC exam is far greater than the number of places that are available. The AMC is working on ways to increase the number of opportunities to enable candidates to sit the examination. These include:

- Increasing the number of examinations
- Changing the format of the examinations
- Implementing workplace based assessment as an alternative to the clinical examination.

### *Advice about the intern year*

The Board has asked the AMC to provide it with advice about:

- the standards for intern training
- expectations of interns at the completion of the period to enable the Board to grant general registration and
- applying a national framework for intern training accreditation to the State-based accreditation processes of postgraduate medical councils.

The AMC confirmed that it has formed an expert working group to progress this work. The working group has developed a paper that will be released for consultation with relevant stakeholders before it is presented to the Board.

The Board is required under the National Law to consult widely if it decides to develop a registration standard about the intern year.

## **Registration**

### *Renewals due 30 September*

More than 40,000 renewal notices have been sent to medical practitioners whose registration is due to be renewed by 30 September. Medical practitioners with general and/or specialist registration in the Northern Territory, South Australia, Tasmania and Victoria should expect to receive a renewal notice shortly. Medical practitioners in NSW whose medical registration expires on or before 30 September 2010 should also expect to receive a renewal notice. The fee for renewal of registration is \$650 except in NSW where the fee is subsidised by the NSW government in the co-regulatory model. The NSW fee is \$465.

Medical practitioners who wish to practise in Western Australia (WA) before that state joins the Scheme later in 2010 must also be registered with the Western Australian Medical Board until then.

Renewal of registration requires medical practitioners to make a range of declarations about professional indemnity insurance, participating in continuing professional development activities, criminal history and recency of practice.

Medical practitioners are encouraged to renew online and to ensure that they have renewed before the expiry of their registration. While the National Law allows for a “grace period” of one calendar month after the expiry of registration during which practitioners are deemed to be registered, there is a late fee of \$325 that will be charged for renewals when the application is received after 30 September. If application for registration is not made within one month of the 30 September expiry, medical practitioners will be removed from the register and will not be able to practise. They will then have to make a new application for registration for the Board’s consideration. The National law does not allow automatic re-instatement.

### **Professional indemnity insurance**

The Board’s registration standard on professional indemnity insurance can be found on the Board’s website at [www.medicalboard.gov.au](http://www.medicalboard.gov.au). In summary all practitioners are required to have professional indemnity insurance that covers all aspects of their practice from 1 July.

The Board confirmed that all registered medical practitioners are required to comply with the registration standard for professional indemnity insurance (PII) and renewal of their registration will not be granted if they do not commit to having PII during the 2010/2011 registration period. If the Board becomes aware of any medical practitioners who have been practising without PII between 1 July 2010 and 30 September 2010, the Board has a range of options for action and will deal with each practitioner on a case by case basis. Regardless of whether the Board decides to take disciplinary action, these medical practitioners are expected to provide evidence that they have obtained PII, including retrospective cover for that period if they wish to continue to practise.

### **Further communication**

The Board is in the process of preparing the first of its planned regular Updates for the profession. Initially at least this will be a hard copy publication issued three times per year. The first edition will be mailed with a hard copy of *Good Medical Practice*, the code of conduct for doctors in Australia issued by the Medical Board.

### **Conclusion**

The Board dealt with a range of administrative matters and issues related to the registration of practitioners at this meeting. It responded to inquiries from some state and territory boards and will provide regular feedback to the States to promote consistent decision-making.

The Board received the first report from its accreditation authority, the AMC and looks forward to a cooperative and constructive working relationship that will promote standards of medical education and medical practice.

Further information on the work of the Board can be found at [www.medicalboard.gov.au](http://www.medicalboard.gov.au).

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**Chair, Medical Board of Australia**

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