

Communiqué

12th meeting of the Medical Board of Australia held on 22 September 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.

Update on Western Australia

The Board has previously reported that Western Australia is expected to join the national scheme in mid October 2010 and from that time, the Western Australian Board of the Medical Board of Australia will be responsible for matters related to individual practitioners in that state. As in other States and Territories, the Western Australian Board will be supported by a number of committees. In anticipation of Western Australia joining the scheme, the National Board approved and appointed members to the registration, health, notifications assessment and performance and professional standards committees in Western Australia.

Shortly before Western Australia joins the national scheme, the Board will sign off on a registration transition plan that specifies the category of registration that medical practitioners who are currently only registered in Western Australia will transition into under the National Law.

The Board noted that there are a number of medical practitioners in Western Australia who have not yet renewed their registration. Until Western Australia enters the national scheme in mid October 2010, medical practitioners who wish to practise in that state must be registered with the Medical Board of Western Australia, regardless of whether they also hold registration under the National Law.

Implementation update

The Board reviewed progress with the implementation of the National Scheme. Despite delays in the early months of the scheme, applications for registration are now being routinely processed and the Australian Health Practitioner Regulation Agency (AHPRA) is addressing emerging challenges promptly.

Registration renewal due now

More than half the practitioners who are due to renew their registration by 30 September 2010 have done so, many of them online. However, the Board is urging all remaining practitioners who are due to renew by 30 September to do so.

For 2010, the Board has waived the late fee for practitioners who do not renew on time. However, under the National Law, all practitioners who have not renewed their registration within one month of the due date – in this case by 31 October 2010 – will have their names removed from the register of practitioners. The Board has no discretion under the National Law to extend registration to any practitioner who has not renewed within the one month 'grace period'. If a practitioner wishes to practise again they must make a new application for registration and meet all the requirements under the National Law. This includes providing proof of identity and qualifications and criminal history checks. This can take some time as some stages of this process involve external verification.

If a practitioner does not know when their registration is due, they should check their registration details at www.medicalboard.gov.au and click on the Medical Register. Follow the prompts to check registration status and registration renewal date.

Registration Standards

The Board recently consulted on Registration Standards for specialist registration and endorsement for acupuncture. The Board received 17 submissions and values the feedback received. The Board will consider the submissions and revise the standards accordingly. Before finalising the registration standard for endorsement for acupuncture, the Board will also consult with other professions under the National Law. Once finalised, the standards will be submitted to the Ministerial Council for approval.

Non-practising registration and Limited registration (public interest-occasional practice)

The Board noted the concerns raised by registrants in relation to non-practising registration and limited registration (public interest- occasional practice) and has published FAQ's about these categories of registration on the Board's website. The Board encourages all practitioners considering whether or not to renew their registration under the non-practising category to read these FAQs for information.

Current Overseas Medical Students - English Language Skills (ELS) requirements

The Board has clarified how its Registration Standard on English Language Skills applies to overseas students currently enrolled in medical courses at Australian universities. The Board made these decisions to address concerns raised by the Deans of Australian medical schools. In relation to currently enrolled overseas students at Australian medical schools, the Board has decided:

1. To accept as current an IELTS (or approved equivalent) test result that is more than two years old, provided it is accompanied by proof that the candidate has since been continuously enrolled in an approved program of study.
2. In relation to *Exemptions*, the Board accepts that students who completed the last two years of their secondary education in English meet the requirement of having 'undertaken and completed secondary education' taught and assessed in English in one of the following countries where English is the native or first language: Australia, Canada, New Zealand, Republic of Ireland, South Africa, United Kingdom and United States of America.

The Board reminds all medical students graduating this year from Australian medical schools that they must meet the Board's Registration Standard on English Language Skills, to be eligible for provisional registration to enter intern training in 2011. Any student who is not covered by items 1 and 2 above, and who does not have a minimum of IELTS Level 7 in all 4 components, will need to achieve this level before the Board will grant provisional registration. The Board encourages all students in this category to seek guidance and support from their university in relation to meeting this registration standard.

International Medical Graduate (IMG) Update

The primary role of the Medical Board of Australia is to protect the public. The Board has a responsibility to ensure that the assessment processes for IMGs are robust and fair and that they allow competent, qualified doctors to join our medical workforce. The stakes are very high. Failures in the checking and assessment processes can have grave consequences.

Since mid 2008, there have been four pathways to registration for IMGs and a range of assessment processes to support them. These are detailed on the Australian Medical Council (AMC) website at www.amc.org.au. These four pathways were signed off by all States and Territories and each involves the assessment of the skills, qualifications and experience of IMGs to ensure they can provide safe care in the particular role for which they are seeking registration. This could be in general practice, a hospital position, post-graduate training or as a specialist.

Under the new national scheme the types of registration granted by the Medical Board have been aligned around the country. IMGs may be granted limited registration for area of need, for postgraduate training or supervised practice, or for teaching and research depending on their position. All limited registrants work under supervision and are required to undertake professional development relevant to their role.

Two of the challenges the Medical Board faces now are to ensure that the national process introduced in 2008 is working effectively and is as streamlined as possible. The Board must also determine how best to ensure that IMGs who were recruited before 2008 are working safely, receiving appropriate supervision and support and have a pathway to full registration.

Registration category for overseas trained specialists who are substantially comparable

The Board discussed the issue of the appropriate registration category for overseas trained specialists who have been assessed by the relevant College as substantially comparable, but who do not yet meet the final requirements for specialist registration.

The Board believes that if the applicant was intending to practise in an Area of Need (AoN), then Limited registration for AoN is the appropriate registration category.

If the applicant is not seeking registration in or practising in an AoN, then it may be appropriate for them to seek Limited registration - post graduate training or supervised practice.

If the applicant meets the requirements for specialist registration, then this is the appropriate category of registration.

Conclusion

The Board looks forward to Western Australia joining the national scheme in mid October 2010. From this time, the full benefits of the national registration and accreditation scheme will begin to be realised and medical practitioners with general registration will be able to pay a single registration fee and be eligible to practise anywhere in Australia.

Further information on the work of the Board can be found at www.medicalboard.gov.au.

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Chair, Medical Board of Australia

29 September 2010