

Communiqué

27 October 2010: 13th meeting of the Medical Board of Australia

The Medical Board of Australia (the Board) is established under the *Health Practitioner Regulation National Law Act 2009* (the National Law) as in force in each state and territory.

The Board was delighted that Western Australia joined the National Registration and Accreditation Scheme on 18 October 2010. For the first time in Australia's history, medical practitioners with general registration will pay one single registration fee and be able to practise in any Australian state or territory.

Renewal of registration

About half of the 80,000 medical practitioners in Australia were due to renew their medical registration on 30 September 2010. The National Law provides for a "grace period" of one month after the expiry of registration, which means that practitioners are deemed to be registered for one month after the expiry of their registration and are able to renew their registration during that time. However, if they do not renew by the end of the month after their renewal is due, under the National Law their name will be removed from the Register of Medical Practitioners. Neither the Board nor AHPRA have any discretion about this.

The primary responsibility for renewing medical registration lies with individual medical practitioners. However, the Australian Health Practitioner Regulation Agency (AHPRA), which provides the Board with necessary infrastructure to perform its statutory functions, has implemented a range of activities aimed at ensuring that all medical practitioners who wished to remain on the Register had the opportunity to renew before the end of the grace period. In addition to the original renewal notice, AHPRA has sent a reminder letter to 7,500 practitioners who had not renewed by early October. As well, AHPRA sent reminder emails and SMS and made follow up phone calls, when this has been possible. This aimed to make sure that no-one who wanted to renew their registration was unaware of their responsibility to do so. The Board is grateful for the assistance of the Australian Medical Association and the specialist colleges who have promoted the fact that renewal of registration was due for practitioners whose registration was due on 30 September.

On the day of the Board meeting, the Board was informed that around 95% of practitioners had renewed their registration.

At its meeting, the Board approved a "fast track" application process for practitioners who did not register in time and whose names are removed from the Register. This requires practitioners to comply with the Board's registration standards but does not require certain documentation to be re-presented if it has previously been presented to an Australian registration authority. This "fast-track" application process is a one-off that will only be available for a short period, to support the transition to the national scheme.

English language registration standard

The English language registration standard requires all internationally qualified applicants for registration, or applicants who qualified for registration in Australia but did not complete their secondary education in English in Australia, Canada, New Zealand, Republic of Ireland, South Africa, United Kingdom or the United States of America, to 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 in one sitting, the required minimum score in each component of the IELTS academic module or other tests that are specified in the registration standard.

The Board is aware that a number of medical students who are expected to complete their medical degree from an Australian medical school in 2010 did not undertake their secondary education in Australia or in one of the other countries that would make them exempt from having to pass the English language test. These students must therefore meet the Board's English language registration standard. However, the Board recognises that these students may find this difficult to do before they begin their intern year at the beginning of 2011.

The Board recognises that:

1. the standard was introduced half way through the 2010 year and
2. if these students had graduated before 1 July 2010, they would have met the previous state medical boards' English language policy and
3. these applicants will work under supervision in an accredited intern position.

As a one-off transitional arrangement, the Board has decided to grant these students provisional registration (if they meet all the other registration requirements) and impose conditions on their registration that they will:

- meet the Board's English language skills registration standard within six months of being granted registration and will inform the Board when they have successfully completed the English language test
- advise their employer of the conditions imposed on their registration and
- authorise their employer to notify AHPRA if the employer has any concerns about their competence in English language.

The Board will remove these conditions when the provisional registrant has met the Board's English language registration standard.

Non-practising registration

Some medical practitioners with non-practising registration have raised a concern that there is a notation on the public register that states that they "may not undertake any form of medical practice". They have expressed the view that this statement is unduly harsh and could be misinterpreted to suggest that they cannot practise as the result of disciplinary matters.

The Board agreed to remove the notation from the public register as the category of "non-practising registration" provides sufficient information to inform the public of the type of registration held. This will be implemented progressively.

Definition of "practice"

The Board has also received feedback that the definition of "practice" is causing difficulties for medical practitioners with "non-practising" registration who have been undertaking certain activities such as teaching or fulfilling other roles to which they have been appointed because of their medical qualifications and where their professional knowledge is required.

The definition of practice agreed by all the National Boards is:

"...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 the registration standards, 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".

The Board confirmed that medical practitioners who are teaching or fulfilling other roles to which they have been appointed because of their medical qualifications and where their professional knowledge is required, are required to have a form of practising registration.

The Board recognises the difficulties that this definition of “practice” has created. It did not intend to dissuade medical practitioners from teaching or using their professional knowledge in a non-clinical setting. The Board is considering how this issue can best be progressed. However making a change is unlikely to be straightforward. The definition of ‘practice’ is embedded in at least three Medical Board of Australia registration standards, as well as standards for other National Boards, all of which have been approved by Ministerial Council.

Medical practitioners may apply to convert their non-practising registration to general registration. Most will be able to meet the professional indemnity registration standard which states “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”.

The recency of practice registration standard is met provided the practitioner remains in the same scope of practice; that is, teaching, providing policy advice, serving on non-clinical committees or boards etc.

International Medical Graduates

Review of the implementation of pathways to registration

On 1 July 2008, the Australian Medical Council (AMC) introduced a nationally consistent assessment process for international medical graduates (IMGs). There are four different pathways for IMGs seeking to become qualified for general or specialist registration:

1. competent authority pathway
2. standard pathway (AMC examination)
3. standard pathway (workplace-based assessment)
4. specialist assessment pathway

Details about the pathways can be found on the AMC’s website at www.amc.org.au.

It has been more than two years since the pathways were introduced. The Board considers that it is now time to review the effectiveness of the implementation of the pathways and will work with the Australian Medical Council (AMC) to scope out the terms of a review of the implementation of assessment pathways for International Medical Graduates (IMGs). The Board is not proposing to change the pathways, but the review will assess what is working effectively and what can be improved. The review aims to ensure the pathways have been implemented as consistently as possible and are as effective as they can be in ensuring IMGs have the skills, qualifications and experience to provide safe care to the Australian community.

Assessment of IMGs with limited registration

As a general principle, the Board expects that IMGs with limited registration who intend to practise in Australia in the longer term will progress and achieve general or specialist registration. Under the national scheme, the Board requires IMGs to provide evidence at each renewal of registration that they have progressed towards achieving either specialist or general registration. The Board is seeking advice from the AMC about assessment processes the Board could use to confirm a registrant is safe to practise, in cases when the practitioner does not appear to be progressing satisfactorily towards general or specialist registration.

Specialist registration

The Board also finalised its registration standard for specialist registration. The registration must be submitted to the Australian Health Workforce Ministerial Council for approval before it has the status of a registration standard.

Key features of the registration standard include:

- to qualify for specialist registration, medical practitioners will be required to:
 - hold a fellowship of a specialist college that has been accredited by the AMC (in this context, fellowship refers to the qualification of fellowship and not necessarily the ongoing membership of the College) or

- hold a qualification relevant to the specialty (for example, an international specialty qualification) and have completed an assessment by the Australian specialist college that confirms that the applicant is equivalent to an Australian trained specialist and is eligible for fellowship.
- Registrants with specialist registration are required to comply with the CPD requirements of the relevant specialist college. Practitioners with more than one specialty are required to comply with the CPD requirements of each college. It is acceptable to the Board if some or all of the CPD activities for one college are recognised by a second college for the purpose of complying with its CPD requirements
- Practitioners who are not practising in a specialty can voluntarily remove their name from the specialist register, particularly if they cannot meet the recency or CPD registration standards.
- The advice from the specialist college will define the scope of practice for practitioners who only have specialist registration (ie they do not have general registration)

Conclusion

Much of the work of the Board at this meeting related to issues that have arisen as a result of the renewal of registration, the implementation of the new registration standards and dealing with matters that have arisen in the transition to the National Scheme.

The Board also decided to undertake a review of the implementation of the pathways to registration for IMGs. This is an opportunity to determine what is working well and what can be improved to better streamline assessment processes for IMGs and to promote consistency of the registration process in all states and territories.

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

5 November 2010