Communiqué

24 November 2010: 14th 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.

At this meeting, the Board considered accreditation reports from the Australian Medical Council (AMC) for the first time. This will be a continuing and important part of the Board's work.

Accreditation function

One of the objectives of the National Law is to facilitate the provision of high quality education and training of health practitioners. The accreditation function is the primary way of achieving this objective. The National Law defines the respective roles of the Board and its appointed accreditation authority, the AMC, in the accreditation of medical schools and medical specialist colleges.

The AMC is responsible for developing accreditation standards for the approval of the Board. Accreditation standards are used to assess whether a program of study, and the education provider that provides the program of study, provide people who complete the program with the knowledge, skills and professional attributes to practise the profession. In developing accreditation standards, the AMC must undertake wide-ranging consultation about the content of the standard.

The AMC is also responsible for accrediting individual programs of study after it is reasonably satisfied that:

1. the program of study meets an accreditation standard or

2. substantially meets an approved accreditation standard and the imposition of conditions on the approval will ensure the program meets the standard within a reasonable time frame.

The AMC can also refuse to accredit a program of study.

The AMC must give the Board a report after it decides to accredit a program of study (with or without conditions).

After being given an AMC accreditation report, the Board may approve, or refuse to approve, the accredited program of study as providing a qualification for the purposes of registration. An approval may be granted subject to conditions.

The Board considered the AMC's accreditation reports on the following medical schools:

1. University of Western Australia
2. Flinders University
3. University of Notre Dame, Sydney

Medical school of the University of Western Australia

The Board approved the medical program of the University of Western Australia as providing a qualification for the purposes of registration in the medical profession, for a period of six years, until 31 December 2016.

Flinders University

The Board approved the major change proposed to the Flinders University graduate entry medical program, to introduce years 1 and 2 of the program in Darwin from 2011 and to introduce a double degree entry to the medical course in Adelaide and in Darwin.

The Board approved medical program of Flinders University as providing a qualification for the purposes of registration in the medical profession, for a period of further four years, until 31 December 2014.

University of Notre Dame, Sydney

The Board noted that the AMC had reduced the period of the accreditation of the medical program of the University of Notre Dame Australia (UNDA), Sydney from 2013, to 31 December 2011. This period of accreditation is subject to receiving a range of satisfactory progress reports from the UNDA, Sydney. The AMC will conduct a follow-up review in May 2011 to determine if the School has successfully implemented the full course of the medical program and if it can sustain the delivery of the program that meets the AMC accreditation standards.

The Board deferred its decision about the medical program of the UNDA, Sydney. It will reconsider the matter in February 2011 and will seek a report on the progress of the UNDA, Sydney in meeting a number of requirements set by the AMC.

Accreditation of the intern year

The Board had asked the AMC to provide it with advice on:

1. The standards for intern training
2. What should be expected of interns after completing their internship, before granting general registration
3. How the AMC could apply a national framework for intern training accreditation to the existing state based accreditation processes to ensure that appropriate and consistent standards are in place in all jurisdictions

The AMC has formed a working party and undertaken a consultation process about the intern year.
The Board will be working with the AMC to develop and implement national standards for intern training.

Registration

Renewal of registration

Of the 39,313 medical practitioners due to renew on 30 September 2010, only 1.6% (651) practitioners who previously held general and/or specialist registration did not renew by 31 October 2010 (which was the end of the one-month 'grace period' allowed under the National Law. A further 522 practitioners who previously held non-practising registration or limited registration (public interest – occasional practice) may have chosen not to renew. The average rate of non-renewals in previous years is estimated between 1% and 20% and is subject to state-by-state variation.

The Board previously reported that it had approved a short-term 'fast track' application process for practitioners who did not register in time and whose names were removed from the Register. This 'fast track' 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 provided to an Australian registration authority. The Board has extended this 'fast-track' application process until 30 September 2011. This aims to ensure that there is no disadvantage to practitioners whose registration is due on a date other than 30 September 2010 but before 30 September 2011, who do not renew on time. The fast-track process is available to registrants whose name was removed from the Register in the preceding calendar month, for non-payment of the registration fee.

Return to work plans

The Board's registration standard on 'recency of practice' requires medical practitioners who have not practised for more than three years to submit to the Board for approval a plan for professional development and for re-entry to

practice, before they return to practice. Registrants, as well as state and territory Boards, have requested guidance on the content of such a plan. The Board has developed a draft plan for professional development and for re-entry to practice and is now seeking feedback on this from internal stakeholders (ie: AHPRA offices and state and territory Boards). After considering comments provided, the Board will publish the framework to help guide registrants to meet this requirement.

The Board anticipates that the plans for professional development and for re-entry to practice will be tailored to meet the specific needs of the registrant and the particular area of practice in which they intend to practise, as well as the specific structures and supports of the proposed work place. Broadly, the plan requires registrants, usually with the assistance of a mentor or supervisor, to undertake a learning needs analysis and to develop a specific strategy to meet those learning needs. It also requires registrants to inform the Board about what professional development activities they will undertake, what supervision, monitoring and feedback structures will be in place and what measures will be undertaken if the learning needs are not satisfactorily met within the agreed anticipated time frame, or if there are concerns about the registrant's safety to practise.

Definition of 'practice'

The Board is continuing to receive feedback that the definition of 'practice' defined in the Board's registration standards is causing difficulties. This particularly applies to medical practitioners with 'non-practising' registration who have been undertaking activities such as teaching or fulfilling other roles to which they have been appointed because of their medical qualifications and for which their professional knowledge is required.

The definition of 'practice' agreed by all the National Boards and contained in three registration standards that have been approved by the Ministerial Council 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".

This definition of 'practice' requires 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, to have a form of practising registration.

The Board cannot change the definition of 'practice' without going through a wide-ranging consultation process and submitting the registration standards that contain the definition of 'practice' to Ministerial Council for approval. This would take considerable time. The Board understands that cost is the primary issue of concern to affected practitioners and to a lesser degree, the need to meet the Board's CPD registration standard. The Board agreed to reduce the registration fee to $125 for medical practitioners who formally agree (in writing) to restrict their practice to teaching or examining/assessing. This voluntary agreement will be on the public Register. These medical practitioners will also be required to provide the Board with a letter from the institution at which they are teaching or examining, confirming their appointment.

Further information about this will be provided in the next few weeks. The reduced fee (or refund if relevant) will be available after 1 February 2011 to allow for technical changes to be made to the IT system to support this change.

Policy on sexual boundaries

Good Medical Practice – A code of conduct for medical practitioners in Australia contains guidance for practitioners about maintaining professional boundaries. The Board is developing a policy to supplement the information in *Good Medical Practice.* The draft policy states explicitly that it is always wrong for a doctor to enter into a sexual or an improper emotional relationship with a patient, regardless of whether the patient has consented to the relationship. It is also wrong for a doctor to enter into a relationship with a former patient or a close relative of a patient, if this breaches the trust the patient place in the doctor.

The Board will shortly be consulting widely about this policy and invites feedback from the public and the profession.

Conclusion

Each month, the Board deals with a large volume of work, much of which is routine and is not detailed in this Communiqué. Some of the work is reactive and requires the Board to deal with issues that have emerged as a result of the implementation of the National Law, new registration standards and the new scheme. The Board has developed a work plan and is also working towards developing a range of policies and standards to guide the medical profession and to continue to ensure that professional standards are maintained. As new policies are drafted, the Board will seek feedback from the community, the profession and other stakeholders.

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

2 December 2010