



# Commuiqué

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## 23 February 2011: 16th meeting of the Medical Board of Australia

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

At this first meeting of 2011, the Board covered a wide range of issues including accreditation, registration and notification matters. The Board approved for publication a range of documents that will help applicants for registration and renewal of registration by providing additional information to support them to meet the requirements of the approved registration standards. The Board also started working on documents to support the state and territory Boards in their decision-making in relation to notifications.

### Governance issues

The National Law defines the composition of state and territory boards including that Boards are made up of between one third and one half community members with the balance made up of practitioners. It is a requirement under the National Law that these requirements are met by 1 July 2011 for all states and territories except for Western Australia (WA). The composition requirements for WA must be met by 18 October 2011, one year after WA joined the National Registration and Accreditation Scheme (Scheme).

Each State and Territory Minister for Health appoints State and Territory Board members. All costs of the Scheme, including the costs of running State and Territory Boards and Committees are borne by the profession through income generated by registration fees.

The Board relies on State and Territory Boards to deal with all individual registration and notification matters. The Board considered workloads under the National Law and under the National Board's delegations of powers and the costs of running State and Territory Boards. The Board agreed to recommend to each relevant state Minister for Health that there be:

1. Nine Board members in the ACT and Northern Territory, made up of six practitioners and three community members and
2. 12 Board members in Western Australia, South Australia, Queensland, New South Wales, Victoria and Tasmania, made up of eight practitioners and four community members.

There will be advertisements for state and territory Board members in a number of jurisdictions in the coming weeks. Anyone who is interested in applying should follow the advice in the advertisements.

### Accreditation

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. The National Law defines the respective roles of the Board and its appointed accreditation authority, the Australian Medical Council (AMC), in the accreditation of medical schools and medical specialist colleges and in the development and approval of registration standards.

## **University of Notre Dame Australia School of Medicine, Sydney**

The Board had considered the AMC's accreditation report on the University of Notre Dame Australia (UNDA) School of Medicine, Sydney in November 2010. At that meeting, the Board had noted that the AMC had reduced the period of the accreditation of the medical program of the 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 Board had deferred its decision about whether or not to approve the medical program of the UNDA, Sydney and agreed to reconsider the matter in February 2011 and seek a report on the progress of the UNDA, Sydney in meeting a number of requirements set by the AMC.

At this meeting, the Board received a report from the AMC confirming that the UNDA, Sydney had met the requirements set by the AMC to date. The Board therefore approved the Bachelor of Medicine, Bachelor of Surgery medical program of the UNDA, Sydney as providing a qualification for the purposes of registration in the medical profession until 31 December 2011.

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 to meet the AMC accreditation standards.

## **Consultation on draft guidelines**

One of the functions of the Board under the National Law is to develop and approve codes and guidelines for medical practitioners. The Board must ensure there is wide-ranging consultation about the contents of any codes and guidelines.

The Board has developed draft guidelines about:

- 1.** Sexual boundaries: a guide for medical practitioners and patients and
- 2.** Guidelines for medical practitioners and medical students infected with blood-borne viruses

The draft guidelines will be published on the Board's website at [www.medicalboard.gov.au](http://www.medicalboard.gov.au) shortly. The Board invites comment on the draft guidelines and will review them after it has received feedback from stakeholders.

## **Registration**

### **Medical student registration**

From 1 March 2011, all medical students will be registered by the Board. The Board has decided that all students who are enrolled in an approved course of study leading to a qualification for medical registration must be registered from the start of their course.

Under the National Law, information about students is entered on the Student Register. The Student Register is not published online and is not publicly available. It is being established by AHPRA through lists of enrolled students provided by education providers this month.

National Boards and AHPRA have no role to play in the academic progress or behaviour (other than offences punishable by 12 months imprisonment or more) of students. Under the National Law, these are issues for education providers to address in their existing academic progress or disciplinary processes.

The Boards' role is limited to registering students and dealing with notifications about students:

- whose health is impaired to such a degree that there may be a risk to the public or
- who have been found guilty of an offence punishable by 12 months imprisonment or more.

Students are not required to comply with any registration standards and they are not required to pay a registration fee.

The Board approved a student registration policy and noted that AHPRA has been communicating with education providers, employers providing clinical placements and students about their obligations under the National Law and about the administrative arrangements for student registration. The Board notes that the definition of education providers is broad under the National Law and includes health services. Detailed FAQs for education providers and students on student registration will be published shortly on the [AHPRA website](#).

### **Limited registration – supervised practice**

The Australian Health Workforce Ministerial Council (Ministerial Council) has previously approved registration standards for limited registration. These registration standards require limited registrants to be supervised for the duration of their limited registration.

The Board has developed (and previously consulted on) this document to help applicants for limited registration and their employers to meet the registration standards for limited registration. The guideline defines a range of levels of supervision that an IMG might require depending upon the:

1. qualifications of the IMG
2. previous experience, especially in the type of position for which the IMG has applied
3. position description – the requirements of the position
4. position itself, including the level of risk, the location of practice and the availability of supports.

The guideline also contains standardised work reports. It will be published shortly.

### **Returning to practice**

The Ministerial Council has previously approved a registration standard for recency of practice. Practitioners who have been absent from practice for more than 12 months must meet the specific requirements defined in the registration standard. The requirements for a medical practitioner who has been absent between one and three years are reasonably straight-forward and involve undertaking the equivalent of 12 months CPD. However, medical practitioners who have been absent from practice for more than three years are required to submit to the Board for its approval a plan for professional development and safe re-entry to practice.

Some practitioners have requested guidance on the contents of the plan for professional development and re-entry to practice. The Board has therefore developed this document. The Board recognises that the needs of each medical practitioner who is returning to practice after an absence are different, depending on their own qualifications, experience and training as well as on the type of practice that they are planning to undertake. This framework guides practitioners about considering their learning needs, CPD and supervision and feedback.

### **Limited registration – how applicants for limited registration and renewal of limited registration can demonstrate satisfactory progress towards gaining general or specialist registration**

The registration standards for limited registration for postgraduate training or supervised practice and limited registration for area of need, require practitioners who intend to practise in Australia longer term to provide evidence of satisfactory progress towards meeting the qualifications for general or specialist registration.

Applicants for limited registration, AHPRA staff and State and Territory based Registration Committees have asked the Board to provide additional information on how applicants can demonstrate that they have met this requirement. In response, the Board has developed a document that is complementary to the registration standards and defines a series of milestones that an IMG is expected to have completed at each application for renewal of registration.

The document will be available on the Board's website shortly.

### **Registration standard for specialist registration**

The Board consulted on a registration standard for specialist registration in 2010. It has revised the registration standard on the basis of this consultation and will be submitting it to the Ministerial Council shortly for approval.

The registration standard defines the requirements for granting specialist registration. It covers specialist registration for fellows of specialist colleges accredited by the AMC as well as internationally qualified specialists who are assessed by one of the AMC accredited specialist colleges.

### **Notifications matters**

Much of the work of the Board to date has focussed on registration related matters. However, a very important function of the Board is to manage notifications about medical practitioners' conduct, performance and health.

NSW has a co-regulatory model and investigates notifications about medical practitioners outside of the National Law. All the other State and Territory Boards and AHPRA offices have been investigating notifications under the National Law since 1 July 2010 (and 18 October 2010 for Western Australia). In the month of December 2010, there were 138 new notifications received and there were 1472 open notifications being investigated across Australia (excluding NSW). This includes notifications that transitioned into the National Scheme and are being investigated under the legislation previously in place in each jurisdiction.

The National Board does not deal with notifications about individual registrants. These decisions are made by State and Territory Boards of the National Board. The National Board is developing guidance to assist state and territory Boards in their decision-making and to improve consistency of process and outcome across jurisdictions. At this meeting, the Board approved a paper on immediate action and defined the principles for performance assessment. These will now be applied to matters under consideration by State and Territory Boards.

### **Conclusion**

The National Board is responsible for developing registration standards, codes and guidelines while State and Territory boards are responsible for the important day to day work of dealing with individual registration and notifications matters. This split in responsibility is evident when considering the range of work undertaken by the Board this month.

The Board looks forward to working with Ministers in each jurisdiction (via AHPRA) to ensure that by 1 July 2011 (and 18 October 2011 in WA), that state and territory Boards are duly appointed and able to continue to administer the National Law effectively.

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

**Dr Joanna Flynn  
Chair, Medical Board of Australia**

7 March 2011