

# Communiqué

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## 23 March 2011: 17th 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 the March meeting the Board considered a range of internal and external issues. The Board considered outcomes from a National Board meeting with State and Territory Boards that it had held in the week before this Board meeting. It also noted upcoming State and Territory Board appointments, progress on the introduction of four new professions into the Scheme and articulated its views on registration issues for retired doctors.

### National Medical Board meeting

The Board held its first National Medical Board meeting under the National Registration and Accreditation Scheme (the Scheme) on 17 – 19 March 2011. Around 70 National and State and Territory Board members and 40 staff from the Australian Health Practitioner Regulation Agency (AHPRA) attended the meeting which was held in Melbourne. The meeting was designed to reflect on the Board's experience of the first eight months of the Scheme, the Board's role and purpose, examine and develop governance and operational processes, consider what others expect of the Board and identify future priorities.

The Board focused on its core activities of registrations and notifications management. Practical workshops gave participants the opportunity to work through cases and to experience working with Board members and staff from other jurisdictions. The many similarities in approach between jurisdictions were noted, as were some of differences. The Board will undertake further work to promote consistency where this is necessary.

The meeting was enriched by a number of external speakers. Dr Ron Paterson, Professor of Health, Law and Policy, University of Auckland was the keynote speaker. With 10 years experience as New Zealand's Health and Disability Commissioner, he was well placed to speak on the role of medical boards in ensuring good medical practice. The Board was also delighted that Dr Andrew Pesce from the AMA, Ms Fran Thorn from the Australian Health Ministers Advisory Council, Mr Stephen Murby from the Consumers Health Forum of Australia and Professor Richard Smallwood from the Australian Medical Council were able to comment on expectations of the Board, from the point of view of different stakeholders.

### State and Territory Board appointments

The Medical Board has previously decided that it is necessary and appropriate to maintain State and Territory Boards for the effective and timely management of applications for registration and for managing notifications. The National Board has delegated to the State and Territory Boards all the powers under the National Law that are necessary to deal with all registration and notification matters for individual practitioners. The National Board considered the optimal size and composition of the State

and Territory Boards at its last meeting and has made a recommendation to each State and Territory Health Minister about this.

From 1 July 2011 (and 18 October 2011 for WA), there are new composition requirements set out in the National Law. At least half, but not more than two thirds of the members of each Board must be practitioner members and at least two must be community members. Many Board member appointments are also due to expire by 30 June 2011.

The National Law provides that members of a State or Territory Board are to be appointed by the Minister for that jurisdiction. Subject to the compositional requirements, the relevant Minister has the power to decide the size and composition of State and Territory Boards.

There will be advertisements for State and Territory Boards in the major newspapers in the next few weeks. AHPRA is assisting the jurisdictions with the recruitment process, but appointment decisions will be made by the Minister for Health in each jurisdiction. The Board encourages anyone interested in seeking an appointment as a Board member to apply in their state or territory by responding to the advertisement.

## **Update on the introduction of four new professions into the Scheme**

In addition to the 10 professions that entered the Scheme in 2010, four new professions are scheduled to enter the Scheme on 1 July 2012. These are:

- Aboriginal and Torres Strait Islander health practice
- Chinese medicine
- medical radiation practice
- occupational therapy

The National Law provides for a phased introduction of these professions into the Scheme. These new National Boards and their supporting administrative provisions will begin on 1 July 2011. This includes facilitating the assignment of accreditation bodies or establishing accreditation committees. The new National Boards will start regulating the professions under the National Law from 1 July 2012.

The government is funding the establishment of the four new National Boards and there will be no cross subsidisation from other currently regulated professions. AHPRA is leading the project to introduce the four new professions to the Scheme and updated the Board on progress to date:

- lead jurisdictions have established National Reference Groups for each of the four professions to assist the project team in communication and document development
- a project website at <http://nras2012.ahpra.gov.au> is now live. This website enables people to download application forms for practitioner and community board appointments and view the calls for submissions on the size and composition of the four new National Boards and accreditation arrangements. Consultation on the size and composition of the four new National Boards and accreditation arrangements closes on 8 April 2011
- a wide print media campaign resulted in advertisements being placed in the major metropolitan, national and profession specific newspapers and publications
- each state and territory is also hosting a forum to enable local practitioners to better understand the national scheme and when they will be required to become registered.

## The Intern year

The Board has previously reported that it has asked the Australian Medical Council (AMC) to advise on:

1. The standards for intern training
2. What should be expected of interns after completing their internship, before being granted 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 Board has now met with the AMC about this. A registration standard for the requirements of the intern year to enable the Board to grant general registration is being developed. The Board will consult with stakeholders on the registration standard later in 2011 before submitting it to the Ministerial Council for approval.

## Retired practitioners

The issue of retiring doctors' ability to prescribe and refer has been the subject of recent energetic discussion in the profession. Some practitioners who are retired would like to continue to prescribe and refer without having to meet any obligations set by the Board.

The Board recognises that it is the right of each individual medical practitioner to choose when they stop practising. However, medical practitioners who maintain a type of practising registration must meet the Board's registration standards for professional indemnity insurance, continuing professional development and recency of practice. Alternatively, medical practitioners can either allow their medical registration to lapse and become unregistered or take up the non-practising category of registration. The law states that a person who holds non-practising registration must not practise the profession. There is also a small number of practitioners who have transitioned to a type of registration called "limited registration (public interest – occasional practice)" who can undertake limited practice. The National Law does not give the Board the power to grant this type of registration to any new applicants.

The Board confirmed that medical practitioners who are not practising should not prescribe and/or refer. Most of the concerns raised with the Board about this issue come from doctors who want to prescribe for themselves and their families and friends. However, *Good Medical Practice*, the Code of Conduct issued by the Board (which was the subject of wide consultation), recommends that all doctors have a general practitioner and seek independent, objective advice when they need medical care. The code also recommends that medical practitioners avoid providing medical care to anyone with whom they have a close personal relationship.

The Board acknowledges the dedication and significant contribution that many retiring doctors have made to their communities. The Board supports the right of any doctor to continue to use the title "doctor" whether or not they maintain their registration. However, the Board's core role is to protect the public and uphold professional standards. The Board believes that the public interest and the interests of the profession are best served by making sure that a doctor's 'right' to prescribe and refer is linked to their responsibility to provide safe patient care. Therefore, those who wish to practise must meet the standards for full registration. The Board will address this issue again in its next newsletter to the profession.

## Budget preparations

The Board will be developing its budget for the 2011/12 year. It will also be required to negotiate a Health Professions Agreement (HPA) with AHPRA. The HPA includes the registration fees set by the Board and defines the services that AHPRA will provide to the Board to enable it to fulfil its statutory functions. The HPA helps to define the relationship between the Board and AHPRA and includes quality measures and clear accountabilities.

## Conclusion

The Board considered a wide range of issues at the meeting in March, both internal and external.

The inaugural National Board Meeting (including members of State, Territory and National Boards of the MBA and some AHPRA staff) confirmed that State and Territory Board members are doing an enormous amount of work. The National Board will continue to work with the states and territories to promote consistent processes and decision making and to support Board members in their work. The Board is very grateful for the commitment and dedication of State and Territory Board members who have continued to serve their communities through their work on the Board, despite major changes and challenges in the way they work.

The issue of the retired doctor was also considered by the Board. The Board did not change its position about this matter but articulated its views and confirmed that practitioners who choose to be registered in the 'non-practising' category of registration cannot prescribe or refer. Again, the Board respects the enormous contribution that doctors have made to their communities.

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**

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