

## Communiqué

### 22 June 2011: 20th 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 June meeting the Board considered a range of matters including the report from the Senate inquiry into the Australian Health Practitioner Regulation Agency (AHPRA), a new registration standard for general registration and the budget and registration fees for the 2011/12 year.

### Inquiry into the administration of health practitioner registration by the Australian Health Practitioner Regulation Agency

The Board noted that the Senate Finance and Public Administration References Committee into the transition to the National Registration and Accreditation Scheme has released its report. The inquiry was about the administration of health practitioner registration by AHPRA, and related matters.

The Committee's terms of reference, report, submissions and transcripts of its hearings are available at [http://www.aph.gov.au/Senate/committee/fapa\\_ctte/health\\_practitioner\\_registration/index.htm](http://www.aph.gov.au/Senate/committee/fapa_ctte/health_practitioner_registration/index.htm).

The report includes a majority Committee report and the Government senators' minority report. The majority report focuses on the difficulties experienced by practitioners in the early phases of implementation and concludes that implementation was not well managed.

The minority report does not accept the conclusions reached by the majority Committee. It notes the strong support for the national registration and accreditation scheme by most organisational submissions and the positive effect the scheme will have on the delivery of health services. The minority report notes that AHPRA has worked hard to address initial implementation issues and that many stakeholders recognise that substantial progress has been made. Government senators consider that the fundamentals of the scheme are sound and that AHPRA's systems are being progressively strengthened.

AHPRA, together with the National Boards, are working on the issues identified in the report and have reviewed submissions for issues that require follow-up.

### Registration issues

#### **Draft registration standard – granting general registration as a medical practitioner on completion of intern training**

It has been the usual practice for graduates of Australian medical schools to undertake a 12-month period of supervised practice in a broad range of positions that have been accredited by the state or territory equivalent of a

postgraduate medical council. That period of supervised practice is known as an “internship”. At the end of the internship, interns who have performed satisfactorily have applied to the Board for general registration.

With the transition to the National Registration and Accreditation Scheme, the Board recognised that there was variation in the requirements for internship across the country. There has also been some variation in the way that the positions have been accredited. Consequently, the Board asked the Australian Medical Council (AMC) to advise it about:

1. The standards for intern training
2. Expectations of interns at the completion of the period to enable the Board to grant general registration and
3. Applying a national framework for intern training accreditation to the state and territory based accreditation processes of postgraduate medical councils.

The Board and the AMC formed a working group to progress this work and have developed a draft registration standard for granting general registration as a medical practitioner on completion of the intern year. Once approved, all Australian interns, in all states and territories will be required to meet the same registration standard before applying to the Board for general registration.

The draft registration standard proposes that interns are required to complete a minimum of 47 weeks full time equivalent service in the following terms:

1. A term of at least eight weeks that provides experience in emergency medical care
2. A term of at least 10 weeks that provides experience in medicine
3. A term of at least 10 weeks that provides experience in surgery
4. A range of other approved terms to make up the minimum 47 weeks service.

It is proposed that all terms be accredited against accreditation standards for intern training.

The draft registration standard provides additional flexibility, moving away from experience in “general medicine” and “general surgery” and describing the type of experience that must be obtained in medicine and surgery. In the case of emergency medical care, it will be possible that the experience is obtained outside of the emergency department. Guidelines are currently being developed on this and will also be released for consultation. The draft standard provides for part time internship and parts of the internship being undertaken outside Australia.

The draft standard will be released for consultation shortly and the Board encourages stakeholders to provide feedback. The standard will be finalised after all submissions have been considered, and then referred to Ministerial Council for approval.

### **Registration of medical students**

Universities with medical schools have provided data to enable the registration of all medical students. This was a requirement of the National Law from 1 March 2011. The Student Register is not publicly available. The Board’s powers in relation to students are limited to:

1. Matters of serious impairment that may place the public at substantial risk of harm
2. When a student has been charged with an offence, or been convicted or found guilty of an offence that is punishable by 12 months imprisonment or more and
3. When a student has contravened a condition on their student registration or an undertaking given to the Board.

The Board has no role to play in the discipline or academic performance of medical students.

The Board noted that there are 16,891 registered medical students enrolled in Australian universities.

## Notification related matters

### Classification of notifications

The Board approved a classification system for notifications. While this will be an internal classification system, it will have a range of external uses. The Board and AHPRA will use it to monitor notifications and to facilitate feedback to the profession on important and emerging issues. It will also be used to report on notifications in the annual report. The new classification structure will be applied to all new notifications received from 1 July 2011.

### Guides to decision making – Immediate action

One of the most effective powers open to the Board is to take “immediate action” when it has determined there is a serious risk to public health or safety. This is a serious consideration and the Board is required to make a risk assessment on the information available and decide whether the risk to the public and the consequences of allowing a practitioner to continue to practise justifies the immediate action.

The National Law states that a National Board may take immediate action in relation to a registered health practitioner if the National Board reasonably believes that –

- i. because of the registered health practitioner’s conduct, performance or health, the practitioner poses a serious risk to persons and
- ii. it is necessary to take immediate action to protect public health or safety;

Other grounds for taking immediate action include that a registered practitioner’s registration was improperly obtained because the practitioner or someone else gave the National Board information or a document that was false or misleading in a material particular or because a practitioner’s registration has been cancelled or suspended under the law of a jurisdiction, whether in Australia or elsewhere, that is not a participating jurisdiction.

The National Law also provides grounds for taking immediate action against a registered student.

Immediate action includes:

- the suspension, or imposition of a condition on, the health practitioner’s or student’s registration; or
- accepting an undertaking from the health practitioner or student; or
- accepting the surrender of the health practitioner’s or student’s registration

The Board endorsed a guide to decision making for immediate action. This will assist AHPRA staff and Board members to apply the National Law consistently across all jurisdictions.

## Budget for 2011/12 and registration fees

The Board approved its budget for the 2011/12 year and approved the Health Professions Agreement with AHPRA. The Health Professions agreement defines:

- (a) the fees that will be payable by medical practitioners for registration
- (b) the annual budget of the National Board (including the funding arrangements for its committees and accreditation authorities); and
- (c) the services to be provided to the Board by AHPRA to enable the National Board to carry out its functions.

The Board will be publishing 2011/2012 fees in July. They will apply to registration renewals, for the registration year starting on 1 October 2011 and expiring on 30 September 2012.

## Congratulations to Dr Joanna Flynn

The Board congratulated Dr Joanna Flynn, Chair of the Medical Board of Australia who was recognised in the 2011 Queens Birthday honours. Dr Flynn was awarded an AM for her service to medical administration and to the community, particularly in the areas of practice standards, regulation, professional education and as a general practitioner.

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

**Associate Professor Peter Procopis**  
**Acting Chair, Medical Board of Australia**

27 June 2011