

# Communiqué

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## 27 April 2011: 18th 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 its April meeting the Board considered a range of matters including the Senate inquiry into the Australian Health Practitioner Regulation Agency (AHPRA) and the contentious definition of 'practice'. The Board also received updates on student and specialist registration and noted that there was some confusion around the requirement for acupuncture endorsement.

### **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 is holding an inquiry into the transition to the National Registration and Accreditation Scheme. The inquiry is about the administration of health practitioner registration by AHPRA and related matters, including but not limited to:

- (a) capacity and ability of AHPRA to implement and administer the national registration of health practitioners;
- (b) performance of AHPRA in administering the registration of health practitioners;
- (c) impact of AHPRA processes and administration on health practitioners, patients, hospitals and service providers;
- (d) implications of any maladministration of the registration process for Medicare benefits and private health insurance claims;
- (e) legal liability and risk for health practitioners, hospitals and service providers resulting from any implications of the revised registration process;
- (f) liability for financial and economic loss incurred by health practitioners, patients and service providers resulting from any implications of the revised registration process;
- (g) response times to individual registration enquiries;
- (h) AHPRA's complaints handling processes;
- (i) budget and financial viability of AHPRA; and
- (j) any other related matters.

This inquiry has resulted in a great deal of interest with around 60 submissions posted on the publicly available Parliament of Australia website at [www.aph.gov.au/](http://www.aph.gov.au/).

AHPRA has made a submission and the CEO, the Chair of the Agency Management Committee and the Chair of the Medical Board of Australia will be witnesses at the hearing. The AHPRA submission describes the complexity of implementing the National Scheme and recognises that the significant transitional challenges have led to some initial shortfalls in services to health professionals. The submission also describes the actions taken to address problems and concludes that despite the challenges of the early implementation phase, the benefits of National Registration are now being realised.

The Chairs of the 10 National Boards have also written collectively to express their support for AHPRA and its submission to the Inquiry. The Chairs highlighted the scale of the change process required to implement the National Scheme and recognised that a number of issues had arisen during early implementation. They were

concerned about the impact of these on health practitioners but acknowledged AHPRA's responsiveness in analysing and responding to them.

The Board noted the submissions from AHPRA and the Chairs. It discussed the challenges of implementation brought about by the late passage of the enabling legislation in a number of jurisdictions, the many new requirements under the national law (such as criminal history checks, compulsory CPD and recency of practice standards), as well the challenges of implementing the new scheme for 10 professions in seven states and territories overnight. (WA did not join the scheme until mid-October).

## The definition of 'practice'

The Board considered a paper on the definition of 'practice'. The definition – which is currently contained in at least three Medical Board registration standards that have been approved by the Ministerial Council - has resulted in difficulties for some practitioners. The Board understands that much of the concern stems from the current very broad definition of 'practice' that includes any activity in which a practitioner uses their professional knowledge. The Board agreed that any consultation about the definition should include an option/s that 'practice' be associated with any role that impacts on safe, effective delivery of health services in the profession.

The paper will be modified on the basis of feedback from the 10 National Boards and will be the subject of wide consultation in the next few months.

## Student registration

From March 2011, all students enrolled in an accredited medical course approved by the Board were registered by the Board. At this meeting, the Board received an update on student registration.

Unlike the Register of Medical Practitioners and the Specialists Register, under the National Law the Register of Students is not publicly available.

The role of the Board in relation to medical students is limited by the National Law. The Board has no role to play in the academic progress of students, nor in their professional conduct. The Board's role is limited to:

- registering students
- dealing with notifications about students whose health is impaired to such a degree that there may be a risk to the public and
- dealing with students who are found guilty of an offence punishable by imprisonment for 12 months or more.

While many students were registered with previous State and Territory Medical Boards, the Medical Board of Australia is delighted to welcome all medical students to the National Scheme. The impact of student registration on individual students is likely to be small, though the Board looks forward to working more closely with medical schools to continue to enhance education about medical professionalism.

Student registration has now been extended to all of the health professions except for psychology, which uses provisional registration for this purpose. On 13 April 2011, 79,812 students were registered by Boards across the health professions.

The Board is grateful for the assistance of medical schools and universities in providing data about enrolled students enabling their registration.

## Specialist Registration

The Ministerial Council has approved a list of specialties, fields of specialty practice and specialist titles. The list is published on the Board's website at [www.medicalboard.gov.au](http://www.medicalboard.gov.au).

During the transition to the National Law, the Board agreed that the following categories of medical practitioners be included on the Specialists Register as a 'one-off' transitional arrangement:

- Medical practitioners on the general practice vocational register at transition
- Medical practitioners recognised as specialists by a state or territory medical board
- Medical practitioners who had been recognised by Medicare Australia as specialists after being assessed by a Specialist Recognition Advisory Committees (SRACs) or an Overseas Specialist Advisory Committees (OSACs).

Establishing the Specialists Register is a multi-step process that has involved rigorous data cleansing after sourcing initial information about practitioners' specialist qualifications from a range of data sources including:

- databases of previous medical boards which registered specialists
- Medicare Australia
- specialist colleges.

There are currently 50,724 registrants holding one or more specialist registrations. The fact that the Specialists Register was built from data provided by external organisations means that initial flaws in the data are inevitable. The way to increase the accuracy of the data is to work in partnership with the profession and ask practitioners to check their individual entries. All medical practitioners with general and specialist registration will receive a letter progressively in the next few weeks, asking them to check their listing on the register and to provide feedback through a dedicated hotline or email if there are any inaccuracies.

In the longer term, it is anticipated that Medicare Australia will rely on the Specialists Register to determine eligibility for Medicare specialist rebates. It is important that all practitioners check to make sure that the entry against their name in the Specialists Register is accurate. This will ensure that they and their patients are not disadvantaged and that the community can correctly recognise the expert status of individuals eligible for specialist registration.

## Technology-based consultations

The Board considered the issue of technology-based consultations. Technology based patient consultations are patient consultations that use any form of technology, including, but not restricted to video-conferencing, internet and telephone, as an alternative to face to face consultations.

The Board will be consulting on guidelines for technology-based consultations in the months ahead, when the current consultations on sexual boundaries and blood borne infectious diseases are complete.

The Board expects all medical practitioners to comply with "Good Medical Practice – a code of conduct for doctors in Australia", regardless of the circumstances in which they consult a patient. The Code is as valid for technology based consultations as it is for traditional face to face consultations.

The expectations detailed below will be the subject of further consultation. In general, and consistent with "Good Medical Practice", the Board believes that in technology based consultations it is particularly important that medical practitioners

1. Make their identity known to the patient
2. First confirm to their satisfaction the identity of the patient at each consultation
3. Include an adequate assessment of the patient's condition, based on the history and clinical signs and appropriate examination
4. Keep colleagues well informed when sharing the care of patients
5. Provide an explanation to the patient of the particular process involved in the technology-based patient consultation
6. Ensure they communicate with the patient to:
  - a. establish the patient's current medical condition and history, and concurrent or recent use of medications, including non-prescription medications
  - b. identify the likely cause of the patient's condition
  - c. ensure that there is sufficient clinical justification for the proposed treatment

- d. ensure that the proposed treatment is not contra-indicated. This particularly applies to technology-based consultations when the practitioner has no prior knowledge and understanding of the patient's condition(s) and medical history or access to their medical records
7. Be ultimately responsible for the evaluation of information used in treatment, irrespective of its source. This applies to information gathered by a third party who may have taken a history from, or examined, the patient
8. Be confident that a direct physical examination would not add vital information to inform their treatment decisions or advice to the patient. This particularly applies to consultations in which the practitioner has no prior knowledge or understanding of the patient's condition(s) and medical history or to access to their medical records
9. Make a clear, accurate and legible record of the consultation
10. Make appropriate arrangements to follow the progress of the patient by monitoring the effectiveness and appropriateness of the recommended treatment and by informing the patient's general practitioner or other relevant practitioners.

In an emergency situation, it may not be possible to practise according to this policy. If an alternative is not available, a technology-based patient consultation should be as thorough as possible and endeavor to ensure that more suitable arrangements are made for the continuing care and follow up of the patient.

## Acupuncture update

The Board noted that there appears to be some confusion about whether or not medical practitioners need to have their registration endorsed in order to practise acupuncture.

The National Law provides for endorsement of registration for acupuncture. Under the National Law, in all states except Victoria, a medical practitioner who uses the title of 'acupuncturist' will be required to have their registration endorsed after 1 July 2012. In Victoria, a medical practitioner who uses the title of 'acupuncturist' is currently required to have their medical registration endorsed for acupuncture or to be registered with the Chinese Medicine Registration Board of Victoria.

The Board has joined a number of other National Boards to develop accreditation standards for acupuncture. There will be broad consultation on the accreditation standards and a process will be developed before 1 July 2012 to endorse the registration of practitioners who qualify.

## Conclusion

Student registration is now in place in all states and territories and the finalisation of the Specialists Register is progressing well. The Board seeks the assistance of the profession to check that their listing on the Register is accurate and, through the pathway detailed in a letter to all practitioners to be circulated shortly, to inform AHPRA of any issues so that they can be corrected. The Board also encourages all practitioners to provide AHPRA with their email address, to enable efficient and cost effective communication with AHPRA and the Board.

Finally, the Board confirms that practitioners outside Victoria do not need to have their registration endorsed to call themselves an 'acupuncturist' until 1 July 2012. A process will be in place before 1 July 2012 to enable the Board to endorse registration from this time.

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**

2 May 2011