



## Communiqué

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### Medical Board of Australia meeting: 23 May 2012

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

#### Consultation on the Board funding of external doctors' health programs

The previous Medical Practitioners Board of Victoria, together with the Australian Medical Association Victoria, established the Victorian Doctors Health Program (VDHP) in 2001. The VDHP is a confidential service for doctors and medical students who have health concerns such as stress, mental health problems, substance use problems, or any other health issues. It was funded by the previous Victorian Board with funds raised through medical practitioners' registration fees.

The VDHP continues to be funded from money that was committed by the previous Victorian Minister for Health from reserves of the Victorian Board, before the transition to the National Scheme. Funding has been committed until 30 June 2013.

The Board received correspondence from the Australian Health Workforce Ministerial Council in late 2011 about the VDHP and more generally, externally run but Board funded health programs for medical practitioners. The Ministerial Council asked the Board to consider the continuation of the VDHP and its expansion nationally, or to other states, territories or regions.

In response, the Board developed a discussion paper on this issue and sought feedback from stakeholders. The Board asked stakeholders a range of questions including:

- Do you see any value in, or need for external health programs for medical students and/or doctors? Please explain your reasoning.
- Of the existing models in Australia as described above, is there a model that you would prefer to see adopted nationally? Is there an alternative model that you would like to see adopted nationally?
- Do you believe that it is the role of the Board to fund external health programs?
- What services should be provided by doctors' health programs?
- How much of an increase in registration fees is acceptable to you, to fund doctors' health services?
- Do you have any other comments or feedback about external health programs?

The Board welcomed the 92 submissions that were received. Most of these are published on the Board's website at [www.medicalboard.gov.au](http://www.medicalboard.gov.au) under 'News'.

The submissions were broadly supportive of the Board funding external health programs but there was not a clear preference for the services to be provided or consensus on the form of delivery. The consultation also identified that it was very important to clearly separate the role of the Board as the regulator of the medical profession from the role of the external health program.

The Board agreed to undertake further work to explore the issues raised in the consultation. This will include providing clear information on the role of the Board in managing medical practitioners and

medical students who are impaired. This will continue during 2012 and the Board will keep the profession and the community informed as issues are clarified or the Board's position is formed.

### **Consultation of a registration standard for endorsement of registration for acupuncture**

From 1 July 2012, medical practitioners who wish to use the title 'acupuncturist' must be registered by the Chinese Medicine Board of Australia or have their registration endorsed for acupuncture by the Medical Board of Australia. Under the National Law, it is not an offence for practitioners to perform acupuncture as long as they do not breach the provisions in the National Law around the use of the title 'acupuncturist'.

The Board has in place a process to endorse for acupuncture the registration of medical practitioners if they have an approved qualification. Qualifications are approved as a result of the transitional arrangements in the National Law. Further information on the current process to endorse registration for acupuncture can be found on the Board website at 'FAQ and Facts Sheets'.

The Board recently consulted on a registration standard for endorsement for acupuncture which includes provision to 'grandfather' practitioners who do not have an approved qualification but who have been practising acupuncture. The Board received 23 submissions in response to the consultation. Submissions are published on the Board's website at [www.medicalboard.gov.au](http://www.medicalboard.gov.au) under 'News'.

The Board considered the submissions. It will finalise the registration standard and submit it to the Ministerial Council for approval.

### **IMG supervision**

All IMGs with limited registration must be supervised by another medical practitioner with general and/or specialist registration. The level of supervision is determined on a case-by-case basis, taking into consideration the skills, training and experience of the IMG, the IMG's position description and the level of risk posed by the IMG's role.

Supervision requirements for IMGs vary. For example, level 1 supervision is highly supervised where the supervisor must be physically present at the workplace at all times when the IMG is providing clinical care and the IMG must consult their supervisor about the management of all patients. The lowest level of supervision is Level 4 where the IMG takes full responsibility for individual patients and the approved supervisor oversees the IMG's practice. The approved supervisor should be available for consultation if the IMG requires assistance and they must periodically conduct a review of the IMG's practice.

The levels of supervision for IMGs with limited registration are contained in the Board's guidelines "Supervised practice for limited registration" at [www.medicalboard.gov.au](http://www.medicalboard.gov.au) under 'codes, guidelines and policies'.

The Board decided to establish an internal working party to review the supervision requirements of IMGs and to determine whether changes to the guidelines are necessary.

### **Accreditation – Australasian College of Sports Physicians**

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.

#### **Accreditation of medical schools and specialist colleges**

The AMC is 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 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 approved the education and training program and continuing professional development program of the Australasian College of Sports Physicians as providing a qualification for the purposes of specialist registration. Approval of the qualification is until 31 December 2014.

### **Review of the English language registration standard**

The National Boards have committed to reviewing their registration standards at least every three years. By mid 2013, the National Scheme will be three years old, which will trigger a review of the standards that have been in place since the start of the scheme. In preparation, National Boards and AHPRA have commissioned research on English language skills testing, including the scope of exemptions from testing requirements. This research will inform the review of English Language Skills Registration Standards in 2013. The research evidence and other information from the review will be shared with the four professions joining the Scheme on 1 July 2012 so that they can consider any implications for their registration standards. The existing standard was based on the approach of state and territory registration boards before July 2010, and informed by the consultation process that supported its development. The National Boards will consult on any changes to the English language skills registration standard in 2013.

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

29 May 2012