



## Communiqué

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### Medical Board of Australia meeting: 27 June 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).

#### Renewal of registration for 2012/13

The Board has set its registration fee for 2012-2013 at \$680, limiting the increase to less than the national CPI of 1.6%. The annual renewal fee will apply from 1 July 2012 and cover the registration period for most practitioners of 1 October 2012 to 30 September 2013.

Medical practitioners with general and/or specialist registration will receive renewal reminders by email from July 2012. A renewal notice and application form will be sent by letter if there has not been a response to the initial emailed reminder.

Medical practitioners are strongly encouraged to renew before 30 September 2012. Renewals received in the month after 30 September 2012 will incur an additional late fee which is 25% of the registration renewal fee. This reflects the additional costs of managing late renewals.

Under the National Law, practitioners who do not renew their registration by 31 October 2012 must be removed from the Register. If they wish to continue to practise beyond 31 October 2012, they must make a new application for registration and cannot practise until this is approved. This may take some time.

Medical practitioners are also encouraged to renew online. There was positive feedback about online renewals at the last renewal period.

#### NSW practitioners

Medical practitioners whose principal place of practice is NSW will pay \$597 for general, specialist and limited registration. This is the national registration renewal fee set by the Medical Board of Australia (this year \$680), less the reduced notional 'rebate' of \$83, compared to a \$190 rebate in 2011.

NSW is a co-regulatory jurisdiction. The Medical Council of New South Wales and the Health Care Complaints Commission work in tandem to assess and manage concerns about doctors' conduct, health and performance. In other states and territories, this is done by the Australian Health Practitioner Regulation Agency (AHPRA) and the Board.

In NSW, medical practitioners pay the registration renewal fee set by the Board. The Medical Council sets the notifications/complaints element of the registration fee payable by NSW practitioners. The discount for NSW practitioners reflects the gap between the national fee, and the combined sum of AHPRA's costs for registration and accreditation and the fee set by the Medical Council for the notifications/complaints component. The notional rebate reflects the NSW government contribution to the Health Care Complaints Commission.

## **The Health Professions Agreement**

The Board approved the Health Professions Agreement (HPA) with AHPRA at the meeting in June 2012. The HPA sets out the services that AHPRA will provide in supporting the Board to regulate the medical profession. The Board intends to publish the HPA in August.

## **House of Representative Report into overseas trained doctors**

The House of Representatives Standing Committee on Health and Ageing released a report on the inquiry into registration processes and support for overseas trained doctors in March 2012. The House of Representative report makes 45 recommendations, many of which require action from the Board and AHPRA, the Australian Medical Council (AMC) and the specialist medical colleges.

The Board, AHPRA, AMC and the Committee of Presidents of Medical Colleges (CPMC) which represents the specialist medical colleges, established a working party to consider how to respond to the recommendations in the report. The Board considered a report from the working party.

The Board noted that the House of Representatives report contains many constructive recommendations. The AMC, specialist medical colleges and the Board and AHPRA have started reviewing processes for the assessment and registration of overseas trained doctors (also known as international medical graduates) and look forward to working cooperatively to streamline processes and reduce unnecessary barriers while ensuring high standards of assessment as expected by the community.

## **2012 Professions**

The Board noted that from 1 July 2012, practitioners in the following health professions will join the national registration and accreditation scheme:

- Aboriginal and Torres Strait Islander health practice, regulated by the Aboriginal and Torres Strait Island Health Practice Board of Australia
- Chinese medicine , regulated by the Chinese Medicine Board of Australia
- Medical radiation practice, regulated by the Medical Radiation Practice Board of Australia and
- Occupational therapy, regulated by the Occupational Therapy Board of Australia.

More than 16,000 practitioners are expected to transition into the National Scheme from local state or territory boards, while nearly 14,000 additional practitioners have applied to be registered for the first time. Registered health practitioners will be required to comply with the relevant registration standards and will be regulated by their respective Boards according to the provisions of the National Law.

## **Publication of reprimands on the Register**

One of the features of the National Law and the National Registration and Accreditation Scheme is increased transparency in the regulation of health practitioners. The National Law prescribes that there is a range of information that the Board must publish on the Register of Medical Practitioners or the Specialists Register.

The National Law requires the Board to publish on the public Register of Medical Practitioners or Specialists Register that a practitioner has been reprimanded. The Board confirmed its previous decision made in March 2010 that reprimands will stay on the Register for a minimum period of five years from the date that they were issued. The Board also confirmed that reprimands will be removed from the Register after five years if there has been no other health, conduct or performance action against the practitioner during the preceding five years. If there has been other health, conduct or performance action against the practitioner, the relevant state or territory Board will consider whether there is a public interest in continuing to publish the fact that a reprimand has been issued.

This applies to reprimands that were issued after 1 July 2010.

## **The management of healthcare workers with blood-borne viruses**

In February 2012, the Australian Health Ministers Advisory Council (AHMAC) endorsed guidelines on the management of healthcare workers (HCWs) with blood-borne viruses (Hepatitis B, Hepatitis C and HIV) that were developed by the Communicable Diseases Network Australia (CDNA). The guidelines are published at the Department of Health Ageing Website at: [www.health.gov.au/internet/main/publishing.nsf/Content/E28B5CC8872BE9C5CA2572EC000829EE/\\$File/Guidelines-BBV-feb12.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/E28B5CC8872BE9C5CA2572EC000829EE/$File/Guidelines-BBV-feb12.pdf)

The guidelines contain useful information to guide HCWs with blood-borne viruses and their treating practitioners on safe scopes of practice. They define the circumstances when HCWs should not be performing exposure prone procedures. They are also explicit that HCWs infected with BBVs can continue to practise their profession if they do not perform exposure prone procedures and if they have no other co-morbidities that may affect safe practice.

The Board decided to develop guidelines on the management of medical practitioners with BBVs, based on the CDNA guidelines but tailored to meet the Board's requirements as a regulator. The Board will consult on these guidelines when they are developed.

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

4 July 2012