



Public consultation

24 March 2016

Consultation on draft revised registration standard for granting general registration to medical practitioners who hold an Australian Medical Council certificate

Summary

This public consultation paper released by the Medical Board of Australia (the Board) seeks feedback from stakeholders on a draft **revised** registration standard for granting general registration to medical practitioners who hold an Australian Medical Council certificate.

The Health Practitioner Regulation National Law, as in force in each state and territory (the National Law), empowers the National Boards to develop registration standards for the approval of the Australian Health Workforce Ministerial Council (Ministerial Council).

The National Law requires the National Boards to ensure there is wide-ranging consultation on the content of any proposed registration standard, code or guideline.

Consultation process

The Board is inviting general comments on the draft **revised** registration standard as well as feedback on the following questions.

1. From your perspective, how is the current registration standard working?
2. Is the content and structure of the draft revised registration standard helpful, clear, relevant and more workable than the current standard?
3. Is there any content that needs to be changed or deleted in the draft revised registration standard?
4. Is there anything missing that needs to be added to the draft revised registration standard?
5. Do you have any other comments on the draft revised registration standard?

Please provide written submissions by email, marked: 'Draft revised registration standard for AMC certificate holders' to medboardconsultation@ahpra.gov.au by close of business on **31 May 2016**.

Submissions for publication on the Board's website should be sent in Word format or equivalent.¹

Submissions by post should be addressed to the Executive Officer, Medical, AHPRA, GPO Box 9958, Melbourne 3001.

¹ You are welcome to supply a PDF file of your feedback in addition to the word (or equivalent) file, however we request that you supply a text or word file. As part of an effort to meet international website accessibility guidelines, AHPRA and National Boards are striving to publish documents in accessible formats (such as word), in addition to PDFs. More information about this is available at www.ahpra.gov.au/About-AHPRA/Accessibility.aspx

Publication of submissions

The Board publishes submissions at its discretion.

The Board generally publishes submissions on its website to encourage discussion and inform the community and stakeholders. Please advise us if you do not want your submission published.

We will not place on our website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the subject of the consultation. Before publication, we may remove personally-identifying information from submissions, including contact details.

The views expressed in the submissions are those of the individuals or organisations who submit them and their publication does not imply any acceptance of, or agreement with, these views by the Board.

The Board accepts submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. Any request for access to a confidential submission will be determined in accordance with the *Freedom of Information Act 1982* (Cth), which has provisions designed to protect personal information and information given in confidence. Please let us know if you do not want us to publish your submission, or want us to treat all or part of it as confidential.

Published submissions will include the names of the individuals and/or the organisations that made the submission, unless confidentiality is requested.

Background

Under section 38(2)(c) of the National Law, the National Boards may develop and recommend to the Ministerial Council registration standards about the eligibility of individuals for registration or the suitability of individuals to competently and safely practise the profession. Under section 12, the Ministerial Council may approve a registration standard recommended by a National Board.

The Board developed the **current** registration standard for *Granting general registration to medical practitioners in the standard pathway who hold an AMC certificate* under the National Law. The current standard was approved by Ministerial Council and came into effect on 22 March 2011 following wide-ranging consultation. The standard is due for review and the Board has developed a **revised draft** for consultation.

One of the ways in which international medical graduates (IMGs) can qualify for general registration is by successfully completing the Australian Medical Council (AMC) written examination and clinical examination or workplace based assessment (in lieu of the clinical exam) leading to the award of the AMC certificate.

IMGs who hold an AMC certificate are also required to successfully complete a prescribed period of supervised practice as required by section 52(1)(b)(i) of the National Law to become eligible for general registration.

The National Law empowers the Board to grant general registration to persons who are eligible (s.52) qualified (s.53) and suitable (s.55). The **current** registration standard and the proposed **draft revised** registration standard sets out the Board's requirements for granting general registration to AMC certificate holders.

Proposed changes to the current standard

The proposed changes to the current standard are mostly editorial in nature – we have restructured and re-worded the standard to improve readability and clarified current requirements. The Board also proposes to remove the current requirement for AMC certificate holders to provide evidence of an overseas medical internship (or comparable).

The following are the key changes proposed.

Removal of the requirement to provide evidence of an overseas medical internship or comparable

The **current** standard requires AMC certificate holders to provide evidence that they have completed an overseas medical internship or comparable as well as evidence that they have completed 12 months of supervised practice in Australia as prescribed in the standard. They are effectively being asked to complete two medical internships or comparable unlike Australian and New Zealand medical graduates who complete one internship or period of supervised practice.

AMC certificate holders have completed the requirements set by the AMC to demonstrate that they are at the level of an Australian medical graduate. The AMC examinations are set at the level of attainment of medical knowledge, clinical skills and attitudes required of newly qualified graduates of Australian medical schools who are about to begin intern training. IMGs undertaking workplace based assessment instead of the clinical exam have their clinical skills and knowledge assessed in the workplace by AMC accredited providers.

Under the National Law, amongst other things, applicants are eligible for general registration if they are qualified for general registration and have completed any supervised practice or any examination or assessment required by an approved registration standard. AMC certificate holders and Australian and New Zealand medical graduates are qualified for general registration and must complete at least 12 months of prescribed supervised practice in Australia to be eligible for general registration.

The Board proposes to remove the requirement for AMC certificate holders to provide evidence of completing an overseas medical internship or comparable as it is inconsistent with requirements for Australian and New Zealand medical graduates who are required to complete one internship or period of supervised practice. The performance of these applicants will have been assessed in the Australian context before they are eligible for general registration.

Clarifying what is expected of the period of supervised practice to become eligible for general registration

The **current** standard requires AMC certificate holders to successfully complete a 12 month period of supervised practice in Australia that is consistent with the learning experiences (core rotations) and learning outcomes required of Australian interns.

The learning experiences and learning outcomes required of interns are defined in the Australian Curriculum Framework for Junior Doctors (ACF). The current standard refers to the ACF. The ACF covers the first two years of training after medical school graduation, the first year being the intern year.

Since the implementation of the **current** standard, a national framework for the accreditation of intern training has been implemented. The framework is supported by intern training documents that define the learning experiences (core rotations) and learning outcomes required of interns. These documents align to the ACF at intern level. The proposed draft **revised** standard refers applicants to the relevant intern training documents instead of the ACF.

The learning experiences (core rotations) to be completed have not changed.

Core rotations not completed

Currently, AMC certificate holders who are working in a particular field and who have not completed the range of experience required can be granted general registration with a condition restricting them to a specified area of practice and a specific position where they have demonstrated competence in the specified field of practice.

The proposed draft **revised** standard removes the requirement for these practitioners to be restricted to a specific position. The condition restricting the practitioner to a specific field of practice appears on the online public register and is sufficient to ensure public safety.

Removal of specific details in relation to primary source verification and the approved medical school directory

The **current** standard requires an applicant for registration to provide evidence of:

1. an application for, or the results of, primary source verification of their medical qualifications from the Educational Commission for Foreign Medical Graduates (ECFMG) International Credentials Service (EICS) and
2. being awarded a primary degree in medicine and surgery, after completing an approved course of study at a medical school listed in the current International Medical Education Directory (IMED) (online only) of the Foundation for Advancement of International Medical Education and Research (FAIMER), or other publications approved by the AMC.

The ECFMG has replaced the manual EICS process with a streamlined electronic process for primary source verification, the Electronic Portfolio of International Credentials (EPIC). The ECFMG is also replacing the IMED FAIMER directory with the online World Directory of Medical Schools (WDOMS).

The proposed draft **revised** standard retains the requirements for primary source verification of qualifications and holding a primary degree in medicine and surgery listed in an AMC and/or Board approved publication(s) but the specific details have been removed to allow for changes to names and processes over time.

The Board's website, registration application forms and other published documentation will continue to provide current information on how applicants can meet these requirements.

Removal of reference to the standard pathway

The **current** registration standard is titled *Granting general registration to medical practitioners in the standard pathway who hold an AMC Certificate*. The proposed draft **revised** standard removes any references to the standard pathway and only refers to AMC certificate holders.

At the time the **current** standard was introduced, it was necessary to distinguish between AMC certificate holders in the standard pathway and AMC certificate holders in the competent authority

pathway. Since the changes to the competent authority pathway introduced from 1 July 2014, IMGs in the competent authority pathway are no longer required to hold an AMC certificate to qualify for general registration and therefore the distinction is no longer required.

Options

The Board has considered the following options in developing this proposal.

Option 1 – Maintain the status quo

Option 1 is to continue with the existing registration standard. The registration standard established the Board's initial requirements for granting general registration to AMC certificate holders in the standard pathway under the National Law. The Board has however identified ways to improve the standard, including the opportunity to clarify the language and structure to make it easier to understand and ensure currency of registration requirements.

Option 2 – Proposed revised standard

Option 2 is to consult on proposed minor changes to the current registration standard. Under this option, the proposed revised registration standard would continue to set out the Board's requirements for general registration for AMC certificate holders. The proposed revisions are mostly editorial in nature, restructuring and re-wording the standard to improve readability and clarify current requirements. The revised standard proposes to remove the requirement for AMC certificate holders to also have completed an internship overseas thus making the registration process more streamlined and consistent with requirements for Australian and New Zealand medical graduates.

Preferred option

The Board prefers Option 2.

Issues for consultation

Potential benefits and costs of the proposal

The benefits of the preferred option are that the draft revised standard:

1. is more user-friendly
2. maintains the balance between protecting the public and the impact on registrants and applicants for registration
3. has been reworded to be simpler and clearer.

The costs of the preferred option are likely to be minimal. Applicants, other stakeholders, AHPRA and National Boards will need to become familiar with the new standard.

Estimated impacts of the draft revised registration standard

The changes proposed in the draft revised standard do not substantially change current requirements, although more significant changes may emerge through consultation. There is little impact anticipated on practitioners, business and other stakeholders arising from the changes proposed.

Relevant sections of the National Law

The relevant sections of the National Law are section 38(2)(c), 52, 53, 54, 55 and 56.

1. Draft revised *Registration standard: Granting general registration to medical practitioners who hold an Australian Medical Council certificate*
2. The Board's statement of assessment against AHPRA's *Procedures for the development of registration standards, codes and guidelines* and Council of Australian Governments (COAG) *Principles for best practice regulation*.

The current registration standard is published on the Board's website, accessible from www.medicalboard.gov.au/Registration-Standards



Registration standard

Granting general registration to medical practitioners who hold an Australian Medical Council certificate

Effective from: <<date>>

Review date: <<date>>

Summary

This registration standard sets out the requirements of the Medical Board of Australia (the Board) for granting general registration to Australian Medical Council (AMC) certificate holders after they have completed a prescribed period of supervised practice.

International medical graduates (IMGs) who hold an AMC certificate are required to satisfactorily complete 12-months supervised practice in Australia before they are eligible for general registration. They are required to satisfactorily complete the following rotations:

- medicine for at least 10 weeks
- surgery for at least 10 weeks
- emergency medical care for at least 8 weeks
- a range of other positions to make up 12 months (minimum of 47 weeks full time equivalent experience).

IMGs can complete the period of supervised practice in its entirety or partly before the AMC certificate is awarded. The supervised practice does not need to be undertaken on a continuous basis but must be completed in Australia. An IMG applying for general registration who has not completed a part of the core rotations defined above must demonstrate to the Board that they have achieved the learning outcomes expected for the rotation/s they have not undertaken before they can be considered for unconditional general registration.

At the end of the period of supervised practice, IMGs applying for general registration are expected to demonstrate a standard of practice that is at least equivalent to that of an Australian or New Zealand medical graduate at the end of intern training.

Does this standard apply to me?

This standard applies to IMGs who are applying for general registration after they have been awarded the AMC certificate and have successfully completed the prescribed period of supervised practice.

What must I do?

When you apply for registration

You must:

1. meet the requirements in the Board's approved registration standards for:
 - a. English language skills
 - b. recency of practice
 - c. professional indemnity insurance, and
 - d. continuing professional development.
2. comply with the Board's proof of identity policy as published on the Board or AHPRA websites
3. satisfactorily complete a criminal history check in accordance with guidance issued from time to time by the Board or AHPRA
4. provide evidence that you have applied for, or have the results of, primary source verification of your medical qualifications from an authority(ies) approved by the Board
5. provide evidence of having been awarded a primary degree in medicine and surgery, after completing an approved course of study at a medical school listed in publications approved by the AMC and/or Board. An approved course of study means that you must be able to demonstrate that you have completed a medical curriculum of at least four academic years (full-time equivalent), leading to an entitlement to registration in the country issuing the degree to practise clinical medicine
6. provide a curriculum vitae that meets the standard format that has been approved by the Board
7. provide evidence of registration history. This includes arranging for the Board to receive certificates of good standing/ registration status (or equivalent type of certificate) from each registration authority that you have been registered with in the previous 10 years. The certificates should be supplied where possible directly to the Board from the relevant registration authority
8. provide an original or certified copy of your AMC certificate
9. provide evidence of satisfactory completion of at least 47 weeks full time equivalent experience in supervised clinical practice in Australia

While it is preferable that the supervised practice is undertaken in a hospital accredited for intern training, the Board will take into consideration practice in other settings – see the section titled 'Are there exemptions to this standard?'

The core experiences (rotations) required are:

- 10 weeks in medicine
- 10 weeks in surgery
- 8 weeks in emergency medical care

The balance of the 47 weeks can be in a range of supervised clinical practice.

The supervised practice can be undertaken at any time, including before the AMC certificate is awarded and does not need to be undertaken on a continuous basis.

10. provide a letter of recommendation for general registration from the Director of Training, Director of Medical Services or other person authorised to sign-off on the satisfactory completion of supervised practice. The letter of recommendation must:

- a. confirm that you have achieved the learning outcomes as described in the document *Intern training – Intern Outcome Statements* developed by the AMC and approved by the Board. (This document is available at www.medicalboard.gov.au and may be revised from time to time. It may also have a change in title.)
- b. include written confirmation from term supervisors that you have satisfactorily completed the required core experiences/rotations. This may be in the form of term reports or other specific reporting forms developed or approved by the Board. These reports should demonstrate the learning experiences you obtained in each rotation that enabled you to achieve the learning outcomes expected.

Documents submitted to support an application for general registration must comply with the requirements for certifying and translating documents as published on the Board or AHPRA websites.

If you have previously been or are currently registered in a health profession in Australia under the National Scheme and have therefore provided information to a Board previously or your information is available to the Board through the AMC secure portal, some of the documentation requirements in this standard may be waived.

The Board may require you to provide any other information consistent with section 80 of the National Law to determine your eligibility and suitability for general registration.

Are there exemptions to this standard?

There are exemptions to parts of this standard. There are no exemptions to the entire standard.

The Board will take into consideration practice in Australia in contexts other than in a hospital in some circumstances.

General practice

An applicant practising in general practice for 12 months or more may be granted general registration. They must provide evidence that they have achieved the learning outcomes as described in the document *Intern training – Intern Outcome Statements*. This can be done through supervisor reports. The reports should demonstrate the learning experiences the applicant obtained that enabled them to achieve the learning outcomes expected.

Core rotations not completed

An applicant who has not completed part of the necessary core experience may be granted general registration if they can provide evidence to the Board that they have achieved the learning outcomes as described in the document *Intern training – Intern Outcome Statements*. This can be done through supervisor reports. The reports should demonstrate the learning experiences the applicant obtained that enabled them to achieve the learning outcomes expected.

An applicant who is working in a particular area of medicine and who has not completed the required range of experience may be granted general registration with conditions. The conditions imposed by the Board would restrict practice to a specific area of practice where the applicant provides evidence of competence in the specific area of practice. For example, applicants who have only practised in psychiatry in Australia may be eligible for general registration restricted to practise in a non-specialist psychiatry position.

An applicant who has had a condition imposed in these circumstances can apply to have their condition on general registration revoked after they have completed all the required core rotations/experiences defined in this standard. They will need to apply to the Board to vary their current condition to enable them to undertake the required core rotations/experiences.

More information

Expected learning outcomes

At the end of the period of supervised practice, applicants for registration should be able to demonstrate a standard of practice that is at least equivalent to that of an Australian or New Zealand medical graduate at the end of intern training. The learning outcomes expected of interns are described in the document titled *Intern training – Intern Outcome Statements* developed by the AMC and approved by the Board. (This document may be revised from time to time. It may also have a change in title.)

This document is available on the Board's website at www.medicalboard.gov.au.

Guidelines on core experiences

The learning experiences that should be obtained in each of the core rotations are defined in the document *Intern training – Guidelines for terms* developed by the AMC and approved by the Board. The guidelines are available on the Board's website at www.medicalboard.gov.au. (This document may be revised from time to time. It may also have a change in title.)

Authority

This registration standard was approved by the Australian Health Workforce Ministerial Council on <<DATE>>.

Registration standards are developed under section 38 of the National Law and are subject to wide ranging consultation.

Review

This standard will be reviewed at least every five years.

Last reviewed: XXXX

This standard replaces the previously published registration standard from 22 March 2011.



Statement of assessment

Board's statement of assessment against AHPRA's *Procedures for the development of registration standards, codes and guidelines* and COAG *Principles for best practice regulation*

Registration standard: Granting general registration to medical practitioners who hold an AMC certificate

The Australian Health Practitioner Regulation Agency (AHPRA) has *Procedures for the development of registration standards, codes and guidelines* which are available at: www.ahpra.gov.au

These procedures have been developed by AHPRA in accordance with section 25 of the Health Practitioner Regulation National Law as in force in each state and territory (the National Law) which requires AHPRA to establish procedures for the purpose of ensuring that the National Registration and Accreditation Scheme (the National Scheme) operates in accordance with good regulatory practice.

Below is the Medical Board of Australia's (the Board) assessment of its proposal for its draft **revised** registration standard against the three elements outlined in the AHPRA procedures.

1. The proposal takes into account the National Scheme's objectives and guiding principles set out in section 3 of the National Law

Board assessment

The Board considers that the draft revised registration standard meets the objectives and guiding principles of the National Law.

The proposal takes into account the National Scheme's key objective of protecting the public by ensuring only persons who are suitably trained and qualified in a competent and ethical manner are granted general registration.

The current and proposed standard facilitates the provision of high quality education and training by enabling international medical graduates (IMGs) to practise and train under supervision in the Australian health care system to ensure they are at the standard of Australian and New Zealand medical graduates at the end of intern training.

The proposal provides for workforce flexibility and responsive assessment of IMGs by enabling IMGs to be assessed for their suitability for general registration while practising under supervision and providing much needed health services to the community.

The proposal also supports the National Scheme to operate in a transparent, accountable, efficient, effective and fair way by providing a clear and transparent framework for assessing applications for registration in a consistent manner.

2. The consultation requirements of the National Law are met

Board assessment

The National Law requires wide-ranging consultation on proposed registration standards. The National Law also requires the Board to consult the other National Boards on matters of shared interest.

The Board is ensuring there is public exposure of its proposals and the opportunity for public comment by undertaking an eight week public consultation process. The process will include the publication of the consultation paper (attachments) on its website and informing medical practitioners via the Board's electronic newsletter sent to more than 95% of registered medical practitioners.

The Board has drawn this paper to the attention of key stakeholders including the other National Boards.

The Board will take into account the feedback it receives when finalising its draft revised registration standard for submission to the Ministerial Council for approval.

3. The proposal takes into account the COAG Principles for Best Practice Regulation

Board assessment

In developing the draft revised registration standard for consultation, the Board has taken into account the Council of Australian Governments (COAG) *Principles for Best Practice Regulation*.

As an overall statement, the Board has taken care not to propose unnecessary regulatory burdens that would create unjustified costs for the profession or the community.

The Board makes the following assessment specific to each of the COAG principles expressed in the AHPRA procedures.

COAG Principles

A. Whether the proposal is the best option for achieving the proposal's stated purpose and protection of the public

Board assessment

The Board proposes minor changes to an existing standard. The proposed changes ensure that requirements for registration remain relevant and current and that they align to the standard of practice expected of Australian and New Zealand medical graduates at the end of intern training.

The proposal protects the public by ensuring only applicants that have demonstrated competence to practise by completing the AMC examinations and the defined supervised practice are granted general registration

B. Whether the proposal results in an unnecessary restriction of competition among health practitioners

Board assessment

The Board considered whether its proposal could result in an unnecessary restriction of competition among health practitioners. The proposal does not substantially change current requirements for registration and removes some requirements that are no longer necessary. It is not expected to impact on the current levels of competition among health practitioners.

C. Whether the proposal results in an unnecessary restriction of consumer choice

Board assessment

The Board considers that the draft revised registration standard will support consumer choice by facilitating access to health services provided by medical practitioners within a framework that ensures public protection.

D. Whether the overall costs of the proposal to members of the public and/or registrants and/or governments are reasonable in relation to the benefits to be achieved

Board assessment

The Board considered the overall costs of the draft revised registration standard to members of the public, medical practitioners and governments and concluded that the likely costs are minimal when offset against the benefits that the draft revised standard contributes to the National Scheme.

Subject to stakeholder feedback on the proposed revision and if approved by the Ministerial Council, the draft revised registration standard should have very minimal impact on the costs to applicants as the proposals do not substantially change current requirements for registration and removes some requirements that are no longer considered to be necessary.

E. Whether the requirements are clearly stated using ‘plain language’ to reduce uncertainty, enable the public to understand the requirements, and enable understanding and compliance by registrants

Board assessment

The Board considers the draft revised registration standard has been written in plain English that will help practitioners to understand the requirements of the standard. The Board has changed the structure of the standard and reviewed the wording to make the standard easier to understand.

F. Whether the Board has procedures in place to ensure that the proposed registration standard, code or guideline remains relevant and effective over time

Board assessment

If approved, the Board will review the revised registration standard at least every five years.

The Board may choose to review the standard earlier, in response to any issues which arise or new evidence which emerges to ensure the standard’s continued relevance and workability.