MEDICAL BOARD OF AUSTRALIA

update

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Medical Board of Australia

Message from the Chair

In this second *Update*, the Medical Board of Australia has a range of issues to bring to the attention of medical practitioners.

The first *Update* focussed on providing information about how the new National Registration and Accreditation Scheme works and on the tasks the Board has undertaken since the National Scheme began. With the first *Update*, we included a hard copy of *Good Medical Practice: A Code of Conduct for Doctors in Australia* as we believe it is important that all practitioners are aware of this document. The *Updates* and *Good Medical Practice* can be found on the website at www.medicalboard.gov.au.

In this edition, we continue the work of outlining the new National Scheme, including presenting data about the Register of Medical Practitioners. We focus on student registration, issues about retired doctors and two new guidelines currently open for consultation. We also present an article from the Australian Commission on Safety and Quality in Healthcare about hand hygiene, an area in which doctors perform poorly compared with other health practitioners.

Many of you would be aware from reports in the medical media, or perhaps through your own experience, that the first few months of the National Scheme have been fairly tough. This is not surprising, given the magnitude of the changes required to establish a registration and accreditation scheme for 10 professions in eight legal jurisdictions in one step.

I am pleased to report that the initial implementation hurdles are being overcome and that the Australian Health Practitioner Regulation Agency (AHPRA), the Medical Board of Australia and the nine other National Boards are working hard together to ensure that the new National Scheme is operating according to the objectives and guiding principles laid down in the National Law. The objectives of the National Scheme are about protecting the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered; about facilitating education, training, development and mobility of the health workforce; and about facilitating access to health services in the public interest. The guiding principles are that the National Scheme operates in a transparent, accountable, efficient, effective and fair way; that registration fees are reasonable, having regard to the efficient and effective operation of the National Scheme; and that restrictions on practice are imposed only if necessary to ensure that health services are provided safely and are of an appropriate quality.

Regulation plays a vital role in protecting public health and safety; however, regulation is only a small part of the story. To quote the recent UK White Paper *Enabling Excellence*: "The vast majority of healthcare workers, social workers and social care workers do not strive to provide excellent care because they fear regulatory action if they do wrong or because they are told to do things properly. They do so because they are caring people, who are well trained and well motivated".
A major challenge for the Medical Board in the new National Scheme is to ensure that the regulatory processes, rather than being burdensome, are designed to support and help doctors to maintain high professional standards and individual responsibility.

Dr Joanna Flynn
Chair
Medical Board of Australia

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Registration update

From July 2010 to March 2011, AHPRA processed more than 36,000 applications for registration across the 10 registered health professions. More than 8,900 of these were from medical practitioners. In the same time frame, 53,000 medical registration renewals were finalised.

Queensland medical practitioners: Registration due 30 June 2011

Most Queensland medical practitioners with general and/or specialist registration are due to renew their registration by 30 June 2011.

They will renew for 15 months and their registration will be valid until 30 September 2012. From 2012, the renewal date for all medical practitioners with general and/or specialist registration in Australia will be aligned and registration renewal will be due by 30 September annually.

This year, the renewal fee for Queensland medical practitioners is $813. This is based on the national renewal fee of $650 for all Australian medical practitioners with general and/or specialist registration in the National Scheme, varied pro-rata to cover the 15-month registration period.

Most Queensland practitioners last renewed with the Medical Board of Queensland on 30 June 2010 and have been registered in the National Scheme since 1 July 2010. Practitioners with general and/or specialist registration in other states and territories who have renewed since 1 July 2010 have paid the national registration fee, varied pro-rata to reflect the duration of their registration period.

More information about registration renewal for Queensland practitioners is published on the Board's website at www.medicalboard.gov.au.

Renew online – save time!

Limited registration (public interest - occasional practice)

Around 1,800 medical practitioners on the Register of Medical Practitioners have a type of registration called *limited registration (public interest-occasional practice).* This type of registration was only available as a one-off transition to the National Scheme and only applies to practitioners who, on 30 June 2010 (or 18 October 2010 for WA practitioners), held a type of registration that allowed them to refer and/or prescribe, but not receive a fee for providing that service. The National Law does not allow the Board to grant this type of registration to new applicants.

Medical practitioners with limited registration (public interest-occasional practice) are required to comply with a range of requirements to maintain their registration. These requirements include:

- payment of the renewal of registration fee (the fee is currently set at $250 for all medical practitioners with limited registration (public interest-occasional practice) in all states except in NSW where the fee is currently $180 because of the co-regulatory model
- completing a minimum of 10 hours' continuing professional development (CPD) per year, focused on the particular nature of the registrant's practice (for example, therapeutics)
- professional indemnity insurance to cover the form of practice that they undertake and
- complying with the conditions on their registration, which reflect the wording in the previous legislation under which they were registered. For example, practitioners might only be permitted to refer patients, prescribe medicines in specified circumstances and not receive a fee or other benefit.

  Details of conditions can be found on the public Register of Medical Practitioners at www.ahpra.gov.au.

Retiring practitioners and the National Law

The issue of retiring doctors' 'right' to prescribe has hit a nerve in the medical profession. It goes to the heart of a conflict between what many practitioners regard as a hard-earned entitlement, and the Board's statutory responsibility to protect the public.

It is important to remember that, except in very unusual circumstances, individual medical practitioners have the right to choose when to retire and whether they wish to remain registered. However, it is the Board's role to make sure that all doctors who are registered to practise have the current skills, experience and qualifications to provide safe care. The Board does not set any minimum level of practice, but requires doctors who choose to renew their general or specialist registration to have professional indemnity insurance to cover all aspects of their practice and to meet the Board's registration standards on continuing professional development and recency of practice, which were signed off by the Ministerial Council and which are consistent with the *Health Practitioner Regulation National Law Act* (the National Law) as in force in each state and territory. These registration standards have patient safety at their heart.

In general, when medical practitioners retire and choose to apply for non-practising registration or decide not to renew any type of registration, they are no longer able to prescribe, refer or undertake any other form of practice. The one exception is the small number of doctors who joined the National Scheme with a particular form of registration: limited registration (public interest – occasional practice). Under the National Law, this form of registration was only available as a one-off transition to the National Scheme and only applies to practitioners who, on 30 June 2010 (or 18 October 2010 for WA practitioners), held a type of registration that allowed them to refer and/or prescribe, but not receive a fee for providing that service. The National Law does not allow the Board to grant this type of registration to new applicants.

The policy framework underpinning the types of registration available under the National Law was the subject of consultation as the National Law was being developed. The policy was set by health ministers and the legislation was passed by each State or Territory Parliament. The National Law states that a person who holds non-practising registration must not practise the profession.

The registration standards of the Medical Board are based on a very broad definition of practice. *Practice*, as defined in the registration standards, means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. The definition lists a range of activities beyond clinical care which fall into the current definition of *practice*. This definition has caused some concern for retired practitioners involved in teaching and other non-clinical activities. The definition was developed for all 10 professions in the National Scheme and has been approved by the Ministerial Council. The National Boards will be undertaking further consultation in the coming months as to whether the definition is appropriate.

Whatever the outcome of this consultation process, the Medical Board believes that medical practitioners who are not practising should not prescribe and/or refer. Most of the concerns raised with the Board about this issue come from doctors who want to prescribe for themselves and their families and friends. However, *Good Medical Practice: A code of conduct for doctors in Australia* issued by the Board (which was itself the subject of wide consultation), addresses this issue specifically and states that:

> *Whenever possible, avoid providing medical care to anyone with whom you have a close personal relationship. In most cases, providing care to close friends, those you work with and family members is inappropriate because of the lack of objectivity, possible discontinuity of care, and risks to the doctor and patient. In some cases, providing care to those close to you is unavoidable. Whenever this is the case, good medical practice requires recognition and careful management of these issues.*

Further, the Code recommends that all doctors have a general practitioner and seek independent, objective advice when they need medical care and that they be aware of the risks of self-diagnosis and self-treatment.

The Board is aware and respectful of the dedicated, highly-professional services that retiring doctors have given to their communities over many years and supports the right of any doctor to continue to use the title 'doctor' whether or not he or she maintains registration.

The Board understands the depth of feeling about this issue and recognises that not having a script-pad on hand for the first time in decades can represent a very significant change. However, the Board's core role is to protect the public, including by upholding professional standards. In this case, the Board believes that the public interest, and the interests of the profession, are best served by making sure that a doctor's 'right' to prescribe and refer is linked to his or her responsibility to provide safe patient care and that therefore, those who wish to practise must meet the standards for full registration.

Update on student registration

Student registration in place for all medical students in Australia

From March 2011, all students enrolled in an accredited medical course approved by the Board were registered by the Board. Individual students did not need to do anything to become registered. There is no fee for student registration.

The Australian Health Practitioner Regulation Agency (AHPRA), which supports the Board, worked directly with education providers to source the names of all medical students now listed on the Register of Students. This Register is not publicly available.

The role of the Board in relation to medical students is limited by the *Health Practitioner Regulation National Law Act* (the National Law) as in force in each state and territory. The Board has no role to play in the academic progress or the professional conduct of students. The Board's role is limited to registering students and dealing with notifications about students whose health is impaired to such a degree that there may be a risk to the public or when the student is found guilty of an offence punishable by imprisonment for 12 months or more.

While student registration is not new to some states, the Board is pleased to welcome all Australian medical students to the National Registration and Accreditation Scheme (the National Scheme). The Board looks forward to working more closely with medical schools to continue to enhance education about medical professionalism.

Updates and more information about student registration for students and education providers are published on the Board's website at www.medicalboard.gov.au.

Information on accreditation and programs of study approved by the Board is available on the Board's website at www.medicalboard.gov.au under *Accreditation.*

Update on the Specialists Register

The Board and AHPRA are finalising and verifying the national Specialists Register. Under the National Law, the Board has the power to establish a Specialists Register, reflecting the list of specialties, fields of specialist practice and specialist titles for the medical profession that have been approved by the Ministerial Council.

Establishing the Specialists Register is a multi-step process. Before the National Scheme was introduced, a specialists' register existed in only three Australian jurisdictions. The first step in establishing a national Specialists Register was taken early in the National Scheme when AHPRA wrote to individual practitioners, asking each individual to check the data transferred from previous Boards about their specialist qualifications. The second step involved the transfer of data from Medicare and specialist colleges and included an exhaustive process of data-cleansing.

The next step involves rechecking with individual practitioners about the specialist qualifications data AHPRA now holds. Over the next six to eight weeks, AHPRA will be writing progressively to every medical practitioner with general and specialist registration, asking for confirmation that the information AHPRA holds is accurate and up-to-date. To correct any data errors, AHPRA has established a dedicated team and process aimed at updating the Register before the 30 September registration renewal. The letter to practitioners details how to get a specialist listing corrected and what evidence is required to support this change.

The Board encourages all registered medical practitioners to provide AHPRA with their email address through online services at www.ahpra.gov.au under *Registration: Practitioner Services*, so AHPRA can make direct contact about important registration information and the Board can communicate with the medical profession about important issues.

The National Hand Hygiene Initiative

The following article was prepared by the Australian Commission on Safety and Quality in Health Care.

Healthcare-associated infections (HAI) affect hundreds of millions of hospitalised patients worldwide annually and are of major concern in healthcare.[1] The incidence of HAI in Australia has been estimated at 5%.[2] Healthcare-associated infections impose significant burden on individuals who experience reduced quality of life outcomes,[3] increased risk of mortality[4] and longer durations of hospital stay.[5]

Hand hygiene is an important infection prevention strategy

Improving hand hygiene among healthcare workers is the single most effective intervention to reduce risk of healthcare-associated infections in Australian hospitals.[6,7] While improving hand hygiene practice seems intuitive, achieving sustained change to clinical practice can be difficult. The acute healthcare environment is busy and complex; other priorities may reduce good hand hygiene.

The National Hand Hygiene Initiative

In 2008, the Australian Commission on Safety and Quality in Health Care commissioned Hand Hygiene Australia to implement the National Hand Hygiene Initiative, based on the World Health Organisation (WHO) *5 Moments* initiative, among all Australian hospitals. The initiative is multi-faceted and includes promoting the use of alcohol-based hand rub; improving knowledge about infection control through education about hand hygiene and alcohol-based hand rub; monitoring hand hygiene compliance; and measuring infection rates.

Hand hygiene compliance rates

Hand hygiene compliance audits have been conducted in 521 hospitals, both public and private, across Australia. Doctors have consistently been found to have low hand hygiene compliance rates compared to other healthcare worker categories throughout the duration of the National Hand Hygiene Initiative. In the first data collection period from 105 hospitals in March-April 2009, the compliance rate in public facilities for medical staff was 51.7% (95%CI:50.6%-52.8%). At the most recent collection period, Sep-Oct 2010 compliance rate in 428 public facilities for medical staff was 52.3% (95%CI:51.8%-52.8%). (This rate was lower for doctors in the 93 private hospitals at 43.0%). This is in comparison to nursing staff compliance rates which were 69.3% (95%CI:68.8%-69.8%) and 73.6% (95%CI:73.4%-73.9%) and allied health staff compliance rate of 55.0% (95%CI:53.2%-56.7%) and 65.0% (95%CI:64.2%-65.8%) in the public sector for the same periods).

A key factor to increasing compliance rates is the use of alcohol-based hand rubs which can be placed at the point of care for use. Most hospitals across Australia have now placed these products throughout their facilities for easy access. When these are not available, doctors are urged to request that hand hygiene products are made readily accessible.

Hand Hygiene Australia recently developed two online education packages for hand hygiene, one specifically targeting medical staff, available since October 2010. To the end of January 2011, 3247 individuals had completed this package. This is available via www.hha.org.au.

The online education packages provide basic information about hand hygiene and the 5 Moments for hand hygiene, and assess participants' understanding through a series of multi-choice questions. On successful completion of the online education packages, a certificate can be printed out as evidence of completion.

The Medical Board of Australia encourages all doctors to improve their hand hygiene compliance and to complete the online education package.

References

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4. Whitby M, McLaws ML, and Berry G, *Risk of death from methicillin-resistant Staphylococcus aureus bacteraemia: a meta-analysis.* Med J Aust, 2001. **175:** p. 264-267.
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7. Grayson ML, et al., *Significant reductions in methicillin-resistant Staphylococcus aureus bacteraemia and clinical isolates associated with a multisite, hand hygiene culture-change program and subsequent successful statewide roll-out.* Med J Aust, 2008. **188**(11): p. 633-40.

Registration snapshot

With the introduction of the National Scheme, we can now accurately report on the number of medical practitioners registered to practise in Australia. Previous estimates varied between 60,000 and 100,000 practitioners, but a final figure was difficult to determine while the same practitioner could be registered in more than one state or territory.

Since national registration was introduced, a snapshot of the medical register from 29 January 2011 reveals that:

- → there are 86,326 registered medical practitioners, being 53,968 (62.5%) men and 32,358 (37.5%) women
- → the percentage of male and female registrants with:
  - general registration only is 52% male and 48% female
  - general and specialist registration is 68% male and 32% female
  - specialist registration only is 71% male and 29% female
- → more than half of all registered practitioners have listed their principal place of practice as Victoria or New South Wales
- → Northern Territory has the fewest registered medical practitioners (863 or < 1%), but, proportionally, the highest percentage of female practitioners

Table - Number of registered medical practitioners by gender and principal place of practice

Registration type	ACT	NSW	NT
General registration	**461**	**7474**	**297**
	229	3727	158
	232	3747	139
General and Specialist registration	**850**	**14821**	**331**
	308	4648	142
	542	10173	189
Specialist registration	**94**	**1102**	**67**
	31	342	23
	63	760	44
Provisional registration	**99**	**734**	**42**
	60	413	33
	39	321	9
Limited registration – Area of need	**12**	**212**	**102**
	6	59	46
	6	153	56
Limited registration – postgrad training or supervised practice	**54**	**1360**	**10**
	17	603	6
	37	757	4
Limited registration – public interest	**1**	**172**	**10**
	0	64	3
	1	108	7
Limited registration – teaching or research	**5**	**38**	**0**
	2	14	0
	3	24	0
Limited registration – public interest occasional practice	**63**	**899**	**0**
	20	188	0
	43	711	0
Non-practising registration	**38**	**544**	**4**
	15	194	3
	23	350	1
TOTAL	**1677**	**27356**	**863**
	688	10252	414
	989	17104	449

- just more than half (44,662 or 51.7%) of all registrants have general and specialist registration, 22,989 (26.6%) have only general registration and 4,974 (5.8%) have only specialist registration
- there are 6,424 (7.4%) International Medical Graduates (IMGs) with limited registration who have not yet qualified for general or specialist registration
- of these 6,424 limited registrants, 2,731 (42.5%) are registered to practise in an area of need and 3,430 (53.4%) are registered for postgraduate training or supervised practice (the variation in the type of limited registration granted between states reflects different practices in different states and territories before national registration and the Board expects that the relativities between the various categories will become more uniform over time under the National Scheme). The remaining registrants in this category have limited registration in the public interest and limited registration for teaching or research
- of the 2,463 registrants (2.9%) with non-practising registration, 65% are male
- there are 1,806 registrants (2%) with limited registration (public interest – occasional practice) and 81% of this group are male (this type of registration was only available as a one-off transition to the National Scheme and only applies to practitioners who, on 30 June 2010 or 18 October 2010 for WA practitioners, held a type of registration that allowed them to refer and/or prescribe, but not receive a fee for providing that service; the National Law does not allow the Board to grant this type of registration to new applicants) and
- there are 3,008 provisional registrants, most of whom are interns. The male-to-female ratios are reversed in this group of recent graduates, with 1,674 (56%) female and 1,334 (44%) male graduates.

Qld	SA	Tas	Vic	WA	Place of practice not identified	TOTAL
4657	**1619**	**451**	**5321**	**1947**	**762**	**22989**
2130	794	207	2631	982	266	11124
2527	825	244	2690	965	496	11865
7880	**3836**	**1028**	**11577**	**3728**	**611**	**44662**
2530	1175	344	3750	1196	166	14259
5350	2661	684	7827	2532	445	30403
1329	**300**	**164**	**984**	**685**	**249**	**4974**
384	72	49	284	210	63	1458
945	228	115	700	475	186	3516
718	**266**	**66**	**733**	**340**	**10**	**3008**
379	140	35	418	190	6	1674
339	126	31	315	150	4	1334
1172	**143**	**119**	**227**	**646**	**98**	**2731**
500	49	47	72	287	32	1098
672	94	72	155	359	66	1633
171	**436**	**70**	**1146**	**127**	**56**	**3430**
73	153	29	498	45	19	1443
98	283	41	648	82	37	1987
0	**5**	**4**	**3**	**9**	**4**	**208**
0	1	2	1	2	1	74
0	4	2	2	7	3	134
4	**0**	**0**	**4**	**4**	**0**	**55**
3	0	0	2	1	0	22
1	0	0	2	3	0	33
415	**2**	**57**	**7**	**324**	**39**	**1806**
60	0	7	0	62	6	323
355	2	50	7	262	33	1463
269	**152**	**33**	**573**	**209**	**641**	**2463**
71	47	11	208	78	236	863
198	105	22	365	131	405	1600
16615	**6759**	**1992**	**20575**	**8019**	**2470**	**86326**
6130	2431	731	7864	3053	795	32358
10485	4328	1261	12711	4966	1675	53968

Total number of registered medical practitioners

Number of female registered medical practitioners

Number of male registered medical practitioners

Meet the Chair of your

The Medical Board of Australia is supported by Boards in every state and territory. The National Board is responsible for developing registration standards, policies, codes and guidelines. State and territory Boards make all decisions about individual practitioners in relation to registration and notification issues.

Dr Stephen Bradshaw

Chair of the Australian Capital Territory Board of the Medical Board of Australia and member of the National Board

Dr Bradshaw was appointed to the Medical Board of Australia in August 2009 and is in full-time practice in the Australian Capital Territory (ACT) as a vascular surgeon. He is in private practice and attends the Canberra Hospital as a Visiting Medical Officer.

Dr Bradshaw was a member of the ACT Medical Board for 10 years and was its President from 2006 until the introduction of the National Scheme.

Dr E Mary Cohn

Chair of the Queensland Board of the Medical Board of Australia and member of the National Board

Dr Cohn was appointed to the Medical Board of Australia in August 2009 and is a general practitioner with more than 30 years' experience. A medical graduate of the University of Queensland in 1968, Dr Cohn also has completed a Master of Family Medicine at Monash University.

Before the National Scheme was introduced, Dr Cohn was a member of the Medical Board of Queensland from April 1998 and its Chair since 2004.

Dr Charles Kilburn

Chair of the Northern Territory Board of the Medical Board of Australia and member of the National Board

Dr Kilburn was appointed to the Medical Board of Australia in August 2009. He is a paediatrician and Medical Director of the Division of Maternal and Child Health at Royal Darwin Hospital. He worked in private paediatric practice in Darwin for more than 10 years before moving to full-time practice in a hospital setting.

Dr Kilburn was Chair of the Medical Board of the Northern Territory from 2002 until the National Scheme was introduced, and was the inaugural Chair of the Health Advisory Council of the Northern Territory.

Dr Philip Henschke

Chair of the South Australian Board of the Medical Board of Australia

Dr Henschke, a 1969 medical graduate of Adelaide Medical School, is an internist/geriatrician with more than 30 years' experience in the medicine of later life. He has been the Head of Aged Care in the Division of Rehabilitation, Aged Care and Allied Health at the Repatriation General Hospital, Daw Park SA, and Senior Visiting Physician at the nearby Flinders Medical Centre (FMC).

In modified retirement, he is currently Director of Clinical Training in the Trainee Medical Officer (TMO) unit at FMC and continues in private practice. He has been a member of the former SA Medical Board since 2004 and was its Deputy Chair when the National Scheme began. He was appointed Chair in 2010.

state or territory Board

Each state and territory Board has a Chair appointed to lead each Board. Sometimes, the state or territory Chair is also a member of the National Board of the Medical Board of Australia. In this edition of the Medical Board *Update*, we are pleased to introduce to you the Chairs of each state and territory Board.

Professor Con Michael AO

Chair of the Western Australian Board of the Medical Board of Australia and member of the AHPRA Agency Management Committee

Professor Michael holds a Bachelor of Medicine and Bachelor of Surgery (UWA), Doctor of Medicine (UWA) and Diploma of Diagnostic Ultrasound. He is a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (a past President) and Fellow of the Royal College of Obstetricians and Gynaecologists, London (a previous Sims Black Professor).

Professor Michael was President of the Medical Board of Western Australia from 1997. He was also a member and Director of the Australian Medical Council from 1992.

Professor Michael was appointed to the Agency Management Committee – the Board of AHPRA – in March 2009 as a member with expertise in health, education and training.

Associate Professor Peter Procopis AM

Chair of the New South Wales Board of the Medical Board of Australia, the Medical Council of New South Wales and member of the Medical Board of Australia

Associate Professor Procopis was appointed to the Medical Board of Australia in August 2009. He is a paediatric neurologist at The Children's Hospital at Westmead in Sydney.

Associate Professor Procopis had been a member of the New South Wales Medical Board since 1999 and President since 2005. The Medical Council of New South Wales, of which Associate Professor Procopis is a member, was established with commencement of the National Scheme under that State's unique co-regulatory model.

Associate Professor Peter Sexton

Chair of the Tasmanian Board of the Medical Board of Australia

Associate Professor Sexton graduated in science from the University of Melbourne in 1977 and in medicine from the University of Tasmania in 1982. He completed a PhD in cardiovascular epidemiology and a Fellowship in public health medicine in 1992. He was a member of the Medical Council of Tasmania from 2000 before the start of the National Scheme and was its President from 2009.

Associate Professor Sexton's current medical work includes Professorial Fellow at the Baker IDI Heart and Diabetes Institute in Melbourne, Associate Professor in Health Services, School of Medicine, University of Tasmania, and general practice in Hobart.

Dr Laurie Warfe

Chair of the Victorian Board of the Medical Board of Australia

Before commencement of the National Scheme, Dr Warfe had been a member of the Medical Practitioners Board of Victoria since 2005 and was Deputy President from 2008 to 2010.

Dr Warfe graduated from Monash University in 1975. He has been a full-time general practitioner for 30 years and also has had many years experience in the Defence Force Health Services. He has active involvement in general practice education and accreditation and is currently a member of the examination panel for Fellowship Royal Australian College of General Practitioners (FRACGP).

Notifications

One of the ways in which the Board protects the community is by investigating notifications and, when necessary, subsequently managing medical practitioners when they have been found to have engaged in unprofessional conduct, unsatisfactory professional performance or when their health is impaired and may place the public at risk.

The Board is 'notified' of an issue. The word 'notification' is deliberate and reflects that the Board is not a complaints resolution agency. It is a protective jurisdiction and its role is to protect the public by dealing with medical practitioners who may be putting the public at risk as a result of their conduct, professional performance or health.

The information below describes the process of dealing with a notification about registered medical practitioners under the National Law. It does not describe investigations about the health of medical students.

Who can make a notification?

Anyone can make a notification to AHPRA, which receives it on behalf of the Board. While registered health practitioners, employers and education providers may have mandatory reporting obligations imposed by the National Law, the majority of reports are voluntary.

Typically, notifications are made by patients or their families, other health practitioners, employers and representatives of statutory bodies.

The National Law provides protection from civil, criminal and administrative liability for persons who make a notification in good faith.

Grounds for voluntary notifications

Grounds for voluntary notifications about medical practitioners include that:

- the practitioner's professional conduct is or may be of a lesser standard than that expected by the public or the practitioner's professional peers
- the knowledge, skill or judgement possessed, or care exercised by the practitioner is or may be below the standard reasonably expected
- the practitioner is not, or may not be, a suitable person to hold registration
- the practitioner has, or may have, an impairment
- the practitioner has, or may have, contravened the National Law
- the practitioner has, or may have, contravened a condition of his or her registration or an undertaking given to the Board and/or
- the practitioner's registration was, or may have been, obtained improperly.

Preliminary assessment

AHPRA and the Board take seriously all notifications. After AHPRA receives a notification, the Board conducts a preliminary assessment to decide whether or not:

- the notification relates to a registered medical practitioner
- the notification relates to a matter that is grounds for notification and
- it is a notification that could also be made to a health complaints entity.

In deciding that a matter is grounds for a notification, the Board can consider a single notification or a number of notifications that suggest a pattern of conduct. The Board can also consider notifications made to a health complaints entity.

Relationship with the health complaints entity

The National Law requires the Board and the relevant health complaints entity in each state and territory to share complaints and notifications and to try to agree on how to deal with each complaint or notification. If the health complaints entity and the Board cannot agree, the most serious action proposed must be taken.

Board can decide to take no further action

The Board may decide to take no further action in relation to a notification if:

- the Board believes the notification is frivolous, vexatious, misconceived or lacking in substance or
- it is not practicable for the Board to investigate or deal with the notification, given the amount of time that has elapsed since the matter that is the subject of the notification occurred or
- the person to whom the notification relates has not been, or is no longer, registered and it is not in the public interest to investigate or deal with the notification or
- the subject matter of the notification has already been dealt with adequately by the Board or
- the subject matter of the notification is being dealt with, or has already been dealt with adequately by another entity.

The decision to take no further action can be made at any time during the assessment or investigation of a notification, but only after careful consideration of the issues raised.

A decision by the Board to take no further action in relation to a notification does not prevent the Board or a Tribunal (the independent authority in the courts system in each state and territory) taking the notification into consideration at a later time, as part of a pattern of conduct or practice by the medical practitioner. The Board will analyse the concerns raised in all types of notifications and uses this information to help educate the profession and share the lessons from the concerns raised.

Investigations

The Board may decide to investigate a registered medical practitioner if it believes that:

1. the practitioner has or may have an impairment or
2. the way the practitioner practises is or may be unsatisfactory or
3. the practitioner's conduct is or may be unsatisfactory.

The Board may also investigate to ensure that a practitioner is complying with conditions imposed on their registration or an undertaking given by the practitioner to the Board.

The investigation is conducted by an investigator appointed by the Board.

How the investigation is conducted depends on the facts of the case. It will usually involve the investigator seeking extra information to inform the Board's decision. This may include:

- → further information from the notifier
- → responses and explanations from the practitioner about whom the notification was made
- → information from other practitioners involved in the care of the patient
- → expert opinions
- → police reports and/or
- → data from other sources such as pharmacy records, Medicare Australia data and so on.

In almost every case, medical practitioners and students who are being investigated will know about the investigation. They are given notice of the investigation and information about what is being investigated. The only exception is when the Board believes that giving notice may seriously prejudice the investigation, or may place someone's health or safety at risk or may place someone at risk of harassment or intimidation.

After analysing the facts of the case, the investigator prepares a report for the Board's consideration.

Health assessment

The Board may require a medical practitioner to undergo a health assessment if it believes that the practitioner may have an impairment.

The health assessment is conducted by an experienced and appropriately-qualified, independent medical practitioner or psychologist. The Board pays for the assessment and the assessor writes a report for the Board. The practitioner who was assessed is given a copy of the report unless the report contains information that may be prejudicial to the practitioner's health or wellbeing, in which case it is given to a medical practitioner or psychologist nominated by the practitioner.

After receiving the report, the practitioner who was assessed must discuss the report, and ways of dealing with any adverse findings, with a person nominated by the Board. The Board has decided that the person nominated to discuss the report will be a registered medical practitioner.

Performance assessment

The Board may require a medical practitioner to undergo a performance assessment if it believes that the way the practitioner practises the profession is or may be unsatisfactory.

Performance assessments are usually conducted by two (or more) independent medical practitioners who have the expertise to assess a practitioner in a particular field of practice. The Board pays for the assessment and the assessors write a report for the Board.

The practitioner who was assessed is given a copy of the report unless it contains information that may be prejudicial to their health or wellbeing.

After receiving the report, the practitioner who was assessed must discuss the report, and ways of dealing with any adverse findings, with a person nominated by the Board. The Board has decided that this person will be a registered medical practitioner.

Actions the Board can take

The Board has the power to take a range of actions at any time after receiving a notification or after an investigation or a health or performance assessment.

These actions include:

- → a decision to take no further action
- → referral to another entity such as a health complaints entity or
- → the Board can take immediate action if this is necessary to protect the health and safety of the public. More detail on this power was published in Issue 1 of *Update*.

If the Board believes that a practitioner's conduct or performance was unsatisfactory or his or her health was impaired, it can:

- → caution the medical practitioner and/or
- → accept an undertaking from them and/or
- → impose conditions on the practitioner's registration.

Alternatively, the Board may decide to refer matters to a:

1. Panel:
   a. Health Panel or
   b. Performance and Professional Standards Panel or
2. Tribunal.

More information on Panel and Tribunal hearings will be published in future editions of the Medical Board *Update*.

Social media and professional boundaries

From time to time, medical boards have received notifications that posts on social networking sites have compromised patient confidentiality or breached professional boundaries. *Good Medical Practice: A code of conduct for doctors in Australia* (the Code) sets out the principles of good medical practice and makes explicit the standards of ethical and professional conduct expected of doctors by the Board, their colleagues and the community. The Code describes the duty of care a doctor has to his or her patient and the importance of trust in the doctor-patient relationship. The principles of good medical practice apply equally to social networking and other more traditional communication methods.

Recently, the Australian Medical Association Council of Doctors-in-Training, the New Zealand Medical Association Doctors-in-Training Council, the New Zealand Medical Students' Association and the Australian Medical Students' Association published *Social Media and the Medical Profession: A guide to online professionalism for medical practitioners and medical students.*

This important guide recognises that the use of social networking sites can pose risks for medical practitioners and students. The guide encourages practitioners and students to uphold the principles of medical professionalism and contains practical guidelines to help doctors and medical students who use social media to maintain professional standards.

The Board encourages medical practitioners and students to access *Social Media and the Medical Profession: A guide to online professionalism for medical practitioners and medical students* at www.ama.com.au/socialmedia.

Consultations

The Medical Board of Australia has released, for consultation, two important new draft guidelines – one on sexual boundaries and the other on practitioners infected with blood-borne viruses.

The role of the National Board is to protect the public, including through development of guidance for the profession. Both draft guidelines are intended to expand and complement the Board's expectations of medical practitioners outlined in *Good Medical Practice: A Code of Conduct for Doctors in Australia.* The two draft guidelines are open for consultation until 27 May 2011 and are published at www.medicalboard.gov.au.

Everyone who would like to provide feedback about either of these important professional issues is encouraged to participate in the consultation and provide a submission to the Board. The Board recognises that any guidance it issues is strengthened by a consultative process that draws on the views of practitioners, the community, governments and other contributors.

Medical practitioners and medical students infected with blood-borne viruses

The draft guidelines on medical practitioners and medical students with blood-borne viruses set out the Board's expectations of all registered medical practitioners and medical students about knowing whether they are infected with a blood-borne virus. The draft guidelines also define the limits on the scope of practice of medical practitioners who are infected with a blood-borne virus. The draft guidelines are based on national standards for the management of blood-borne viruses in healthcare workers. While the Board is mindful that the current national standards for healthcare workers developed by the Communicable Diseases Network Australia (CDNA) are under review, it is necessary to have guidance available for registered medical practitioners and medical students in the short term. When the CDNA standards are finalised, the Board will review its guidelines to ensure consistency.

Sexual boundaries

The draft guidelines on sexual boundaries set out what the Board expects of the profession in this area and will create a nationally-consistent policy framework. The current draft guidelines bring together the policies adopted by individual medical boards before the National Scheme was introduced and are consistent with approaches taken by most international medical regulatory authorities.

How to provide feedback

Anyone who wishes to provide feedback on the draft guidelines can do so:

1. by email at medboardconsultation@ahpra.gov.au or
2. by post to:
   Executive Officer, Medical
   GPO Box 9958
   MELBOURNE VIC 3001

Comments will be published on the Board's website unless requested otherwise.

The Board will also be consulting on the definition of 'practice' used in the Board's registration standards. This consultation process will be common, at least initially, across the 10 registered professions. The Board encourages the medical profession to participate in this important discussion, as some concerns have been raised about the impact of the definition on practitioners involved in teaching or with academic appointments and other non-clinical roles. Because the definition has been signed off by the Australian Health Workforce Ministerial Council (the Ministerial Council) through the registration standards, any change would also require endorsement by the Ministerial Council.

A consultation paper on the definition of 'practice' will be published on the Board's website in coming weeks and the Board encourages everyone interested to provide feedback.

Information helping medical practitioners meet registration standards

The Board recently published on its website the following information to assist medical practitioners to meet the Board's registration standards:

1. Information on how medical practitioners with limited registration (IMGs) can demonstrate that they are progressing towards obtaining specialist or general registration; this is a requirement of some of the registration standards for limited registration.
2. Medical practitioners who are returning to practice after an absence of 12 months or more are required to meet certain criteria under the registration standard on recency of practice. The Board has published information to help practitioners who wish to return to practice to do so by meeting this standard.

Contact the Medical Board of Australia and AHPRA on 1300 419 495 or submit an online enquiry form through the website at www.medicalboard.gov.au. You can also mail the Medical Board of Australia, GPO Box 9958 Melbourne Vic 3001

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