

Communiqué

Ninth meeting of the Medical Board of Australia 23 June 2010

The Medical Board of Australia (the Board) is established under *the Health Practitioner Regulation (Administrative Arrangements) National Law Act 2008*.

The ninth meeting of the Board on 23 June 2010 was its last before the National Accreditation and Registration Scheme begins on 1 July. The Board focused on a range of operational and policy issues that will impact on transition to the new scheme.

Transitional issues

Tasmania has now passed the necessary legislation and will join the scheme on 1 July 2010. At the time of writing this Communiqué, South Australia and Western Australia had not passed legislation but remained committed to joining the Scheme, either on 1 July or at a later date. Since the last Board meeting, the Australian Health Workforce Ministerial Council (Ministerial Council) has passed regulations to put in place the structures to deal with privacy, freedom of information and related matters. An independent Privacy Commissioner and Ombudsman will be appointed to deal with such issues arising from 1 July 2010.

The Australian Health Practitioner Regulations Agency (AHPRA), which supports the work of the Board, is preparing for the introduction of the Scheme. To date, AHPRA has relied on a small team which has undertaken much of the preparatory work, supported enormously by the assistance of staff of State and Territory Boards. The Board acknowledges the extraordinary efforts of State and Territory staff who have been juggling the preparatory work for the national scheme with their current responsibilities. On 1 July, the AHPRA team will increase as most staff from State and Territory Boards transition to join AHPRA. This will ensure that AHPRA has the necessary resources to be responsive to the needs of stakeholders and is able to support the Board in its role of protecting the public.

The Board made a range of decisions to deal with transitional issues, including:

- managing incomplete applications
- managing applications in the initial grace period (from 1 July to 31 July 2010)
- requiring primary source verification for applicants with Australian qualifications (as well as for IMGs) and
- criminal history checks for applicants for registration.

Approving the transition plan

The Board approved a transition plan that defines the category of registration that medical practitioners registered on 30 June 2010 will transition into under the *Health Practitioner National Regulation Law Act 2009* (the National Law). While the transition of most medical practitioners will be straightforward, there is a small number of medical practitioners whose registration status is more complex. If the transition of registration of some practitioners into the national scheme is not correct, the Board can amend it after 1 July 2010. More complex registrations include situations in which medical practitioners have conditions on their registration, when they have different types of registration in different states or have more than one type of registration in a state.

State and Territory Committees

The National Board has previously reported that all matters related to individual registrants will be handled by State and Territory Boards and local committees. The Board approved terms of reference for these Committees. The terms of reference include the make up of the Committees, definitions of a quorum and meeting procedures.

The Board also appointed members to each of these committees.

Approval of panel members

After investigating a complaint, one of the options available to the Board is to refer a matter to a Health Panel or a Performance and Professional Standards Panel for hearing. The Board approved a number of individuals to be on a list of persons that can sit on Panels.

Advertising Guidelines

All the National Boards have consulted on a draft set of guidelines for advertising, common across the 10 professions covered by the Scheme. The National Law states that 'a person must not advertise a regulated health service, or a business that provides a regulated health service, in a way that:

- a. is false, misleading or deceptive or is likely to be misleading or deceptive; or
- b. offers a gift, discount, or other inducement to attract a person to use the service or the business, unless the advertisement also sets out the terms and conditions of the offer; or
- c. uses testimonials or purported testimonials about the service or business; or
- d. creates an unreasonable expectation of beneficial treatment; or
- e. directly or indirectly encourages the indiscriminate or unnecessary use of regulated health services.'

The key issues raised during consultation about the draft Advertising Guidelines included whether or not the guidelines should cover therapeutic goods, other products such as cosmetics, whether they should change existing industry practice (for example, two for one spectacles offers) and the application and content of the warning about surgical or invasive procedures.

The guidelines will be modified, taking into consideration the feedback received and will be published on the Board's website.

Specialist registration

1. Specialist register

The National Law states that specialist recognition operates for the medical profession. It also operates for dentists and podiatrists.

The Ministerial Council has approved a list of specialties and specialist titles for the medical profession and the Board has recognised qualifications for specialist recognition for each approved specialty. The qualifications are all fellowships of specialist colleges that have been accredited by the Australian Medical Council (AMC).

The transition of specialists to the specialist register has not been straightforward. The Board has sought information about practitioners' specialist status from sources such as Medicare, State and Territory Board Specialist Registers (when these exist) and specialist medical colleges. The Board chose to use data supplied by these bodies, rather than to require each specialist practitioner to apply to the Board for specialist registration. This aimed to minimise the inconvenience to registrants. However it is possible that there may be some omissions in the specialist register when it first appears on-line. Medical practitioners should check the specialist register after 1 July 2010. If you believe that you are eligible for specialist registration but your name does not appear on the specialist register, please contact AHPRA on 1300 419 495.

2. Multiple specialties and CPD requirements

The Board agreed that medical practitioners who have specialist registration in more than one specialty are required to complete the CPD requirements for each specialty in which they are registered as specialists. Medical practitioners who hold specialist registration in more than one specialty but who are not practising in every specialty in which they hold specialist registration, can remove their name from that specialty in the specialist register if they choose. A practitioner may do this if, for example, they cannot meet the CPD or recency of practice registration standards. If the practitioner wishes to resume practice in that specialty, they will be required to comply with the recency of practice registration standard. Not being listed on the Specialist Register in a particular discipline does not deny the practitioner's specialist qualification in that discipline.

Acupuncture registration standard

The Board is required to develop a registration standard for endorsement for acupuncture. This follows the Victorian Government decision to retain offences for the use of the title 'acupuncturist' or for a person to 'hold-out' as a practitioner who is qualified in the practice of acupuncture, unless they are registered by the Chinese Medicine Board of Victoria or endorsed in relation to acupuncture by a National Board from 1 July 2010. This requirement has been in place in Victoria for several years.

The Board approved a draft registration standard for acupuncture that it will be consulting on shortly. The standard is an interim measure and is based upon the Medical Practitioner's Board of Victoria's requirements for endorsement of acupuncture.

The Board encourages feedback about the draft registration standard, by email to chair@medicalboard.gov.au.

Period of registration

The Board is required to formally define the period of registration for each category of registration. The Board agreed on the following:

General registration	Up to 12 months duration with an expiry date of 30 September
Specialist registration	Up to 12 months duration with an expiry date of 30 September
Provisional registration	Up to 12 months duration with an expiry of 12 months from the date of issue of registration
Limited registration	Up to 12 months duration, length of registration to be determined when the registration is issued.
Non-practising registration	Up to 12 months duration with an expiry date of 30 September.

Approval of the list of insurers

The Board's registration standard on professional indemnity insurance states that practitioners must be insured or indemnified for each context in which they practice. In private practice, this is usually professional indemnity insurance. The Board requires that this be with an approved insurer.

The Board approved the following insurers which meet the minimum product standards that apply to all medical indemnity insurers as defined in the *Medical Indemnity (Prudential Supervision and Products Standards) Act 2003* (Cwlth):

- Avant
- Invivo
- Medical Indemnity Protection Society Limited (MIPS)
- Medical Insurance Group (MIGA)
- MDA National

The Australian Medical Council

Under the National Law, AHPRA may enter into a contract with the Australian Medical Council (AMC) for the performance of the accreditation function for medicine. The terms of the contract must be in accordance with the health profession agreement between AHPRA and the Board. Further work on the contract will be undertaken in the next 12 months but for the initial period the Board, AHPRA and the AMC have agreed to an exchange of letters.

The Board approved the terms of engagement between AHPRA and the AMC for the first six months of the scheme. The role of the AMC will remain largely unchanged and includes:

- accreditation of medical schools

- recognition and accreditation of medical specialties
- the facilitation of assessment of international medical graduates (IMGs) by the specialist colleges for specialist registration
- conducting the assessment of the knowledge and clinical skills of IMGs seeking general registration
- assessing authorities in other countries which conduct examinations for registration in the medical profession, or accredit programs of study relevant to registration in the medical profession, to decide whether persons who successfully complete the examinations or programs of study conducted or accredited by those authorities are appropriately qualified for general medical registration under the National Law
- verification of medical qualifications for registration through the Educational Commission for Foreign Medical Graduates (ECFMG) and
- continuing to develop accreditation standards for medicine for approval by the Medical Board of Australia, including providing advice to the Medical Board of Australia on the recognition of overseas qualifications.

Health Professions Agreement

The Board finalised the terms of the Health Professions Agreement (HPA) that it will enter into with AHPRA. Each year, the Board and AHPRA are required to negotiate the terms of an HPA. Under the National Law, the Board cannot enter into contracts and it cannot employ staff. It therefore relies on AHPRA to provide the resources to enable it fulfil its statutory functions. This is defined in the HPA and includes service and quality measures and clear accountabilities.

Conclusion

We are now on the brink of a momentous occasion. From 1 July, the face of health regulation in Australia will change. There has been a great deal of work completed to get to this stage, but the Board understands that 1 July is just the beginning. I am grateful for the support of the members of the Medical Board of Australia, the members of State and Territory Boards, AHPRA and all the stakeholders who have contributed actively to shaping the Scheme. The focus of the Board is clear. It is charged with protecting the public by ensuring that only medical practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered. At the same time, the Board aims to support the medical profession and to promote good medical practice. We look forward to working constructively and collaboratively with the profession and the community as we take up our significant responsibilities. More information about the Board is published on the Board's website at www.medicalboard.gov.au.

Dr Joanna Flynn
Chair, Medical Board of Australia

29 June 2010