

Chair's message

Are we there yet? No, but we are on the way.

Three years ago 12 people were appointed as inaugural members of the Medical Board of Australia: a medical practitioner from each state and territory and four community members. All of the appointees were, or had been, members of their state medical board, six of the medical members as chair.

The National Registration and Accreditation Scheme (the National Scheme) commenced on 1 July 2010 in seven jurisdictions and three months later in Western Australia. As it started, it achieved one of its major objectives: workforce mobility across Australia for half a million health practitioners in 10 professions.

The objectives and guiding principles of the National Scheme are clearly laid out in the National Law. As well as providing mechanisms for protecting the public through registration and by investigating notifications about health practitioners, it focuses on education and training, workforce development, and facilitating access to health services in the public interest.

The national board and the state and territory boards had to quickly come to terms with new legislation, new structures, different governance responsibilities, and being one of 10 professions in the same scheme. The most visible difference was the establishment of the Australian Health Practitioner Regulation Agency (AHPRA). AHPRA works in partnership with the national boards to deliver the National Scheme.

Ten of the national board members continued as members of their local boards in the new scheme, working on committees dealing with medical registration and with notifications about doctors' professional conduct, performance and health. This overlap in state and national board membership ensures that the policy and standards developed by the national board are informed by the challenges that arise in the issues that state and territory board members deal with every week.

This *Update* reports on progress in a number of areas relating to registration of international medical graduates and on the outcomes of the Board's consultations about intern training, acupuncture, doctors' health programs, and the definition of 'practice' in the context of medical registration.

At the end of the second year of the National Scheme's operation we are in a position to reflect on what has been achieved, what is working well, and the many challenges that remain. The second annual report, to be published in November, will provide a rich opportunity to look at

Contents

Registration renewal due 30 September	2
Transparency in financial reporting	2
IMGs – recent developments	3
Recent consultations	4
→ The definition of practice	4
→ External doctors' health programs	4
→ Intern training	5
→ Acupuncture	5
Current consultation	6
→ International criminal history checks	6
The role of tribunals under the National Law	6
Specialist Register – check your entry	8

the data about registrations and notifications and start to examine trends. AHPRA is working on developing reporting systems which will enable us to understand these trends and examine what lies behind them. These reporting systems will also enable more complete and detailed reporting of financial data, allowing practitioners to better understand how their registration fees are being used. This month, we will publish the Health Professions Agreement between AHPRA and the Medical Board. It sets out the agreement about the annual budget and the services to be provided by AHPRA to the Board that enable it to carry out its functions under the National Law. Both the Board and AHPRA are committed to being transparent with the profession and with the community about how the profession is being regulated and what it costs.

An area which continues to concern the profession is the mandatory reporting provisions of the National Law. The Board wishes to remind practitioners that the threshold for mandatory reporting is high and is based on there being a substantial risk to the public. The Board encourages anyone who feels they may have an obligation to make a report to read the guidance about mandatory reporting on our website (under *Codes, Guidelines and Policies*) and to seek advice through their professional indemnity insurer or senior colleagues.

On 30 July 2012 the Australian Health Workforce Ministerial Council announced the appointments and reappointments to the 10 national boards. The Medical

Board appointments are for three years. The Board will have three new members from 31 August: Associate Professor Peter Wallace, a general practitioner from Western Australia; Dr Rakesh Mohindra, a general practitioner from South Australia; and Mr Robert Little, a community member from the ACT. I would like to express my appreciation of the three members who are standing down, each of whom contributed a unique perspective: Ms Sophia Panagiotidis had been a community member of the Victorian Board for four years and brought strong community connections, a wide range of skills and a wealth of tribunal experience; Professor Mark McKenna, who will continue as a member of the WA Board and who, as an obstetrician and gynaecologist and medical academic, brought a wonderful mix of intelligence, experience and judgement; and Dr Trevor Mudge, also an obstetrician and gynaecologist who chaired the South Australian Board for five years, who brought unique political and practical insights, and who has long been a champion for advancement of medical regulation through national standards and consistency.

The inaugural Board started the journey towards implementing a new system of medical regulation under the National Law. We have made significant progress and are now well underway. The challenge of the next three years will be to ensure that the Medical Board, with AHPRA, delivers consistent, accountable and efficient regulation promoting professional standards and serving the best interests of the community throughout Australia.



Dr Joanna Flynn AM
Chair

period for most practitioners of 1 October 2012 to 30 September 2013.

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

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

Medical practitioners are encouraged to renew online. This is the quickest and easiest way to renew.

New South Wales practitioners

Medical practitioners whose principal place of practice is New South Wales (NSW) will pay \$597 for general, specialist and limited registration. This is the national 2012-2013 registration renewal fee set by the Board (\$680), less the reduced notional 'rebate' of \$83. The notional rebate (which was \$190 in 2011) reflects the NSW government contribution to the Health Care Complaints Commission (HCCC) which has a different role in investigation of complaints than the health complaints bodies in the other states.

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

More information about the 2012-2013 NSW fee is published on the Medical Council website at www.mcnsw.org.au.

REMINDER: Medical registration due 30 September

All medical practitioners with general, specialist, non-practising and limited registration (public interest – occasional practice) are due to renew their medical registration by 30 September 2012 if they wish to continue to be registered. Renewal reminders were emailed to medical practitioners from late July 2012 and hard copy reminders were mailed in early August to medical practitioners who had not renewed or for whom we do not have an email address.

The Board's complete schedule of registration fees can be found on our website at www.medicalboard.gov.au. The Board set its registration fee for general and/or specialist registration for 2012-2013 at \$680. The annual renewal fee applies from 1 July 2012 and covers the registration

Transparency in financial reporting

The Board is accountable to the community and the profession and has a responsibility to use practitioners' registration fees wisely in regulating the profession in the public interest.

In the interests of transparency and accountability in financial reporting, in August 2012 the Board published the Health Profession Agreement it enters into with AHPRA. This agreement sets out the services AHPRA will provide in supporting the Board to regulate the medical profession.

In June 2012, the Board published more detail about its financial statements for the 2010-2011 financial year. This information is accessible online and published on the AHPRA FOI disclosure log in the *About* section of its website at www.ahpra.gov.au.

The information was published in response to a Freedom of Information (FOI) request by the Australian Medical Association (AMA) for detail about the Board's financial operations. In the interests of transparency, the Board and AHPRA provided, and published online, financial information beyond the scope of the AMA's request.

International medical graduates – recent developments

International medical graduates (IMGs) make a significant contribution to the Australian health care system. Australia relies on IMGs to meet the community's need for medical practitioners, particularly in rural and remote Australia. There were just more than 6,000 IMGs with limited registration registered on 30 June 2012.

Over the past few years, there has been a range of initiatives introduced by a number of organisations that aim to simplify the process of assessment and registration for some IMGs. While these initiatives have simplified registration for some groups of IMGs (for example, those in the competent authority pathway), they have made the overall system more complicated and difficult to understand. Additionally, a number of changes introduced to better protect the public have increased the requirements IMGs must meet. The Board is now reviewing processes for the assessment and registration of IMGs to identify opportunities for these to be streamlined, without compromising public safety.

A range of initiatives related to IMGs are outlined on this page.

House of Representatives report into the assessment and registration processes for IMGs

In March 2012, the House of Representatives Standing Committee on Health and Ageing released a report on the inquiry into registration processes and support for overseas trained doctors, *Lost in the Labyrinth*. The Standing Committee spent more than a year hearing evidence from a range of stakeholders, including IMGs, their employers, government, specialist colleges, the Australian Medical Council (AMC), and the Medical Board of Australia. The Chair of the Board twice gave evidence to the inquiry.

The House of Representatives report made 45 recommendations, many of which require action from the Board and AHPRA, the AMC, and the specialist medical colleges. The Board, AHPRA, the AMC and the Committee of Presidents of Medical Colleges (CPMC), which represents the specialist medical colleges, established a working party to consider how best to respond to the recommendations in the report and address the issues raised.

This working group reviewed the processes in place for the assessment and registration of IMGs and reported to the Board on its findings. The Board is now implementing a range of initiatives aimed at streamlining application and assessment processes. The organisations involved plan to continue to work cooperatively to streamline processes and reduce unnecessary barriers and duplication, while ensuring the high standards of assessment expected by the community and the profession.

National Specialist IMG Committee

The Board has established a National Specialist IMG Committee – an advisory committee with broad-ranging membership that includes the AMC, the Board and AHPRA, specialist colleges, governments, an IMG, recruiters, and a consumer. The role of the committee includes reviewing existing processes for assessing overseas qualified specialist IMGs and assisting in the process of policy development and consultation about issues related to specialist IMG assessment and registration. The committee replaces a similarly composed committee that was formerly auspiced by the AMC.

The committee meets quarterly and publishes a report (communiqué) each meeting, published on the Board's website at www.medicalboard.gov.au under *News*.

IMG supervision

All IMGs with limited registration must be supervised by another medical practitioner with general and/or specialist registration. The level of supervision is determined case-by-case, using an approach based on risk assessment and taking into consideration the skills, training and experience of the IMG and the position description of the role the IMG will be filling.

Supervision requirements for IMGs vary. For example, Level 1 supervision is highly supervised and requires the supervisor to be physically present at the workplace at all times when the IMG is providing clinical care. In this circumstance, the IMG must consult their supervisor about the management of all patients. The lowest level of supervision is Level 4, in which the IMG takes full responsibility for individual patients and the approved supervisor oversees the IMG's practice. The approved supervisor needs to be available for consultation if the IMG requires assistance and they must periodically conduct a review of the IMG's practice, but do not need to be co-located.

The levels of supervision for IMGs with limited registration are detailed in the Board's guidelines *Supervised practice for limited registration*, published at www.medicalboard.gov.au under *Codes, guidelines and policies*.

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

Recent consultations

The Board has consulted with the profession and the community about a wide range of policies and issues during the year. As a result, it has finalised a range of new guidance for the profession, all of which has been strengthened by the thoughtful feedback provided.

When undertaking consultations, the Board liaises with a range of stakeholders, including the AMA, the specialist colleges and the Australian Medical Council, governments and health consumer organisations, about the issues facing the medical profession and medical regulation.

To keep the profession up to date with the work of the Board, we publish a report of Board meetings monthly on the Board website (under *News*) and issue media statements on a range of topical issues.

During this year, the Board has consulted on the following issues:

The definition of practice

The Medical Board, together with six other National Boards, consulted on the definition of 'practice'. A consultation paper was prepared and is published on the Board's website at www.medicalboard.gov.au under *News*. Submissions received from stakeholders relevant to all the professions are published on the AHPRA website at www.ahpra.gov.au.

The current definition of 'practice' used in a number of the Medical Board of Australia's registration standards is:

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. For the purposes of this registration standard, practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession.

The definition was intended to be broad and inclusive. It allows individuals with qualifications as a health practitioner to be registered if they are using their skills and knowledge as a health practitioner, regardless of whether they are providing direct patient care. Registered health practitioners can use the protected title related to their profession and must comply with their National Board's approved registration standards.

The Board consulted on the definition of practice because it had received feedback that medical practitioners who were no longer treating patients, but who were using their medical knowledge, were concerned that they were obliged to be registered because they were 'practising', as per the Board's definition. It was reported that this was affecting a range of medical practitioners, including those who taught and assessed undergraduate or postgraduate students.

After extensive consultation, including holding a forum with medical stakeholders, and having considered the feedback provided, the Board decided not to amend the

definition of practice. Instead the Board decided that the issues raised could be most simply and directly addressed by providing advice to guide individuals about whether or not they should be registered. The Board released a statement *Medical Registration – What does it mean? Who should be registered?* published on the Board's website under *Codes, guidelines and policies*. The statement confirms that qualified medical practitioners who use their skills and knowledge in a range of activities outside direct patient care may not need to be registered. This statement clarifies the expectations and approach of the Board and is based on the National Law and the level of risk to the public that the 'practice' poses.

External doctors' health programs

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

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

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

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

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

The Board was pleased to receive 92 submissions, most of which are published on the Board's website at www.medicalboard.gov.au under *News*. The Board has not published any submissions that might identify that an individual has a health problem.

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

The Board will undertake further work to explore the issues raised in the consultation. This will include providing clear information about the role of the Board in managing medical practitioners and medical students who are impaired. This will continue during 2012 and the Board will keep the profession and the community informed as issues are clarified or the Board's position is formed.

Intern training

Developing a registration standard

Before the start of the National Registration and Accreditation Scheme (the National Scheme), the requirements for general registration for medical practitioners were determined by each state and territory medical board. To be eligible for general registration, all states and territories required applicants with Australian or New Zealand medical qualifications to satisfactorily complete an approved or accredited intern year. There was a reasonably high level of consistency in requirements across all jurisdictions, with a range of differences.

In July 2010, the Medical Board of Australia became responsible for granting general registration and setting the requirements for the intern year.

To date, the Board has accepted the standards of intern training set by previous state and territory medical boards and has been granting general registration to provisional registrants on this basis. However, the Board is now keen to develop and implement a nationally consistent approach to intern training.

The Board has consulted extensively on a draft registration standard for granting general registration on completion of intern training. The proposed standard clearly articulates what an intern needs to do to gain general registration and provides clarity for interns, their supervisors and their employers. It is based on the existing standards for internship, but provides more flexible options for intern training. The change aims to address the challenge of accommodating increasing numbers of medical graduates in Australia and addressing workforce demands while ensuring appropriate training and support for interns. The proposed standard aims to balance the training needs of junior doctors, safety for the community and flexibility for the health care system.

The proposed registration standard states that interns are required to perform satisfactorily under supervision in the following terms:

- a term of at least eight weeks that provides experience in emergency medical care
- a term of at least 10 weeks that provides experience in medicine

- a term of at least 10 weeks that provides experience in surgery, and
- a range of other approved terms to make up 12 months (minimum of 47 weeks full-time equivalent service).

Terms must be accredited against approved accreditation standards for intern training.

The proposed registration standard has been submitted to the Australian Health Workforce Ministerial Council (Ministerial Council) for approval.

Other work

While the registration standard defines the requirements for the intern year, there is a range of other work being undertaken by the Board's accreditation authority, the Australian Medical Council, to support the intern year. This includes:

1. setting learning objectives for the PGY1 year
2. intern assessment and sign off, and
3. establishing a national framework for intern training accreditation process.

The AMC has done a considerable amount of preliminary work and developed draft documents for consultation about:

1. national standards for intern training
2. guidelines for intern rotations
3. a draft quality framework for intern training accreditation, and
4. a template for postgraduate medical councils to report against the domains contained in the quality framework for intern training accreditation.

The AMC will be consulting on these draft documents and stakeholders are encouraged to provide feedback. The documents will be published on the AMC's website at www.amc.org.au.

Acupuncture

The Board has consulted on a proposed registration standard for endorsement for acupuncture. Submissions are published on the Board's website at www.medicalboard.gov.au under *News*.

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

The Board has in place a process to endorse for acupuncture the registration of medical practitioners if they have an approved qualification. Qualifications are approved as a result of the transitional arrangements in the National Law. Further information about the current process to endorse registration for acupuncture is published under 'FAQ and Facts Sheets' in the *Codes, Guidelines and Policies* section of the Board's website.

Current consultation

International criminal history checks

The Board, together with the other 13 National Boards, has recently been consulting on international criminal history checks. A consultation paper was published in June seeking feedback on options for refining international criminal history checks used by AHPRA in assessing applications for registration for the 14 health professions regulated under the Health Practitioner Regulation National Law, as in force in each state and territory. The consultation closed mid-August and the Board will keep the profession informed as a position develops. The original consultation paper is available under *News* on the Board's website and submissions on the paper will also be published there in due course.

The role of tribunals under the National Law

The Board has previously published information in this newsletter about notifications, investigations and panel hearings. The information below aims to clarify the role of tribunals in medical regulation under the Health Practitioner Regulation National Law, as in force in each state and territory.

Responsible tribunals

The National Law establishes 'responsible tribunals' nominated by each state and territory government. The responsible tribunals in each state and territory are:

Australian Capital Territory	Australian Capital Territory Civil and Administrative Tribunal
New South Wales	New South Wales Medical Tribunal
Northern Territory	Health Professional Review Tribunal
Queensland	Queensland Civil and Administrative Tribunal
South Australia	South Australian Health Practitioners Tribunal
Tasmania	Health Practitioners Tribunal
Victoria	Victorian Civil and Administrative Tribunal
Western Australia	State Administrative Tribunal

The responsible tribunals are independent of the Board and AHPRA. When a matter has been appealed or referred to a tribunal, the Board and the registered medical practitioner or student who is the subject of the proceedings become parties to formal legal proceedings. It is usual for both parties to have legal representation and for hearings to be public, unless the tribunal decides otherwise.

The tribunals operate under their own state or territory based legislation.

Under the National Law, responsible tribunals:

1. hear and determine appeals by practitioners who are affected by certain decisions of the Board
2. hear and determine matters referred by the Board.

Appellable decisions

A person who is the subject of any of the following decisions may appeal against the decision to the responsible tribunal. A decision:

- to refuse to register the person
 - to refuse to endorse the person's registration
 - to refuse to renew the person's registration
 - to refuse to renew the endorsement of the person's registration
 - to impose or change a condition on a person's registration or the endorsement of the person's registration, other than:
 - a condition relating to the person's qualification for general registration in the health profession, and
 - a condition as a result of a decision about an application for renewal, when a condition was already imposed on the registration immediately before the renewal to refuse, change or remove a condition imposed on the person's registration or the endorsement of the person's registration
 - to refuse to change or revoke an undertaking given by the person to the Board
 - to suspend the person's registration
 - by a panel to impose a condition on the person's registration
 - by a health panel to suspend the person's registration
 - by a performance and professional standards panel to reprimand the person.
- After hearing the matter, the responsible tribunal may:
- confirm the decision, or
 - amend the decision, or
 - substitute another decision for the decision.

When a tribunal substitutes another decision for the appealable decision, the tribunal has the same powers as the Board.

Referrals by the Board

The Board refers the most serious disciplinary matters to a tribunal. The Board must refer a matter to the responsible tribunal if:

1. it reasonably believes that:
 - a. a medical practitioner has behaved in a way that constitutes professional misconduct (usually this is the result of a notification and/or its investigation), or
 - b. the practitioner's registration was improperly obtained because the practitioner or someone else gave the Board information or a document that was false or misleading in a material particular
2. in the case of a registered medical practitioner or student, a panel established by the Board requires the Board to refer the matter to the responsible tribunal.

After hearing a matter referred by the Board about a medical practitioner, the responsible tribunal may decide:

1. the practitioner has no case to answer and no further action is to be taken in relation to the matter, or
2. one or more of the following:
 - the practitioner has behaved in a way that constitutes unsatisfactory professional performance
 - the practitioner has behaved in a way that constitutes unprofessional conduct
 - the practitioner has behaved in a way that constitutes professional misconduct
 - the practitioner has an impairment
 - the practitioner's registration was improperly obtained because the practitioner or someone else gave the National Board that registered the practitioner information or a document that was false or misleading in a material particular.

If a responsible tribunal makes a decision in accordance with #2 above, it may decide to do one or more of the following:

1. caution or reprimand the practitioner
2. impose a condition on the practitioner's registration, including, for example:
 - a condition requiring the practitioner to complete specified further education or training, or to undergo counselling, within a specified period, or
 - a condition requiring the practitioner to undertake a specified period of supervised practice, or

- a condition requiring the practitioner to do, or refrain from doing, something in connection with the practitioner's practice, or
 - a condition requiring the practitioner to manage the practitioner's practice in a specified way, or
 - a condition requiring the practitioner to report to a specified person at specified times about the practitioner's practice, or
 - a condition requiring the practitioner not to employ, engage or recommend a specified person, or class of persons
3. require the practitioner to pay a fine of not more than \$30,000 to the Board
 4. suspend the practitioner's registration for a specified period
 5. cancel the practitioner's registration.

If the responsible tribunal decides to impose a condition on the practitioner's registration, the tribunal must also decide a review period for the condition.

If the tribunal decides to cancel a person's registration under the National Law or the person does not hold registration under the National Law, the tribunal may also decide to:

1. disqualify the person from applying for registration as a registered medical practitioner for a specified period, or
2. prohibit the person from using a specified title or providing a specified health service.

After hearing a referral by the Board about a **medical student**, the responsible tribunal may decide:

1. the student has an impairment, or
2. the student has no case to answer and no further action is to be taken in relation to the matter.

If the responsible tribunal decides the student has an impairment, the tribunal may decide to:

1. impose a condition on the student's registration, or
2. suspend the student's registration.

In most cases, decisions made by Tribunals as a result of notifications to a National Board are available through the Australasian Legal Information Institute (Austlii) website. The Austlii website can be accessed through the AHPRA website at www.ahpra.gov.au under *Notifications and outcomes*.

Decisions that are not publicly available may be subject to a suppression order. Sometimes the practitioners' name and names of notifiers and witnesses will be de-identified, due to sensitivity or for legal reasons.

Specialists Register – check your entry

AHPRA and the Board publish an online Register of Medical Practitioners that provides the profession and the public with up-to-date information about a practitioner's registration status. This includes a Specialists Register, which includes details of practitioners' specialty and field of specialty practice, consistent with the list of specialties, fields of specialty practice and specialist titles approved by the Ministerial Council.

The list of approved specialties is published on the Board's website under *Registration*.

Before July 2010, a Specialists Register existed only in Queensland, South Australia, Western Australia and the ACT. The National Registration and Accreditation Scheme has enabled a national Specialists Register to be established for the first time. It helps the community to recognise the expert status of practitioners eligible for specialist registration.

Establishing the Specialists Register has been a complex and multi-step process. It has involved bringing together initial information about practitioners' specialties and fields of specialty practice from a number of sources. This included information from the previous four medical boards that registered specialists, Medicare Australia, the specialist colleges, and the information that practitioners have provided to AHPRA.

The fact that the Specialists Register was built from data from a number of sources means that initial flaws in the

data were inevitable. AHPRA has been working to ensure the quality and completeness of the information published on the Specialists Register. In 2011, AHPRA wrote to all medical practitioners with general and/or specialist registration and asked them to provide feedback if their details on the Specialists Register were not correct.

We are informed that Medicare Australia will in future be relying on the Specialists Register to determine eligibility for Medicare specialist rebates. To make sure that the Register is accurate, all medical practitioners are encouraged to check their details on the Register of Medical Practitioners to make sure the information published about specialist qualifications is correct and up to date.

If you have specialist registration and the details of your specialist qualifications and type of speciality are not published accurately on the Register, please email specialistregister@ahpra.gov.au with details of your specialist qualifications and type of speciality. Please include your unique registration number.

While you are online, please use the secure online services for practitioners to make sure AHPRA has your current contact information, including email and mobile telephone number. The online services are available through the home pages of the Board and AHPRA websites (www.medicalboard.gov.au and www.ahpra.gov.au). Please ensure that AHPRA has your most up to date contact details so you can receive renewal reminders. More than 92% of medical practitioners have registered their email address with AHPRA. If you are providing a work email address, ensure the firewall of your employer's IT system will not reject AHPRA or Board emails as spam.



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

