



## Communiqué

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### Sixth meeting of the Medical Board of Australia 24 March 2010

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

On 23 March 2010, the Medical Board of Australia held a planning day to consider the role of State and Territory boards and the delegated powers that they should exercise after 1 July 2010. The Board also agreed on a work-plan to develop additional policies and guidelines specific to medicine.

At its sixth meeting on 24 March 2010, the Board made decisions about a range of matters that will impact on the transition to the national registration and accreditation scheme. This Communiqué aims to inform stakeholders of the decisions of the Board.

### State and Territory board structures and delegations

The Medical Board of Australia will be responsible for developing and approving registration standards, codes and guidelines, approving accreditation standards and negotiating the health professions agreement which determines funding and service arrangements with the Australian Health Practitioner Regulation Agency (AHPRA).

State and Territory boards will become committees of the national board and will be known as, for example, the 'Queensland Board of the Medical Board of Australia'. The National Board has determined to delegate responsibility for all matters related to individual practitioners to State and Territory boards. It will rely on these boards to make decisions about applications for registration and about notifications (complaints). The State and Territory boards will be supported by a range of committees, made up of State and Territory board members and as necessary, external experts. These committees will be delegated some decision-making powers, but appealable and very serious decisions will be made by the full State and Territory board. Committees are likely to include a Registrations Committee, Assessment Committee, Health Committee and one or more Performance and Professional Standards Committees. The number of committees and their role may vary between jurisdictions, subject to local needs.

The Board will delegate to the AHPRA decisions that it considers to be routine and all administrative functions.

The Board encourages current State and Territory board members and members who serve on Panels to continue in their roles after 1 July 2010, to support the transition to the national scheme and ensure that their experience and expertise is retained. The National Board recognises the importance of regular and frequent communication with State and Territory boards and between those involved in similar activities in different states to ensure that the national scheme works effectively. There will be regular teleconferences, collaboration across States and Territories of members of functionally similar committees and an annual national conference of Board members.

## Codes and guidelines

The Board has decided to reissue *Good Medical Practice: a code of conduct for doctors in Australia*, with minor modifications to reflect the *Health Practitioners Regulation National Law Act 2009* (the National Law). In addition, the Board will develop specific guidelines about a range of issues, including professional boundaries, sexual misconduct, medical practitioners and medical students with blood-borne infectious diseases and unconventional medical practice. Consistent with the National Law, the Board will consult widely about any guidelines that it develops.

## Transition arrangements

### April letter

The Medical Board of Australia will be writing to every registered medical practitioner in late April, to support the transition of all registrants into the national scheme. The letter will explain each practitioner's registration type from 1 July 2010. The letter will detail the information that will appear on the online national Register of Medical Practitioners. The Board is urging all medical practitioners to make sure the contact details held by their current State or Territory Board are accurate and up to date before 30 June 2010.

The Board made a range of decisions about this transitioning process. In general, medical practitioners will transition to the type of registration that matches their current registration. While the name of some registration categories will change, the Board has no intention to change any medical practitioner's scope of practice. Please check the registration type allocated to you in the April letter and provide feedback to AHPRA if there are any errors.

### Specialist register

To have the specialist register in place when the scheme starts, the Board agreed to use data from trusted sources to establish the register. State and Territory Boards with specialist registers, specialist colleges and Medicare will all be asked to provide data. Specialist colleges will be asked to provide lists of fellows and a list of international medical graduates (IMGs) who have been found to have qualifications that are substantially comparable to Australian qualifications and who have completed any additional requirements for eligibility for fellowship. Medicare Australia will be asked to provide lists of medical practitioners who are recognised as specialists. The Board agreed to include on the specialist register medical practitioners assessed by the Specialist Recognition Advisory Committees (SRACs) or the Overseas Specialist Advisory Committees (OSACs) as specialists.

Constructing the specialist register is a complicated process requiring data to be sourced, cleansed and de-duplicated. The April letter will include reference to specialist registration and medical practitioners are encouraged to check that the information that AHPRA proposes to enter about them on the specialist register is correct.

### Medical courses and specialist qualifications

The Board confirmed that the graduates of medical courses that are currently accredited by the Australian Medical Council (AMC) will continue to be accepted for provisional or general registration after 1 July 2010. Similarly, fellows of medical colleges that are currently accredited by the AMC will be accepted for specialist registration after 1 July 2010.

### Conditions, undertakings and reprimands on the Register

The National Law requires the Board to publish conditions imposed and undertakings accepted from medical practitioners on the Register of Medical Practitioners. However, the National Law also allows the Board to decide to not record a condition imposed or an undertaking accepted when the practitioner has an impairment, if it is necessary to protect the practitioner's privacy and there is not an overriding public interest for the condition or the details of the undertaking to be recorded.

The Board decided to not routinely publish the details of conditions imposed or undertakings accepted as a result of impairment. However, in the interests of transparency, the Board will place the statement that the practitioner has conditions related to their health on the register. There may be circumstances when the Board

will decide on a case-by-case basis to publish the details of some practice restrictions imposed due to impairment when there is an overriding public interest.

For the first time, the Board is required to publish on the Register when a reprimand has been issued to a practitioner. The Board decided that it will routinely remove reprimands from the registers after five years if there has been no other health, conduct or performance action against the practitioner during that period. This applies to reprimands issued after 1 July 2010.

### **Proof of identity**

The Board approved an approach for authenticating the identity of an individual who applies for registration. This approach relies on a 100-point check, consistent with the Attorney General's standard. It applies to all new applications for registration from 1 July 2010.

The Board will require applicants for limited registration to have their documents certified by a staff member of AHPRA or a nominated delegate. Applicants for other types of registration can have their documents certified by an Authorised Officer. A list of class of persons that are Authorised Officers will be published.

### **Registration standards**

The Board approved for consultation registration standards for limited registration for teaching and research and limited registration in the public interest. The draft statements will be published and stakeholders are encouraged to provide feedback to the Board.

### **Communications plan**

The Board recognises that as 1 July 2010 approaches, it is necessary to increase the communication with stakeholders. The Board approved a communications plan with the key features that include risk assessment and issues management, external communications, stakeholder engagement, government relations, media-management and consultation strategies.

### **Conclusion**

There is an increasing number of decisions that the Board needs to make as 1 July 2010 approaches. The Board acknowledges that the transition to the national scheme involves potential risk. Individual medical practitioners can help reduce this risk by reading the April letter from the Board carefully and making sure that all details are correct. As a preliminary step the Board encourages all registrants to ensure their contact details held by their existing State or Territory registration board are up to date.

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

**30 March 2010**