Communiqué

Tenth meeting of the Medical Board of Australia 28 July 2010

The Medical Board of Australia (the Board) is established under the *Health Practitioner Regulation National Law Act 2009.* All states and territories except Western Australia are now participating in the National Registration and Accreditation Scheme (the Scheme). Western Australia is expected to join the Scheme later in 2010. New South Wales has adopted a co-regulatory model and is participating in the national scheme in relation to registration but not in relation to notifications of health, conduct and performance issues.

This was the first meeting of the Board since it became responsible for regulating medical practice in most of Australia on 1 July 2010. The Board focused on issues that had arisen during the first four weeks of the National Registration and Accreditation Scheme (the Scheme) and on forward planning for 2010/2011.

Issues with implementation

The Board noted that there had been some difficulties in the transition to the new Scheme. This was not surprising given the scale of the task which involved:

- transferring 1.5 million practitioner records from more than 85 sources into a single integrated IT system
- migrating more than 500,000 health practitioners in 10 professions to a single national register
- new national legislation and new national systems
- more than 400 staff coming together into new state and national offices and becoming part of one single organisation, across seven states and territories The Australian Health Practitioner Regulation Agency (AHPRA) is responsible for providing the staff, infrastructure and services to enable the National Boards to meet their statutory responsibilities. Under the National Law, the Board does not employ staff or enter into contracts.

The major initial challenges for the Scheme have been in ensuring the accuracy of the national register, handling the volume of enquiries (2000 – 4000 calls daily) and implementing new registration requirements without causing unnecessary delay in processing applications.

AHPRA has put in place a range of strategies to improve the service it provides. These include:

- Improving the ability to respond to inquiries by:
    - increasing enquiries centre capacity to manage the large volume of calls
    - providing additional training to staff so they can respond to inquiries more effectively

    - regularly updating the website to provide information to match trends in inquiries

- Assuring the accuracy of the Register by:
    - validating information about practitioners whose registration is cancelled, suspended or conditional to ensure it has been transferred correctly
    - obtaining information from specialist colleges to populate the specialist register
    - asking individual registrants to check their entries and provide feedback if they find any errors
    - commissioning an independent validation of the data
- Implementing practical solutions to reduce any unnecessary delays in the processing of applications for registration

Registrations

The Board considered a range of registration-related matters.

Registration standard and guideline

The National Law requires that if the Board develops a registration standard or code or guideline, it must ensure that there is wide-ranging consultation. The Board had previously consulted on two documents:

1. Registration standard – granting general registration to medical practitioners in the standard pathway who hold an Australian Medical Council certificate and
2. Guideline – for supervised practice for limited registration.

The Board received around 20 submissions to the invitation to consult about these documents. These submissions were from organisations and individuals. The Board was particularly pleased that a number of international medical graduates provided feedback to the Board, based on their personal experiences.

The Board is grateful for the constructive feedback that it received. It took this into consideration and finalised these documents. It will submit the registration standard to the Ministerial Council for consideration and will publish the guideline shortly.

Review of the delegation of certain powers

The National Board has delegated all powers to deal with registration and management of notifications of individual practitioners to state and territory boards, their committees and AHPRA staff. The National Board's role is to develop registration standards, codes and guidelines and policies, and to handle matters related to accreditation and negotiating the Health Professions Agreement with AHPRA.

The Board reviewed some of the delegation of powers in response to feedback from senior AHPRA staff. The Board had delegated the power to grant limited registration to a committee of Board members, the "Registration Committee" in each State and Territory, or to the State or Territory Board. Limited registration is granted to international medical graduates (IMGs) who have not completed the requirements for general or specialist registration. The Board agreed to delegate the power to grant or renew limited registration in some specific, low risk circumstances to AHPRA. This is aimed at improving timeliness and the service that can be provided to registrants, employers and the communities in which the registrant will work.

Application for limited registration

The Board has developed, and the Ministerial Council has approved, registration standards for all types of limited registration. An application for limited registration requires the applicant to provide documentation to confirm proof of their identity, qualifications and that they meet other registration standards.

The Board has defined that limited registrants will be required to make a new application for registration if they are applying for a position that has:

- significantly less supervision and/or
- significantly less support and/or
- a significantly greater level of clinical responsibility.

The Board clarified that if an applicant for registration has previously provided documentation to AHPRA as part of the application process and the applicant/registrant has been registered continuously, they do not need to produce the same documentation in the new application for registration. That is, applicants will **not** need to provide documents that are already on file, including:

- proof of identity
- original degree
- details of internship
- certificates of good standing or registration status
- verification of application for primary source verification and
- English language test results.

These applicants **will** need to provide:

- A new completed application form
- Details of the role in which they will work (position description)
- etc

Primary Source Verification – New Zealand graduates

The Board requires that applicants for limited registration have primary source verification of their qualifications. This involves confirmation that the degree being presented is genuine and was conferred from the university or medical school as claimed.

At its last meeting, the Board determined that Australian graduates have primary source verification, directly from the university that conferred the medical degree. At this meeting, the Board confirmed that New Zealand graduates are also required to have primary source verification of their medical qualifications. AHPRA will arrange a mechanism to support this directly with New Zealand medical schools.

Forward planning

The Board refined its work plan for 2010/2011. This focuses on transitional and operational issues, reflecting that this is the first year that the Board will be responsible for regulating medical practice. The plan also focuses on communications; particularly with State and Territory Boards which have been delegated all the operational responsibilities of the National Board in relation to individual practitioners. The Board aims to establish reporting, communications and governance structures to ensure that it performs its legislative functions effectively.

Maintaining uniform processes and decision-making across all jurisdictions will be challenging. The Board is establishing processes to encourage interaction and sharing between states and territories.

These include regular teleconferences of the Chairs of State and Territory Boards and regular teleconferences of the Chairs of the various state-based committees such as the Registration Committees, Notifications Assessment Committees, Performance and Professional Standards Committees and Health Committees.

The Board also set up National Committees including a Finance Committee and Communications Committee.

Much of the work of the Board is likely to be reactive, as significant issues arise that need to be considered and managed to ensure the efficient and effective functioning of the Scheme but the Board will also need to be focused on its broader roles of protecting the public by ensuring high professional standards in medical practice in Australia.

Conclusion

Not unexpectedly, the start of the Scheme has been extremely busy and relatively turbulent in some aspects. Most medical practitioners have not been directly affected. Limited registrants, medical recruiters and the healthcare institutions that rely on limited registrants have experienced the greatest impact and AHPRA is working to resolve these difficulties.

This is a new phase in the life cycle of the Scheme. The state and territory boards, with the exception of the Medical Board of WA, no longer exist as independent entities. The medical profession in Australia is now regulated by the national board, through the state and territory boards as its committees. Apart from NSW and, until it joins the scheme, WA, each state and territory board will follow the same processes and have the same committee structure – a Notifications Assessment Committee to deal with the initial assessment of all new notifications, a Registration Committee, Professional Standards and Performance Committee and a Health Committee. For the first time, nearly all medical practitioners registered in Australia will have the same set of obligations and will be measured against the same professional standards. The Board's current work is now a balance of being responsive to issues that arise, developing structures and two-way communication channels with states and territories and forward planning.

As well as this communiqué, the Board will publish a regular update that will be sent to all registered medical practitioners. This will provide information on new registration standards, codes and guidelines and policies. It will also have an educational focus and will report on cases where there are lessons to be learned. The first edition will be sent to all medical practitioners by October.

Further information on the work of the Board can be found at www.medicalboard.gov.au.

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Chair, Medical Board of Australia

5 August 2010