



MEDICAL BOARD OF WESTERN AUSTRALIA

Unit 1, 8 Alvan Street, Subiaco, Western Australia 6008
PO Box 1437, Subiaco, Western Australia 6904
Telephone: + 61 8 6380 3500 Facsimile: + 61 8 9321 1744
Email : registrations@wa.medicalboard.com.au
Website: www.wa.medicalboard.com.au

Title:	Specialist Arrangements Submission
Attn:	Practitioner Regulation Subcommittee
Email:	nraip@dhs.vic.gov.au
From:	Pamela Malcolm CEO/Registrar
Date:	18 th February 2009
Re:	National Registration and Accreditation Scheme for the Health Professions - Consultation Paper - Proposed Arrangements for Specialists

The Medical Board of Western Australia (“the Board”) submits the following views for consideration:

Following consultation and review of submissions, it appears that there is a need to clarify the arrangements to apply to specialists in the regulated professions under the national scheme. These provisions would be included in second stage of legislation for the scheme, referred to as ‘Bill B’.

This paper has been prepared by the Practitioner Regulation Subcommittee of the Health Workforce Principal Committee of the Australian Health Ministers’ Advisory Council (AHMAC) on a no-prejudice basis. The views in this paper should not be considered as the determined views of governments.

Attachment A provides a proposal-by-proposal account of the arrangements included in the consultation papers currently in the public domain in the first column and additions and amendments that are suggested for consideration in the right hand column.

These additions and amendments can be summarised as follows:

Specialist endorsement

- a. Specialist endorsement should only be available for a profession where a profession-specific accreditation standard for specialist training in that profession has been approved by the Ministerial Council following recommendation by the relevant board and at least one training program has been approved by the board’s accreditation body or committee in accordance with those standards. The development of these standards will be undertaken by the accrediting body or committee.

Whilst it is acknowledged that the recommendation by the relevant Board is made to the Ministerial Council, it seems more appropriate that the Board should be the ultimate approving authority of the specialist endorsement and not the Ministerial Council. This is on the basis that the expertise lies with the Board (on advice from specialist colleges) and not with the Ministerial Council, in determining appropriate professional standards for specialist training.

b. For the purposes of transition, from 1 July 2010, initial registration of specialists in any profession will be by an endorsement on the public register subject to (a) above. In the absence of such a standard being in existence at the time of transition to the scheme, the registrant will only be granted general registration without specialist endorsement.

The proposition that there be only one general register for all health professionals is, in the Board's view problematic. The Western Australian Board and many other Boards currently have specialist registers. These are separate registers to the general register and the reasoning behind these registers relates both to public interest and accessibility to information; and to identification of specialists.

Should all health practitioners be listed in a single general register, specialists would be difficult to identify from that register. From the consumer perspective, determining whether a practitioner is for example, an obstetrician and gynaecologist or whether the practitioner is a general practitioner with a diploma in obstetrics and gynaecology would be very difficult. A specialist register would also be important for data collection purposes; and identification.

The possibility of a specialist register was raised with SMS at the recent BR workshop however it clearly was not an option yet considered.

Alternatively, if a separate specialist register is untenable, well defined identifiable flags on an endorsed register may assist.

Further, all qualifications on the register (whether by way of specialist register or endorsement on the general register) must be specialist qualifications (and training) approved by the accrediting bodies (AMC) and Australian medical colleges. Qualifications which do not satisfy such requirements must be excluded to ensure quality control of the information on the register and so as not to mislead the public. Dilution of the accreditation of specialties (and specialists) is fraught with risk, particularly when provided to the public sector with authority.

c. The Ministerial Council may issue guidance to boards in relation to criteria for the recognition of specialties under the scheme, including those specialties to apply from 1 July 2010. The national board will propose to the Ministerial Council for approval, the types of specialist endorsement that will be available from 1 July 2010 in accordance with any guidance provided by the Ministerial Council. The national board will also determine how the current registration status of registrants should translate to specialties that are recognised under the national scheme, either with or without specialist endorsement.

This proposal lacks any reference to the accrediting bodies and colleges which would be equipped with the expertise to issue guidance to Boards in relation to criteria for the recognition of specialties under the scheme. It is not clear why the Ministerial

Council should be issuing guidance to Boards in respect of this professional matter and it is clear that the Ministers could not form a view without advice from the accrediting bodies, colleges and the profession itself. It is not clear why the Ministerial Council should issue guidance to the Boards on specialist endorsement. The accrediting bodies and the professional colleges and Boards should be approached for advice.

d. Clarification that endorsements provided under the scheme will be approved or granted for registration purposes only. Registration decisions under the scheme are separate to any decision made outside of the scheme in relation to endorsements for the purposes of funding (eg Medicare) or employment (eg terms and conditions of employment by governments or hospitals). It is not intended to remove existing authorities conferred by States or Territories.

The Board agrees with this proposal.

e. Clarification that the power for boards to recommend (and the Ministerial Council to approve) qualifications for the purposes of specialist endorsement, relates to the standards of qualifications rather than specified qualifications.

It is unclear how the current registration status of registrants should translate to specialties under the national scheme. This statement is ambiguous and any specialist endorsement can only occur with verification of qualifications and experience. This proposal seems to suggest a general standard, as opposed to specific verification. Further explanation is required.

Verification of qualifications for the purpose of registration, is for the Board on consultation with the accrediting bodies and specialist colleges.

Continuing competence requirements

f. Any continuing competence standards for specialists in existence at 30 June 2010 will continue to apply with any proposed changes to these standards (or any new standards) to be developed by the board for approval by the Ministerial Council.

Competence standards are essential. Continuous professional development (does this mean “competence”?) should be determined by the Board in consultation with the accrediting bodies and colleges.

g. Minimum standards for continuing competence requirements for specialist endorsement must not be discipline specific (eg the minimum standards to apply in respect of medical practitioners with specialist endorsement would be the same standard across all disciplines or specialist medical colleges).

It is agreed that there should be a minimum standard for continuing competence for all specialists however whether this is possible in general sense (“not discipline specific”) is unclear. Further refer to (f) above.

h. Boards may request that accreditation bodies or committees develop these minimum standards and assess continuing competence programs against these standards.

This would be appropriate. The Board in consultation with the accrediting bodies should be responsible for any proposed changes to standards not the Ministerial Council.

Registration of specialists (including area of need specialists)

i. Boards must consider applications for registration from practitioners seeking to work in an area of need identified by a State or Territory government, where the applicant is not eligible for registration in any other category of registration. This provision will apply to all regulated professions. It is further proposed that boards may develop professional standards in respect of the registration requirements to apply to area of need registration to support a nationally-consistent approach.

There is already a national approach in place in respect of professional standards in respect of registration requirements to apply to an area of need registration. There is no separate registration category for area of need and any application for registration made under an area of need, needs to proceed down one of the national pathways.

Scope of practice

j. Where a board is proposing to recommend to the Ministerial Council, on a matter in which another board might reasonably have an interest, then that board should be required to consult with all other boards and in submitting for Ministerial approval, draw to the attention of the Ministerial Council any contrary views.

The Board agrees with this approach.

The Medical Board of Western Australia strongly advocates:

- 1) the use of a specialist register in addition to the general register;
- 2) the recognition of specialties through the appropriate accreditation bodies and colleges;
- 3) the approval of educational qualifications, requirements in respect of qualifications and accreditation be confined to the accrediting bodies and colleges; and
- 4) safety of the public .

Published at <http://www.nhwt.gov.au/natreg.asp>, release date 21 January 2009.

If you wish to provide comments on this paper, please lodge a written submission in electronic form, marked "Specialist Arrangements, Attention: Practitioner Regulation Subcommittee", at nraip@dhs.vic.gov.au by close of business on Friday, 13 February 2009. Please note that your submission will be placed on the website after the closing date for all submissions unless you indicate otherwise.

Proposals under the National Registration and Accreditation Scheme for the Health Professions in relation to specialists – December 2008

Proposal number	Initial proposal	Proposed amendments and additions
SPECIALIST ENDORSEMENT		
Registration arrangements consultation paper – proposal 10.1.1	<p>Given the framework set out in the IGA, it is proposed that the legislation include the following provisions:</p> <ol style="list-style-type: none"> a. A general power (in the part of the legislation which sets out the broad powers and functions of the national boards) for the national boards to recommend to the Ministerial Council specialties that should be recognised for their profession, and the qualifications that the responsible board considers should apply for the purposes of endorsement of registration in each recognised specialty. This would be in addition to the role of the national boards in recommending to the Ministerial Council approved qualifications for registration purposes. b. Powers for the Ministerial Council, following recommendation from a national board to: <ol style="list-style-type: none"> i. approve those professions for which specialist recognition will operate under the national scheme ii. approve the list of specialties against which those boards referred to above will approve suitably qualified registrants for endorsement of their registration iii. approve the qualifications required for endorsement in each approved specialty, and iv. approve changes, from time to time, to the list of recognised specialties for a regulated profession and the qualification requirements for specialist endorsement within an approved specialty. c. For those boards with a specialist endorsement function, the same powers as when dealing with an application for registration or renewal of registration, that is, powers to receive an application for endorsement of registration, require further information, require attendance at the board, refuse an endorsement or attach conditions to an endorsement, etc. Review rights would also apply. d. Offences for registered or unregistered persons who: <ol style="list-style-type: none"> i. use restricted titles listed in the legislation (for example, the titles of ‘medical specialist’, ‘surgeon’ or ‘dental specialist’) when they are not entitled to, or ii. hold themselves out as being registered and endorsed as a specialist under the legislation when they are not. 	<p>AMEND ‘qualifications’ to read ‘qualifications standards’ to clarify that the power for boards to recommend (and the Ministerial Council to approve) qualifications for the purposes of specialist endorsement, relates to the standards of qualifications rather than specified qualifications.</p> <p>The Board disagrees with this approach - see above.</p> <p>ADD: ‘It is further proposed that the Ministerial Council may issue guidance to boards in relation to criteria for the recognition of specialties, including those specialties to apply from 1 July 2010.’</p> <p>The Board does not agree with this approach - see above.</p> <p>It is further proposed that from 1 July 2010, specialist endorsement under the scheme should only be available where a profession specific accreditation standard for specialist training in that profession has been approved by the Ministerial Council following recommendation by the relevant board, and at least one training program is approved by the responsible board against those standards.’</p> <p>The Board does not agree with this approach - refer accrediting bodies and colleges.</p> <p><i>NOTE: the last paragraph in section 10.3 of the Registration Arrangements Consultation Paper proposes the</i></p>

		<p><i>endorsement process as a potential means of identifying practitioners with particular qualifications for the purposes of providing certain kinds of services that are otherwise restricted under the national legislation or under other legislative or administrative schemes, such as Medicare or PBS. This does not accurately represent the intent of this proposal. That is, endorsements provided under the scheme will be approved or granted for registration purposes only. Registration decisions under the scheme are separate to any decision made outside of the scheme in relation to endorsements for the purposes of funding (eg Medicare) or employment (eg salaries payable by State or Territory governments or hospitals).</i></p>
<p>Registration arrangements consultation paper – proposal 12.1</p>	<p>With respect to transition arrangements, it is proposed that transitional provisions provide for:</p> <ol style="list-style-type: none"> a. all persons who are registered on 30 June 2010 in one or more of the ten regulated health professions be automatically deemed to be registered under the new national scheme on 1 July 2010, on the register or division of the register specified in the transition provisions, and for the term specified in their registration renewal b. all persons who have endorsements on their registration of a type available under the national scheme on 30 June 2010 be deemed to have endorsement of that type under the national scheme from 1 July 2010 c. all persons who have conditions imposed on their registration or endorsement of registration on 30 June 2010 in one jurisdiction be automatically deemed to have the same conditions imposed on their registration or endorsement of registration from 1 July 2010 d. where there are disparities between the types of registration or endorsements available under the national scheme and those conferred by existing State and Territory legislation, wherever possible registrants be migrated across to the national scheme with the widest possible scope of practice that is consistent with public safety. They would then be expected to practice within their competence, with conditions imposed only if it is considered necessary to limit their practice in order to protect the public e. where a practitioner is registered in more than one jurisdiction and these registrations expire at different dates, then they be automatically deemed to be registered through until the latest date of registration that applies, unless they have conditions placed on their registration, in which case, they will be deemed to be registered through until the first expiration date that applies, and f. if a practitioner holds or has held multiple registrations and has been either deregistered in one jurisdiction, or has not renewed in a jurisdiction where an investigation or disciplinary process was not finalised, then they not be automatically 	<p>ADD: It is further proposed that for the purposes of transition, from 1 July 2010, initial registration of specialists in any profession will be by an endorsement on the public register and subject to the practitioner having met the requirements of a training program of the kind outlined in proposal 10.1.1. In the absence of such a standard (or recognised specialty) being in existence at the time of transition to the scheme, the registrant will only be granted general registration without specialist endorsement.</p> <p>The Board does not agree with this approach - see above.</p>

	'deemed' to be registered from 1 July 2010 and will be required to make a fresh application for registration with an expeditious process required.	
Accreditation arrangements consultation paper – proposal 3.4.1	It is proposed that in preparation for commencement of the national scheme, national boards will consider whether there is a need for specialist endorsements in their profession.	NONE
Accreditation arrangements consultation paper – proposal 3.4.2	In the case of the medical profession, it is proposed that the national board take advice from the Australian Medical Council on the list of specialties and associated specialist qualifications, against which the board could endorse individual registrants as specialists.	NONE
Accreditation arrangements consultation paper – proposal 3.4.3	It is proposed that in line with the IGA the national scheme legislation will provide that while boards may approve the initial list of specialties, any new specialties or specialty areas of practice will require Ministerial Council approval.	<p>DELETE 3.4.3 Do not delete 3.4.3</p> <p>INSERT: 'It is proposed that the national boards will recommend to the Ministerial Council for approval the types of specialist endorsement that will be available from 1 July 2010 drawing on any guidance issued by the Ministerial Council. The national board will also determine how the current registration status of individual registrants should translate to registration under the new scheme, including to specialties that are recognised under the national scheme. The Board does not agree with this approach.</p> <p>It is further proposed that in line with the IGA the national scheme legislation will provide that any new specialties or specialty areas of practice will require Ministerial Council approval. Where a board is proposing to recommend to the Ministerial Council, a change to scope of practice or a new endorsement for a regulated profession, the board should be required to consult with all other boards. Where other boards hold contrary views, these must be drawn to the attention of the Ministerial Council.' The Board agrees with this approach.</p>

CONTINUING COMPETENCE AND/OR CONTINUING PROFESSIONAL DEVELOPMENT REQUIREMENTS

<p>Registration arrangements consultation paper – proposal 9.2.1</p>	<p>With respect to ensuring continuing practitioner competence, it is proposed that the legislation require the boards to establish requirements within each profession for registrants to demonstrate continuing competence at the time of annual renewal, with the scheme to be implemented for each profession on 1 July 2010. Since continuing competence would be a condition of registration renewal, requirements would apply to all registered health professionals, regardless of whether they work in public or private settings, and are employees or self-employed.</p>	<p>ADD: It is further proposed that boards may determine that current continuing competence or continuing professional development requirements be the requirement to be met by registrants from 1 July 2010 in order to demonstrate continuing competence at the time of annual renewal, if these requirements are in place at the national level in a profession at 30 June 2010. These arrangements should provide boards with the discretion to accept different continuing competence arrangements for different sub-groups within a profession.</p> <p>See above.</p>
<p>Registration arrangements consultation paper – proposal 9.2.2</p>	<p>It is proposed that the legislation enable the national boards to:</p> <ol style="list-style-type: none"> a. develop and publish minimum standards (approved by the Ministerial Council) for: <ol style="list-style-type: none"> i. the continuing competence requirements that registrants must meet in order to renew their registration in a regulated profession, and ii. the requirements that any accreditation/certification/performance appraisal scheme must meet in order for registrants who participate to be able to satisfy the board’s continuing competence requirements b. oversee a system of approval of various accreditation/certification/performance appraisal providers or schemes, or approve an external body or bodies to ensure these schemes meet the board’s standards c. refuse to renew the registration of a practitioner on any ground on which the board might refuse to grant registration (see section 6.4 of this paper), and on grounds that the registrant has not met the responsible board’s continuing competence requirements and therefore has not demonstrated, to the satisfaction of the board, that they are competent to practise in the regulated profession, and d. impose conditions on registration at renewal in the same way conditions may be imposed at first registration, including with respect to those registrants who have not met the continuing competence requirements of the board. 	<p>ADD: It is further proposed that from 1 July 2010 renewal of registration will, as for all other practitioners covered by the scheme, depend on a practitioner with a specialist endorsement meeting the requirements for continuing competence approved by the relevant board. Under these arrangements:</p> <ol style="list-style-type: none"> a. any continuing competence standards for specialists in existence at 30 June 2010 will continue to apply with any proposed changes to these standards (or any new standards) to be developed by the board for approval by the Ministerial Council b. minimum standards for continuing competence requirements for specialist endorsement must be profession (but not discipline) specific (eg the minimum standards to apply in respect of medical practitioners with specialist endorsement would be the same standard across all disciplines or specialist medical colleges, with the actual programs assessed against those standards), and c. boards may request that accreditation bodies or committees develop these minimum standards and assess continuing competence programs against these standards. <p><i>Note: This proposal aims to make a clear distinction between the standards for accreditation of specialist programs for registration purposes (such as training programs or continuing competence programs applicable to all specialists in a profession), to which this proposal relates, and the accreditation of particular programs (such as those provided by the specialist medical colleges or individual education providers). That is, the accreditation of individual education providers against the accreditation standard is part of the accreditation function.</i></p> <p>Refer above. However it is not clear why the Ministerial Council need be involved..</p>

PROTECTION OF SPECIALIST TITLES		
Registration arrangements consultation paper – proposal 10.1.3	<p>With respect to protection of specialist titles, it is proposed that:</p> <ul style="list-style-type: none"> • for registered medical practitioners: <ul style="list-style-type: none"> - those with specialist endorsement from the Medical Board of Australia be authorised to use the title ‘medical specialist’, and - there be an offence for a person who is not a registered medical practitioner with endorsement as a specialist to hold themselves out as a medical specialist • for registered dentists: <ul style="list-style-type: none"> - those endorsed as dental specialists by the Dental Board of Australia be authorised to use the title ‘dental specialist’, and - there be an offence for a person who is not a registered dentist with endorsement as a specialist to hold themselves out as a dental specialist • for registered podiatrists: <ul style="list-style-type: none"> there be an offence for a person who is not a registered podiatrist with endorsement as a podiatric surgeon to hold themselves out as a podiatric specialist. 	NONE
Registration arrangements consultation paper – proposal 10.2.1	To give effect to this, it is proposed that the national legislation make provision for a prescribing endorsement for those boards that regulate the nursing and allied health professions. This will link to various authorities conferred on identified practitioners under State and Territory drugs and poisons legislation.	NONE
REGISTRATION OF SPECIALISTS (INCLUDING AREA OF NEED SPECIALISTS)		
Registration arrangements consultation paper – proposal 7.1	<p>It is proposed that the legislation enable a national board to grant any one of a number of different types of registration, depending on the circumstances of the applicant, and to impose conditions on a grant of registration. The proposed types and sub-types of registration are set out in APPENDIX 1.</p> <p>While the labels vary, most jurisdictions provide in some legislative form for the sub-types of registration listed under specific registration.</p>	<p>AMEND: See Appendix 1 to this paper</p> <p>The Board generally agrees with this approach and makes further comment in Appendix 1.</p>

Reg 1	<i>Proposal Reg 1 is a new proposal relating to Area of Need arrangements</i>	<p>ADD: 'It is proposed that boards must consider applications for registration from practitioners seeking to work in an area of need identified by a State or Territory government, where the applicant is not eligible for registration in any other category of registration. This provision will apply to all regulated professions. It is further proposed that boards may develop professional standards in respect of the registration requirements to apply to area of need registration to support a nationally consistent approach.'</p> <p>The Board agrees with this approach.</p>
SCOPE OF PRACTICE		
Registration arrangements consultation paper – proposal 10.3.1	<p>It is proposed that the national legislation make provision for a mechanism through which a board may identify a sub-group of practitioners within the profession who have specific training and are considered qualified to deliver a particular type of service that they would otherwise be prevented by law from delivering.</p> <p>In order to give effect to this, it is proposed that the legislation include provisions that:</p> <ol style="list-style-type: none"> a. empower a responsible board to endorse a registrant whom it considers qualified to practice in an 'approved area of practice', and to impose any conditions on an endorsement b. empower the Ministerial Council, on application from a responsible board, to approve an 'area of practice' for the purposes of endorsement of registration and, at any time, to amend, vary or revoke a notice approving an area of practice c. require the responsible board to publish a list of 'approved areas of practice' on its website and in a publication circulated to registrants regulated by the board, and d. set out the powers of boards with respect to applications for endorsement qualifications required for endorsement and powers to refuse an endorsement (in a similar manner to those provisions relating to applications, qualifications for and refusal of registration). 	<p>ADD: Where a board is proposing to recommend to the Ministerial Council, on a matter in which another board might reasonably have an interest, then that board should be required to consult with all other boards and in submitting for Ministerial approval, draw to the attention of the Ministerial Council any contrary views.</p> <p>The Board is concerned with this proposal and the potential impact on public safety. It does however agree that consultation in such circumstances would be mandatory. A process of much greater debate on such issues is vital.</p>

Proposal number	Initial proposal	Proposed amendments and additions
<p>Registration arrangements consultation paper – proposals 7.1 & 7.2</p>	<p>General registration Applicants who hold approved qualifications (and have met any other requirements set by the responsible board). This category would include practitioners who hold approved specialist qualifications in addition to their approved general qualifications, and therefore hold a specialist endorsement on their general registration.</p> <p>Specific registration Applicants who do not qualify for general registration. This type of registration would entitle a registrant to practice, subject to a specified form of restriction. The following sub-types of specific registration would apply:</p> <p>a. Provisional – to allow an applicant to undertake an internship or other period of supervised clinical practice, following graduation from an approved course of study.</p> <p>b. Area of need – to allow an applicant to work in an area of unmet need.</p> <p>c. Post-graduate supervised practice or training – to allow an applicant to be registered on a temporary basis to undertake a period of post-graduate training approved by the responsible board.</p> <p>d. Examination candidates – to allow an applicant to undertake training in preparation for an examination approved by the responsible board.</p>	<p>DELETE: Proposal 7.1</p> <p>The Board agrees with this approach.</p> <p>INSERT: 'It is proposed that the legislation make provision for a board to grant registration under separate heads of power, reflecting the following schema:</p> <ul style="list-style-type: none"> • General registration • Provisional registration • Limited registration <ul style="list-style-type: none"> ○ Post-graduate training ○ Teaching or research ○ Area of need ○ Specialist practice ○ Public interest • Student registration • Non-practising registration <p>The Board agrees with this approach and makes a further suggestion based on categories of registration in WA and other states.</p> <p>Provisional registration in WA (called interim registration in NSW, Vic, Tas) for up to three months allows a practitioner to commence work (obtain a Medicare Provider number) prior to their application being formally ratified by the board. Therefore, a category called “Interim registration” is also suggested.</p> <p><i>General registration:</i> It is proposed that the legislation provide powers for a board to grant general registration to an applicant who holds approved qualifications (and has met any other requirements set by the responsible board). This type of registration would be available to practitioners who hold approved specialist qualifications in addition to their approved primary qualifications, and therefore are granted a specialist endorsement on their general registration.</p> <p>The Board agrees with this approach.</p>

- e. **Teaching or research** – to allow an applicant to fill a teaching or research position approved by the responsible board.
- f. **Recognised specialist qualifications and experience** – to allow an applicant with approved specialist qualifications to practise in the specialty.
- g. **Internationally trained specialists** – to allow an applicant with “specialist” qualifications that are not approved to undergo further training in that specialty.
- h. **Temporary registration in the public interest** – to allow an applicant without approved qualifications to be registered for a limited period if the responsible board considers it is in the public interest.

Provisional registration: It is proposed that the legislation provide powers for a board to grant provisional registration to a person who holds approved qualifications, to undertake an approved period of internship or supervised practice that qualifies the applicant for general registration.

The Board agrees with this approach.

Limited registration: It is proposed that the legislation provide powers for a board to grant limited registration to a person who holds relevant qualifications in the regulated health profession but those qualifications are not approved by the responsible board for general registration purposes. The legislation would empower boards to grant limited registration, subject to a condition or conditions (for example, time limits, limits on geographic location of practice, employment position or supervision arrangements, limits on scope of practice). The legislation would provide for heads of power to grant limited registration as set out below:

- *Specialist practice* – a grant of registration to enable the person to practise independently in a specialty, if the responsible board is satisfied that the person has approved specialist qualifications and training in an approved specialty.
- *Post-graduate training* – a grant of registration on a temporary basis to enable the person to undertake a period of postgraduate training or practice approved by the responsible board, or in order to prepare to sit a board approved assessment or examination.
- *Area of need* – a grant of registration to enable the person to work in a designated area of unmet need, if the responsible board is satisfied that the person has suitable qualifications and experience to practise in the regulated health profession in that area of need.
- *Teaching or research* – a grant of registration to enable the person to fill a teaching or research position related to the regulated health profession, if the responsible board is satisfied the person has the qualifications necessary.
- *Public interest* – a grant of registration to enable the person to practise for a limited period or with a limited scope of practice if the responsible board is satisfied that it is in the public interest for a person to practise with those qualifications and training.

The Board agrees with this approach.

It is proposed that ‘area of need’ registration be available as a type of registration that may be granted by any of the registration boards. However, it is intended that the legislation make provision for the responsible Minister in each participating jurisdiction to have the power to ‘designate’ a particular geographic area as an ‘area of need’ with respect to the services of a particular regulated profession. The legislation should provide that a grant of this type of registration carry a condition that the registrant work in only the identified employment position in the designated area of need.

The Board agrees with this approach as long as an existing pathway is followed.

It is proposed that these types of registration be mutually exclusive, that is, an individual would not hold more than one type of registration at any one time, unless they were registered in more than one regulated profession, or in more than one division of a register, for example, as both a midwife and a nurse, or as a dental therapist and dental hygienist.

		<p>The Board agrees with this approach.</p> <p>In addition to conditions imposed at registration by virtue of the type of registration granted, it is proposed that the legislation make provision for other types of conditions to be imposed on a practitioner's registration at first registration, or at renewal of registration, as well as at any time during the period of registration. Conditions also might be placed on registration following a process – such as performance, health or conduct management processes.'</p> <p>The Board agrees with this approach.</p> <p>The categories of Student and Non-Practicing Registration may be included in addition to those categories presented above.</p> <p>The Board agrees with this approach.</p>
--	--	---