

Ref: rm.aj

29 October 2008

Ms Bronwyn Nardi  
Chair  
Practitioner Regulation Subcommittee  
Of the Health Workforce Principal Committee  
[NRAIP@dhs.vic.gov.au](mailto:NRAIP@dhs.vic.gov.au)

Dear Ms Nardi

***Re: National Registration and Accreditation Scheme***

The Medical Practitioners Board of Victoria is pleased to be offered an invitation to respond and offer comment on the Proposed Registration Arrangements. The MPBV's comments are attached.

Yours sincerely

Richard Mullaly  
Chief Executive Officer  
Medical Practitioners Board of Victoria



**NATIONAL REGISTRATION AND ACCREDITATION SCHEME  
FOR THE HEALTH PROFESSIONS**

**Response from the Medical Practitioners Board of Victoria  
to the Consultation Paper on**

**Proposed Registration Arrangements**

**29 October, 2008**

The Medical Practitioners Board of Victoria is a statutory authority established to protect the community and guide the medical profession.

The Board registers doctors, investigates complaints about doctors, monitors the health of doctors who are ill and may be unfit to practise medicine, and develops guidelines for the profession.

The Medical Practitioners Board of Victoria is pleased to be offered an invitation to respond and offer comment on matters covered by the Health Workforce Principal Committee (Practitioner Regulation Subcommittee) paper on "*Proposed Registration Arrangements*" under a National Registration and Accreditation Scheme.

Board Members and the senior management staff of the Board have given careful consideration to the consultation paper and below are the Board's thoughts and responses to the consultation paper.

## **2. PRINCIPLES AND APPROACH**

### ***Proposal 2.1***

The Medical Practitioners Board of Victoria (the Board) supports this proposal

## **3. REGULATED PROFESSIONS**

### ***Table 1***

The Board supports the contents of this table as it relates to the Medical Board of Australia.

## **4. INITIAL REGISTRATION**

### **4.1 Applications for registration**

#### ***Proposal 4.1.1***

The Board supports the proposal that applications for registration must be made to the responsible Board and must be in a form approved by the Board but not prescribed by legislation. There should be national consistency with respect to the application format. Every effort should be made to develop an online application process.

### **4.2 Information required on initial application**

#### ***Proposal 4.2.1***

The Board believes that the national boards need to have the power to obtain, in addition to the information listed in this proposal, information that relates to action taken by a health profession regulation authority because of concerns about an applicant's professional performance or health i.e. not just disciplinary (conduct) history. For example, the national boards need to have the power to require an applicant to disclose whether he/she has ever been prohibited from practising as a health practitioner or had conditions, limitations, or restrictions placed on his/her registration by, or given an undertaking to, a health profession regulation authority.

### **4.3 Criminal history checks**

#### ***Proposal 4.3.1***

The Board supports option 4 but recommends that it be modified so as to impose self-declaration obligations on registrants as per option 3 i.e. :

*'... self-declaration obligations imposed on registrants both at annual renewal and during the registration period' (refer option 3).*

The Board believes that responsibility for criminal history checks should rest primarily with an employer. For self-employed practitioners other legislation adequately addresses this requirement.

## **5. QUALIFICATIONS FOR REGISTRATION**

### ***Proposal 5.1***

the Board supports flexibility to be able to determine the combination of qualifications, experience and examination required for registration. The Board does not support legislative prescription of requirements.

### ***Proposal 5.2***

The Board believes it is important to be able to consider substantially equivalent qualifications from other countries for the purpose of registration and supports this proposal.

### ***Proposal 5.3***

The Board believes that 'approved' qualifications for the purpose of registration should not be prescribed in regulation and supports this proposal.

## **6. REGISTRATION DECISIONS**

### **6.1 Powers of Boards**

***Proposal 6.1.1***

The Board supports this proposal and suggests that under point ‘c’ examples such as ‘criminal history and character matters’ should be included for clarity.

***Proposal 6.1.2***

The Board supports the term ‘health assessment’ for use in the legislation.

**6.2 Who makes registration decisions?**

***Proposal 6.2.1***

The Board supports the proposed committee structure to allow decision-making on registration applications (both routine and non-routine applications) to occur at the State and Territory level and makes the following additional points:

- the committee chairperson should be a registrant who is currently practising;
- the committee should include at least one other registered and practising registrant;
- the lawyer could be a member of staff, appropriately qualified, appointed to the committee;

Re point c: The Board believes the sitting fees and allowances approved by the Ministerial Council should adequately reflect the quantum of work required to read and prepare for work done on the Registration Committee.

***Proposal 6.2.2***

The Board strongly supports this proposal i.e. the Board agrees that in order to be able to effectively manage the day to day registration functions, it is imperative that a responsible Board has the power to delegate its registration powers and functions under the legislation to a member of a committee or person employed by the National Agency (but with the exclusions as listed in a – e in the proposal).

**6.3 Professional indemnity insurance**

***Proposal 6.3.1***

The Board supports this proposal.

***Proposal 6.3.2***

The Board supports this proposal.

**6.4 Powers to refuse to grant registration**

***Proposal 6.4.1***

The Board supports this proposal with specification of a two year recency of practice time limit (refer point ‘g’ in proposal).

***Proposal 6.4.2***

The Board supports this proposal.

**6.5 Refusal process**

***Proposal 6.5.1***

The Board supports this proposal.

***Proposal 6.5.1***

The Board supports this proposal.

**6.6 Rights of review of registration decisions**

***Proposal 6.6.1***

The Board supports this proposal.

**7. TYPES OF REGISTRATION GRANTED**

The Board notes that the term ‘general’ is linked with undergraduate qualifications (refer 7.1 General Registration) and believes this should be broadened to include ‘postgraduate’ qualifications in order to better reflect current and developing medical course structures.

### ***Proposal 7.1***

The Board supports this proposal to enable the granting of different types of registration depending on the circumstances of the applicant but makes the following additional recommendations:

- consideration be given to establishing ‘provisional registration’ as a separate category in its own right;
- consideration be given to registering practitioners with ‘recognised specialist qualifications’ (currently category ‘f’ in specific registration) as general registrants with restriction of practice to their specialty qualification;
- clarification of the term ‘temporary’ used in some categories of specific registration;
- in light of nationally consistent pathways to registration that were introduced for medical practitioners in July 2008 the separate categories ‘post-graduate supervised practice or training’ (‘c’) and ‘examination candidates’ (‘d’) may no longer be necessary and should amalgamated. It may also be appropriate to include the category ‘internationally trained specialists’ (‘g’) in an amalgamation.
- the category ‘Temporary registration in the public interest’ be further articulated to ensure it adequately reflects the various categories of registrant who might be eligible for this category. An alternative approach might be to create separate categories of registration that could address the range of registration requirements currently proposed for this category. Examples of the types of registration are:
  - short term registration to support a visiting sporting team
  - short term registration to demonstrate a medical procedure
  - temporary registration to address a specific workforce shortage.

### **7.2 Specific registration**

The Board supports this category of registration and further, suggests that consideration be given to specifying time limited registration in the category (e.g. five years).

### **7.3 Non-practising registration**

#### ***Proposal 7.3.1***

The Board believes the option to include legislative capacity for boards to adopt a ‘non-practising’ category of registration is important and supports the proposal.

#### ***Proposal 7.3.2***

The Board supports this proposal and comments that it is important to clearly articulate the limitations of the category of registration to ensure the concept of non-practising is clear and unambiguous. The Board also recommends a form of language that is not overly punitive for a first offence, preferring instead a clear definition and provision for a reminder and ‘first offence’ strategy.

### **7.4 Student registration**

#### ***Proposal 7.4.1***

The Board supports this proposal with option 2.

### **7.5 Corporate registration**

#### ***Proposal 7.5***

The Board supports the proposal that the legislation has *no* provision for registration of corporations.

## **8. AUTHORITIES CONFERRED BY REGISTRATION**

### **8.1 Title protection**

***Proposal 8.1.1***

The Board supports this proposal.

The Board has no comments on Clauses 8.2 – 8.5 and the proposals contained therein.

**9. RENEWAL OF REGISTRATION AND CONTINUING COMPETENCE**

**9.2 Continuing competence requirements**

***Proposal 9.2.1***

The Board supports the concept of requiring registrants to demonstrate continuing competence but makes the following comments:

- vocational (professional) colleges, with oversight by an organisation such as the Australian Medical Council if appropriate, should assume a lead role in this regard;
- there needs to be sufficient flexibility in the first instance to ensure appropriate timeframes within which boards can develop a framework for implementation;
- recertification and competence concepts need to be clearly articulated and separated;
- while the Board supports the concept of linking competence to annual renewal of registration it does not believe that this should be prescribed in the legislation, rather it should remain a function of the relevant board.

***Proposal 9.2.2***

The Board supports this proposal with the qualification as noted above under proposal 9.2.1.

**9.3 Annual reporting obligations on registrants**

***Proposal 9.3.1***

The Board supports this proposal but recommends the term ‘professional negligence’ in place of ‘medical negligence’ (refer point c, and again in proposal 9.4.3). The Board recommends that consideration be given to the concept of employer responsibility to notify the relevant board when there has been a withdrawal of, or restriction of clinical privileges. Similarly, the Board recommends that consideration be given to a requirement that a Court notify the responsible Board if a registered health practitioner is convicted of an offence punishable by 12 months imprisonment or more.

**9.4 Monitoring professional competence**

***Proposal 9.4.1***

The Board supports this proposal.

***Proposal 9.4.2***

The Board supports this proposal.

***Proposal 9.4.3***

The Board supports this proposal.

**10. ENDORSEMENT OF REGISTRATION**

**10.1 Specialist endorsement**

***Proposal 10.1.1***

The Board supports this proposal.

***Proposal 10.1.3***

The Board supports this proposal but with amendment of ‘medical specialist’ to a more specific description: ‘specialist < specialty name>’ (e.g. specialist anaesthetist).

**10.3 Other endorsements on registration**

***Proposal 10.3.1***

The Board supports this proposal with respect to ‘registered medical practitioners’.

## **11. OTHER MATTERS**

### **11.1 Duration of registration**

#### ***Proposal 11.1.1***

The Board supports a grant or registration for a period up to 12 month that is subject to annual renewal. The Board does not support a staggered renewal cycle and strongly advocates the following based on extensive experience in the operational issues relating to registration of large numbers (in excess of 15,000) of medical practitioners, medical students and interns:

- a fixed annual registration period for all general registration and for specific registration in the category ‘recognised specialist’; (the Board proposes this position based on experience. Fixed annual registration will address issues of quality and safety that are closely linked to health services’ practices, and which, in the Board’s view, will reduce the risk of unregistered practice. Staggered registration will be effectively unworkable in the registration of medical (and nursing) professionals due to the volume of registrations coupled with a deeming period:
- a flexible (staggered) registration period up to 12 months for all specific registration (excluding the recognised specialist category noted above), renewable by the expiry date of the original grant of registration; and
- flexibility to be able to make a grant of up to 15 months provisional registration that will accommodate the unique circumstances attached to the transition from student to intern to general registration in medical practice.

### **11.2 Registration certificates**

#### ***Proposal 11.2.1***

The Board supports this proposal.

#### ***Proposal 11.2.2***

The Board supports this proposal.

#### ***Proposal 11.2.3***

The Board supports this proposal.

#### ***Proposal 11.2.4***

The Board supports this proposal but amended to require a notification period of 14 days (as distinct from 28 days) with the ability to impose a penalty for non compliance.

#### ***Proposal 11.2.5***

The Board supports a requirement to provide a single practice address in each state within which the registrant is practising. The Board does not hold the view that failure to provide all practice addresses at which the registrant might practise, would constitute a failure to protect the public. For the medical profession, the provision of all practice addresses would be complex and bordering on unworkable in some circumstances.

### **11.3 Failure to renew**

#### ***Proposal 11.3.1***

The Board supports a ‘grace’ period of 28 days after expiry of the due date for renewal of registration for the registrant’s name to remain on the register. The Board supports removal of a registrant’s name from the register after the expiry of the ‘grace’ period.

### **11.4 Reinstatement to the register**

*Proposal 11.4.1*

The Board supports this proposal.

**11.5 Removal from the register**

*Proposal 11.5.1*

The Board supports this proposal.

**12. TRANSITION ARRANGEMENTS**

*Proposal 12.1*

The Board supports this proposal.