

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

**CONSULTATION PAPER**

**Proposed Registration Arrangements**

Issued by the Practitioner Regulation Subcommittee  
Health Workforce Principal Committee  
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## **CONTENTS**

- 1. Introduction**
  - 1.1 Overview of the National Scheme**
  - 1.2 How to have your say**
- 2. Principles and approach**
- 3. Regulated professions**
- 4. Initial registration applications**
- 5. Qualifications for registration**
- 6. Registration decisions**
  - 6.1 Board powers before deciding applications for registration**
  - 6.2 Who makes registration decisions**
  - 6.3 Professional indemnity insurance requirements**
  - 6.4 Board powers to refuse to grant registration**
  - 6.5 Refusal process**
  - 6.6 Rights of review of registration decisions**
- 7. Types of registration granted**
  - 7.1 General registration**
  - 7.2 Specific registration**
  - 7.3 Non-practising registration**
  - 7.4 Student registration**
  - 7.5 Corporate registration**
- 8. Authorities conferred by registration**
  - 8.1 Title protection**
  - 8.2 Practice protection**
  - 8.3 Dentistry practice restrictions**
  - 8.4 Optometry practice restrictions**
  - 8.5 Restrictions on spinal manipulation**
- 9. Renewal of registration**
  - 9.1 Background**
  - 9.2 Continuing competence requirements**
  - 9.3 Annual reporting obligations on registrants**
  - 9.4 Monitoring the professional competence of registrants**
- 10. Endorsements on registration**
  - 10.1 Specialist endorsement**
  - 10.2 Endorsement as qualified to prescribe scheduled medicines**
  - 10.3 Other endorsements on registration**

**11. Other matters**

- 11.1 Duration of registration**
- 11.2 Certification of registration**
- 11.3 Failure to renew**
- 11.4 Reinstatement to the register**
- 11.5 Removal from the register**

**12. Transition arrangements**

**ATTACHMENTS**

**ATTACHMENT 1: PROFESSIONAL INDEMNITY INSURANCE ARRANGEMENTS BY JURISDICTION**

**ATTACHMENT 2: REVIEW OF REGISTRATION DECISIONS BY JURISDICTION**

**ATTACHMENT 3: TYPES OF REGISTRATION BY JURISDICTION**

**ATTACHMENT 4: DEFINITIONS AND PRACTICE RESTRICTIONS FOR DENTISTRY BY JURISDICTION**

**ATTACHMENT 5: DEFINITIONS AND PRACTICE RESTRICTIONS FOR OPTOMETRY BY JURISDICTION**

**ATTACHMENT 6: REGISTRATION MECHANISMS FOR ENSURING PRACTITIONER COMPETENCE BY JURISDICTION**

## 1. Introduction

This paper is the first in a series of consultation papers on matters that will require decision from governments in order to prepare the second stage of national legislation to establish the National Registration and Accreditation Scheme for the Health Professions.

The paper addresses policy with respect to the proposed registration arrangements. Further papers will be released at a later date that address proposed arrangements with respect to:

- Accreditation and examinations
- Complaints and discipline
- Privacy and information sharing
- Other matters.

### 1.1 Overview of the Implementation of the National Scheme

The new scheme was agreed by the Council of Australian Governments (COAG) at its meeting on 26 March 2008. On this date COAG signed the Intergovernmental Agreement (IGA) for a National Registration and Accreditation Scheme for the Health Professions. The IGA can be downloaded from the following website: [www.nhwt.gov.au/natreg.asp](http://www.nhwt.gov.au/natreg.asp).

To implement the scheme, national legislation will be introduced in the Queensland Parliament in two stages. The first stage will cover those aspects of the IGA that address the structural elements of the scheme, and will be introduced in the Queensland Parliament in October 2008.

The second stage, to be introduced in the Queensland Parliament in August 2009, will cover matters where further work and discussion is required beyond the terms of the IGA. These include:

- registration arrangements
- accreditation arrangements
- complaints and discipline arrangements
- privacy and information sharing arrangements, and
- other matters.

Health Ministers have announced a process to ensure that professions, consumers, registration boards and education providers, as well as members of the general public, have the opportunity to contribute to the implementation of the new scheme.

Ministers will use as their guiding principles in developing the legislation and the scheme that the safety of the public is paramount, that high quality health care must be protected and advanced and that governments should be accountable and processes transparent.

Ministers have given a commitment that consultation papers on key issues will be made available, with the opportunity for anyone to provide a submission if they wish. All submissions will be due before the end of 2008 with different dates for different topics. In the case of two main topics, complaints and discipline arrangements and privacy and information sharing arrangements, two national public consultation meetings will be held, one in October and one in November 2008.

When the feedback and submissions have been analysed, Ministers will develop a final set of proposals for the overall policy directions for the second piece of legislation. These proposals will also be made available for comment. A national forum and State and Territory forums will be held in March 2009 to discuss the proposals. Further submissions will be accepted at this time, prior to finalisation of the details of the scheme and preparation of further legislation.

The project website [www.nhwt.gov.au/natreg.asp](http://www.nhwt.gov.au/natreg.asp) will carry all consultation papers as they are issued on the new scheme and the implementation process.

## 1.2 How to have your say

As described above, this paper is the first in a series of consultation papers on matters that will require decisions from governments, to develop the second stage of legislation governing the national scheme.

The paper presents a number of proposals, some with alternative options, regarding the registration arrangements for the new scheme. Governments are seeking comments and submissions from interested parties, particularly on those proposals highlighted in boxes within the text, prior to finalising their decisions on national laws to regulate the scheme.

**If you wish to provide comments on this paper, please lodge a written submission in electronic form, marked “Registration Arrangements Submission, Attention: Practitioner Regulation Subcommittee”, at [nraip@dhs.vic.gov.au](mailto:nraip@dhs.vic.gov.au) by close of business on Wednesday, 29 October 2008. Please note that your submission will be placed on the website after the closing date for all submissions unless you indicate otherwise.**

## 2. Principles and approach

**Proposal 2.1:** It is proposed that the registration provisions be framed in a way that:

- a. reflects the wording and intent of the IGA
- b. builds on the best aspects of State and Territory schemes, rather than the lowest common denominator or replicating one existing registration scheme, and facilitates a smooth transition to the national arrangements
- c. enables a robust system that is designed to protect the public
- d. is the least restrictive law necessary to achieve the policy objectives, and includes legislated restrictions on practice only where the benefits to the community as a whole outweigh the costs, and there is no other more responsive method of achieving these benefits, and
- e. facilitates the transparent, accountable, efficient, effective and fair operation of the scheme.

In order to move from multiple profession-specific legislative schemes to a single national scheme for all the regulated professions, general (rather than profession-specific) language will be required in legislation to describe the practitioners, the professions, the boards and their functions, etc. Terms such as ‘responsible board’, ‘registered health practitioner’ and ‘regulated profession’ are used in this paper, and may require definition in the legislation.

## 3. Regulated professions

The IGA sets out the professions that will be included in the first stage of implementation of the national scheme, as well as the proposed registers and divisions of the register for each profession. Health Ministers have also agreed to include the profession of podiatry in the first round of implementation.

The boards, registers and divisions of registers proposed for inclusion in the legislation are as set out in Table 1 below:

**TABLE 1: BOARDS, REGISTERS AND DIVISIONS OF REGISTERS**

| Board  | Title of Register                       | Divisions of Register   |
|--|---|---|
| Chiropractic Board of Australia              | 'Register of chiropractors'             | Nil   |
| Dental Care Practitioners Board of Australia | 'Register of dental care practitioners' | <ul style="list-style-type: none"> <li>• Dentists (Division 1)</li> <li>• Dental therapists (Division 2)</li> <li>• Dental hygienists (Division 3)</li> <li>• Dental prosthetists (Division 4)</li> </ul> |
| Medical Board of Australia                   | 'Register of medical practitioners'     | Nil   |
| Nursing and Midwifery Board of Australia     | 'Register of nurses and midwives'       | <ul style="list-style-type: none"> <li>• Registered nurses (Division 1)</li> <li>• Enrolled nurses (Division 2)</li> <li>• Midwives (Division 3)</li> </ul>   |
| Optometry Board of Australia                 | 'Register of Optometrists'              | Nil   |
| Osteopathy Board of Australia                | 'Register of Osteopaths'                | Nil   |
| Pharmacy Board of Australia                  | 'Register of Pharmacists'               | Nil   |
| Physiotherapy Board of Australia             | 'Register of Physiotherapists'          | Nil   |
| Podiatry Board of Australia                  | 'Register of Podiatrists'               | Nil   |
| Psychology Board of Australia                | 'Register of Psychologists'             | Nil   |

**NOTE:** Use of the term 'enrolled nurse' dates back to when State and Territory legislation established both a 'register of nurses' and a separate 'roll of nurses'. Under the new scheme, there will be a single register that encompasses all levels of nurse (and midwives) and will distinguish between them by reference to divisions of the register or, in the case of nurse practitioners, via an endorsement mechanism.

#### 4. Initial registration

##### 4.1 Applications for registration

Most State and Territory registration Acts set out how an application for registration may be made, the form to be used (either prescribed by regulation or approved by the responsible board), and the information that boards may require in an application. There is some consistency across jurisdictions in these legislative requirements.

**Proposal 4.1.1:** It is proposed that the legislation require applications for registration to be made to the responsible board, and that an application must be:

- in a form approved by the responsible board
- accompanied by the fee fixed for that profession, and
- accompanied by any information reasonably required by the responsible board.

It is not intended that the forms for registration be prescribed by regulation. It is expected that the national scheme will include a facility for registrants to make applications on line, as well as paper based applications.

In accordance with Clause 12.4 of the IGA, it is intended that the legislation empower the National Agency to publish a schedule of fees for each profession, for registration and other purposes, following agreement with the respective national boards.

***Council of Psychologists Registration Boards (Australasia) Inc (CPRB) supports the making of enquiries regarding registration on line but has concerns regarding authentication of documentation and identification of applicants in an on-line application process. Fail proof procedures would need to be developed to enable direct verification of the information detailed below in 4.2.***

***CPRB supports the availability of on-line re-registration with payment by BPay or other electronic transfer. There needs to be a means for making legal declarations incorporated into this process to cover issues such as competency, fitness to practice, convictions, Professional Indemnity arrangements etc.***

***Psychologists Registration Board of Victoria (PRBV) concurs with the submission by CPRB.***

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

***Proposal 4.2.1:*** It is proposed that the national boards have the power to require the following information to accompany an initial application for registration:

- a. evidence of the applicant's qualifications and supervised practice experience that they believe qualifies them for registration
- b. evidence of successful completion of an examination (if required) set by or on behalf of the responsible board
- c. evidence of previous registrations and registration status, ie disciplinary history (where the applicant has been registered under another law)
- d. information on any complaints made against the applicant to bodies such as health complaints commissioners, Commonwealth, State or Territory bodies
- e. evidence of recency of practice (except for new graduates) (see section 9 of this paper)
- f. workforce data required for national workforce analysis (further discussion of this will be provided in the information-sharing paper), and
- g. any other information reasonably required by the responsible board.

***CPRB supports the information required in 4.2 for initial application for registration. Evidence to prove identification should also be required and also English language proficiency.***

***PRBV concurs with the submission by CPRB.***

## **4.3 Criminal history checks**

Some State and Territory registration Acts empower but do not require their respective boards to undertake a criminal history check on an applicant for registration.

There are a number of factors to be considered in balancing the requirements for public safety and the resources and timeframes required to implement criminal history checks through registration. A number of options are being considered given that many employers and universities already undertake such checks.

It should be noted that there are a number of other mechanisms through which a registrant's criminal record might come to the attention of a board, notably via a self-declaration made, on application, and at annual renewal, or via a notification to the board from the relevant court.

**Proposal 4.3.1:** There are a number of options available on or relating to requirements for criminal history checking of applicants for registration and renewal of registration:

- Option 1:** That the legislation require criminal history checks be applied to all new applicants for registration from 1 July 2010, but not to existing registrants renewing their registration.
- Option 2:** That the legislation require criminal history checks on all new applicants and at renewal of registration, but these requirements be phased in over time from 1 July 2010.
- Option 3:** The legislation require criminal history checks on all new applicants for registration, with a discretionary power for boards to require checks at annual renewal, and self-declaration obligations imposed on registrants both at annual renewal and during the registration period.
- Option 4:** That the legislation provide the power to require criminal history checks on applicants at the discretion of the relevant board, while not making checks mandatory for all applicants.

***CPRB supports Option 3. CPRB considers that criminal history checks are important on initial registration as psychologists are often in close relationships with vulnerable members of the public. It is preferable to obtain a declaration from the practitioner every year rather than obtaining criminal history checks every year.***

***PRBV concurs with the submission by CPRB. And in addition, makes the following additional comments:***

- How are criminal history checks to be applied to initial applications from overseas? Does every country provide these upon the request of an applicant? Legislation may need the ability to waive the requirement in special circumstances and request a self-declaration or statutory declaration as an alternative.***
- If Criminal Record Checks are to be obtained the boards MUST set up an appropriate committee to assess the information. There must be a lawyer on the committee who has experience of the criminal justice system. Will spent conviction policy/law apply? If it does, will it be the Commonwealth legislation?***

## 5. Qualifications for registration

All State and Territory registration Acts set out, in broad terms, the qualifications and other requirements that applicants must meet in order to be granted registration. There are some differences in wording, with some referring to 'accredited courses', others 'approved courses', and others making specific reference to courses accredited by a specific body, such as the Australian Medical Council (AMC).

The IGA at clause 1.25(c) provides that the role of the national boards will include approval of a list of accredited courses of study that meet the qualifications required for general registration.

**Proposal 5.1:** It is proposed that the legislation define the qualifications for general registration to mean one or a combination of the following:

- an approved course of study
- an approved period of supervised practice (if any) (ie an internship), and
- an examination (if any) set by or on behalf of the responsible board.

Allowing boards to determine the combination of qualifications, experience and examination required for registration reflects existing differences in registration requirements across professions. For some professions, supervised clinical practice is built into a course of study (eg psychology Masters programs), some require an internship following completion of an approved course of study (eg medicine), and others still require applicants to sit an additional board examination following completion of both an approved course of study and internship year (eg pharmacy).

**Proposal 5.2:** It is proposed that, in addition to the powers above relating to the IGA clause 1.25(c) to register those with approved qualifications, boards have the power to register persons who have training and experience the responsible board considers to be substantially equivalent to an approved course of study and supervised practice. This will allow a national board to recognise substantially equivalent qualifications recognised by registration authorities in another country.

**Proposal 5.3:** It is proposed that qualifications that are 'approved' by a responsible board for the purposes of registration are not 'prescribed in regulation', but rather that the legislation enables boards to publish a list of approved qualifications on a website.

**Students who are undertaking a program of study leading to registration in one of the regulated health professions at the time of the commencement of the new scheme will be eligible for registration when they complete that program on the terms on which they expected to be eligible for registration at the commencement of the program.**

**NOTE:** Further detail on the proposed arrangements for accreditation of primary qualifications for registration and the nature of the relationship between a national board and an external accreditation body will be the subject of a further consultation paper.

***CPRB supports the proposal that the national board has the power to prescribe the necessary qualifications, periods of internships and examinations required for registration.***

***PRBV concurs with the submission by CPRB.***

## 6. Registration decisions

### 6.1 Powers of boards before deciding applications for registration

Some State and Territory registration Acts make explicit the powers that boards may exercise before deciding applications for registration. Other Acts are silent on this matter.

**Proposal 6.1.1:** It is proposed that the legislation provide for a responsible board at its discretion to exercise the following powers before deciding an application for registration:

- a. investigate the applicant
- b. require the applicant to attend before the board to answer questions about their application
- c. require the applicant to provide further information or any documents considered necessary by the board to decide the application
- d. require the applicant to undergo a written, oral or practical examination to assess the applicant's competence to practise, and
- e. require the applicant to undergo a health assessment (eg a medical examination or psychological assessment) to assess the applicant's capacity to practise.

**Proposal 6.1.2:** With respect to terminology, it is proposed that the term 'health assessment' be used in the legislation rather than 'medical examination' because it allows a broader range of assessments to be conducted.

***CPRB supports the powers outlined in 6.1 and supports the term "health assessment" in (e).***

***PRBV concurs with the submission by CPRB.***

### 6.2 Who makes registration decisions?

The statutory power to make registration decisions will reside with the respective national boards. However, because of the workload associated with the registration function for most of the professions, the legislation will need to make provision to allow decision-making on registration applications (both routine and non-routine applications) to occur at the State and Territory level.

It is anticipated that, in light of the workload, each national board will determine what functions should best be carried out nationally versus at the local level. Each board will determine the combination of committees it requires and that if the workload is relatively small, a single committee may carry out multiple statutory functions spanning the registration, investigation and disciplinary functions, either at the national or local levels. What is required in the legislation is the capacity for some committees of the board to act as the national board for the purposes of some decisions such as registration.

**Proposal 6.2.1:** It is proposed that when a committee makes registration decisions the responsible board would otherwise be empowered to make, it is constituted appropriately. In order to achieve this, the legislation would require provisions that:

- a. require a committee, when exercising registration functions, to comprise at least the following:

- i. a chair appointed by the responsible board who may be a registrant (from the profession regulated by the responsible board), or a non-registrant
  - ii. at least two members who are registrants from the profession concerned
  - iii. at least one lawyer
  - iv. at least one community member who is not and has never been a registered practitioner in that profession, and
  - v. no more than two thirds of members being registrants from the profession concerned
- b. allow a committee to regulate its own proceedings, while requiring it to observe the principles of natural justice and procedural fairness, and
  - c. allow members appointed to committees to be paid the sitting fees and allowances approved by the Ministerial Council .

***CPRB supports the proposed structure for local committees responsible for registration, except that the Chairperson be a registered psychologist. Such committees should be paid sitting fees and allowances, but CPRB questions whether sitting fees should be set by Ministerial Council. Sitting fees should be set by the National Board within the budget process. It is suggested that legal expertise should be available rather than mandated in the membership.***

***It is suggested that the number of committee members which forms a quorum should be included in the legislation.***

***PRBV concurs with the submission by CPRB.***

In addition to this power to establish committees, there is a need for a mechanism in legislation that allows routine registration decisions to be made by staff of the State and Territory offices, on delegation from a national board.

***Proposal 6.2.2:*** It is proposed that the legislation include powers for a responsible board to delegate, in writing, to a member of the responsible board or a member of a committee, a person employed by the National Agency, or a person engaged by the National Agency to provide services to the board, its registration powers and functions under the legislation, other than its powers to:

- a. refuse to grant, or refuse to renew a registration or an endorsement of registration
- b. impose conditions on a registration or endorsement of registration
- c. impose conditions on a registration renewal or endorsement renewal
- d. amend, vary or revoke conditions on a registration or endorsement, and
- e. remove a person's name from the register where the person no longer meets the requirements for registration (see section '12.5 Removal from the register' of this paper).

***CPRB supports the power of the Board to be able to delegate, in writing, the registration powers with regard to routine registrations to a member of a board or committee or an employee or contractor to the national agency. This is important to allow timely processing of applications.***

***PRBV concurs with the submission by CPRB, and offers the additional comment:***

- **6.2.2 (e) There should be an exclusion to this proposal. Removal from the register should occur automatically upon non-submission of renewal application and fee by due date and therefore legislated to occur without the need to have approval from the responsible Board.**

### 6.3 Professional indemnity insurance

Most States and Territories require registered health practitioners to hold or be covered by professional indemnity insurance (PII) arrangements in order to practise. However, the mechanism through which this is achieved varies. Attachment 1 sets out the current arrangements across jurisdictions with respect to PII.

**Proposal 6.3.1:** It is proposed that the legislation require registrants (except for non-practising registrants if any) to be covered by PII arrangements at all times during the registration period, as a condition of registration, and to require registrants demonstrate coverage to the satisfaction of the responsible board, at the time registration is granted for the first time, and annually on renewal of registration.

The legislation concerning PII must allow registrants to meet the requirements if they are covered by an employer's PII, their university's PII, or the PII of a health facility where they are a student, as well as when a registrant purchases their own PII cover.

**Proposal 6.3.2:** It is proposed that each national board have the power to issue a guideline about what constitutes acceptable arrangements for PII for registrants.

***CPRB supports compulsory professional indemnity arrangements, this may be through the employer or through an individual's insurance, and supports the national board issuing a guideline regarding suitable arrangements.***

***PRBV concurs with the submission by CPRB.***

### 6.4 Powers to refuse to grant registration

All State and Territory Acts specify a range of factors that disqualify a person from being granted registration. These are reasonably consistent across jurisdictions. However, in some jurisdictions these are expressed as positive requirements that the applicant must demonstrate in some way at the time of application, in others, these are expressed as grounds for a board to refuse to grant an applicant registration.

All State and Territory Acts specify a range of factors that disqualify a person from being granted registration. These are reasonably consistent across jurisdictions. However, in some jurisdictions these are expressed as positive requirements that the applicant must demonstrate in some way at the time of application, in others, these are expressed as grounds for a board to refuse to grant an applicant registration.

**Proposal 6.4.1:** It is proposed that the legislation provide powers for a responsible board to refuse to grant registration on a number of grounds, including but not limited to the following:

- a. the applicant has not satisfied the board of their **competence to practise** in the regulated profession and this cannot be satisfactorily addressed by the imposition of conditions
- b. the applicant's **character** is such that it would not be in the public interest to allow the applicant to practise in the regulated profession
- c. the applicant is considered by the board to be unfit to practise because of **drug or alcohol dependency** or **physical or mental impairment**
- d. the applicant has been **convicted** of or made the subject of a criminal finding for an offence in any participating jurisdiction or an offence under a foreign law, and the circumstances of the offence are such as to render the applicant unfit in the public interest to practise in the regulated profession
- e. the applicant has previously been registered under this Act or a corresponding previous enactment of a participating jurisdiction, and that registration has been suspended or cancelled, or during the course of that registration, the practitioner has had proceedings brought against him or her and those **proceedings have never been finalised**
- f. the applicant has been **deregistered or suspended** under a foreign law, for any reason relating to conduct that would constitute professional misconduct under this Act, or during the course of that registration, the practitioner has had proceedings brought against him or her and those **proceedings have never been finalised**
- g. the applicant has had **insufficient recent practice** experience in the relevant profession (with the time period within which an applicant must demonstrate they have practised to be determined by the responsible board, eg two years is preferred in some professions, five years in others)
- h. the applicant's **English language proficiency** is not considered sufficient by the board for the applicant to practise in the relevant profession
- i. the applicant does not have arrangements for **professional indemnity insurance** that the responsible board considers sufficient, or
- j. the applicant is **disqualified from applying** for registration under this Act or a previous enactment of a participating jurisdiction.

It is expected that the application form for registration would require applicants to make a declaration with respect to each of the above matters, and provide supporting documentary evidence if required.

***CPRB supports the grounds listed in 6.4.1 for refusal of registration. It suggests j. should include 'or a foreign law'.***

***PRBV concurs with the submission by CPRB, and offers the additional comments:***

- ***Include refusal grounds if practitioner has current or recent conditions or restrictions placed on registration. Whilst this is not grounds for refusal for registrants registered under the national scheme, what about applicants from overseas?***

- ***Applicants should include information about whether they have been committed for trial.***
- ***(d) - Include any findings of guilt by a court or tribunal that may affect the practitioner's ability to practise (not just criminal findings). Do we need to know if applicant or registrant has been committed for trial for an indictable offence? Or is this really unnecessary until a conviction is rendered? Innocent until proven guilty.***

**Proposal 6.4.2:** It is proposed that the legislation provide for boards to deal with possible fraudulent registration applications. Failure to disclose relevant matters to a board (such as those listed above) might constitute a fraudulent application under the legislation. In such circumstances, the responsible board might refer the matter to the relevant State or Territory police force. In addition, it is proposed that the legislation set out a process for a responsible board to deal with a registrant whom it has reasonable grounds to believe has obtained, or is attempting to obtain registration by fraud. In such circumstances, the responsible board should be empowered to immediately suspend registration (if already granted), investigate the matter, and refer it, if necessary, for hearing by the relevant State or Territory tribunal. The tribunal would be empowered under the legislation to find that the practitioner's registration has or has not been obtained by fraud, and, if appropriate, order that the practitioner's registration be cancelled. The standard of proof that would apply in such proceedings would be on the balance of probabilities.

***CPRB strongly supports the Board having powers to refuse an applicant's fraudulent application and refer the matter to the police.***

***PRBV concurs with the submission by CPRB, and offers the additional comment:***

- ***2 processes are required, one for an applicant for registration and one for a person who has obtained registration by fraud.***

## **6.5 Refusal process**

**Proposal 6.5.1:** It is proposed that the legislation provide that in the event that a board is proposing to refuse an application for registration, or to attach conditions to a practitioner's registration, the board would be required to give the applicant notice of its proposal and provide the applicant with an opportunity to make a submission to the board. It is proposed that the legislation include timeframes for this process before a board makes such a decision.

**Proposal 6.5.2:** It is proposed that the legislation require a board to notify an applicant of its decision, within a specified period, eg 28 days after determining an application for registration or renewal of registration, and if the application has been refused, or conditions have been imposed, to provide reasons for the decision. The legislation should also require a board to inform the applicant of their right to seek a review of the board's decision and advise of the appropriate review body (the relevant State or Territory tribunal). It is proposed that the same entitlements and obligations would apply with respect to an endorsement of registration (see section 10 of this paper).

***CPRB supports both proposal 6.5.1 and 6.5.2.***

***PRBV concurs with the submission by CPRB.***

## 6.6 Rights of review of registration decisions

There is considerable variability across States and Territories as to the rights of review afforded persons who are refused registration or who have conditions placed on their registration. [Attachment 2](#) sets out a sample of these arrangements.

**Proposal 6.6.1:** It is proposed that the legislation include provision for registrants or persons refused registration to have a right of review to the relevant State or Territory tribunal. It is proposed that this would be a merits review (rather than a review on points of law). The legislation would specify the following decisions as reviewable:

- a. A decision to refuse a person's application for registration or renewal of registration.
- b. A decision to refuse a person's application for endorsement of registration or renewal of endorsement (see sections 10 and 11 of this paper).
- c. A decision to impose a condition on a person's registration or endorsement of registration otherwise than by agreement.
- d. A decision to withdraw registration on the basis that a requirement for registration is no longer met.

***CPRB supports initial appeal to the National Board (or its delegated committee) and then, as a last resort, appeal to a State Tribunal.***

***PRBV concurs with the submission by CPRB, and offers the additional comment:***

- ***consideration should be given to due process and natural justice in event that rights of review after a State or Territory decision are to go to a National Board prior to the relevant Tribunal in the State or Territory.***

**NOTE:** The future consultation paper on complaints and discipline will set out the proposed reviewable decisions with respect to conduct, competence and impairment proceedings.

## 7. Types of registration granted

All State and Territory registration Acts include a number of types or forms of registration that may be granted by a national board. However, there is some variability across jurisdictions, both in the labels applied, and the scope of practise conferred.

[Attachment 3](#) provides a summary of the types of registration granted in each jurisdiction.

A body of cross jurisdictional work was undertaken from 2002-2004 in the context of the AHMAC Nationally Consistent Medical Registration Legislation Project. A range of recommendations were accepted by AHMC in April 2004, including with respect to the adoption of nationally-consistent categories (or types) of registration. These recommendations are reflected in the proposed types of registration outlined below.

**Proposal 7.1:** 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 [Table 2](#) below.

While the labels vary, most jurisdictions provide in some legislative form for the sub-types of registration listed under specific registration.

**TABLE 2: PROPOSED TYPES AND SUB-TYPES OF REGISTRATION**

| Type of registration  | Eligibility   |
|-----------------------|---|
| <b>General</b>        | 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.  |
| <b>Specific</b>       | <p>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> <ol style="list-style-type: none"> <li>a. <b>Provisional</b> – to allow an applicant to undertake an internship or other period of supervised clinical practice, following graduation from an approved course of study.</li> <li>b. <b>Area of need</b> – to allow an applicant to work in an area of unmet need.</li> <li>c. <b>Post-graduate supervised practice or training</b> – to allow an applicant to be registered on a temporary basis to undertake a period of post-graduate training approved by the responsible board.</li> <li>d. <b>Examination candidates</b> – to allow an applicant to undertake training in preparation for an examination approved by the responsible board.</li> <li>e. <b>Teaching or research</b> – to allow an applicant to fill a teaching or research position approved by the responsible board.</li> <li>f. <b>Recognised specialist qualifications and experience</b> – to allow an applicant with approved specialist qualifications to practise in the specialty.</li> <li>g. <b>Internationally trained specialists</b> – to allow an applicant with “specialist” qualifications that are not approved to undergo further training in that specialty.</li> <li>h. <b>Temporary registration in the public interest</b> – 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.</li> </ol> |
| <b>Non-practising</b> | Applicants who would otherwise be eligible for registration but who do not intend to practise during the registration period.   |
| <b>Student</b>        | Applicants who are enrolled in an approved course of study or undertaking approved supervised clinical training in preparation for an examination for registration.   |

### 7.1 General registration

Registrants granted general registration hold approved qualifications (either because they have graduated from an approved course of study or because their qualifications are judged equivalent under a mutual recognition (competent authority) arrangement.

However, general registration does not necessarily mean ‘unconditional’ registration. A grant of general registration may be subject to conditions imposed by the responsible board, either at the time of registration, at registration renewal or via a disciplinary, performance or impairment process. Further details on these matters will be available in later consultation papers.

The term 'general' is suggested to describe the type of registration granted to those with approved general (usually undergraduate) qualifications, because it is the most commonly used term across jurisdictions.

General registration will also include the ability to have specialist endorsement notated against a registrant's name in the register to recognise practitioners who hold approved specialist qualifications in addition to their approved general qualifications, and therefore hold a specialist endorsement on their general registration (refer to section 10.1 – Specialist endorsement).

***CPRB supports general registration.***

***PRBV concurs with the submission by CPRB.***

## 7.2 Specific registration

The term 'specific' is suggested as a way of identifying in legislation the type of registration granted to practitioners who do not hold approved qualifications and therefore are subject to various forms of restriction on their practice, either geographic, scope of practice, or duration of registration. While the term 'specific' is not ideal, there are also disadvantages with the various alternative terms. The term 'conditional' is problematic because a practitioner with 'general' registration may also have conditions placed on their registration, and the term 'special purpose' can have negative connotations to some.

***CPRB supports a “specific registration” for the registration of interns who are required to practise under a supervision plan.***

***PRBV concurs with the submission by CPRB.***

## 7.3 Non-practising registration

***Proposal 7.3.1:*** It is proposed to include in legislation the capacity for boards to adopt a non-practising category of registration if they wish, in order to:

- make more transparent the distinction between those registrants who are and are not in active practice
- better target competency requirements, and
- provide more accurate data for workforce planning purposes.

It may also mean some non-practising registrants maintain a connection with their profession that may facilitate their return to active practice.

**ALTERNATIVE OPTION:** Boards be required to have a non-practising category of registration.

In some jurisdictions, there is a lack of clarity about what a registrant who is 'non-practising' is and is not authorised to do.

***Proposal 7.3.2:*** If a non-practising registration is to be provided under the legislation, then it is proposed that those granted this type of registration registrants would be required, as a

condition of their registration, not to practise at all. This means that such registrants would be acting unprofessionally (and possibly also committing an offence), if they were to breach the conditions attached to their registration. For example, if a non-practising medical practitioner were to write a prescription this would constitute active practise in breach of their non-practising registration.

***CPRB supports a category of non practising registration being available and strongly considers that such registrants should not practise at all.***

***PRBV concurs with the submission by CPRB.***

#### **7.4 Student registration**

There is variation across States and Territories with respect to the status of students under the legislation. The main variations are:

- some jurisdictions' registration Acts provide for student registration for all regulated health professions, others require only medical students, or medical and dental students to be registered, and others make no provision for student registration;
- some jurisdictions' Acts require students to be registered only when they are undertaking clinical training as opposed to class room based activities. Others register students as a matter of course, regardless of whether they are in contact with patients.
- The powers that boards may exercise with respect to students vary. Some provide powers only with respect to matters of impairment and drug or alcohol dependency. Others also have powers to deal with a student who has been charged with an indictable offence or convicted or found guilty of such an offence.

There are a number of options with respect to the registration and regulation of students under the legislation:

***Proposal 7.4.1:*** It is proposed that the legislative provisions with respect to student registration would be framed to:

- require only those students who are undertaking clinical training that involves contact with patients/clients to be registered
- empower boards to deal with students whose ability to undertake clinical training is affected by physical or mental impairment, drug or alcohol dependency, and
- give boards the discretion to include or not include a student category of registration.

Alternative options are as follows:

**Option 1:** The legislation include powers to register and regulate students, but only for specified professions and boards, for example, the medical and dental professions.

**Option 2:** The legislation include powers for all boards to register and regulate students, and student registration be mandatory, but only for those students who are undertaking clinical training, that is, those who are at the point in their course where they are in direct contact with patients.

**Option 3:** The legislation include powers for all boards to register and regulate students, and student registration be mandatory for students in all regulated professions,

at the point of enrolment and for the duration of their course.

***CPRB supports Option 2 but only for students at the point at which they commence to undertake practical training where they are interacting with members of the public.***

***PRBV concurs with the submission by CPRB with the following comment:***

- ***The wording of this Act is going to be problematic if they use wording such as "in direct contact with patients" - would not apply for some students undertaking P/G degrees e.g. Org Psych.***

## 7.5 Corporate registration

***Proposal 7.5:*** It is not proposed that the legislation make provision for registration of corporations.

***CPRB supports proposal 7.5.***

***PRBV concurs with the submission by CPRB.***

## 8. Authorities conferred by registration

### 8.1 Title protection

Clause 1.28 of Attachment A of the IGA states that the primary basis for regulation is to be 'protection of professional title', with statutory offences to prevent unregistered or unauthorised persons using professional titles. Table 2 in Attachment A of the IGA sets out the professional titles that are proposed to be restricted under the legislation, with a role for the Ministerial Council in determining any further titles to be restricted.

**TABLE 2. PROFESSIONAL TITLES PROPOSED TO BE RESTRICTED UNDER THE NATIONAL SCHEME**

| <b>Profession</b> | <b>Titles to be protected</b>   |
|-------------------|---|
| Chiropractic      | <ul style="list-style-type: none"><li>• 'chiropractor'</li><li>• catchall provision along the lines of 'any other title, name, symbol, description, etc, which given the circumstances could be reasonably understood to indicate the person is a registered chiropractor'</li></ul>                                |
| Dental            | <p>Titles restricted to those registered in the relevant division of the register:</p> <ul style="list-style-type: none"><li>• 'dentist'</li><li>• 'dental therapist'</li><li>• 'dental hygienist'</li><li>• 'dental prosthetist'</li><li>• 'oral health therapist'</li><li>• catchall provision as above</li></ul> |

|                       |   |
|-----------------------|---|
| Medical               | <ul style="list-style-type: none"> <li>• 'medical practitioner'</li> <li>• catchall provision as above</li> </ul>   |
| Nursing and Midwifery | Titles restricted to those registered in the relevant division of the register: <ul style="list-style-type: none"> <li>• 'nurse'</li> <li>• 'nurse practitioner'</li> <li>• 'enrolled nurse'</li> <li>• 'midwife'</li> <li>• catchall provision as above</li> </ul> |
| Optometry             | <ul style="list-style-type: none"> <li>• 'optometrist'</li> <li>• 'optician'</li> <li>• catchall provision as above</li> </ul>  |
| Osteopathy            | <ul style="list-style-type: none"> <li>• 'osteopath'</li> <li>• catchall provision as above</li> </ul>  |

| Profession    | Titles to be protected   |
|---------------|--|
| Pharmacy      | <ul style="list-style-type: none"> <li>• 'pharmacist'</li> <li>• 'pharmaceutical chemist'</li> <li>• catchall provision as above</li> </ul>  |
| Physiotherapy | <ul style="list-style-type: none"> <li>• 'physiotherapist'</li> <li>• 'physical therapist'</li> <li>• catchall provision as above</li> </ul> |
| Psychology    | <ul style="list-style-type: none"> <li>• 'psychologist'</li> <li>• catchall provision as above</li> </ul>                                    |

Rather than protecting multiple titles for a profession (or sub-profession), the approach is to protect only those key titles commonly used by the profession, and to include a catchall provision that allows a board to prosecute a person who might be 'holding themselves out' as a registered practitioner in a regulated profession.

**Proposal 8.1.1:** With respect to the use of courtesy titles, such as the title 'doctor' or 'professor', it is proposed that these not be legislated as protected titles, nor reserved for use only by members of one or a number of regulated health professions.

Therefore, unregistered persons using such titles would risk prosecution only where use of a courtesy title could, in the circumstances, lead others into believing the person is qualified and registered under the Act in a regulated health profession when they are not.

***CPRB supports the protection of the title psychologist and the catchall provision. It is important that the public is protected from individuals who use terminology which implies that they have the skills of a registered psychologist.***

***CPRB does not support the use of courtesy titles in psychology. For example, the title 'Doctor' should only be used by those with relevant doctoral qualifications.***

***PRBV concurs with the submission by CPRB.***

## 8.2 Practice protection

Clause 1.28(c)(i) states that the professions of dentistry and optometry will be subject to legislative definitions of core practices and offences to prevent practice by unregistered or unauthorised persons. Clause 1.28(d) states that general exemptions from title and practice offences will apply to:

- regulated professionals undertaking their usual activities;
- students
- assistants working under supervision;
- businesses employing registered practitioners; and
- persons assisting in emergencies.

The following proposals are designed to give effect to the IGA.

## 8.3 Dentistry practice restrictions

Attachment 4 sets out the current arrangements in each jurisdiction for defining and restricting dentistry practice.

**Proposal 8.3.1:** With respect to protection of the practice of dentistry, it is proposed that there be defined in legislation a number of restricted acts relating to dentistry and that there be an offence for a person who carries out a restricted act and is not a registered dental care practitioner or a person who falls into a class of exempted persons (for example a registered medical practitioner). It is proposed that the restricted acts with respect to the practice of dentistry be along the following lines:

- a. the performance of any operation on the human teeth or jaws or associated structures
- b. the correction of malpositions of the human teeth or jaws or associated structures
- c. fitting or intra-oral adjustment for a person of artificial teeth or corrective or restorative dental appliances, and
- d. the performance of any operation on, or the giving of any treatment or advice to, any person that is preparatory to or for the purpose of the fitting, insertion, adjusting, fixing, constructing, repairing or renewing of artificial dentures or restorative dental appliances.

## 8.4 Optometry practice restrictions

Attachment 5 sets out the current arrangements in each jurisdiction for defining and restricting optometry practice.

**Proposal 8.4.1** With respect to protection of the practice of optometry, it is proposed that the legislation prohibit unregistered or unauthorised persons from prescribing optical appliances. It is proposed that an optical appliance would be defined as: 'contact lenses, spectacle lenses, or any other appliance designed to correct, remedy or relieve any refractive abnormality or defect of sight'.

Stakeholders are invited to address in their submissions whether the definition of optical appliance should be framed broadly to include all contact lenses (whether for therapeutic or cosmetic purposes), or narrowly, to exclude 'plano' or cosmetic contact lenses.

If cosmetic contact lenses are included in the definition of a restricted optometry act, the effect would be to make it illegal to supply cosmetic contact lenses to a person, except in

accordance with a prescription issued by a registered optometrist or other authorised person.

**Proposal 8.4.2:** If the prescribing of optical appliances is to be a restricted act under the legislation, then it is proposed that an orthoptist who is listed with the Australian Orthoptic Board (not a statutory board in this scheme) be exempted from committing an offence for prescribing spectacle lenses in the normal course of their practice.

## 8.5 Restrictions on spinal manipulation

Current arrangements with respect to regulation of spinal manipulation vary across States and Territories, with some jurisdictions restricting its practice to registered practitioners (such as chiropractors, osteopaths, physiotherapists and medical practitioners), and in others, there is no legislative restriction on its practice.

The key question is whether there is any evidence to suggest that the community is more vulnerable in those jurisdictions where no restrictions apply, compared with those where restrictions apply. It may be that the more serious risks associated with spinal manipulation relate mainly to manipulation of the cervical spine, and that if a restricted act is to be included in the legislation, it should be narrowly framed.

Clause 1.28(c)(ii) of the IGA (Attachment A) states that 'elements of the practice of spinal manipulation may also require legislative protection, and further work will be undertaken to define these for this purpose'.

**Proposal 8.5.1:** With respect to protection of the practice of spinal manipulation, it is proposed that further consideration be given to practice restrictions as detailed in the IGA at 1.28(c)(ii).

Stakeholders from the registered and unregistered professions, as well as consumers are invited to include in their submissions on this paper comments on the need, if any, for inclusion in the national legislation of a restricted act with respect to spinal manipulation, and if so, how broadly or narrowly this restricted act should be framed and what definition should be adopted.

***CPRB does not wish to comment on these proposals.***

## 9. Renewal of registration and continuing competence

### 9.1 Background

One of the key functions of registration boards is to ensure that registered practitioners meet minimum acceptable standards of competence, and are safe to practise. The key objectives here are public safety and quality of healthcare. Historically, scrutiny of a registrant's competence has occurred mainly through the application of initial registration criteria, and thereafter, only following a complaint to the board. This was based on the expectation that membership of a profession somehow guaranteed a commitment by the practitioner to keeping their skills and knowledge up to date. However, in response to increasing community expectations, the powers of many registration boards have been strengthened in recent years. Boards are now expected to be more proactive with respect to ensuring practitioners are safe to practise.

There is a range of indirect or proxy measures of competence and a range of systems that have been developed. These include requirements for 'recency of practice' and participation in continuing professional development (CPD), self assessment and self-declaration against established competencies, performance assessment by boards, and credentialing by health service agencies, etc. Some State and Territory Acts contain provisions that empower registration boards to require practitioners demonstrate recency of practice, self-assessment, or CPD participation. See [Attachment 6](#) for an overview of existing State and Territory registration mechanisms for ensuring competence.

Clause 1.25 of Attachment A of the IGA provides a role for the national boards to manage the development of standards and requirements, including with respect to registration, competency, and CPD.

Under the national scheme, a board must have sufficient powers to satisfy itself of the competence and fitness to practise of a practitioner, both at initial registration, and at renewal of registration. In addition, boards must be in a position to monitor the ongoing competence and fitness to practice of registrants, during the registration period.

## 9.2 Continuing competence requirements

While there is variability across States and Territories as to the extent to which boards are empowered to require that registrants demonstrate they are competent to practise beyond first registration, there is an opportunity with the establishment of the new scheme to establish some form of requirement for registrants in all regulated health professions to demonstrate continuing competence to practise. The nature of the requirements would be recommended by the National Board in each profession. There is likely to be variability across professions depending on the nature of the profession and the extent to which requirements already apply.

**Proposal 9.2.1:** 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.

Each board would need to work with their profession and other stakeholders to develop the standards that would apply under the continuing competence requirements. The arrangements would need to be flexible in order to cater for registrants who work in a range of settings, including rural practitioners and those in solo practice.

**Proposal 9.2.2:** It is proposed that the legislation enable the national boards to:

- a. develop and publish minimum standards (approved by the Ministerial Council) for:
  - 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.

***CPRB supports proposals 9.2.1 and 9.2.2***

***PRBV concurs with the submission by CPRB.***

### **9.3 Annual reporting obligations on registrants**

***Proposal 9.3.1:*** It is proposed that the legislation require registrants to submit to their respective boards at the time of annual renewal various items of information required by the board in order to determine whether the practitioner is fit to practise. As part of such an annual return, the legislation might require reporting on a range of matters including:

- how the board's continuing competence requirements have been met
- if charged with or convicted/subject of a finding of guilt for an offence punishable by 12 months imprisonment or more
- any medical negligence claims
- if any clinical privileges or credentials have been withdrawn or restricted by a health service body or third party payer, and
- any data required to be provided to the Ministerial Council for workforce planning purposes.

***CPRB supports proposal 9.3.1. However under 9.3.1 (b) all charges and convictions and findings of guilt by a court or tribunal should be notified to the Board. A practitioner's ability to practise should be left to the discretion of the Board. A person may be found guilty of an offence but might not receive a term of imprisonment. This does not necessarily lessen the seriousness of the offence, particularly as it relates to professional practice and close dealings with members of the public.***

***9.3.1 (c) should refer to professional negligence not medical negligence.***

***PRBV concurs with the submission by CPRB with the following comments:***

- Support 9.3.1 however 9.3.1 (b) should be considered further. It only requires the registrant to notify if convicted or subject to finding of guilt for an offence punishable by 12 months imprisonment or more. All convictions and findings of guilt by a court or tribunal should be notified to the Board. The ability to practise of a practitioner should be left to the discretion of the Board and should not be limited to only those who have been imprisoned for 12 months or more. For example, someone maybe found guilty of any offence however no imprisonment term is imposed. This does not necessarily lessen the seriousness of the offence.***
- Clause (b) would cover both indictable offences and summary offences (including quite minor offences). Should committed for trial be included?***

## 9.4 Monitoring the professional competence of registrants

**Proposal 9.4.1:** In addition to the proposed continuing competence arrangements outlined above, it is proposed that the legislation include a range of provisions which empower boards to effectively monitor practitioners whose competence or fitness to practice may be in question. Some of these powers will be addressed in more detail in the consultation paper on complaints and discipline. However, in general terms, it is proposed that the legislation confer on boards the following powers.

***CPRB supports proposal 9.4.1***

***PRBV concurs with the submission by CPRB.***

### ***Powers to issue guidelines about professional standards***

**Proposal 9.4.2:** It is proposed that the national boards have a general power to issue guidelines for registrants about standards recommended by the responsible board with respect to professional practice.

While the legislation would not make compliance with board issued guidelines mandatory, a registrant's compliance or otherwise with any guidelines issued may be taken into account by internal or external disciplinary or performance panels when making findings and determinations with respect to unprofessional conduct or professional misconduct.

***CPRB supports proposal 9.4.2.***

***PRBV concurs with the submission by CPRB.***

### ***Reporting obligations on registrants – during the registration period***

**Proposal 9.4.3:** It is proposed that the legislation require registrants to report to boards, at any time during the registration period, and within 30 days, on the following matters:

- a. if charged with or convicted/subject of a finding of guilt for an offence punishable by 12 months imprisonment or more
- b. any medical negligence claims
- c. any withdrawal or limitation of clinical privileges or credentials by a health service body, and
- d. any other matter set down from time to time by the Ministerial Council.

A number of matters related to registrants' rights to practise will be covered in the forthcoming paper on complaints and discipline. Among these are :

- powers to investigate professional conduct and deal with disciplinary matters (the disciplinary pathway)
- powers to require a performance assessment and deal with competence matters (the performance pathway)
- powers to require a health assessment and deal with impairment matters (the impairment pathway), and
- options for mandatory reporting requirements.

***CPRB supports proposal 9.4.3 with the same comments as for 9.3.1 above. 9.4.3 (b) should be changed to “any professional negligence claims”. In addition, there should be a more general requirement to notify for suspension or termination of employment for reasons of impairment, misconduct or incompetence.***

***PRBV concurs with the submission by CPRB.***

## **10. Endorsement of registration**

Endorsement of a practitioner’s registration is a mechanism through which particular registrant subgroups who have additional qualifications recognised by a board can be identified to the public, employers and other users of register information. An endorsement is also a method of identifying practitioners considered qualified by a board, who may then be authorised by another body to provide a particular type of service.

Some registration Acts contain provisions that allow additional qualifications that are recognised by the board to be entered on the public register against the name of the practitioner, in addition to those required for registration purposes. However, this type of provision has limitations because the certification is not subject to annual renewal (although a board might amend its list of recognised qualifications from time to time), and it does not provide powers for a board to attach conditions to the certification, or to expect the registrant to update or revalidate their qualification.

Endorsements may be of various types and have various effects. The main types are as follows:

- a. an endorsement that confers the right under the registration legislation to use a specific professional title which is otherwise restricted and hold themselves out as qualified under the legislation to practise as a particular type of practitioner. Examples are:
  - endorsement to use the title ‘nurse practitioner’ or ‘acupuncturist’, or
  - endorsement that identifies those practitioners who have specialty (post-graduate) training recognised by the relevant board and can hold themselves out as a specialist (for example, medical specialists);
- b. an endorsement that is recognised under another Act or regulation (either State or Commonwealth), thereby conferring an authority to provide certain types of services. Examples are:
  - endorsement that qualifies the registrant for authority to prescribe scheduled drugs under relevant state/territory drugs and poisons legislation, or
  - endorsement that qualifies the registrant for accreditation to provide Medicare or PBS funded services, or eligibility for provider rebate status under private health insurance regulations.

### **10.1 Specialist endorsement**

Clause 1.31 of the Attachment A of the IGA sets out how it is intended that the recognition of specialties and specialists be dealt with under the national scheme, and the roles of the respective bodies, that is, the national boards, the National Agency and the Ministerial Council. The Agreement states that recognition of specialist qualifications will be achieved by:

- a. the relevant board being empowered to ‘endorse’ or ‘notate’ the registration of a suitably qualified practitioner, with this information entered on an integrated register, against that practitioner’s name

- b. public identification and communication of recognised specialties, specialist titles and approved qualifications, identified through the public registers and via guidelines issued by the relevant board (rather than via an extensive list of specialties and associated specialist qualifications listed in regulation under the legislation)
- c. general statutory offences that prevent unregistered or unauthorised persons from using any title that could induce a belief that the person is endorsed as a specialist, or from holding themselves out as a specialist in one of the established specialties (rather than offences for use of the separate specialist titles), and
- d. recognition of new specialties or specialty areas of practice on professional registers to be subject to the approval of the Ministerial Council.

**Proposal 10.1.1:** Given the framework set out in the IGA, it is proposed that the legislation include the following provisions:

- 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:
  - 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:
  - 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.

NOTE: Details of the exact offences and the protected titles, and exemptions from offences proposed for each profession will be set out in the consultation paper on complaints and discipline.

It is expected that recognition of specialties and specialists will be required under the scheme, for at least the medical profession. The Australian Medical Council currently carries out the function of assessing applications for recognition of new specialties for the medical profession, and makes recommendations to the Federal Health Minister on these matters for purposes such as Medicare. Under the new arrangements, it is expected that the AMC (at least for the first three years of the scheme) would continue to carry out these functions, but might make its recommendations to the Medical Board of Australia, which would then seek Ministerial Council approval of specialties for the purposes of the registration scheme.

Further details on the current and proposed roles of these respective bodies will be set out in the consultation paper on the accreditation function.

There may also be a case for recognition via the relevant practitioner register of a limited number of specialties in a small number of other professions. For example, it is intended that the public registers maintained by the national boards to be the source of authoritative information for Medicare (and others), and to identify which practitioners have certified qualifications for reimbursement purposes, rather than, for example, a specialist college or professional association. Decisions as to which services are rebated and which ones not would continue to reside with the relevant third party payer.

**Proposal 10.1.3:** With respect to protection of specialist titles, it is proposed that:

- for registered medical practitioners:
  - 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:
  - those endorsed as dental specialists by the Dental Care Practitioners 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:
  - 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.

Further work will be necessary to determine whether specialist recognition is required under the scheme for any other professions, and if so, which specialties will be recognised and what qualifications requirements will apply for each. Any decision by the Ministerial Council to recognise additional specialties within a profession should weigh the costs and benefits of recognizing particular specialties within the registration scheme, and the risk of further stratifying the workforce and entrenching unnecessary rigidities.

***The CPRB supports the proposals of 10.1 on the basis that it is in the public interest for psychologists who possess specialist qualifications to be identified in the register. It also supports the power to be able to prevent unauthorised practitioners from holding themselves out as a specialist. CPRB supports the use of endorsement to general registration to cover areas of specialist practice such as clinical psychology, forensic psychology, organisational psychology, counselling psychology, health psychology, community psychology, clinical neuropsychology, sports psychology and educational psychology. These are specialities recognised by the possession of appropriate postgraduate qualifications.***

***PRBV concurs with the submission by CPRB.***

## 10.2 Endorsement as qualified to prescribe scheduled medicines

Clause 1.32 of the IGA (Attachment A), states:

*State and Territory drugs and poisons legislation will, at the discretion of States and Territories, provide a mechanism through which suitably qualified registrants of the nursing and allied health professions may be authorised to possess, administer and prescribe scheduled medicines, with :*

- a) responsibility for determining the qualification requirements and endorsing qualified individuals residing with the relevant board, and*
- b) authorisation for particular professions (or sub-groups within professions) to obtain, possess, use, sell or supply (administer or prescribe) medicines to be granted under State and Territory drugs and poisons legislation.*

Therefore, the intention is that the registration legislation work in combination with State and Territory drugs and poisons legislation to identify and authorise suitably qualified practitioners to prescribe scheduled medicines.

**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.

***Prescribing rights exist for psychologists in some overseas jurisdictions. A working party is presently reviewing this for Australian psychologists. CPRB would support this being available for a restricted number of scheduled medicines provided psychologists have adequate training.***

***PRBV concurs with the submission by CPRB.***

## 10.3 Other endorsements on registration

It is important that the legislative provisions are flexible enough so that, over time, new types of endorsement can be put in place (on application from a responsible board to the Ministerial Council), and others can be dropped off that are no longer required.

Such an endorsement function could be used as a means of identifying practitioners with particular qualifications who are then authorised to undertake practices or provide certain kinds of services that are otherwise restricted under the Act or under other legislative or administrative schemes, such as Medicare, PBS.

**Proposal 10.3.1:** 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.

In order to give effect to this, it is proposed that the legislation include provisions that:

- 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).

The distinction between an endorsement with respect to an 'approved area of practice' and an endorsement as a 'specialist' would be the level and complexity of the training required, and whether this is or may in the future be part of an undergraduate qualification (an approved area of practice), or is only available to post-graduates (specialties).

The endorsement function would serve as a means of identifying practitioners with particular qualifications who are then authorised to undertake practices or provide certain kinds of services that are otherwise restricted under the Act or under other legislative or administrative schemes, such as Medicare, PBS.

***CPRB supports proposal 10.3.1. This would allow highly specialised procedures and techniques to be regulated to ensure that only those with appropriate training are endorsed. CPRB supports the use of endorsement to general registration to cover areas of practice such as clinical psychology, forensic psychology, organisational psychology, counselling psychology, health psychology, community psychology, clinical neuropsychology, sports psychology and educational psychology.***

***PRBV concurs with the submission by CPRB.***

## **11. Other matters**

### **11.1 Duration of registration**

***Proposal 11.1.1:*** It is proposed that the legislation provide for the national boards to grant registration for a period of up to 12 months and that a grant of registration be subject to annual renewal.

It is not proposed that there be a standard registration period in legislation that applies to all practitioners, for example a calendar year or a financial year. Rather, it is proposed that the legislation enable, for example, renewals to be staggered throughout the year, with the renewal date for each practitioner falling due 12 months after they first registered or renewed their registration.

***CPRB supports proposal 11.1.1.***

***PRBV concurs with the submission by CPRB, and offers the following comments:***

- ***Further consideration to be given to staggered renewal rather than annual renewal as it could prove to be an operational and financial burden to responsible boards. For example:***
  - (1) ***Transition issues: majority of registrants will expire either calendar or financial year; where as incoming registrants will have staggered registration periods.***
  - (2) ***Significant software upgrades will be required to cater for individual staggered renewals.***

- (3) Online renewal (if available) will need to be available all year round and only to those who are eligible to renew.**
- (4) Annual renewal allows responsible Boards and relevant key stakeholders (workforce planning) to tie into renewal periods and send out relevant information with renewal notices such as newsletters or important alerts thereby minimising postage costs.**
- (5) Will the "Grace" registration period of 3 months (after period of registration expires) be removed as this may cause confusion if it is staggered throughout the year?**
- (6) Large employers of health practitioners rely on an annual renewal period as a reminder to check the registration status of employees.**
- (7) Communication and initiation of major changes to guidelines or legislation will be easier to implement if there is an annual renewal period.**

## **11.2 Registration certificates**

**Proposal 11.2.1:** It is proposed that the legislation provide powers for the national boards to issue certificates of registration or renewal of registration to those persons who have met the registration or renewal requirements specified by the responsible board.

**CPRB supports proposal 11.2.1.**

**PRBV concurs with the submission by CPRB.**

**Proposal 11.2.2:** It is proposed that the legislation provide for these certificates/renewals to be in a form approved by the responsible board (subject to the operational framework established by the National Agency in consultation with the national boards). It is not proposed that there be a separate 'practising certificate' in addition to the certificate of registration or renewal of registration. It is proposed that if practitioners are required, by their employers or agents for example, to demonstrate their right to practise, then they should show their current registration or renewal certificate. There should be flexibility under these arrangements to allow a responsible board to issue either electronically or otherwise, on first registration, an attractive certificate suitable for display, and to issue a renewal in different form (for example a wallet sized card).

**CPRB supports proposal 11.2.2.**

**PRBV concurs with the submission by CPRB.**

**Proposal 11.2.3:** It is proposed that the legislation require a practitioner whose registration has been suspended or cancelled to return their certificate of registration to the responsible board. It is proposed that the legislation also provide that, for the purposes of legal certainty, in the absence of evidence to the contrary, a certificate of registration is evidence that the person to whom the certificate is issued is registered.

**Proposal 11.2.4:** It is proposed that the legislation impose an obligation on registered practitioners to notify the responsible board of a change of contact address, within 28 days and that a penalty apply for failure to comply.

**ALTERNATIVE OPTION:** There be no penalty for failure to notify of change of address.

A view has been expressed that, in order to protect the public, the new system needs to provide for the tracking of movement of practitioners across the country, so that a responsible board is able to determine in which jurisdictions and/or practice locations a practitioner is working.

***CPRB supports the imposition of a penalty for non notification of change of address, unless there are exceptional circumstances.***

***CPRB would also recommend provision be made in the legislation to impose an obligation on registered practitioners to notify the responsible Board of a change of name.***

***PRBV support imposition of penalty for failure to provide notification of change of address. The Board already has this but how often is a penalty applied? Is it just applicable to the address provided for contact with the Board or does it also apply to the Public register which has professional addresses?***

***Proposal 11.2.5:*** It is proposed that the legislation provide a power for boards to require registrants provide details of each practice address from which they offer regulated health services. Special arrangements would be required so that the reporting obligations are manageable for locum practitioners whose practice address changes regularly.

**ALTERNATIVE OPTION:** There be no requirement to provide a practice address.

***CPRB supports the requirement for a practice address, with arrangements for those doing locums.***

***PRBV concurs with the submission by CPRB.***

### 11.3 Failure to renew

Some State and Territory registration Acts contain provisions that specify what happens if a practitioner fails to renew their registration. In some jurisdictions, practitioners are afforded a 'grace' period (for example of three months following the date the renewal fell due), during which either they are automatically deemed to be registered or once they renew, their registration is backdated. This means that in the event that they have, inadvertently, continued to practise during this period (thereby 'holding out' as registered), their practice is not illegal and their PII arrangements continue to apply.

***Proposal 11.3.1:*** It is proposed that the legislation include provision for a 'grace' period of three months following expiry of registration, during which a practitioner is 'deemed' to be registered, but that if they fail to renew by the end of this period, then the board removes their name from the relevant register.

**ALTERNATIVE OPTION:** That there is no 'grace' period and that if a practitioner fails to renew their registration on time, their name is removed immediately from the register and they may be committing an offence if they continue to practise.

***CPRB supports the alternative option that there be no "Grace" period.***

***PRBV concurs with the submission by CPRB, and offers the following comment:***

- ***PRBV agree with alternative option, that there be no "Grace" period. It is inconsistent with actual registration expiry date. It may create confusion if staggered renewal is introduced. Holding out can and does occur after the "grace" period therefore a "grace" period is not warranted for this reason.***

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

Some State and Territory Acts contain provisions that provide a streamlined process for practitioners to be reinstated to the relevant Register, within a two year period after they have let their registration lapse. Such a provision facilitates re-entry to practice for those who can demonstrate recent practice but who hold older qualifications that may no longer be approved for registration purposes. Without such a mechanism, such senior practitioners might otherwise not be eligible for registration.

***Proposal 11.4.1:*** It is proposed that the legislation include provisions that allow a practitioner's name to be restored to the register, if they re-apply within a period of two years following a lapse of registration (under this Act, or a previous enactment of a participating jurisdiction), and they meet any continuing competence requirements set by the responsible board.

***ALTERNATIVE OPTION:*** There be no provision for restoration to the register, and practitioners who hold outdated qualifications and let their registration lapse be required to meet current registration requirements in the event that they reapply for registration, that is, they complete either an approved course of study and supervised practice, or an approved re-entry or refresher course.

***CPRB supports the first proposal with a period of five years. Recommend not using the term 'restored' to avoid confusion with a period immediately post expiry of registration in which an applicants name can be restored to the register. Suggest 're-entered or re-instated on the register'.***

***PRBV agree that streamlined reinstatement is available however within a 5 year period following a lapse of registration. In addition the ability to apply competency standards at the discretion of the Board should be available as per current Health Professions Registration Act 2005. NOTE: This must be consistent with competency requirements for renewal applicants, at present section 9 does not elaborate on what competency requirements are, just that they are to be agreed by the profession which is supported.***

#### **11.5 Removal from the register**

A number of State and Territory registration Acts make provision for a practitioner's name to be removed from the register in a range of circumstances, such as when the practitioner dies, when the practitioner was wrongfully registered, or fails to renew for whatever reason. In some cases this includes a power to remove from the register when the person no longer meets the mandatory requirements for registration. Examples include where a medical practitioner is granted registration under an 'area of need' provision which is linked to employment with a particular agency in a particular location, and the practitioner leaves that

employment, or a student who 'drops out' and therefore is no longer enrolled in an approved course of study (which defines student registration).

**Proposal 11.5.1:** It is proposed that the legislation include provision for a responsible board to remove a person's name from the register for a range of specified reasons, including where they no longer meet the mandatory requirements for registration, removal in cases of death, failure to renew, cancellation by agreement or via a tribunal decision.

***CPRB supports proposal 11.5.1.***

***PRBV concurs with the submission by CPRB.***

## **12. Transition arrangements**

There is a range of transition matters that will need to be addressed both in legislation and by the respective bodies in the lead up to commencement of the scheme. In determining these arrangements, considerations of public protection and safety will be of primary concern.

**NOTE:** The proposed content of the register and what information is to be publicly accessible and to whom, will be the subject of a separate paper.

### ***Transitional provisions***

Careful framing of transition provisions will be required, to ensure successful migration, from State and Territory schemes, of registrations, conditions imposed on registration, endorsements, investigations and conduct, competence and impairment proceedings etc in a manner that ensures protection of the public.

**Proposal 12.1:** With respect to transition arrangements, it is proposed that transitional provisions provide for:

- 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 'deemed' to be registered from 1 July 2010 and will be required to make a fresh application for registration with an expeditious process required.

It should be noted that the provision at (a) caters for the circumstances of those whose qualifications have been gained through programs of study which are no longer accredited. As long as the practitioner is registered on 30 June 2010, they will continue to be registered under the national scheme on 1 July 2010.

***CPRB supports proposal 12.1.***

***PRBV concurs with the submission by CPRB.***

## ATTACHMENT 1: PROFESSIONAL INDEMNITY INSURANCE ARRANGEMENTS BY JURISDICTION

| Jurisdiction   | Professional indemnity insurance requirements  |
|--|--|
| <b>ACT</b><br><b><i>Health Professions Act 2004 and Health Professions Regulations 2004</i></b>                        | <p><b>Section 37(1)(d)</b> – board may grant registration if the applicant is ‘covered by the insurance (if any) required under the regulations’.</p> <p>Note 2: ‘The suitability requirements are prescribed by regulation and include general competence’.</p> <p><b>Section 75(2)</b> – It is an offence for a registrant to ceases to have insurance and fails to tell the relevant board in writing as soon as practicable (and within 1 month). Penalty: 5 penalty units.</p> <p><b>Regulation 125</b> – a board may require a registrant to produce a certificate of insurance within 7 days of the request and if the registrant fails to produce the certificate, the board may apply to the Tribunal for cancellation of registration.</p> |
| <b>NSW</b><br><b><i>Health Care Liability Act 2001</i></b><br><br><b><i>Health Care Liability Regulations 2007</i></b> | <p><b>Section 19</b> - Registered medical practitioners and any other prescribed practitioners must hold approved indemnity insurance as a condition of registration &amp; if they don’t hold it, then they cannot hold registration.</p> <p><b>Section 20</b> – defines approved insurance.</p> <p><b>Section 25</b> – any other prescribed health practitioner has to hold insurance.</p> <p>All registered health professions are prescribed other than nurses and midwives, optical dispensers, and dental technicians.</p> <p><b>Regulations 4, 5, 7, &amp; 8</b> – set out exemptions, for example, when covered by employer’s insurance, or when non-practising.</p>  |
| <b>Northern Territory</b><br><b><i>Health Practitioners Act 2004</i></b>   | <p><b>Section 22(1)(e)</b> – an applicant is entitled to be registered if the applicant has adequate professional indemnity arrangements in place.</p>   |
| <b>Queensland</b>  | <p>Nil</p>   |
| <b>South Australia</b><br><b><i>Medical Practice Act 2004</i></b>  | <p><b>Section 33(1)(d)</b> – a person is eligible for registration if (amongst other things), the person satisfies the board that they are, unless exempted by the board, insured or indemnified in a manner and to an extent approved by the board against civil liabilities that might be incurred by the person in connection with the provision of medical treatment.</p>  |
| <b>Tasmania</b><br><b><i>Medical Practitioners Registration Act 1996</i></b>   | <p><b>Section 24(1A)(b)</b> – the Council may determine that an applicant is not entitled to practising registration if having regard to any relevant Ministerial guidelines, it is not satisfied that the applicant will have adequate professional indemnity insurance on commencing practice.</p> <p><b>Section 85A</b> – the Minister may issue guidelines relating to the levels of professional indemnity insurance that are appropriate for medical practice in this State. Sets out process for developing guidelines. Guidelines are not statutory rules.</p>   |
| <b>Victoria</b><br><b><i>Health Professions Registration Act 2005</i></b>  | <p><b>Section 13</b> - empowers the boards to impose a condition that the registrant hold or be covered by PII and that it meet the minimum terms and conditions set out in guidelines issued by the boards under</p> <p><b>Section 118(1)(h)</b> – empowers boards to issue guidelines about acceptable arrangements for PII.</p>   |
| <b>Western Australia</b><br><b><i>Medical Practitioners Act 2008</i></b>   | <p><b>Section 40</b> – board may, by written notice within 14 days, impose a condition that the practitioner must have or be covered by professional indemnity insurance that meets the minimum terms and conditions of the board.</p> <p><b>Section 62</b> – registrant must give the Registrar written notice of cancellation of PII or change of conditions so that they no longer comply with boards minimum terms and conditions.</p>   |

## ATTACHMENT 2: REVIEW OF REGISTRATION DECISIONS BY JURISDICTION

| Jurisdiction  | Arrangements for review of registration decisions   |
|---|---|
| <b>ACT</b><br><i>Health Professions Act 2004</i>                        | Section 46 provides for a person to make application to the Health Professions Tribunal (established under the Health Professions Act 2004) of a decision to register or not to register the person, to register the person conditionally, to register for less than 12 months. Section 67 provides for appeals from the Tribunal to the Supreme Court of the ACT (67). |
| <b>NSW</b><br><i>Medical Practice Act 1992</i>                          | <b>Section 13</b> - provides for a person to appeal to the Medical Tribunal constituted under the Act, concerning board determinations to refuse registration or impose conditions on a registration.<br><b>Section 91</b> - provides for a right of review of conditions placed on registration, to the Medical Tribunal.  |
| <b>Northern Territory</b><br><i>Health Practitioners Act 2004</i>       | <b>Section 99</b> – Review of registration decisions lies to the Supreme Court, for refusals of registration, conditions on registration, refusal to issue a new practising certificate, refusal to grant authorisation to practise in a restricted practice area.  |
| <b>Queensland</b><br><i>Medical Practitioners Registration Act 2001</i> | <b>Section 237</b> – appeals from registration decision (information notices) to the District Court of Queensland.  |
| <b>South Australia</b><br><i>Medical Practice Act 2004</i>              | <b>Part 6 section 65</b> – An appeal lies to the Supreme Court of SA against a refusal by the board to register, reinstate to the register, or impose conditions on a registration.   |
| <b>Tasmania</b><br><i>Medical Practitioners Registration Act 1996</i>   | <b>Part 5, section 61</b> – registrants may appeal any of the Council's decisions to the Supreme Court, including refusal of registration, imposition of conditions, removal of name from the register, refusal to restore to the register.   |
| <b>Victoria</b><br><i>Health Professions Registration Act 2005</i>      | <b>Section 16(2)</b> - provides for a review of board decisions to refuse a registration or an endorsement of registration, or attach conditions to a registration or endorsement of registration, to the Victorian Civil and Administrative Tribunal.  |
| <b>Western Australia</b><br><i>Medical Practitioners Act 2008</i>       | <b>Section 151(2)</b> – a person who is aggrieved by a decision of the board to refuse to grant registration, refuse to renew registration, impose a condition on registration, or refuse to revoke a condition on registration may apply to the State Administrative Tribunal for a review of the decision.  |

### ATTACHMENT 3: TYPES OF REGISTRATION BY JURISDICTION

| Jurisdiction       | Types of registration  |
|--------------------|--|
| ACT                | Unconditional registration as a health professional<br>Conditional registration as a health professional<br>Corporate registration   |
| NSW                | General registration<br>Conditional registration: <ul style="list-style-type: none"> <li>a. Graduates from non-accredited institutions – postgraduate training</li> <li>b. Candidates for examinations approved for supervised training</li> <li>c. Teaching or research</li> <li>d. Unmet areas of need</li> <li>e. Recognised specialist qualifications and experience</li> <li>f. Foreign specialist qualifications and experience – further training</li> <li>g. Temporary registration in the public interest</li> </ul> Interim registration<br>Non-practising registration<br>Student registration  |
| Northern Territory | Registration/enrolment<br>Interim registration   |
| Queensland         | General registration<br>Conditions of general registration: <ul style="list-style-type: none"> <li>a. internship conditions</li> <li>b. supervised practice program conditions</li> <li>c. other conditions</li> </ul> Provisional general registration<br>Specialist registration<br>Deemed specialist registration<br>Special purpose registration: <ul style="list-style-type: none"> <li>a. Post graduate study or training</li> <li>b. Supervised training to prepare for clinical examination</li> <li>c. Teaching or research</li> <li>d. Area of need</li> <li>e. Study or training to obtain qualification in a specialty</li> <li>f. Practice in the public interest</li> <li>g. Practice in general practice</li> </ul> Non-practising registration |
| South Australia    | General registration<br>Specialist registration<br>Student registration<br>Provisional registration<br>Limited registration<br>Corporate registration  |
| Tasmania           | General registration<br>Conditional registration (to undergo specific training)<br>Conditional registration (for specific purposes)<br>Interim registration<br>Non-practising registration   |

| Jurisdiction      | Types of registration   |
|-------------------|---|
| Victoria          | General registration<br>Specific registration: <ol style="list-style-type: none"> <li>Teaching or research position</li> <li>Exchange of practice or locum position</li> <li>Identified need</li> <li>Supervised practice or training</li> <li>Training for examination for general registration</li> <li>Public interest</li> <li>Practice within a recognised specialty</li> <li>Direct entry midwives</li> </ol> Provisional registration<br>Interim registration<br>Student registration<br>Non-practising registration |
| Western Australia | General registration<br>Conditional registration (for internship or supervised clinical practice)<br>Non-practising registration<br>Specialist registration<br>Provisional registration (called interim in NSW, Vic, Tas)<br>Conditional registration (for rural remote general practice)   |

A summary of the findings of this mapping exercise are as follows:

- All jurisdictions have a form of '**general**' registration. It is labelled differently in 2 jurisdictions (ACT and NT), but more importantly, in some jurisdictions it is used as '**unconditional**' registration (ACT, WA, NSW, Tas), where as in Victoria there is provision for conditions to be imposed on a general registrant (at the time of granting general registration or as a result of disciplinary/impairment processes) without changing the category the practitioner is registered under, for example from general to specific, or from general to conditional.
- All jurisdictions have a form of '**specific**' registration. However, it is labelled differently, and some jurisdictions have broken up the sub-categories and listed them rather than grouping them together. There is substantial commonality in terms of the sub-categories.
- Many jurisdictions have a form of '**interim**' registration that allows registration of a practitioner while their application is being processed if all indications are they are eligible for registration, or where they have completed their qualification but not yet conferred their degree.
- Most jurisdictions have a form of '**provisional**' registration for interns, However, in WA it is used in the same sense as 'interim' registration is used in other jurisdictions.
- Some jurisdictions have a category of 'mutual recognition' registration, in others, there is no mention of mutual recognition.
- In Queensland, it appears that a practitioner undergoing an internship can be granted 'general registration' with 'internship conditions' or be granted 'provisional general registration' which appears to be a form of 'interim' registration. Also the board can grant 'general registration' with 'supervised practice program conditions' or 'other conditions'.
- Queensland's '**special purpose**' registration category is similar to 'specific' registration in Victoria, and 'conditional' registration in NSW, but includes an additional sub-category not found in other jurisdictions in section 138 'Practice in general practice' for those who have RACGP qualifications to enable them to work in general practice. There is also provision for imposition of conditions on a special purpose registration and this is called 'special purpose registration on conditions'.
- There is provision for **specialist registration** in three jurisdictions - Qld, SA & WA but it works differently in each state. The scheme proposed in the IGA more closely reflects how specialists are dealt with under Victorian legislation.
- Non-practising** registration is available in four jurisdictions (NSW, Qld, Tas and Vic). However, there are some differences in how this operates.
- Student** registration applies only in NSW, Vic and SA.

## ATTACHMENT 4: DEFINITIONS AND PRACTICE RESTRICTIONS FOR DENTISTRY BY JURISDICTION

| Jurisdiction   | Definition   |
|--|--|
| <b>ACT<br/>Health<br/>Professions<br/>Act 2004</b>                           | <p><b>Section 16 - What is a <i>regulated health service</i>?</b><br/>In this Act:<br/><b>regulated health service</b> means a health service ordinarily provided by a health professional in a regulated health profession.</p> <p><b>Section 17 - When is someone a <i>registered health professional</i>?</b><br/>(1) In this Act:<br/><b>registered</b>, in relation to a health professional, means registered under this Act.</p> <p><b>Section 72 - Provision of regulated health services by unregistered people</b><br/>(1) A person commits an offence if:<br/> <ul style="list-style-type: none"> <li>(a) the person intentionally provides a regulated health service, and</li> <li>(b) the person is not registered in a health profession.</li> </ul> Maximum penalty: 50 penalty units, imprisonment for 6 months or both.</p>  |
| <b>NSW<br/>Public<br/>Health Act<br/>1991</b>                                | <p><b>Section 10AF – Restricted dental practices</b><br/> <ul style="list-style-type: none"> <li>(a) The performance of any operation on the human teeth or jaws or associated structures.</li> <li>(b) The correction of malpositions of the human teeth or jaws or associated structures.</li> <li>(c) The performance of radiographic work in connection with the human teeth or jaws or associated structures.</li> <li>(d) The mechanical construction or the renewal or repair of artificial dentures or restorative dental appliances.</li> <li>(e) The performance of any operation on, or the giving of any treatment or advice to, any person that is preparatory to or for the purpose of the fitting, insertion, adjusting, fixing, constructing, repairing or renewing of artificial dentures or restorative dental appliances.</li> </ul> </p>   |
| <b>Northern<br/>Territory<br/>Health<br/>Practitioners<br/>Act 2004</b>      | <p><b>Section 31 - Restricted practice areas</b><br/> <ul style="list-style-type: none"> <li>(1) A Board may, in respect of the category of health care practice for which it is established, declare an area of health care practice to be a restricted practice area.</li> <li>(2) A declaration under subsection (1) may be included in a code adopted by the Board under section 12.</li> </ul> Dental Codes available at: <a href="http://www.health.nt.gov.au">www.health.nt.gov.au</a> –<br/> <i>Authorisation to practice in a restricted practice area – Practice of dentistry policy</i><br/> Code states: ‘Dentistry is a restricted practice area. This means that only dental practitioners who are authorised to practise dentistry may practise dentistry’.<br/> The practise of dentistry is defined as ‘the diagnosis or management of conditions of the mouth of a person, the performance of any invasive or irreversible procedure on the natural teeth or the part of the person’s body associated with their natural teeth or the provision to a patient or the insertion or intraoral adjustment of artificial teeth or dental appliances for a patient.’</p> |
| <b>Queensland<br/>Dental<br/>Practitioners<br/>Registration<br/>Act 2001</b> | <p><b>Section 139A – Restriction</b><br/> <ul style="list-style-type: none"> <li>(1) A person who is not a general registrant, provisional general registrant, or medical practitioner must not practise dentistry.</li> <li>(2) – list of exempted persons</li> <li>(4) dentistry means all or any of the following: <ul style="list-style-type: none"> <li>(a) diagnosis of conditions of the mouth</li> <li>(b) fitting or intra-oral adjustment for a person of artificial teeth or corrective or restorative dental appliances, and</li> <li>(c) performance of exposure prone or irreversible procedures on a person's teeth, jaw, mouth and associated structures.</li> </ul> </li> </ul> </p>  |

|  |  |
|--|--|
|  | <p>Direction means direction by phone or other technology allowing reasonably contemporaneous and continuous oral communication</p> <p>Exposure prone procedure means:</p> <p>(a) a sub-mucosal invasion with a surgical instrument</p> <p>(b) a procedure dealing with sharp tissues or bone spicules in a body cavity or site.</p> <p>Irreversible procedure means a treatment or series of treatments that causes a permanent change to the affected hard or soft tissues.</p>  |
| <p><b>South Australia</b><br/><b>Dental Practice Act 2001</b></p>            | <p><b>Section 3</b> - "dental treatment" means:</p> <p>(a) advice, attendances, services, procedures and operations relating to the treatment of human teeth, gums, jaws and proximate tissue</p> <p>(b) the fitting of, and the taking of impressions or measurements for the purpose of fitting, dental prostheses and <a href="#">corrective dental appliances</a>, and</p> <p>(c) the making of dental prostheses and <a href="#">corrective dental appliances</a>, but does not include any treatment excluded from this definition by the regulations.</p> <p><b>Section 45</b> – Restrictions on provision of dental treatment by unqualified persons<br/>A person must not provide dental treatment for fee or reward unless the person is a qualified person or the person provides treatment through the instrumentality of a qualified person.</p>  |
| <p><b>Tasmania</b><br/><b>Dental Practitioners Registration Act 2001</b></p> | <p><b>Section 3</b> - "dentistry" means any one, or any combination of, the following:</p> <p>(a) the diagnosis of conditions of a person's mouth</p> <p>(b) the management of conditions of a person's mouth</p> <p>(c) the performance of invasive or irreversible procedures on a person's natural teeth or on a part of a person's body associated with their natural teeth</p> <p>(d) the provision to a person, or the insertion or intraoral adjustment for a person, of artificial teeth or dental appliances.</p> <p><b>Section 64 – Unregistered persons must not practise dentistry</b><br/>A person who is not a registered practitioner must not practise dentistry.</p>  |
| <p><b>Victoria</b><br/><b>Health Practitioners Registration Act 2005</b></p> | <p><b>Section 98 – Restriction on practising dentistry</b></p> <p>(1) A person who is not registered as a dental care provider under this Act must not knowingly do any of the following:</p> <p>(a) diagnose or manage conditions of the mouth of a person</p> <p>(b) perform any invasive or irreversible procedure on the natural teeth or the parts of a person's body associated with their natural teeth</p> <p>(c) provide artificial teeth or dental appliances to a patient or insert artificial teeth or dental appliances for a patient</p> <p>(d) make an intraoral adjustment of artificial teeth or dental appliances for a patient.</p>   |
| <p><b>Western Australia</b><br/><b>Dental Act 1939</b></p>                   | <p><b>Section 4</b> - "dentistry" means and includes any operation on or service in connection with the human teeth or jaws, and the artificial restoration of lost or removed teeth, or jaws and the treatment of diseases or lesions, and the correction of malpositions in human teeth or jaws, and any operation, treatment, or service on or to any person as preparatory to or for the purpose of or in connection with the fitting, insertion, or fixing of artificial teeth, and also every dental service, act, or operation of any kind or nature whatsoever.</p> <p>The term does not include the mechanical construction of artificial dentures by an artisan employed or engaged by a dentist.</p> <p>The performance of a single operation, service, or act of dentistry shall be deemed to be practising dentistry.</p> <p><b>Section 50(1)(a) – Practice of dentistry by certain persons prohibited</b><br/>No person, other than a dentist and no company shall practise dentistry or perform any dental act.</p> |

## ATTACHMENT 5: DEFINITIONS AND PRACTICE RESTRICTIONS FOR OPTOMETRY BY JURISDICTION

| Jurisdiction  | Definition   |
|---|--|
| <b>ACT<br/>Health<br/>Professions<br/>Act 2004</b>                      | <p><b>Section 16 - What is a <i>regulated health service</i>?</b><br/>In this Act:<br/><b><i>regulated health service</i></b> means a health service ordinarily provided by a health professional in a regulated health profession.</p> <p><b>Section 17 - When is someone a <i>registered</i> health professional?</b><br/>(1) In this Act:<br/><b><i>registered</i></b>, in relation to a health professional, means registered under this Act.</p> <p><b>Section 72- Provision of regulated health services by unregistered people</b><br/>(1) A person commits an offence if:<br/> <ul style="list-style-type: none"> <li>(a) the person intentionally provides a regulated health service, and</li> <li>(b) the person is not registered in a health profession.</li> </ul> Maximum penalty: 50 penalty units, imprisonment for 6 months or both.</p> |
| <b>NSW<br/>Public<br/>Health Act<br/>1991</b>                           | <p><b>Section 10AE - Prescribing of contact lenses, spectacle lenses and other appliances</b><br/><b><i>optical appliance</i></b> means contact lenses, spectacle lenses or any other appliance designed to correct, remedy or relieve any refractive abnormality or defect of sight.</p>  |
| <b>Northern<br/>Territory<br/>Health<br/>Practitioners<br/>Act 2004</b> | <p><b>Section 31 - Restricted practice areas</b><br/>(1) A Board may, in respect of the category of health care practice for which it is established, declare an area of health care practice to be a restricted practice area.<br/>(2) A declaration under subsection (1) may be included in a code adopted by the Board under section 12.<br/>Optometry Codes available at: <a href="http://www.health.nt.gov.au">www.health.nt.gov.au</a><br/><i>Authorisation to practice in a restricted practice area – Ocular therapeutics</i><br/>Code states: 'In accordance with the authority granted under Section 31 of the <i>Health Practitioners Act</i>, the Optometrists Board of the Northern Territory has declared the sale and supply of ocular therapeutics a restricted practice area'</p>   |
| <b>Queensland<br/>Optometrists<br/>Registration<br/>Act 2001</b>        | <p><b>Section 120A - Restriction</b><br/>(1) A person who is not a registrant or medical practitioner must not prescribe an optical appliance for a person.<br/>Maximum penalty—1000 penalty units.<br/>(2) In this section—<br/><b>Section 171 - <i>optical appliance</i></b> means spectacles, contact lenses or another appliance for correcting, remedying or relieving a defect of sight.</p>   |
| <b>South<br/>Australia<br/>Optometry<br/>Practice Act<br/>2007</b>      | <p><b>Section 3 - <i>optical appliance</i></b> means—<br/>(a) an appliance that is designed to correct, remedy or relieve a defect of vision, or<br/>(b) cosmetic contact lenses;<br/><b>Section 38—Prohibition on provision of optometry treatment by unqualified persons</b><br/>(1) A person must not provide optometry treatment consisting of the prescription of optical appliances unless:<br/> <ul style="list-style-type: none"> <li>(a) the person is a qualified person, or</li> <li>(b) the person provides the treatment through the instrumentality of a qualified person.</li> </ul> Maximum penalty: \$50 000 or imprisonment for 6 months.</p>  |

| Jurisdiction  | Definition  |
|---|---|
| <p><b>Tasmania</b><br/><b><i>Optometrists Registration Act 1994</i></b></p>       | <p><b>Section 3</b> - "optometry" means the investigation and management of the functions of the eye and vision and the prescribing of optical appliances to correct, remedy or relieve defects of vision, and<br/>"optical appliance" means an appliance that is designed to correct, remedy or relieve a defect of vision.</p> <p><b>Section 56 - Offence to practise optometry if unregistered</b><br/>(1) A person who is not a registered optometrist must not practise optometry.<br/>Penalty:<br/>Fine not exceeding 50 penalty units and a daily fine not exceeding 5 penalty units.<br/>(2) Subsection (1) does not apply to a medical practitioner.</p> |
| <p><b>Victoria</b><br/><b><i>Health Professions Registration Act 2005</i></b></p> | <p><b>Section 99(1) - Restriction on practising optometry</b><br/>A person must not knowingly do any of the following unless the person is registered as an optometrist under this Act:</p> <ul style="list-style-type: none"> <li>a) employ methods for the measurement of the refractive powers of vision</li> <li>b) prescribe optical appliances to correct, remedy or relieve defects of vision</li> <li>c) adapt lenses or prisms for the aid of the powers of vision</li> <li>d) prescribe and fit contact lenses to correct, remedy or relieve defects of vision.</li> </ul>  |
| <p><b>Western Australia</b><br/><b><i>Optometrists Act 2005</i></b></p>           | <p><b>Section 3</b> - "optometry" means —<br/>(a) the employment of methods for the measurement of the powers of vision<br/>(b) the prescribing of optical appliances to correct, remedy or relieve defects of vision<br/>(c) the adaptation of lenses and prisms for the aid of the powers of vision, and<br/>(d) fitting contact lenses.</p> <p><b>Section 82</b> – A person must not practise optometry unless that person is a registered person.</p>   |

## ATTACHMENT 6: REGISTRATION MECHANISMS FOR ENSURING PRACTITIONER COMPETENCE BY JURISDICTION

| Jurisdiction   | Registration mechanisms for ensuring practitioner competence   |
|--|--|
| <p><b>ACT</b><br/><i>Health Professions Act 2004</i></p> <p><i>Health Professions Regulations 2004</i></p> | <p><b>Section 37(1)(a)</b> – practitioner must ‘satisfy the suitability to practise requirements for the profession’ to be registered.</p> <p><b>Section 38</b> – provides powers for boards to review health professional’s professional practice.</p> <p><b>Regulation 114(1)(c)</b> - A person is suitable to practise in a health profession, or specialist area of a health profession if (amongst other things), ‘the person is generally competent’.</p> <p><b>Regulation 115</b> sets out what it means to be ‘generally competent’, and includes factors such as mental or physical health, drug or alcohol addiction, convictions, sufficient recent practice experience, and ‘any other relevant matter’.</p> <p><b>Regulation 129</b> imposes obligation on registered health professionals to ensure they remain suitable to practice in the profession.</p> <p><b>Regulation 130</b> provides powers for boards to establish or facilitate the establishment of programs to support, promote and assess health professionals’ general and professional competence.</p> <p><b>Regulation 131</b> provides powers for boards to ‘develop or endorse written standards about the action health professionals need to take to maintain competence and continue professional development’. Standard must include how requirements are satisfied and demonstrated.</p> <p><b>Regulations 133-150</b> provide standards in areas such as infection control, failure to report other practitioners for breach of required standards, treatment by assistants, etc.</p> |
| <p><b>NSW</b><br/><i>Medical Practice Act 1992</i></p>   | <p><b>Section 13</b> – the Board may not register a medical practitioner unless the person is competent to practise medicine (that is, the person has sufficient physical capacity, mental capacity, and skill to practise medicine and has sufficient communication skills including an adequate command of the English language).</p> <p><b>Part 5A</b> – Performance assessment.</p> <p><b>Section 99A</b> – the Board may develop a Code of professional conduct, setting out guidelines that should be observed by registered medical practitioners in the conduct of their practice. The provisions of a code of practice are a relevant consideration in determining for the purposes of the Act what constitutes proper and ethical conduct by a registered medical practitioner.</p>  |
| <p><b>Northern Territory</b><br/><i>Health Practitioners Act 2004</i></p>                                  | <p><b>Section 12</b> – A board may adopt policies and codes for the purposes of providing practical guidance to health practitioners.</p> <p><b>Section 22</b> – a person is entitled to registration in a category if that person is (amongst other things) competent to practise in that category. For the purposes of this provision, a board may take into account evidence of an applicant’s recent practice or continued competence in a category of health care practice, in addition to anything else it thinks fit.</p> <p><b>Section 49</b> – A board may refuse to issue an annual practising certificate if the health practitioner has not practised for a period specified by the board, or does not meet the requirements of section 22.</p> <p><b>Part 5</b> – impaired practitioners.</p> <p><b>Part 6</b> – performance assessment.</p>  |
| <p><b>Queensland</b><br/><i>Medical Practitioners Registration Act 2001</i></p>                            | <p><b>Section 45</b> – When deciding whether to register an applicant, the board may have regard to a number of matters (mental and physical health, command of English language, criminal history et) and ‘if the applicant’s qualification day is more than 3 years before the date of application, the nature, extent and period of any practice of the profession since the qualification day’.</p> <p><b>Section 46</b> – Board may require applicant to undergo an examination, assessment or health assessment.</p>   |

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|---|---|
|   | <p><b>Section 47-50</b> – health assessments.</p> <p><b>Section 70</b> – recency of practice requirements – requirements prescribed under regulation that, if satisfied demonstrate that an applicant for renewal of a general registration has maintained an adequate connection with the profession and may include nature and extent of practice, CPD, research, study or teaching, administrative work relating to the profession.</p> <p><b>Section 71</b> – inquiries into renewal applications – board may require applicant to undergo a written, oral or practical examination.</p> <p><b>Section 76</b> – if the board is not satisfied the applicant has satisfied recency of practice requirements, board may impose conditions.</p> <p><b>Section 266</b> – board may develop or recognise a program for the continuing professional education of registrants and state the minimum CPD requirements a registrant needs to satisfy in a stated period to keep up to date with developments in the practice of the profession. Practitioners who meet minimum requirements may advertise this fact.</p> |
| <p><b>South Australia</b><br/><i>Medical Practice Act 2004</i></p>            | <p><b>Section 44(1)</b> – a registered person who has not provided medical treatment of the kind authorised by his or her registration for a period of 3 years or more must not provide any such medical treatment without first obtaining the approval of the board.</p>   |
| <p><b>Tasmania</b><br/><i>Medical Practitioners Registration Act 1996</i></p> | <p><b>Section 26</b> – the council may get an assessment committee together to assess the applicant’s entitlement to practising registration.</p> <p><b>Section 29</b> – Special grounds for refusing to grant registration - in the case of an applicant who has previously held registration but has not actively practised in the 5 year period preceding the making of the application, the Council is not satisfied that he or she still has the appropriate level of skill and knowledge.</p>   |
| <p><b>Victoria</b><br/><i>Health Professions Registration Act 2005</i></p>    | <p><b>Section 18(3)</b> – renewal of registration must be accompanied by information such as main types of regulated health services provided in previous registration period, CPD undertaken, main types of regulated health services the applicant intends to provide in next registration period.</p> <p><b>Section 18(4)</b> – at renewal a practitioner who has not provided regulated health services in previous 2 years or longer period prescribed by regulation, or who intends to change the type of regulated health services they provide must provide details of training or proposed training to ensure their competence.</p> <p><b>Section 118(1)(g)</b> – powers of the board to issue codes for the guidance of registered health practitioners about standards recommended by the board relating to the provision of regulated health services and professional performance.</p> <p><b>Part 3 Division 3</b> – Health assessments.</p> <p><b>Part 3 Division 4</b> – Performance assessments.</p>  |
| <p><b>Western Australia</b><br/><i>Medical Practitioners Act 2008</i></p>     | <p><b>Section 30(2)</b> – the requirements for registration are that the applicant is (amongst other things) competent to practise medicine (that is the person has sufficient physical capacity, mental capacity and skill to practise medicine).</p> <p><b>Section 46</b> – If the board believes on reasonable grounds that an applicant for renewal of registration does not have sufficient practical experience or has not maintained an adequate knowledge and skill relating to their type of registration, the board may refuse to renew the registration or attach conditions.</p> <p><b>Division 6</b> – Impairment matters.</p> <p><b>Division 7</b> – Competency matters.</p>  |

There should be an exclusion to this proposal. Removal from the register should occur automatically upon non-submission of renewal application and fee by due date and therefore legislated to occur without the need to have approval from the responsible Board.