Specialist Registration
Submission to the Medical Board of Australia

The Royal Australasian College of Physicians (RACP) supports the principle of national registration and national accreditation in Australia and believes there are benefits to be gained from their implementation. The College has responded to calls for submissions on various aspects of the proposed arrangements as they have developed.

The RACP thanks the Medical Board of Australia for the opportunity to comment on the Registration Standard Paper as per the draft dated November 30 2010.

The RACP continues its support for the Medical Board of Australia, the Australian Health Practitioner Regulation Agency (APHRA) and the national registration and accreditation scheme. We look forward to continuing to work with the Medical Board and APHRA on developing and implementing policy in this area, to the benefit of both patients and practitioners.

Further to our previous submissions\(^1\), the RACP makes the following submission on the consultation paper:

**Reporting on suitability for fellowship and specialist registration**

The RACP has not previously been involved with the reporting on suitability for fellowship and specialist registration. We believe that such involvement may complicate the relationship between the RACP and its’ fellows.

The RACP notes that the Medical Board encourages specialist colleges to notify the Board if a practitioner’s fellowship has been revoked because they are not deemed to be “suitable”, particularly if there are issues of professional performance or impairment. However, the RACP is concerned with the college’s capacity to assess a specialist’s suitability for membership for the purposes of the Medical Board.

The RACP proposes that a Memorandum of Understanding or a code of practice is developed to ensure medical colleges have appropriate procedures and governance structures in place to ensure consistency with the *Health Practitioner Regulation National Law Act* (2009). There also needs to be clarity over the division of responsibilities between the Medical Board and the medical colleges.

Once this has been developed, Colleges (whether singularly or through CPMC) will be in a better position to assess the implications and costs, and develop budgets for the work involved. There is concern that the implementation of such processes will result in additional costs for college members.

The RACP also requests that a process is implemented to ensure that the college is notified by Medical Board (or the tribunal) of deregistration of a Fellow.

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\(^1\) Submission to the Medical Board of Australia, ‘Consultation paper 5- Proposals for registration Standards’ August 2010; Submission to the Australian Health Workforce Ministerial Council on the Exposure draft of the *Health Practitioner Regulation Law 2009*
Continuing Professional Development (CPD) and Professional Competence and Performance

The RACP implements mandatory CPD for all fellows according to the *Health Practitioner Regulation National Law Act* (2009) (National Law). We note that the Medical Board encourages specialist colleges to notify the Board if they become aware that a practitioner is not complying with CPD requirements, but do not support the reporting of CPD non-compliance of fellows.

The RACP’s role is to support, facilitate and engage our Fellows to ensure trust is upheld and maintained. Whilst the RACP has an obligation to ensure that its’ operations are in the public interest and are fulfilling the Medical Board’s objective of protection of the public, there is no legal requirement for Colleges to report an individual’s non-compliance in CPD to the Medical Board.

Under the new arrangements the RACP understands that it will not be compulsory for registered specialists to be members of a College. If ongoing Fellowship is not required, the RACP will not know or have the capacity to report about CPD compliance. There are also difficulties associated with ensuring that up-to-date records for members including joint- fellows are kept across all faculties, divisions, chapters and speciality societies.

If a Fellow is engaged with more than one College, the RACP believes that CPD must be acceptable to both Colleges within their CPD framework in order to avoid any unintended consequences of a compliance burden.

Role of the Medical Colleges as agents of the Medical Board

Whilst medical colleges aim to work collaboratively with the Medical Board, the provision of information by medical colleges to the Medical Board is limited due to resources and capacity.

Review of assessments of applications of non-Fellows

A mechanism should be developed to review the assessment of applications which fall outside of the normal Fellowship pathway. The specialist medical colleges have been given the powerful role of final decision maker in the process of assessment of an application for specialist registration when the application falls outside the normal pathway which leads to the award of Fellowship of a college. The RACP suggests that the Medical Board set up an independent appeal and review mechanism whereby such decisions can be reviewed promptly.

Specialists in states / territories without Specialist registers

Under requirements for initial (specialist) registration for those already on the medical register, the consultation paper states that applicants will need to complete an application form, and submit a copy of:

1. *Fellowship* or
2. *letter from the relevant specialist college that confirms that they have been assessed are eligible for Fellowship*. If the applicant has been assessed as substantially comparable but needs to complete further examinations and/or further period of supervised practice, they are not eligible for specialist registration until the College confirms that all requirements have been met.
Applicants must provide any other information the Board requires under section 80 in order to determine whether the applicant is a suitable person to hold specialist registration.

The RACP asks that the Medical Board consider the workload this process would create for college staff, as well as an extra burden for those registered in states which do not at present have a specialist register.

Development of new specialities

The RACP supports the development of policy to include new disciplines or areas of practice that are not covered by existing specialist medical colleges. This would recognise a group of practitioners training and participating in a discipline independently of existing specialist colleges or by establishing a new AMC approved college (a rather lengthy process).

The RACP would appreciate the opportunity to collaborate with the Medical Board to address this policy area and conduct an analysis of cost.

Mobility across specialist categories

The RACP recognises the significance of flexibility for competent practitioners to practice between specialties. We particularly note the circumstance of appropriately qualified specialists who wish to practice concurrently as generalists. The RACP will work collaboratively with the AMC to develop pathways to support the movement of physicians within their areas of practice.

There remain a number of transitional issues as we move to implement new arrangements and the College is committed to ensuring that the registration standards do not impact negatively on Fellows.

The RACP looks forward to working effectively with the Medical Board to address these matters. Please do not hesitate to contact Meg McLoughlin, Senior Policy Officer at meg.mcloughlin@racp.edu.au or on 02 9256 9627 should you require any further information regarding this submission.