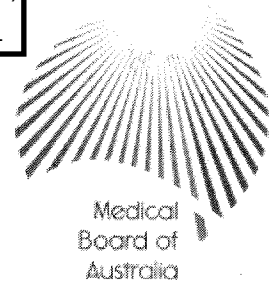


Submission No. 51
(Overseas Trained Doctors)
Date: 09/02/2011



Submission to the House of
Representatives Standing
Committee on Health and
Ageing

Inquiry into Registration Processes and
Support for Overseas Trained Doctors

4 February 2011

Summary

This submission focuses on medical registration. The purpose of the submission is to provide factual information about medical registration to the inquiry into registration processes and support for overseas trained doctors of the House of Representatives Standing Committee on Health and Ageing.

The submission outlines the steps an international medical graduate (IMG) needs to take to apply for registration and the factors that the Medical Board of Australia (the Board) takes into consideration when deciding whether or not to grant registration. The essential underlying framework for decision making is a risk based approach.

Introduction

Australia relies on IMGs who form an important part of the medical workforce, particularly in rural and remote areas and in the public hospital system. On 28 January 2011, there were 6475 medical practitioners holding limited registration because they do not meet the qualification requirements for general or specialist registration. This is around 7.5% of the total medical workforce.

Medical practitioners who gained their primary medical qualification outside Australia or New Zealand are generally no longer referred to as "IMGs" once they have obtained general or specialist registration. This group of practitioners is estimated to be in the order of around 25% of the total medical workforce but substantially higher in regional and remote communities.

Australia also has a social responsibility to provide training to IMGs who seek short-term specialist training in Australia's health care and medical education system. Typically, most of these IMGs return home, with additional skills and experience to the benefit of their own communities. This movement of medical practitioners for training also benefits the Australian community as locally qualified medical practitioners are also able to train in diverse healthcare systems and return to Australia with additional skills, training and experience.

The Board through the Australian Health Practitioner Regulation Agency (AHPRA) is responsible for the registration of all medical practitioners in Australia. The Board's powers are defined by the *Health Practitioner Regulation National Law Act* (the National Law) as in force in each state and territory. The National Law allows the Board to grant limited registration to international medical graduates who are not qualified for general or specialist registration.

The Australian Medical Council has been appointed to be the accreditation agency for medicine. The initial appointment is for the first three years of the National Scheme. The AMC has a range of roles including:

- accreditation of medical schools
- recognition and accreditation of medical specialties
- facilitation of assessment of international medical graduates (IMGs) by the specialist colleges for specialist registration
- conducting the assessment of the knowledge and clinical skills of IMGs seeking general registration and
- developing accreditation standards for medicine for approval by the Board, including providing advice to the Board on the recognition of overseas qualifications.

The National Registration and Accreditation Scheme is described in further detail at Attachment A.

Types of limited registration

Limited registration is granted for a specific purpose, as defined in the National Law for each category of registration. These are:

1. Limited registration for postgraduate training or supervised practice (s. 66)
2. Limited registration for area of need (s. 67)
3. Limited registration in public interest (s. 68)
4. Limited registration for teaching or research (s. 69)

Registration Standards

Amongst its first tasks the Board developed a series of registration standards detailing various requirements under the National Law. The Board consulted widely on the standards and they have been approved by the Australian Health Workforce Ministerial Council (the Ministerial Council). The approved standards are:

- English language registration standard
- Criminal history registration standard
- Continuing professional development registration standard
- Recency of practice registration standard
- Professional indemnity insurance registration standard
- Registration standards for limited registration for:
 - Postgraduate training or supervised practice
 - Area of need
 - Public interest
 - Teaching or research

The registration standards are at Attachment B.

A complex system

It can be difficult for an IMG who wishes to practise medicine in Australia to navigate the system. In addition to dealing directly with AHPRA and the Medical Board, an IMG will also usually need to interact with most of the agencies listed below

- Department of Immigration and Citizenship
- Employers and sponsors, either private practitioners or hospitals and other health services
- Recruitment agencies including rural workforce agencies
- Medicare Australia
- Responsible Ministers (declaration of Areas of Need)
- Departments of Health
- Specialist Colleges and the Australian Medical Council (AMC)

Issues

Known difficulties faced by IMGs

- IMGs are often registered to practise in rural and remote locations (particularly for area of need). Consequences may include:
 - Limited time to study (given work commitments)
 - Few opportunities to join a study group
 - Few opportunities to attend formal professional development and study preparation activities
 - Separation from family – it is not an uncommon situation for the IMG's spouse and children to live in the city (or even another state or country).
- Many of these IMGs have undertaken formal study for many years. Studying for the AMC or specialist college examinations can therefore be difficult
- The case mix in Australia may be different from that to which the IMG was previously exposed
- Orientation to a new health care system with varying levels of support – the IMG is required to quickly adapt to new legislation, new processes, new IT systems as well as new cultural norms
- It is a requirement of limited registration that each limited registrant is supervised and they are restricted to practise in the Board approved location/s. This can result in some IMGs feeling “trapped” in a position that may not meet their needs. Practically, the IMG can apply to the Board for a variation of the registration or make a new application if they

can find other employment. However, there is a reliance on their supervisor who will be asked to provide a work report at the time that the application is considered

- The Board's registration standards impose a requirement on IMGs who wish to practise in Australia in the longer term to demonstrate progress towards achieving general or specialist registration. The National Law allows for an initial application and three renewals. By the end of four years, the Board expects that IMGs will have progressed to general or specialist registration, or demonstrate substantial progress. It might be difficult for IMGs to achieve general registration within four years if they fail to pass the AMC clinical examination on their first sitting. While the Board takes into consideration all efforts to achieve general registration, the uncertainty involved can be stressful for IMGs who are nearing the end of their third registration renewal period
- The specialist colleges do not have uniform requirements and this can lead to some confusion about requirements for IMGs and their supervisors.

Issues for the community

The views expressed by members of the community about IMGs are variable and often dependent upon their individual experience. They can therefore appear to be polarised. Some general comments:

- The community expects that the Board has assessed IMGs as safe to practise in Australia, before the IMGs commence practice
- The community expects to have reasonable access to a medical practitioner
- The community may not understand that the assessment processes that have been developed are about safety to practise in a specific context. That is, an IMG may not perform satisfactorily in a pre-employment structured clinical interview (PESCI) and may not be sufficiently experienced to practise in a rural or remote location. However, that same IMG may be well suited and able to be registered to practise in a supervised position in a hospital setting
- The community often expresses support for an IMG who has been practising for some time, particularly when the IMG's ongoing registration appears to be at risk
- The community does not understand that a refusal to register is usually based upon concerns about an individual practitioner's safety to practise. This is because the Board is constrained when providing information to the public about individual cases
- The community has been (appropriately) very vocal in expressing concern about assessment processes for IMGs where there has been an apparent failure in assessment processes resulting in real or perceived harm to patients.

Limited Registration under the National Law

By definition, limited registration is available to medical practitioners who are not qualified for general or specialist registration in Australia. The National Law provides that the Board must ensure that only those who are suitably trained and qualified to practise are registered. The objectives of the National Law also include facilitating access to health services in the public interest and facilitating rigorous and responsive assessment of overseas trained practitioners.

A risk based approach

IMGs come from a range of backgrounds – different educational backgrounds, experience, history, training, health care systems. IMGs also apply to work in a range of positions, varying from low risk, highly supervised practice, through to high risk, largely independent practice. These differences have led to the variety of assessment processes for IMGs that have been developed over time and are described in this submission.

All applications for limited registration are assessed with the following principles in mind.

- The Medical Board must balance the need to facilitate access to health services with the potential risk to public safety in registering a practitioner who is not suitably qualified and experienced
- The primary consideration of the Board is whether the IMG has the necessary skills, experience and training to provide safe health care to the community in which he or she is applying to practise, given the scope and context of the practice and the supervision and support available
- The Board must consider the level of experience of the applicant, and the level of risk of the position and determine which assessment processes need to be applied and what if any conditions should be placed upon the registration.

As the potential risk of the practice of an applicant for registration increases, the Board expects more comprehensive assessment of that applicant. In deciding on the level of risk of the position, the Board takes into consideration

- The activities that the IMG is likely to be required to undertake. For example, anaesthetic and obstetric practice is more high risk than non-procedural general practice
- The level of support that will be available to the IMG. For example, on-site supervision versus more remote supervision
- The training, skills and experience of the applicant
- The results of required assessments – for example, pre-employment structured clinical interviews (PESCI)
- The advice of specialist colleges who have assessed the IMG's training and clinical practice.

This assessment is a complex and time-consuming task. Between 1 July 2010 and 31 January 2011 there were 3298 new applications for limited registration and 6472 applications for renewal of limited registration.

Specific requirements for registration

Before it registers any medical practitioner, the Board must:

- verify the applicant's identity as per the proof of identity framework
- verify the applicant's qualifications – to ensure that they hold a medical degree. Each applicant for registration is required to submit their qualifications for primary source verification
- ensure that the applicant has undertaken an internship – to confirm that the applicant has undertaken a period of supervised practice and also as a cross check to verify identity and qualifications
- ensure that the applicant is a suitable person to practise medicine in Australia.
- confirm that the applicant complies with the registration standards for:
 - English language
 - Professional indemnity insurance (PII)
 - Recency of practice
 - Continuing professional development (CPD)

Additionally, in the case of applicants for limited registration, assess whether the applicant has the necessary skills, experience and training to provide safe medical care to patients. It does this by requiring a range of assessments that are referred to in this paper.

Period of registration and renewal

The Board can grant registration for up to 12 months. At the expiry of this registration, the IMG can apply for renewal of registration. The National Law states that limited registration may not be renewed more than three times. After three renewals of registration, the IMG would need to make a new application for limited registration.

The Board expects that an IMG who is intending to practise in Australia in the longer term will demonstrate progress towards qualifying for general or specialist registration. This has been the previous policy in several jurisdictions and in Queensland was a requirement of the previous legislation.

At the time that an IMG applies to renew registration, the Board considers:

- Work reports – to ensure that the IMG is safe to practise
- Progress towards qualifying for general or specialist registration
- Whether all other registration standards (CPD, PII and recency) have been met
- Other mandatory declarations regarding impairment, criminal activity etc.

In brief – what an IMG needs to do to apply for limited registration

This section refers to an application for limited registration and does not include the requirements imposed by other agencies, such as visa requirements or applying for Medicare provider numbers.

To apply for limited registration, IMGs must:

1. Apply for a job and be offered a position
2. On the basis of the purpose of their practice in Australia, decide on the most suitable category of limited registration – See Attachment C
3. If applying for limited registration for postgraduate training or supervised practice or for area of need, decide on the most suitable pathway to registration and approach the AMC to fulfil the necessary criteria – See Attachment D
4. Apply via the AMC for primary source verification of medical qualifications from the Educational Commission for Foreign Medical Graduates International Credentials Service (EICS)
5. Collate all the documentation required by the Board as per the registration standards for each category of limited registration and the corresponding application form
6. Make application to the Board for limited registration
7. If the Board decides that further assessment is necessary, undertake such assessment. For example, it is likely that before approving an application for registration for an IMG to practise in a rural or remote location, the Board will require a satisfactory result at a pre-employment structured clinical interview (PESCI) to ensure that the applicant has the necessary skills to undertake the specific clinical practice
8. Once approval in principle is provided by the Board, present in person with original documentation to complete the registration process

The IMG can commence work when the registration process has been completed.

See Attachment E for a diagrammatic representation of the registration process.

See Attachment F for details of the Board's administrative and assessment processes for registering IMGs.

Applying for renewal of limited registration

When assessing an application for renewal of limited registration, the Board must assess whether the practitioner continues to be competent and safe to practise and whether they continue to meet the requirements for registration. For limited registrants, these include meeting supervision and training requirements, as well as progressing towards qualifying for general or specialist registration if intending to practise in Australia in the longer term.

In addition to the requirements in s. 109 of the National Law (Attachment G), all registrants are required to comply with the Board's registration standards, including for CPD, PII and recency of practice. They are also required to provide evidence of:

- a. compliance with any conditions or requirements on registration
- b. satisfactory work performance in the position, where applicable
- c. satisfactory progress towards qualifying for general or specialist registration within a maximum period of four years for IMGs intending to practise medicine in Australia in the longer term.

The Board may require the practitioner to undergo an examination or assessment if there are issues related to the practitioner's ability to practise competently and safely and if the practitioner has failed to meet any of the requirements of renewal of registration.

The Board may refuse to renew limited registration if:

- a. the practitioner's employment ceases or is terminated; or
- b. the practitioner fails to comply with supervision requirements; or
- c. during assessment of supervision, deficiencies are identified in the practitioner's practice that the Board considers significant or
- d. for any of the reasons stated in s. 82 of the National Law (Attachment H).

The Board's requirements for renewal of registration help the Board to identify any potential risks to public health and safety and enable the Board to take the necessary action to protect the public, if necessary. If there are concerns about a limited registrant's practice, the Board may:

- refuse to renew registration or grant new registration (in the case of a registrant who has already had four years of registration)
- impose conditions on registration, that provide appropriate supports for the practitioner and protection for his or her patients
- modify supervised practice and/or professional development plans
- require the practitioner to undergo a performance assessment or other examination
- take action under Part 8 of the National Law for health, performance or conduct reasons.

Appeal mechanisms

Any applicant whose registration or renewal of registration is refused has rights of appeal to an independent Tribunal under the National Law.

The National Law also requires that the Board give applicants the opportunity to make submissions if the Board is proposing to refuse an application for registration. The Board must take these submissions into consideration prior to making its final decision.

Conclusion

The Board takes its responsibility as the registration authority for medicine very seriously. In considering applications for limited registration, the Board must balance the competing tensions of ensuring that only those who are suitably trained and qualified to practise in a competent and ethical manner are registered and facilitating access to health services in the public interest.

Most medical practitioners who seek to work in Australia are ethical and competent. However, they are applying to work in a range of clinical settings and come with a wide range of experience, training and competence. In assessing each application for registration from an IMG, the Board is required to assess the attributes of the individual and to determine whether or not they can safely deliver the medical services that will be required of them in their particular position. The assessment of these applications is complex and resource intensive. Applications are assessed on an individual basis with a risk analysis required for each application.

There is a range of information that all applicants for registration, both locally and overseas trained are required to submit to the Board. This information is to confirm identity, qualifications, suitability and compliance with the various registration standards. In addition there is additional information that IMGs are required to provide to enable the Board to make an assessment of the potential risk posed by the practitioner's practice.

The Board's assessment processes are also reliant on information from other agencies such as the AMC, specialist colleges, PESCI providers and employers.

Assessment processes have been developed over time in an attempt to streamline low-risk applications and to allow closer scrutiny of higher risk applications. A consequence of the varied assessment processes is that it can be difficult for IMGs and their employers to work out how to approach the registration process.

The establishment of the national registration and accreditation scheme provides an important opportunity to improve the transparency and consistency of registration processes for IMGs and allows a more co-ordinated approach to developing communication strategies

to assist all stakeholders to better understand and navigate their way around these necessarily complex processes.

The National Registration and Accreditation Scheme

1 July 2010 marked the start of a new era in health practitioner regulation in Australia when health practitioners in 10 health professions (except those registered in Western Australia) became registered under the National Registration and Accreditation Scheme (the Scheme). Western Australia joined the Scheme on 18 October 2010.

With national registration, 10 National Boards replaced 85 boards based in states and territories. Health practitioners are now registered under nationally consistent legislation, replacing 66 different Acts of Parliament. This legislation is referred to as the *Health Practitioner Regulation National Law Act* (the National Law) as in force in each state and territory.

The objectives of the Scheme are to:

- protect the public by ensuring that only practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered
- facilitate workforce mobility across Australia
- facilitate the provision of high quality education and training of health practitioners facilitate the rigorous and responsive assessment of overseas-trained health practitioners
- facilitate access to services provided by health practitioners in accordance with the public interest and
- enable the continuous development of a flexible, responsive and sustainable Australian health workforce and enable innovation in the education of and service delivery by health practitioners.

The National Law defines the guiding principles of the National Scheme:

1. The National Scheme is to operate in a transparent, accountable, efficient, effective and fair way.
2. Fees required to be paid under the National Scheme are to be reasonable, having regard to the efficient and effective operation of the National Scheme.
3. Restrictions on the practice of a health profession are to be imposed only if it is necessary to ensure health services are provided safely and are of an appropriate quality.

The National Scheme includes the following professions:

- chiropractors
 - dental practitioners (including dentists, dental specialists, dental hygienists, dental prosthetists and dental therapists)
 - medical practitioners
 - nurses and midwives
-

- optometrists
- osteopaths
- pharmacists
- physiotherapists
- podiatrists and
- psychologists.

From 1 July 2012, the following professions will join the National Scheme:

- Aboriginal and Torres Strait Islander health practitioners
- Chinese medicine practitioners
- Medical radiation practitioners and
- Occupational therapists

Benefits of a national registration Scheme

National registration will bring substantial benefits to the community, individual practitioners and to the health professions, including:

- mobility: practitioners with general registration can register once and practise in any participating jurisdiction in Australia
- uniformity: there are consistent national standards in relation to registration and professional standards for each profession
- efficiency: less red tape associated with registrations and notifications, over time, processes will be streamlined and there will be considerable efficiencies of scale
- collaboration: sharing, learning and understanding of innovation and good regulatory practice between professions, and
- transparency: national online registers displaying all registered health practitioners, including current conditions on practice (except health-related conditions).

Who administers the National Scheme?

The success of the National Scheme depends on a number of different groups working in partnership to deliver the objectives.

Australian Health Workforce Ministerial Council

The Australian Health Workforce Ministerial Council (the Ministerial Council) comprises the Health Ministers of the participating jurisdictions and the Commonwealth. The Ministerial Council has a range of powers that include:

- appointing the National Board members and the Agency Management Committee (Australian Health Practitioner Regulation Agency's Board)

- giving directions to Australian Health Practitioner Regulation Agency (AHPRA) and the Board about the policies they must apply in exercising their functions and
- approving registration standards, lists of specialties and specialist titles and endorsements in relation to scheduled medicines and areas of practice.

Australian Health Workforce Advisory Council

The role of the Australian Health Workforce Advisory Council is to provide independent advice to the Ministerial Council about matters related to the National Scheme. Advice from the Australian Health Workforce Advisory Council cannot be about a particular person, qualification, application, notification or proceeding.

The Medical Board of Australia

The Board is made up of 12 members, eight of whom are registered medical practitioners and four of whom are community members. Members of the Board were appointed by the Australian Health Workforce Ministerial Council (the Ministerial Council) after a public call for applications.

The Board has state committees (referred to as state and territory boards) in every Australian state and territory. The Board has delegated to the state or territory boards and other state-based committees the powers in the National Law that relate to the registration and management of notifications of individual practitioners.

The Board's powers and functions are defined in the National Law. They include:

- registering qualified and competent medical practitioners
- registering medical students
- deciding the requirements for registration or endorsement of registration
- developing or approving standards, codes and guidelines, including—
 - accreditation standards
 - registration standards and
 - codes and guidelines
- approving accredited programs of study as providing qualifications for registration or endorsement
- overseeing the assessment of overseas-qualified applicants for registration and determining the suitability of the applicants for registration in Australia
- negotiating the terms of a health profession agreement with AHPRA
- overseeing the receipt, assessment and investigation of notifications
- establishing panels to conduct hearings about medical practitioners and medical students (only health and serious criminal matters in relation to students)
- referring matters about practitioners to responsible tribunals

- overseeing the management of registered medical practitioners and students, including monitoring conditions, undertakings and suspensions imposed on the registration of the practitioners or students
- making recommendations to the Ministerial Council about the operation of specialist recognition and the approval of specialties
- with AHPRA, keeping up-to date and publicly accessible national registers of registered medical practitioners and up to date national registers for medical students and
- advising the Ministerial Council on issues relating to the National Scheme and giving assistance or information required by the Ministerial Council.

Australian Health Practitioner Regulation Agency

The AHPRA is the agency that supports the National Boards to perform their functions. The Boards cannot enter into contracts and cannot employ staff. They rely on AHPRA to provide the human resources and infrastructure to enable the Boards to administer the National Law.

The Agency Management Committee is the Board of AHPRA.

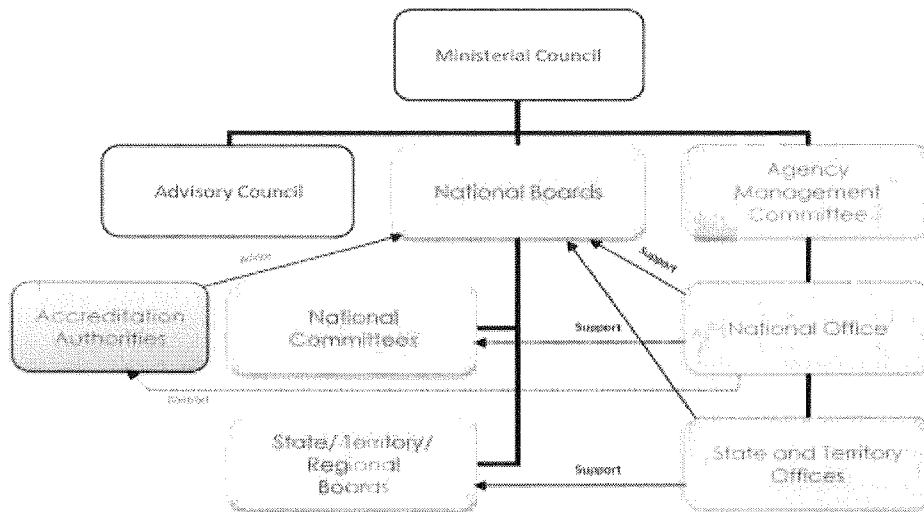
The role of AHPRA includes:

- providing administrative assistance and support to the National Boards and the Boards' committees
- in consultation with the National Boards, developing and administering procedures for efficient and effective operation of the National Boards
- establishing procedures for the development of accreditation standards, registration standards and codes and guidelines so that the National Scheme operates in accordance with good regulatory practice
- negotiating with each National Board on the terms of a health profession agreement, setting out the services to be provided by AHPRA to each of the National Boards receiving and dealing with applications for registration and with notifications about the performance, conduct and/or health of individual practitioners
- in conjunction with the National Boards, keeping up-to-date and publicly accessible national registers of practitioners and national registers of students (student registers will not be publicly available) and
- providing advice to the Ministerial Council about the administration of the National Scheme.

Australian Medical Council

The Australian Medical Council has been appointed to be the accreditation agency for medicine. The initial appointment is for the first three years of the National Scheme. The AMC has a range of roles including:

- accreditation of medical schools
- recognition and accreditation of medical specialties
- facilitation of assessment of international medical graduates (IMGs) by the specialist colleges for specialist registration
- conducting the assessment of the knowledge and clinical skills of IMGs seeking general registration and
- developing accreditation standards for medicine for approval by the Board, including providing advice to the Board on the recognition of overseas qualifications.



Diagrammatic representation of the National Registration and Accreditation Scheme

Approved Registration Standards

Authority

This standard has been approved by the Australian Health Workforce Ministerial Council on 31 March 2010 pursuant to the *Health Practitioner Regulation National Law (2009)* (the National Law) with approval taking effect from 1 July 2010.

Summary

Medical practitioners who are engaged in any form of medical practice are required to participate regularly in continuing professional development (CPD) that is relevant to their scope of practice in order to maintain, develop, update and enhance their knowledge, skills and performance to ensure that they deliver appropriate and safe care.

CPD must include a range of activities to meet individual learning needs including practice-based reflective elements, such as clinical audit, peer-review or performance appraisal, as well as participation in activities to enhance knowledge such as courses, conferences and online learning. CPD programs of medical colleges accredited by the Australian Medical Council (AMC) meet these requirements.

Scope of application

This standard applies to all registered medical practitioners, including applicants for initial medical registration who are not new graduates, and applicants for renewal of medical registration. It does not apply to medical students, or to medical practitioners who hold nonpractising registration.

Requirements

1. All medical practitioners will be asked to declare annually on renewal of registration that they have met the CPD standard set by the Board. This declaration will be subject to audit.
2. Medical practitioners are required to ensure their CPD activities are recorded, either by keeping records themselves or by using college processes, and to produce these records when the Board requires them to do so as part of an audit or investigation. Records must be kept for three years.
3. A failure to comply with this CPD standard is a breach of the legal requirements for registration and may constitute behaviour for which health, conduct or performance action may be taken under the National Law s. 128(2).
4. Registrants must fulfil the requirements set out in one of the following categories:
 - a) Members or fellows of medical colleges accredited by the AMC — by meeting the standards for CPD set by their college. Members or fellows of medical colleges accredited by the AMC can only choose a self directed program of CPD if that program meets the standards for CPD set by their college.
 - b) Medical specialists and general practitioners who are not College members or fellows but are on the specialist register — by meeting the standards for CPD set by the relevant AMC accredited college.
 - c) Medical practitioners who hold provisional registration (interns), or limited registration for postgraduate training or supervised practice, or general registration and are prevocational trainees or college vocational trainees must participate in the supervised training and education programs associated with their position. Note that requirements for training or supervised practice may be specified in guidelines issued from time to time by the Board.
 - d) Medical practitioners who hold limited registration for area of need must complete CPD activities specified in their supervision plan. Note that requirements for supervision may be specified in guidelines issued from time to time by the Board.
 - e) Medical practitioners who hold limited registration for teaching or research must complete a minimum of 10 hours CPD per year (in addition to their teaching load) that is relevant to their teaching or research role.
 - f) Medical practitioners who hold limited registration in the public interest must complete CPD activities specified in their conditions of registration. Those who hold limited registration in the public interest for occasional practice, prescribing and referral must complete a minimum of 10 hours CPD per year focused on the particular nature of their practice; for example, therapeutics.
 - g) Medical practitioners who are not on the specialist register and do not fit into categories 4(c), (d), (e) or (f) must complete a minimum of 50 hours of CPD per year, and may choose a self-directed program. Self-directed programs must include practice-based reflective elements such as clinical audit, peer review or performance appraisal, as well as participation in activities to enhance knowledge such as courses, conferences and online learning.



5. Temporary absence from practice:
- a) for up to one year — no CPD requirement
 - b) for between one and three years — complete a minimum of one year's pro rata of CPD activities relevant to the intended scope of practice prior to recommencement, designed to maintain and update knowledge and clinical judgement.
 - c) An absence of more than three years is not regarded as a temporary absence by the Board. Applicants are required to provide a plan for professional development and for re-entry to practice for the Board for consideration. See also requirement 1(c) of the Board's 'Recency of practice' registration standard (Section 1.5).

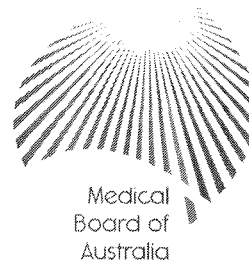
Definitions

Continuing professional development is the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal qualities required in their professional lives.

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. For the purposes of this registration standard, practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct nonclinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession.

Review

This standard will commence on 1 July 2010. The Board will review this standard at least every three years.



Authority

This standard has been approved by the Australian Health Workforce Ministerial Council on 31 March 2010 pursuant to the *Health Practitioner Regulation National Law (2009)* (the National Law) with approval taking effect from 1 July 2010.

Summary

In deciding whether a health practitioner's criminal history is relevant to the practice of their profession, the Board will consider the 10 factors set out in this standard. While every case will need to be decided on an individual basis, these 10 factors provide the basis for the Board's consideration.

Scope of application

This standard applies to all applicants and all registered health practitioners. It does not apply to students.

Requirements

In deciding whether a health practitioner's criminal history is relevant to the practice of their profession, the Board will consider the following factors.

1. The nature and gravity of the offence or alleged offence and its relevance to health practice.

The more serious the offence or alleged offence and the greater its relevance to health practice, the more weight that the Board will assign to it.

2. The period of time since the health practitioner committed, or allegedly committed, the offence.

The Board will generally place greater weight on more recent offences.

3. Whether a finding of guilt or a conviction was recorded for the offence or a charge for the offence is still pending.

In considering the relevance of the criminal history information, the Board is to have regard to the type of criminal history information provided. The following types of criminal history information are to be considered, in descending order of relevance:

- a) convictions
- b) findings of guilt
- c) pending charges
- d) non conviction charges; that is, charges that have been resolved otherwise than by a conviction or finding of guilt, taking into account the availability and source of contextual information which may

explain why a nonconviction charge did not result in a conviction or finding of guilt.

4. The sentence imposed for the offence.

The weight the Board will place on the sentence will generally increase as the significance of the sentence increases, including any custodial period imposed. The Board will also consider any mitigating factors raised in sentencing, where available, including rehabilitation.

5. The ages of the health practitioner and of any victim at the time the health practitioner committed, or allegedly committed, the offence.

The Board may place less weight on offences committed when the applicant is younger, and particularly under 18 years of age. The Board may place more weight on offences involving victims under 18 years of age or other vulnerable persons.

6. Whether or not the conduct that constituted the offence or to which the charge relates has been decriminalised since the health practitioner committed, or allegedly committed, the offence.

The Board will generally place less or no weight on offences that have been decriminalised since the health practitioner committed, or allegedly committed, the offence.

7. The health practitioner's behaviour since he or she committed, or allegedly committed, the offence.

Indications that the offence was an aberration and evidence of good conduct or rehabilitation since the commission, or alleged commission of the offence, will tend to be a mitigating factor. However, indications that the offence is part of a pattern of behaviour will tend to have the opposite effect.

8. The likelihood of future threat to a patient of the health practitioner.

The Board is likely to place significant weight on the likelihood of future threat to a patient or client of the health practitioner.

9. Any information given by the health practitioner.

Any information provided by the health practitioner such as an explanation or mitigating factors will be reviewed by the Board and taken into account in considering the health practitioner's criminal history.

10. Any other matter that the Board considers relevant.

The Board may take into account any other matter that it considers relevant to the application or notification. A Board will not require an applicant or registered



health practitioner to provide further information that may prejudice their personal situation pending charges and the Board must not draw any adverse inference as a result of the fact that information has not been provided.

Note: the above factors have been numbered for ease of reference only. The numbering does not indicate a priority order of application.

Definitions

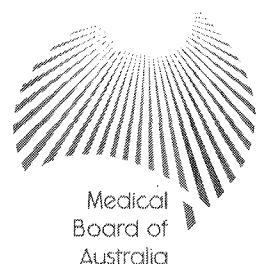
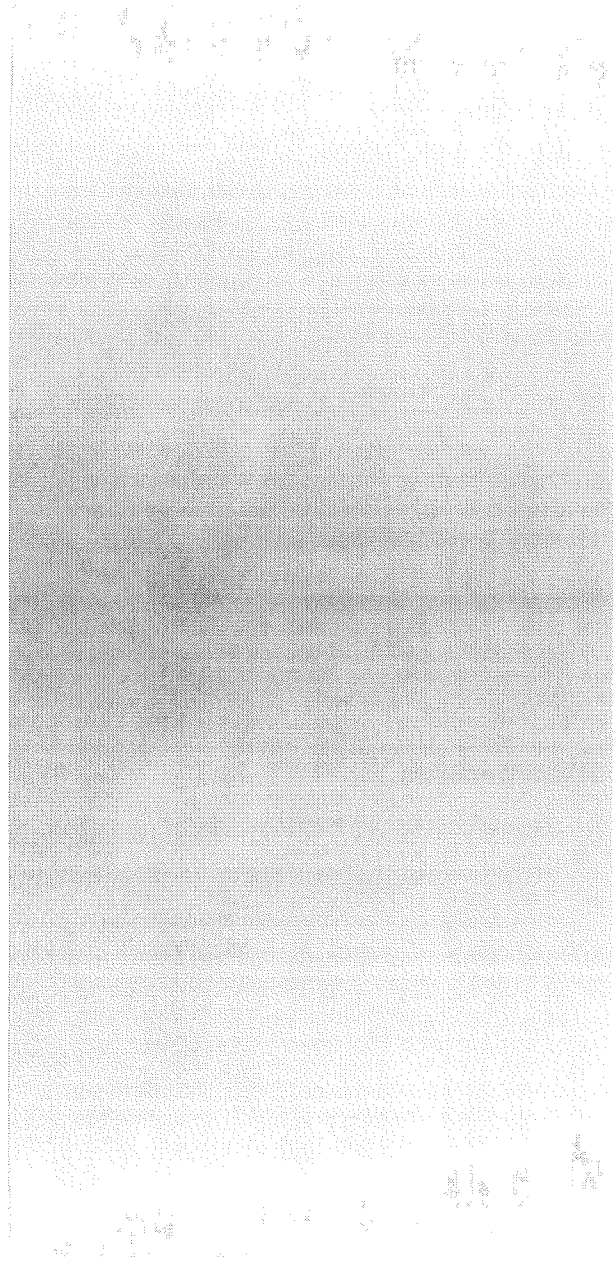
Criminal history is defined in the National Law as:

- every conviction of the person for an offence, in a participating jurisdiction or elsewhere, and whether before or after the commencement of this Law
- every plea of guilty or finding of guilt by a court of the person for an offence, in a participating jurisdiction or elsewhere, and whether before or after the commencement of this Law and whether or not a conviction is recorded for the offence
- every charge made against the person for an offence, in a participating jurisdiction or elsewhere, and whether before or after the commencement of this Law.

Under the National Law, spent convictions legislation does not apply to criminal history disclosure requirements.

Review

This standard will commence on 1 July 2010. The Board will review this standard at least every three years.



Authority

This standard has been approved by the Australian Health Workforce Ministerial Council on 31 March 2010 pursuant to the *Health Practitioner Regulation National Law (2009)* (the National Law) with approval taking effect from 1 July 2010.

Summary

All internationally qualified applicants for registration, or applicants who qualified for registration in Australia but did not complete their secondary education in English, must demonstrate that they have the necessary English language skills for registration purposes. All applicants must be able to demonstrate English language skills at IELTS academic level 7 or the equivalent, and achieve the required minimum score in each component of the IELTS academic module, OET or specified alternatives (see 'Definitions', below).

Test results must be obtained within two years prior to applying for registration. The Board may grant an extension in specified circumstances.

Scope of application

This standard applies to all applicants for initial registration as a medical practitioner or medical specialist. It does not apply to students.

Requirements

1. An applicant for registration who is
 - an internationally qualified applicant; or
 - an applicant who has graduated from an approved program of study, but did not undertake and complete their secondary education in English in any of the countries specified in Exemption E1, below.

must submit evidence or, in the case of test results, arrange for evidence to be provided to the Board, of their competency in English language.

2. The following tests of English language skills are accepted by the Board for the purpose of meeting this standard:
 - a) The IELTS examination (academic module) with a minimum score of 7 in each of the four components (listening, reading, writing and speaking); or
 - b) completion and an overall pass in the OET with grades A or B only in each of the four components; or

- c) successful completion of the NZREX; or
 - d) successful completion of the PLAB test.
3. Results must have been obtained within two years prior to applying for registration. An IELTS (or approved equivalent) Test Report Form more than two-years old may be accepted as current if accompanied by proof that a candidate:
 - a) has actively maintained employment as a registered health practitioner using English as the primary language of practice in a country where English is the native or first language; or
 - b) is a registered student and has been continuously enrolled in an approved program of study.
 4. Results from any of the abovementioned English language examinations must be obtained in one sitting.
 5. The applicant is responsible for the cost of English tests.
 6. The applicant must make arrangements for test results to be provided directly to the Board by the testing authority; for example, by secure internet login.

Exemptions

1. The Board may grant an exemption from the requirements where the applicant provides evidence that:
 - a) they undertook and completed secondary education that was taught and assessed in English in one of the countries listed below where English is the native or first language; and
 - b) the applicant's tertiary qualifications in the relevant professional discipline were taught and assessed in English in one of the countries listed below, where English is the native or first language:
 - Australia
 - Canada
 - New Zealand
 - Republic of Ireland
 - South Africa
 - United Kingdom
 - United States of America
2. The Board may grant an exemption where an applicant applies for limited registration in special circumstances, such as:

- to perform a demonstration in clinical techniques
- to undertake research that involves limited or no patient contact
- to undertake a period of postgraduate study or supervised training while working in an appropriately supported environment that will ensure patient safety is not compromised.

These special circumstances exemptions will generally be subject to conditions requiring supervision by a registered health practitioner and may also require the use of an interpreter.

3. The Board reserves the right at any time to revoke an exemption and/or require an applicant to undertake a specified English language test.

Definitions

IELTS means the International English Language Testing System developed by the University of Cambridge Local Examinations Syndicate, The British Council and IDP Education Australia (see <http://www.ielts.org/>).

OET means Occupational English Test (OET) administered by the Centre for Adult Education

(see <http://www.occupationalenglishtest.org/>).

NZREX means New Zealand Registration Examination administered by the New Zealand Medical Council.

PLAB test means the test administered by the Professional and Linguistic Assessments Board of the General Medical Council of the United Kingdom.

An **internationally qualified applicant** means a person who qualified as a medical practitioner outside Australia.

One sitting means the period of time set by the testing authority for completion of the test. For example, IELTS states that the listening, reading and writing components of the test are always completed on the same day. Depending on the test centre, the speaking test may be taken up to seven days either before or after the test date.

Review

This standard will commence on 1 July 2010. The Board will review this standard at least every three years.

Authority

This standard has been approved by the Australian Health Workforce Ministerial Council on 31 March 2010 pursuant to the *Health Practitioner Regulation National Law (2009)* (the National Law) with approval taking effect from 1 July 2010.

Summary

All medical practitioners who undertake any form of practice must have professional indemnity insurance (PII), or some alternative form of indemnity cover that complies with this standard, for all aspects of their medical practice.

Initial registration and annual renewal of registration will require a declaration that the medical practitioner will be covered for all aspects of practice for the whole period of the registration.

Scope of application

This standard applies to all applicants for initial medical registration and for renewal of medical registration. It does not apply to medical students and medical practitioners who have nonpractising registration.

Requirements

1. Medical practitioners practise in a wide range of settings and employment or contractual arrangements. They must be insured or indemnified for each context in which they practise.
2. If a medical practitioner is specifically precluded from cover for any aspect of practice under their insurance or indemnity arrangements, they must not practise in that area. Practising without appropriate and adequate cover is a breach of the legal requirements for registration and may constitute behaviour for which health, conduct or performance action may be taken [National Law s 129(4)].
3. All practitioners will be asked at the time of their initial application for registration and at any subsequent renewal of registration to declare that they have met or will meet the PII requirements set by the Board under this standard, during the period of the registration. This declaration will be subject to audit.
4. The following requirements must be met:
 - a) All medical practitioners covered by this standard must complete a declaration that there is in force or will be in force appropriate insurance arrangements to cover their scope of practice for the period of the proposed registration or renewal. This requirement applies to private and public practice, to self-employed practitioners and those employed by others.

- b) Practitioners in private practice must retain relevant records and, if required by the Board, provide written advice from an approved insurer or insurance broker that PII has been issued or that a premium has been paid and accepted for the issue of PII. Generally this will be in the form of a certificate of insurance, a certificate of currency or policy schedule.
- c) Practitioners who practise in employment whose insurance cover is provided by their employer are required to retain documentary evidence of their insurance where such documentation is provided by their employer but are not required to seek such documentation where it is not automatically provided to them. Medical practitioners who do not have such documentation may be required by the Board to seek documentation from their employer.

5. Practice contexts and the usual nature of insurance cover include:

- a) private practice — PII with an approved insurer; the cover must include run-off cover
- b) employment in the public sector or contractual arrangements — cover under a master policy or legislation
- c) other indemnified employer — employee or contractual arrangement with a nongovernment employer who holds the appropriate insurance to cover the medical practitioner
- d) statutory exemption from liability — employed as a medical practitioner and exempted from liability under a State or Commonwealth Act
- e) practitioner working overseas — a medical practitioner registered in Australia but practising exclusively overseas must make a declaration to the Board but is not required to provide evidence of professional indemnity insurance.

Where the scope of medical practice of an individual medical practitioner does not include the provision of health care or medical opinion in respect of the physical or mental health of any person, PII will not be required for the purposes of registration.

Definitions

Approved insurer is an insurer approved by the Board. The Medical Board of Australia has published a list of approved insurers.

Health care is defined as 'any care, treatment, advice, service or goods provided in respect of the physical or mental health of a person'.



Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. For the purposes of this registration standard, practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession.

Professional indemnity insurance arrangements means arrangements that secure, for the practitioner, insurance against civil liability incurred by, or loss arising from, a claim that is made as a result of a negligent act, error or omission in the conduct of the practitioner. This type of insurance is available to practitioners and organisations across a range of industries and covers the costs and expenses of defending a legal claim, as well as any damages payable. Some government organisations under policies of the owning government are self-insured for the same range of matters.

Run-off cover means insurance that protects a practitioner who has ceased a particular practice or business against claims that arise out of activities which occurred when he or she was conducting that practice or business. This type of cover may be included in a PII policy or may need to be purchased separately.

Review

This standard will commence on 1 July 2010. The Board will review this standard at least every three years.



Authority

This standard has been approved by the Australian Health Workforce Ministerial Council on 31 March 2010 pursuant to the *Health Practitioner Regulation National Law (2009)* (the National Law) with approval taking effect from 1 July 2010.

Summary

To ensure that they are able to practise competently and safely, medical practitioners must have recent practice in the fields in which they intend to work during the period of registration for which they are applying.

The specific requirements for recency depend on the field of practice, the level of experience of the practitioner and the length of absence from the field.

If a practitioner proposes to change their field of practice, the Board will consider whether the practitioner's peers would view the change as a normal extension or variation within a field of practice, or a change that would require specific training and demonstration of competence.

Practitioners who are unable to meet the recency of practice requirements set out below will be required to submit a plan for re-entry to practice for the Board's consideration and may be required to complete specific education

Scope of application

This standard applies to all applicants for medical registration and registered medical practitioners, including those in nonpractising categories, who are applying for registration in any practising category.

It does not apply to medical students, applicants for provisional registration who will be undertaking an approved internship or medical practitioners who are applying for, or renewing, nonpractising registration.

Requirements

1. For practitioners returning to practice within their previous field, provided they have at least two years' experience prior to the absence:
 - a) Absence less than one year — no specific requirements to be met before recommencing practice.
 - b) Absence between one and three years — complete a minimum of one year's pro rata of CPD activities relevant to the intended scope of practice prior to recommencement designed to maintain and update knowledge and clinical judgement.

- c) Absence greater than three years — provide a plan for professional development and for re-entry to practice to the Board for consideration. Refer also to 5(c) of the Board's 'Continuing professional development' registration standard.
2. For practitioners returning to practice after an absence of 12 months or longer, and who have had less than two years' experience prior to the absence — required to commence work under supervision in a training position approved by the Board.
3. For practitioners changing field of practice:
 - a) If the change is to a subset of current practice, there are no requirements.
 - b) If the change is an extension of practice that the practitioner's peers might reasonably expect from a practitioner in that field, the practitioner is required to undertake any training that peers would expect before taking up the new area of practice.
 - c) If the change is to a different field of practice, the practitioner will be required to consult with the relevant specialist college and develop a professional development plan for entering the new field of practice for the consideration of the Board.

Definitions

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. For the purposes of this registration standard, practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct nonclinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession.

Review

This standard will commence on 1 July 2010. The Board will review this standard at least every three years.

Authority

This standard has been approved by the Australian Health Workforce Ministerial Council on 31 March 2010 pursuant to the *Health Practitioner Regulation National Law (2009)* (the National Law) with approval taking effect from 1 July 2010.

Summary

The Medical Board of Australia has established this standard under section 66 of the *Health Practitioner Regulation National Law Act 2009 (Qld)* ('the National Law'), and in accordance with section 38(2) of that Act. It applies to international medical graduates (IMGs) who do not qualify for general or specialist registration.

This standard sets out the requirements that an applicant for registration must meet in order to be granted limited registration to practise as a medical practitioner undertaking postgraduate training or supervised practice, under section 66 of the National Law.

All practitioners granted limited registration for postgraduate training or supervised practice must comply with the requirements for registration set out in this standard, including:

- compliance with a supervision plan
- compliance with a training plan
- authorising and facilitating the provision of regular reports from their supervisors to the Board regarding their safety and competence to practise
- satisfactory performance in the postgraduate training or supervised practice position
- if intending to practise medicine in Australia longer term, providing evidence to confirm satisfactory progress towards meeting the qualifications required for general registration or specialist registration.

These requirements are established under this standard to ensure safe and competent practice for the period of limited registration.

The Board will be including the requirements of limited registration on the National Register pursuant to section 225(p) of the National Law.

Scope of application

This standard applies to international medical graduates (IMGs) applying for limited registration for postgraduate training or supervised practice, under section 66 of the National Law, or for renewal of limited registration for postgraduate training or supervised practice, under Part 7 Division 9 of the National Law.

Requirements

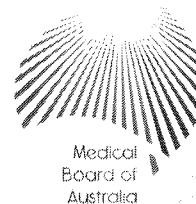
For initial registration

General requirements:

1. Presentation in person to a Board office or authorised delegate with proof of identity (100 points of identity) — a list of permitted documents is available on the Board's website at the following address: www.medicalboard.gov.au.

Applicants are required to provide certified documentation identifying changes of name when the name of the applicant is different to the name on the primary degree in medicine and surgery and/or the name used with previous registration authorities.

2. Evidence of having been awarded a primary degree in medicine and surgery, after completing an approved course of study at a medical school listed in the current International Medical Education Directory (IMED) (online only) of the Foundation for Advancement of International Medical Education and Research, or other publications approved by the Australian Medical Council. An approved course of study means that the applicant must be able to demonstrate that they have completed a medical curriculum of at least four academic years, leading to an entitlement to registration in the country issuing the degree to practise clinical medicine.
3. Evidence of application for primary source verification of medical qualifications from the Educational Commission for Foreign Medical Graduates International Credentials Service (EICS). The Board may take action under Part 8 of the National Law if the practitioner's medical qualifications are not verified. The New South Wales Medical Council may take action under the relevant law in that jurisdiction.
4. Evidence of successful completion of a period of internship or comparable, in accordance with guidelines issued from time to time by the Board.
5. Evidence of English language skills that meets the Board's English language registration standard.
6. Evidence of work practice history that meets the Board's recency of practice registration standard. This must include a resume that describes the applicant's full practice history and any specific clinical training undertaken. Any gaps and/or overlaps in practice history from date of qualification to the present must be included and explained.
7. Details of registration history including certificates of good standing/registration status from each registration authority with which the applicant has previously been registered in the previous ten years (supplied where possible directly to the Board from the relevant registration authority).



8. Sponsoring employer's written confirmation of offer of employment.
9. Statement from the sponsoring employer including:
 - a) employer contact details
 - b) position description including key selection criteria addressing clinical responsibilities and qualifications and experience required
 - c) name, qualifications and contact details of the proposed clinical supervisor/s.
 - d) details of a supervision plan, prepared in accordance with any supervised practice guidelines issued from time to time by the Board, providing details of supervisor/s and how supervision will be provided to ensure the medical practitioner's ongoing professional development and safe practice.
 - e) details of a training plan, prepared in accordance with any training plan guidelines issued from time to time by the Board, providing details of the purpose, anticipated duration, location, content and structure of training and the anticipated date of any examinations or assessments.
10. Written confirmation from the proposed supervisor that they agree to provide supervision and to comply with supervision obligations as required by the Board.
11. Satisfactory completion of a criminal history check undertaken by the Board that meets the Board's Criminal history registration standard.
12. Any other information the Board requires under section 70 in order to determine whether the applicant is a suitable person to hold limited registration.

Specific requirements

In addition to the general requirements above, specific requirements apply depending on the pathway through which the applicant is seeking to qualify for registration. There are three pathways to registration:

- competent authority pathway
- standard pathway
- specialist pathway – specialist recognition and short term training

1. Competent authority pathway:
 - a) certificate of Advanced Standing issued by the Australian Medical Council
 - b) satisfactory results of a pre-employment structured clinical interview (PESCI) required for any non specialist position if the Board determines the PESCI is necessary. The Board will base its

decision on the nature of the position and level of risk.

2. Standard pathway:
 - a) successful completion of the Australian Medical Council MCQ examination
 - b) satisfactory results of a pre-employment structured clinical interview (PESCI) required for any non specialist if the Board determines the PESCI is necessary. The Board will base its decision on the nature of the position and level of risk.
- 3a. Specialist pathway¹ – specialist recognition:
 - a) specialist college assessment (coordinated by the Australian Medical Council) as either:
 - substantially comparable; or
 - partially comparable
 - b) where possible, recommendations from the specialist college about necessary training for specialist recognition.
- 3b. Specialist pathway – short term training:

Typically, medical practitioners in this pathway have satisfied all the training and examination requirements to practise in their specialty in their country of training or are specialists-in-training in another country and wish to undertake specialised training in Australia.

 - a) Statement from the overseas specialist college or body awarding the specialist qualification, or with whom the applicant is a trainee in the country of training:
 - confirming the applicant's trainee status with the college/body
 - outlining the content, structure and length of the training program
 - confirming that the applicant is no more than 2 years from completing their specialist training
 - confirming that the applicant has passed a basic specialist examination or satisfactorily completed substantial training (generally 3 or more years i.e. PGY 5); and
 - identifying the objectives of the training to be undertaken in Australia or

OR:

 - confirming the applicant's specialist qualification in their country of training.
 - b) Written confirmation from the applicant that they will be returning to their country of training at the end of the period of postgraduate training or supervised practice.

¹ This does not qualify applicants for specialist registration

Requirements on limited registration for postgraduate training or supervised practice

The Board establishes requirements on the medical registration of all limited registrants. The requirements relate to the requirement for the registrant to:

- comply with the supervision plan approved by the Board
- comply with the training plan approved by the Board
- ensure that supervisors provide regular reports to the Board regarding the registrant's safety and competence to practise
- perform satisfactorily in the position for postgraduate training or supervised practice
- provide evidence to confirm the satisfactory progress towards meeting the qualifications required for general registration or specialist registration if the practitioner is intending to practise medicine in Australia longer term
- restrict their practice to the approved position.

If a practitioner with limited registration for postgraduate training or supervised practice does not maintain their employment in the designated position, they are unable to comply with the requirements on their practice and therefore cannot practise medicine.

The Board will grant limited registration for postgraduate training or supervised practice for a period of up to 12 months.

The Board will be including the requirements of limited registration on the National Register pursuant to section 225(p) of the National Law.

Requirements for renewal of registration

1. Renewal of limited registration for postgraduate training or supervised practice will be subject to the practitioner meeting the following requirements:
 - a) completion of an annual renewal form in accordance with section 107 of the National Law including an annual statement in accordance with section 109
 - b) demonstrated compliance with any conditions or requirements on registration
 - c) satisfactory performance in the position
 - d) documentary evidence in accordance with any guidelines issued from time to time by the Board, demonstrating satisfactory progress towards general registration or specialist registration, within a maximum period of four years if the practitioner is intending to practise medicine in Australia longer term

- e) any additional investigation, information, examination or assessment required by the Board in accordance with section 80 of the National Law.

The Board will not renew limited registration more than three times. However, a new application for limited registration can be made.

2. The Board may refuse to renew the practitioner's registration if:
 - a) the practitioner's employment ceases or is terminated
 - b) the practitioner fails to comply with supervision requirements
 - c) the practitioner fails to comply with the training plan
 - d) the practitioner fails to demonstrate satisfactory progress towards general registration or specialist registration
 - e) during assessment or supervision, deficiencies are identified in the practitioner's practice that the Board considers are significant.

Applications for variation in changed circumstances

If a practitioner has a significant change in circumstances, such as a change from the original training plan or a change in position, they must submit a new application for limited registration. However, practitioners can apply to the Board for a variation if there is a minor change to their circumstances, such as a change in their supervisor.

When making an application for a variation, the Board requires details of the change of circumstances from the sponsoring employer and confirmation from the registrant that they agree to the change in circumstances. Supporting documentation of the change must be submitted.

If the Board considers that the variation is significant, it will require the registrant to submit a new application.

Definitions

Supervision plan means a plan that sets out the arrangements or proposed arrangements for clinical supervision of the medical practice of the applicant for registration or registered practitioner.

Review

This standard will commence on 1 July 2010. The Board will review this standard at least every three years.

Authority

This standard has been approved by the Australian Health Workforce Ministerial Council on 31 March 2010 pursuant to the *Health Practitioner Regulation National Law (2009)* (the National Law) with approval taking effect from 1 July 2010.

Summary

The Medical Board of Australia has established this standard under section 67 of the *Health Practitioner Regulation National Law Act 2009 (Qld)* ('the National Law'), and in accordance with section 38(2) of that Act. It applies to international medical graduates (IMGs) who do not qualify for general or specialist registration.

The Minister for Health in each relevant jurisdiction is responsible under section 67(5) of the National Law for determining whether there is an area of need for health services in the jurisdiction or part of the jurisdiction.

The Board is responsible for deciding whether an individual applicant is eligible, qualified and suitable for limited registration for area of need, to practise in a particular position. On the basis of the application and any additional information requested, the Board will decide whether the applicant has the necessary skills, training and experience to safely meet the particular need for health services.

All medical practitioners granted limited registration for area of need must comply with the requirements of registration set out in this standard, including:

- compliance with a supervision plan
- compliance with a professional development plan
- authorising and facilitating the provision of regular reports from their supervisors to the Board regarding their safety and competence to practise
- satisfactory performance in the area of need
- if intending to practise medicine in Australia longer term, providing evidence to confirm the satisfactory progress towards meeting the qualifications required for general registration or specialist registration.

These requirements are established under this standard to ensure safe and competent practice for the period of limited registration.

The Board will be including the requirements of limited registration on the National Register pursuant to section 225(p) of the National Law.

Scope of application

This standard applies to IMGs who do not qualify for general registration under section 52 or specialist registration under section 57 of the National Law, who apply for limited registration in an area of need under section 67 of the National Law, or for renewal of limited registration for area of need under Part 7 Division 9 of the National Law.

Requirements

For initial registration

General requirements:

1. Presentation in person to a Board office or authorised delegate with proof of identity (100 points of identity) — a list of permitted documents is available on the Board's website at the following address:
www.medicalboard.gov.au.

Applicants are required to provide certified documentation identifying changes of name when the name of the applicant is different to the name on the primary degree in medicine and surgery and/or the name used with previous registration authorities.

2. Evidence of having been awarded a primary degree in medicine and surgery, after completing an approved course of study at a medical school listed in the current International Medical Education Directory (IMED) (online only) of the Foundation for Advancement of International Medical Education and Research, or other publications approved by the Australian Medical Council. An approved course of study means that the applicant must be able to demonstrate that they have completed a medical curriculum of at least four academic years, leading to an entitlement to registration in the country issuing the degree to practise clinical medicine.
3. Evidence of application for primary source verification of medical qualifications from the Educational Commission for Foreign Medical Graduates International Credentials Service (EICS). The Board may take action under Part 8 of the National Law if the practitioner's medical qualifications are not verified. The New South Wales Medical Council may take action under the relevant law in that jurisdiction.
4. Evidence of successful completion of a medical internship or comparable in accordance with guidelines issued from time to time by the Board.
5. Evidence of English language skills that meet the Board's English language registration standard.



6. Evidence of work practice history that meets the Board's recency of practice registration standard. This must include a resume that describes the applicant's full practice history and any specific clinical training undertaken. Any gaps and/or overlaps in practice history from date of qualification to the present must be included and explained.
7. Details of registration history including certificates of good standing or registration status from each registration authority with which the applicant has been registered in the previous ten years (supplied where possible directly to the Board from the relevant registration authority).
8. Sponsoring employer's written confirmation of offer of employment.
9. Statement from the sponsoring employer including:
 - a) employer contact details
 - b) position description including key selection criteria addressing clinical responsibilities and qualifications and experience required
 - c) name, qualifications and contact details of the proposed clinical supervisor/s
 - d) details of a supervision plan, prepared in accordance with any Supervised Practice Guidelines issued from time to time by the Board, providing details of proposed supervisor/s and how supervision will be provided to ensure the medical practitioner's ongoing development and safe practice.
10. Written confirmation from the proposed supervisor that they agree to provide supervision and to comply with supervision obligations as required by the Board.
11. Evidence of an area of need declaration for the geographical area and/or type of health service, for which there is a need, from the responsible Minister for Health or delegate in the jurisdiction in which the designated area of need position is located.
12. Satisfactory completion of a criminal history check undertaken by the Board that meets the Board's criminal history registration standard.
13. Any other information the Board requires under section 70 in order to determine whether the applicant is a suitable person to hold limited registration.
14. Board assessment of training, skills and experience of the applicant against the position description for the designated area of need position.

In addition to the general requirements above, specific requirements apply depending on the pathway through which the applicant is seeking to qualify for registration. There are three pathways to registration:

- competent authority pathway
- standard pathway
- specialist pathway

Other pathway specific requirements

1. **Competent authority pathway:**
 - a) certificate of Advanced Standing issued by the Australian Medical Council
 - b) satisfactory results of a pre-employment structured clinical interview (PESCI) required for any non specialist position if the Board determines the PESCI is necessary. The Board will base its decision on the nature of the position and level of risk.
2. **Standard pathway:**
 - c) successful completion of the Australian Medical Council MCQ examination and
 - d) satisfactory results of a pre-employment structured clinical interview (PESCI) required for any non specialist position, if the Board determines that the PESCI is necessary. The Board will base its decision on the nature of the position and level of risk.
3. **Specialist pathway¹**
 - a) verification from the Australian Medical Council that the applicant has had an assessment of their specialist qualifications by the relevant specialist medical college against the position description for the designated area of need position, and the results of the assessment and
 - b) letter of recommendation from the relevant specialist college and confirmation that the applicant is fit to carry out the tasks necessary for the particular position, including any recommended limitations on the nature and extent of practice.

Requirements on limited registration

The Board establishes requirements on the medical registration of all practitioners with limited registration for area of need. These relate to the requirement for the registrant to:

- comply with the supervision plan approved by the Board

¹ This does not qualify applicants for specialist registration



- comply with the professional development plan approved by the Board
- ensure that clinical supervisors provide regular reports to the Board regarding the registrant's safety and competence to practise
- perform satisfactorily in the area of need position
- provide evidence to confirm the satisfactory progress towards meeting the qualifications required for general registration or specialist registration if the applicant is intending to practise medicine in Australia longer term
- restrict their practice to the approved position in the defined area of need.

If a practitioner with limited registration for area of need does not maintain their employment in the designated area of need position, they are unable to comply with the requirements on their practice and therefore cannot practise medicine. They will need to submit a new application for limited registration if they wish to practise in a new position.

The Board will grant limited registration for area of need for a period of up to 12 months.

The Board will be including the requirements of limited registration on the National Register pursuant to section 225 (p) of the National Law.

Requirements for renewal of registration

1. Renewal of limited registration area of need will be subject to the practitioner meeting the following requirements:
 - a) completion of an annual renewal form in accordance with section 107 of the National Law, including an annual statement in accordance with section 109
 - b) demonstrated compliance with any conditions or requirements on registration
 - c) satisfactory performance in the area of need
 - d) documentary evidence in accordance with any guidelines issued from time to time by the Board, demonstrating satisfactory progress towards general registration or specialist registration if the registrant is intending to practise medicine in Australia longer term
 - e) any additional investigation, information, examination or assessment required by the Board in accordance with section 80 of the National Law.

The Board will not renew limited registration more than three times. However, a new application for limited registration can be made.

2. The Board may **refuse to renew** the practitioner's registration if:

- a) the practitioner's employment in the designated area of need position ceases or is terminated; or
- b) the practitioner fails to comply with supervision requirements; or
- c) during assessment or supervision, deficiencies are identified in the practitioner's practice that the Board considers are significant.

Applications for variation in changed circumstances

If a practitioner is offered another position or there is another substantial change to their circumstances, they must submit a new application for limited registration. However, practitioners can apply to the Board for a variation if there is a minor change to their circumstances, such as a change in their supervision arrangements.

When making an application for a variation, the Board requires the details of the change of circumstances from the sponsoring employer and confirmation from the registrant that they agree to the change in circumstances. Supporting documentation of the change must be submitted.

If the Board considers that the variation is significant, it will require the practitioner to submit a new application.

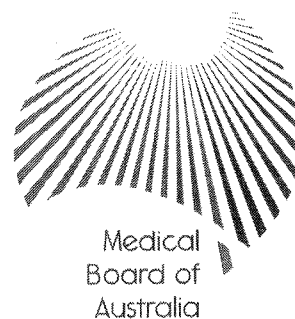
Definitions

Area of need for health services means a jurisdiction or part of a jurisdiction where the responsible Minister for Health decides under section 67(5) that there are insufficient health practitioners practising in the particular health profession to meet the needs of people living in the jurisdiction or part of the jurisdiction.

Supervision plan means a plan that sets out the arrangements or proposed arrangements for clinical supervision of the medical practice of the applicant for registration or registered practitioner.

Review

This standard will commence on 1 July 2010. The Board will review this standard at least every three years.



Authority

This standard has been approved by the Australian Health Workforce Ministerial Council pursuant to the *Health Practitioner Regulation National Law (2009)* (the National Law) with approval taking effect from 1 July 2010.

Summary

The Medical Board of Australia has established this standard under section 68 of the *Health Practitioner Regulation National Law Act 2009 (Qld)* (the National Law¹), and in accordance with section 38(2) of that Act. It applies to international medical graduates (IMGs) who do not qualify for general or specialist registration.

This standard sets out the requirements that an applicant for registration must meet in order to be granted limited registration to practise as a medical practitioner, in the public interest, under section 68 of the National Law.

The Board will determine whether it is in the public interest to register a medical practitioner but in general, will only register a medical practitioner for a limited time and/or for a limited scope. Examples of where it might be in the public interest to register a medical practitioner includes: an unexpected situation where a natural disaster has occurred or a pandemic has been declared or for an expert to demonstrate a procedure or participate in a workshop.

Limited registration in the public interest is not an alternative for limited registration for area of need.

Limited registration in the public interest is not a suitable type of registration for medical practitioners who are working towards gaining specialist or general registration. These medical practitioners should apply for limited registration for postgraduate training or supervised practice, or limited registration for area of need, via one of the three pathways to registration.

All practitioners granted limited registration in the public interest must comply with the requirements for registration set out in this standard, including:

For registration up to and including four weeks:

- clinical supervision - all clinical contact will be under the supervision or oversight of a medical practitioner with general and/or specialist registration who will take on the responsibility for the care of patients of the practitioner with limited registration in the public interest when he or she is no longer practising in Australia

For registration more than four weeks:

- compliance with a supervision plan and
- compliance with a professional development plan

For all registrants:

- satisfactory performance in the position
- authorising and facilitating the provision of regular reports from their supervisors to the Board regarding their safety and competence to practise

These requirements are established under this standard to ensure safe and competent practice for the period of limited registration.

The Board will be including the requirements of limited registration on the National Register pursuant to section 225(p) of the National Law.

Scope of application

This standard applies to IMGs applying for limited registration in public interest, under section 68 of the National Law, or for renewal of limited registration in public interest, under Part 7 Division 9 of the National Law.

This standard does not apply to medical practitioners with limited registration (public interest-occasional practice) granted over the transitional period pursuant to section 273 of the National Law.

Requirements

For initial registration General requirements:

1. Presentation in person to a Board office or authorised delegate with proof of identity (100 points of identity) — a list of permitted documents is available on the Board's website at the following address:

www.medicalboard.gov.au.

Applicants are required to provide certified documentation identifying changes of name when the name of the applicant is different to the name on the primary degree in medicine and surgery and/or the name used with previous registration authorities.

2. Evidence of having been awarded a primary degree in medicine and surgery, after completing an approved course of study at a medical school listed in the current International Medical Education Directory (IMED) (online only) of the Foundation for Advancement of International Medical Education and Research, or other publications approved by the Australian Medical Council. An approved course of study means that the applicant must be able to demonstrate that they have completed a medical curriculum of at least four academic years, leading to an entitlement to registration in the country issuing the degree to practise clinical medicine.

3. Evidence of application for primary source verification of medical qualifications from the Educational Commission for Foreign Medical Graduates International Credentials Service (EICS). The Board may take action under Part 8 of the National Law if the practitioner's medical qualifications are not verified. The New South Wales Medical Council may take action under the relevant law in that jurisdiction.
 4. Evidence of successful completion of a period of internship or comparable, in accordance with guidelines issued from time to time by the Board.
 5. Evidence of English language skills that meets the Board's English language registration standard.
 6. Evidence of work practice history that meets the Board's recency of practice registration standard. This must include a resume that describes the applicant's full practice history and any specific clinical training, teaching and research undertaken. Any gaps and/or overlaps in practice history from the date of qualification to the present must be included and explained.
 7. Confirmation that the applicant will meet the Board's professional indemnity insurance registration standard.
 8. Details of registration history including certificates of good standing/registration status from each registration authority with which the applicant has been registered in the previous ten years (supplied where possible directly to the Board from the relevant registration authority).
 9. Sponsoring employer's written confirmation of offer of employment or sponsor's written confirmation of clinical activities that will be undertaken.
 10. Statement from the sponsoring employer or sponsor (if not employed) including:
 - (a) employer/sponsor contact details
 - (b) position description including key selection criteria addressing clinical responsibilities, qualifications and experience required. In the case of a medical practitioner that will demonstrate a procedure or participate in a workshop, details of the clinical activities the practitioner will be undertaking, the location/s of clinical activities and the organisation that will auspice any demonstration or workshop
 - (c) name, qualifications and contact details of the proposed clinical supervisor/s
 - (d) for registration of more than four weeks, details of a supervision plan, prepared in accordance with any supervised practice guidelines issued from time to time by the Board, providing details of supervisor/s and how supervision will be provided to ensure the medical practitioner's ongoing professional development and safe practice.
 - (e) for registration of more than four weeks, details of a professional development plan that is relevant to the clinical practice of the medical practitioner.
 11. Written confirmation from the proposed supervisor that they agree to provide supervision and to comply with supervision obligations as required by the Board.
 12. Details as to why it is in the public interest to register the practitioner.
 13. Satisfactory completion of a criminal history check undertaken by the Board that meets the Board's criminal history registration standard.
 14. Any other information the Board requires under section 80 in order to determine whether the applicant is a suitable person to hold limited registration.
- Limited registration in the public interest is not a suitable category of registration for medical practitioners who are working towards gaining specialist or general registration. These medical practitioners should apply for either limited registration for postgraduate training or supervised practice, or limited registration for area of need via one of the three pathways to registration – competent authority pathway, standard pathway or specialist pathway.
- ### Requirements on limited registration in the public interest
- The Board establishes requirements on the medical registration of all limited registrants. Registrants are required to:
- comply with the supervision plan approved by the Board
 - comply with the professional development plan approved by the Board (practice more than four weeks)
 - ensure that supervisors provide regular reports to the Board regarding the registrant's safety and competence to practise
 - perform satisfactorily in the position in the public interest
 - restrict their practice to the approved position.
- If a practitioner with limited registration in the public interest does not maintain their employment or clinical engagement in the designated position, they are unable to comply with the requirements on their practice and therefore cannot practise medicine.

While the Board may grant limited registration for public interest for a period of up to 12 months, it would be usual that the period of registration is limited for the duration of the public interest circumstances.

The Board will be including the requirements of limited registration on the National Register pursuant to section 225(p) of the National Law.

Requirements for renewal of registration

1. Given the short-term nature of limited registration in the public interest, it is unlikely that renewal of registration will be necessary. If the public interest circumstances continue and the practitioner makes an application for renewal of registration, the following are requirements:
 - (a) demonstration that there is an ongoing public interest to register the practitioner
 - (b) completion of an annual renewal form in accordance with section 107 of the National Law including an annual statement in accordance with section 109
 - (c) demonstrated compliance with any conditions or requirements on registration
 - (d) satisfactory performance in the position
 - (e) any additional investigation, information, examination or assessment required by the Board in accordance with section 80 of the National Law.

The Board will not renew limited registration more than three times. However, a new application for limited registration can be made.

2. The Board may **refuse to renew** the practitioner's registration if:
 - (a) it is no longer in the public interest to register the practitioner
 - (b) the practitioner's employment/clinical engagement ceases or is terminated; or
 - (c) the practitioner fails to comply with supervision requirements; or
 - (d) the practitioner fails to comply with the professional development plan
 - (e) during assessment or supervision, deficiencies are identified in the practitioner's practice that the Board considers are significant.

Applications for variation in changed circumstances

If a practitioner's circumstances change substantially, they must submit a new application for limited registration. However, practitioners can apply to the Board for a variation if there is a minor change to their circumstances, such as a change in their supervisor.

When making an application for a variation, the Board requires details of the change of circumstances from the sponsoring employer/sponsor and confirmation from the registrant that they agree to the change in circumstances. *Supporting documentation of the change must be submitted.*

If the Board considers that the variation is significant, it will require the registrant to submit a new application.

Definitions

Supervision plan means a plan that sets out the arrangements or proposed arrangements for clinical supervision of the medical practice of the applicant for registration or registered practitioner.

Review

This standard will commence on 1 July 2010. The Board will review this standard at least every three years.

Authority

This standard has been approved by the Australian Health Workforce Ministerial Council pursuant to the *Health Practitioner Regulation National Law (2009)* (the National Law) with approval taking effect from 1 July 2010.

Summary

The Medical Board of Australia has established this standard under section 69 of the *Health Practitioner Regulation National Law Act 2009 (Qld)* ('the National Law'), and in accordance with section 38(2) of that Act. It applies to international medical graduates (IMGs) who do not qualify for general or specialist registration.

This standard sets out the requirements that an applicant for registration must meet in order to be granted limited registration for teaching or research, under section 69 of the National Law.

Medical practitioners who are granted limited registration for teaching or research may undertake some supervised clinical practice that is relevant to the teaching or research activities for which they have been registered. In order to be eligible for this type of registration, their predominant work-related activity must be teaching or research.

Limited registration for teaching or research is not a suitable type of registration for medical practitioners who are working towards gaining specialist or general registration. These medical practitioners should apply for limited registration for postgraduate training or supervised practice, or limited registration for area of need, via one of the three recognised pathways to registration.

All practitioners granted limited registration for teaching or research must comply with the requirements for registration set out in this standard, including:

- compliance with a supervision plan if they are undertaking any clinical practice
- compliance with a professional development plan
- authorising and facilitating the provision of regular reports from their supervisors to the Board regarding their safety and competence to practise
- satisfactory performance in the teaching or research position and in any clinical practice undertaken.

These requirements are established under this standard to ensure safe and competent practice for the period of limited registration.

The Board will be including the requirements of limited registration on the National Register pursuant to section 225(p) of the National Law.

Scope of application

This standard applies to international medical graduates (IMGs) applying for limited registration for teaching or research, under section 69 of the National Law, or for renewal of limited registration for teaching or research, under Part 7 Division 9 of the National Law.

Requirements

For initial registration General requirements:

1. Presentation in person to a Board office or authorised delegate with proof of identity (100 points of identity) — a list of permitted documents is available on the Board's website at the following address:

www.medicalboard.gov.au.

Applicants are required to provide certified documentation identifying changes of name when the name of the applicant is different to the name on the primary degree in medicine and surgery and/or the name used with previous registration authorities.

2. Evidence of having been awarded a primary degree in medicine and surgery, after completing an approved course of study at a medical school listed in the current International Medical Education Directory (IMED) (online only) of the Foundation for Advancement of International Medical Education and Research, or other publications approved by the Australian Medical Council. An approved course of study means that the applicant must be able to demonstrate that they have completed a medical curriculum of at least four academic years, leading to an entitlement to registration in the country issuing the degree to practise clinical medicine.
3. Evidence of application for primary source verification of medical qualifications from the Educational Commission for Foreign Medical Graduates International Credentials Service (EICS). The Board may take action under Part 8 of the National Law if the practitioner's medical qualifications are not verified. The New South Wales Medical Council may take action under the relevant law in that jurisdiction.
4. Evidence of successful completion of a period of internship or comparable, in accordance with guidelines issued from time to time by the Board.
5. Evidence of English language skills that meets the Board's English language registration standard.
6. Evidence of work practice history that meets the Board's recency of practice registration standard.

This must include a resume that describes the applicant's full practice history and any specific clinical training undertaken. Any gaps and/or overlaps in practice history from the date of qualification to the present must be included and explained.

7. Details of registration history including certificates of good standing/registration status from each registration authority with which the applicant has been registered in the previous ten years (supplied where possible directly to the Board from the relevant registration authority).
8. Sponsoring employer's written confirmation of offer of employment.
9. Statement from the sponsoring employer including:
 - (a) employer contact details
 - (b) position description including key selection criteria addressing responsibilities, qualifications and experience required. This should also contain details of the teaching or research activities and any clinical practice that will be undertaken
 - (c) name, qualifications and contact details of the proposed clinical supervisor/s if it is proposed that clinical practice is undertaken
 - (d) details of a supervision plan if it is proposed that clinical practice is undertaken. This supervision plan should be prepared in accordance with any supervised practice guidelines issued from time to time by the Board, providing details of supervisor/s and how supervision will be provided to ensure the medical practitioner's ongoing professional development and safe practice
 - (e) details of a professional development plan that is relevant to the teaching or research activities and any clinical practice of the medical practitioner.
10. Written confirmation from the proposed supervisor (if relevant) that they agree to provide supervision and to comply with supervision obligations as required by the Board.
11. Satisfactory completion of a criminal history check undertaken by the Board that meets the Board's criminal history registration standard.
12. Confirmation that the applicant will comply with the Board's professional indemnity insurance registration standard.
13. Any other information the Board requires under section 80 in order to determine whether the applicant is a suitable person to hold limited registration.

Requirements on limited registration for teaching or research

The Board establishes requirements on the medical registration of all limited registrants. The requirements relate to the requirement for the registrant to:

- comply with the supervision plan approved by the Board, if the registrant is undertaking clinical practice
- comply with the professional development plan approved by the Board
- ensure that supervisors provide regular reports to the Board regarding the registrant's safety and competence to practise, if the registrant undertakes clinical practice
- perform satisfactorily in the position for teaching or research and in any clinical activities undertaken
- restrict their practice to the approved position/s.

If a practitioner with limited registration for teaching or research does not maintain their employment in the designated position, they are unable to comply with the requirements on their practice and therefore cannot practise medicine.

The Board will grant limited registration for teaching or research for a period of up to 12 months.

The Board will be including the requirements of limited registration on the National Register pursuant to section 225(p) of the National Law.

Limited registration for teaching or research is not a suitable category of registration for medical practitioners who are working towards gaining specialist or general registration. These medical practitioners should apply for either limited registration for postgraduate training or supervised practice, or limited registration for area of need via one of the three pathways to registration – competent authority pathway, standard pathway or specialist pathway.

Requirements for renewal of registration

1. Renewal of limited registration for teaching or research will be subject to the practitioner meeting the following requirements:
 - (a) completion of an annual renewal form in accordance with section 107 of the National Law including an annual statement in accordance with section 109
 - (b) demonstrated compliance with any conditions or requirements on registration
 - (c) satisfactory performance in the position
 - (d) any additional investigation, information,

examination or assessment required by the Board in accordance with section 80 of the National Law.

The Board will not renew limited registration more than three times. However, a new application for limited registration can be made.

2. The Board may **refuse to renew** the practitioner's registration if:
 - (a) the practitioner's employment ceases or is terminated; or
 - (b) the practitioner fails to comply with supervision requirements, if they are undertaking clinical practice; or
 - (c) the practitioner fails to comply with the professional development plan; or
 - (d) during assessment or supervision, deficiencies are identified in the practitioner's practice that the Board considers are significant.

Applications for variation in changed circumstances

If a practitioner has a significant change in circumstances, such as a change in the teaching role or research that will be undertaken, they must submit a new application for limited registration. However, practitioners can apply to the Board for a variation if there is a minor change to their circumstances, such as a change in their supervisor.

When making an application for a variation, the Board requires details of the change of circumstances from the sponsoring employer and confirmation from the registrant that they agree to the change in circumstances. Supporting documentation of the change must be submitted.

If the Board considers that the variation is significant, it will require the registrant to submit a new application.

Definitions

Supervision plan means a plan that sets out the arrangements or proposed arrangements for clinical supervision of the medical practice of the applicant for registration or registered practitioner.

Review

This standard will commence on 1 July 2010. The Board will review this standard at least every three years.

Categories of registration for IMGs under the National Law

The Board's powers are defined by the National Law. The National Law allows the Board to grant limited registration to international medical graduates (IMGs) who are not qualified for general or specialist registration.

Limited registration is granted for a specific purpose, as defined in the National Law:

1. Limited registration for postgraduate training or supervised practice (s. 66)
2. Limited registration for area of need (s. 67)
3. Limited registration in public interest (s. 68)
4. Limited registration for teaching or research (s. 69)

Usually with the assistance of their employer, IMGs need to decide on the purpose of their practice and to make application for limited registration in the relevant category. Section 71 of the National Law states that an individual may not hold limited registration for more than one purpose under the relevant division.

Typical types of practice for each category of limited registration:

Limited registration for postgraduate training or supervised practice

IMGs with limited registration for postgraduate training or supervised practice are usually practising in hospital practice, although they can be undertaking postgraduate training or supervised practice in other clinical contexts. The IMGs are required to comply with supervision and training requirements. These IMGs may either be working towards qualifying for general or specialist registration or planning to return to their country of origin after gaining experience in Australia.

Limited registration for area of need

In all states except Queensland, the majority of IMGs with limited registration for area of need are practising in general practice or in other specialist practice.

In Queensland, area of need registration has also been used for IMGs working in a wide range of hospital positions in junior and more senior levels.

It is a requirement of this type of registration that the state or territory responsible Minister declare each area or position as an "area of need" before the Board can register an IMG to work in that position.

IMGs registered under this category tend to have a more independent practice and therefore usually undergo more intensive assessment. Most IMGs who will be working in general practice are required to undergo a pre-employment structured clinical interview (PESCI) while IMGs who will be working in other specialist areas require assessment by the specialist

college. The purpose of these assessments is to ensure as far as possible that the IMG has the skills, training and experience necessary for the particular position.

IMGs with limited registration for area of need are required to comply with supervision requirements. They may either be working towards qualifying for general or specialist registration or planning to return to their country of origin after gaining experience in Australia.

Limited registration in the public interest

This type of limited registration is used least frequently. The Board is required to determine whether it is in the public interest to register a person who is not qualified for general or specialist registration. Circumstances where the Board may deem it is in the public interest to register a person are in the context of natural disasters or pandemics or for an expert to demonstrate a new procedure.

IMGs with limited registration in the public interest are required to comply with supervision requirements and for those intending to be in Australia more than four weeks, with a professional development plan.

Most IMGs with limited registration in the public interest are in Australia for a short period of time.

Limited registration for teaching or research

The category of limited registration for teaching or research is for IMGs working predominantly in teaching positions, such as university lecturers or as researchers who have clinical responsibilities or interactions.

The Board understands that it may be desirable for an IMG with limited registration for teaching or research to have some clinical practice. This is permitted but must be supervised.

Note:

- There is no category of registration available to an IMG who is not qualified for general or specialist registration who wishes to practise in Australia and does not fit into one of the four defined categories.
- IMGs who wish to qualify for general or specialist registration must complete one of the four assessment pathways and apply for limited registration.
Limited registration for postgraduate training or supervised practice, or area of need are the most appropriate categories of registration to qualify for general or specialist registration.

The Ministerial Council has approved registration standards for each category of limited registration.

Nationally consistent standards for the assessment of IMGs

In the 2005 Productivity Commission's report into Australia's health workforce, it was noted that there was widespread support for national standards for assessing IMGs. Also noted were concerns about the impact of any changes that might reduce the flexibility of arrangements of the time.

At its meeting in February 2006, the Council of Australian Governments (COAG) agreed to a national assessment process for overseas qualified doctors to ensure appropriate standards in qualifications and training as well as increase the efficiency of the assessment process. At the COAG meeting in July 2006, it was agreed that Health Ministers would implement initiatives to establish by December 2006 a national process for the assessment of overseas trained doctors.

The responsibility for developing a national process was given to the COAG Implementation Committee chaired by the Commonwealth with participation from all jurisdictions and many other stakeholders. It took considerably longer than the Ministers had anticipated to develop an agreed process. On 1 July 2008 the nationally consistent assessment process for IMGs was introduced with four pathways which are outlined below.

- Competent Authority Pathway
- Standard Pathway (AMC examination)
- Standard Pathway (workplace-based assessment)
- Specialist Assessment Pathway

Each of the four pathways involves the assessment of the skills, qualifications and experience of IMGs to ensure they can provide safe care in the particular role for which they are seeking registration. This can be in general practice, a hospital position, post-graduate training or as a specialist.

The AMC facilitates the administration of these pathways and administers national examinations for IMGs who wish to practise medicine in Australia. The first three pathways lead to the award of the AMC certificate.

Most medical practitioners who wish to practise medicine in Australia are required to demonstrate that they fulfil the requirements for one of the pathways. The exception to the requirement to be in a pathway is for IMGs who seek limited registration for teaching or research, or limited registration in the public interest.

The pathways to registration are described below.

Competent Authority Pathway

The competent authority pathway is for non-specialist IMGs who have obtained their medical qualifications in a country with a comparable medical education system approved by the AMC as a "competent authority". At the present time, competent authorities are:

1. United Kingdom - General Medical Council (GMC)

- a. Successful completion of the Professional and Linguistic Assessments Board (PLAB) test since 1975, and then successful completion of the Foundation Year 1 or 12 months supervised training (Internship equivalent) approved by the GMC in the United Kingdom or another AMC designated Competent Authority country or
- b. Graduate of a medical course conducted by a medical school in the United Kingdom accredited by the GMC, and then the successful completion of the Foundation Year 1 or 12 months supervised training (Internship equivalent) approved by the GMC in the United Kingdom or another AMC designated Competent Authority country.

2. Canada - Medical Council of Canada

Successful completion of the licentiate examinations of the Medical Council of Canada since 1992.

3. United States - United States Education Commission for Foreign Medical Graduates

Successful completion of the United States Medical Licensing Examination Step 1, Step 2 and Step 3 since 1992 and the successful completion of a minimum of two years of graduate medical education within a residency program accredited by the Accreditation Council of Graduate Medical Education.

4. New Zealand - Medical Council of New Zealand (MCNZ)

Successful completion of the New Zealand Registration Examination and the successful completion of the required rotating internship (four runs accredited by the MCNZ).

5. Ireland - Medical Council of Ireland

Graduate of a Medical School in Ireland accredited by the Medical Council of Ireland and the successful completion of an internship in Ireland (certificate of experience) or in another Competent Authority country approved by the Medical Council of Ireland

An IMG in the competent authority pathway is not required to sit the AMC examinations and is eligible for "advanced standing" towards the AMC certificate.

An IMG with advanced standing may apply for limited registration, and if granted, he or she is required to undertake a minimum of twelve months approved supervised practice.

Upon successful completion of this pathway the IMG is awarded an AMC certificate and is eligible to apply for general registration.

The Board requires applicants for registration in this pathway to demonstrate that they have a certificate of Advanced Standing issued by the AMC.

Standard Pathway (AMC Examinations)

Non-specialist IMGs who are not eligible for the competent authority pathway may be eligible for this pathway. IMGs in this pathway must successfully complete the following, prior to qualifying for general registration:

1. the AMC MCQ examination
2. the AMC clinical examinations to be awarded the AMC certificate and
3. undertake a minimum period of 12 months supervised practice in a range of defined areas demonstrating competencies.

Note – the AMC certificate is awarded after successful completion of the AMC MCQ and clinical examination.

The Board requires applicants for registration in this pathway to demonstrate the successful completion of the AMC MCQ examination prior to granting registration.

Standard Pathway (work-placed based assessment)

This is a new pathway which is currently being implemented and is an alternative to the AMC clinical examination. IMGs in this pathway must successfully complete the following, prior to qualifying for general registration:

1. AMC MCQ examination
2. Satisfactory performance in a workplace-based assessment.

The Board requires applicants for registration in this pathway to demonstrate the successful completion of the AMC MCQ examination.

Specialist Assessment Pathway – full recognition

Within this pathway, there is an assessment of the comparability of each internationally qualified specialist's training and qualifications against those of recently Australian-trained specialists.

The AMC acts as a clearing house for the specialist assessment pathway but each relevant specialist medical college assesses the applicant's skills, training and experience.

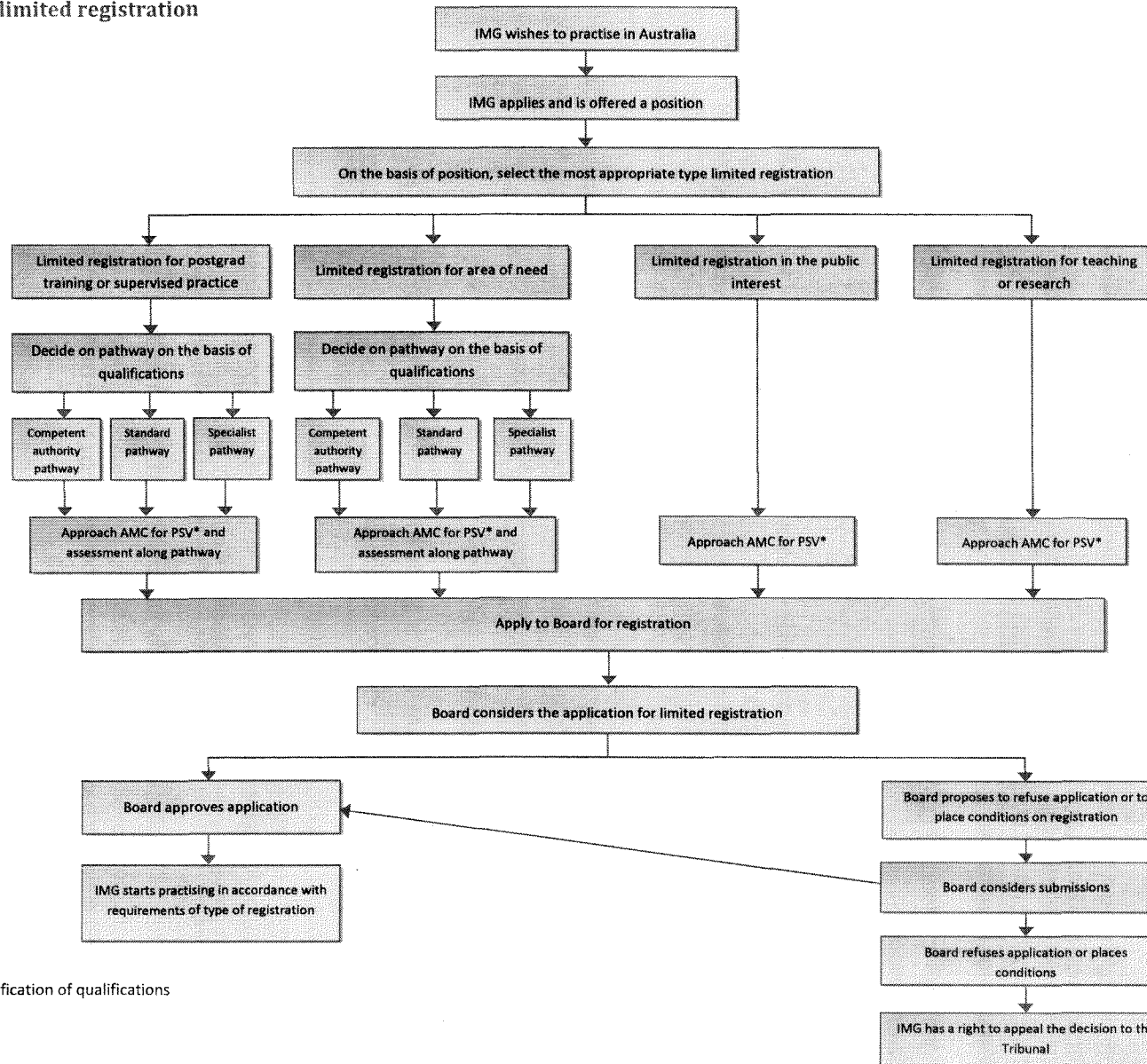
If the college determines that the IMG requires additional training and education to become eligible for fellowship, the AMC will advise the Board of the requirements so that the IMG may apply for limited registration to complete the necessary additional training or education.

Once the AMC advises the Board that the IMG is either a fellow of the college or is eligible for fellowship the IMG may apply for specialist registration.

Specialist Assessment Pathway - Area of Need

Medical practitioners intending to practise as a specialist in an area of need are required to apply via the AMC, to the relevant specialist college for assessment of their skills, experience and qualifications, against the requirements of the specific position. As with the specialist assessment pathway for full recognition, the AMC acts as a clearing house and the assessment is undertaken by the relevant specialist college.

Applying for limited registration



*PSV=Primary Source Verification of qualifications

The Medical Board's administrative and assessment processes for registering IMGs

Prior to applying for medical registration, the IMG must have:

- an offer of employment;
- applied to the AMC to have his or her qualifications verified as being awarded by a recognised medical school;
- if applicable, obtained evidence of an area of need declaration from the responsible Minister for Health; and
- if the IMG is undertaking the standard pathway, successfully completed the AMC MCQ examination.

Application for limited registration

IMGs who are not eligible for general or specialist registration (See Attachment I for criteria for eligibility for general or specialist registration) who wish to practise medicine in Australia must apply for limited registration. If the Board decides to approve the application, it will give an "in principle" approval. The IMG is subsequently registered after presenting their original documentation to an officer of AHPRA.

This "approval in principle" is a necessary step as evidence that the applicant is eligible for registration is often required by Department of Immigration and Citizenship to enable a visa to be issued.

All applicants for limited registration are required to:

- a) Present in person to the office of AHPRA or to an authorised delegate with proof of identity documents in accordance with the Board's standards.
- b) Provide evidence of a primary degree in medicine and surgery obtained from a medical school listed in the current International Medical Education Directory (IMED) (online only) of the Foundation for Advancement of International Medical Education and Research or other publications approved by the Australian Medical Council.
- c) Provide evidence of application for primary source verification of medical qualifications from the Educational Commission for Foreign Medical Graduates International Credentials Service (EICS). Primary source verification is conducted by the Australian Medical Council on behalf of the Board. The applicant will receive an AMC reference number to provide to the Board with their application for registration to confirm that they have applied for verification of their qualifications. Once the verification is completed the AMC will forward the results of the verification directly to the Board.

Note: The Board does not initially require completed primary source verification because it can take months or even years to complete this. This is considered to be an unacceptable waiting period.

- d) Provide evidence of successful completion of a medical internship or comparable in accordance with guidelines issued from time to time by the Board.
- e) Provide evidence of meeting the Board's English language registration standard.
- f) Provide evidence of work practice history that meets the Board's recency of practice registration standard.
- g) Provide details of registration history including certificates of good standing or registration status from each registration authority with which the applicant has been registered in the previous ten years (supplied where possible directly to the Board from the relevant registration authority).
- h) Satisfactorily complete a criminal history check as required by the National Law.
- i) Provide a statement from the sponsoring employer with a range of information, depending on which type of limited registration as follows:
 - Offer of employment
 - Employer contact details (all)
 - Position description including key selection criteria addressing clinical responsibilities and qualifications and experience required (all. In the case of a medical practitioner that will demonstrate a procedure or participate in a workshop, details of the clinical activities the practitioner will be undertaking, the location/s of clinical activities and the organisation that will auspice any demonstration or workshop)
 - Name, qualifications and contact details of the proposed clinical supervisor/s and confirmation from the proposed supervisor that they agree to provide supervision and to comply with supervision obligations as required by the Board (all)
 - Details of a supervision plan, prepared in accordance with any supervised practice guidelines issued from time to time by the Board, providing details of supervisor/s and how supervision will be provided to ensure the medical practitioner's ongoing professional development and safe practice (all types of limited registration. In the case of limited registration in the public interest, this is only required if registration is for more than four weeks)
 - Details of a training plan, prepared in accordance with any training plan guidelines issued from time to time by the Board, providing details of the purpose, anticipated duration, location, content and structure of training and the anticipated date of any examinations or assessments (only for limited registration for postgraduate training or supervised practice)
 - Details of a professional development plan that is relevant to the teaching or research activities and any clinical practice of the medical practitioner (only for limited

registration for teaching or research)

- j) In the case of limited registration for area of need, evidence of an area of need declaration for the geographical area and/or type of health service, for which there is a need, from the responsible Minister for Health or delegate in the jurisdiction in which the designated area of need position is located. A number of Ministers have provided information to the Board about the designated areas of need in their jurisdiction
- k) In the case of limited registration in the public interest, details as to why it is in the public interest to register the practitioner.

Purpose of general requirements

The purpose of the general requirements outlined above are to ensure that the Board is able to fulfil its legislative mandate under the National Law and that IMGs are assessed in accordance with the four assessment pathways.

The National Law requires that applicants for registration are eligible, qualified and suitable for the particular type of registration being applied for. The requirements help the Board to ensure that an IMG applying to practise medicine in Australia:

- is the person they are claiming to be – Proof of identity and all supporting documentation is that of the same person applying for registration
- is medically qualified - holds a primary medical qualification from a recognised medical school.
- is able to communicate effectively in English to a standard expected of medical practitioners practising in Australia.
- meets the recency of practice standard as required by the National Law which identifies whether the IMG's skills and knowledge are up-to-date with current medical practice in the area the IMG intends to practise medicine.
- is a suitable person to practise as a medical practitioner. That is, the IMG has no previous or on-going criminal history or disciplinary action taken by another registering authority which may impact on the ability of the individual to provide competent, safe and ethical care to the public.
- does not have a mental or physical impairment that may impact their ability to practise medicine safely.
- will be employed in a position that is suitable for his or her level of knowledge, skills and experience and that the appropriate supervision and support mechanisms will be provided.

Specific requirements – related to pathways

In addition to the general requirements, specific requirements apply depending on the assessment pathway through which the IMG is seeking to qualify for general or specialist registration. These apply to limited registration for area of need and postgraduate training or supervised practice.

Competent authority pathway:

- a. certificate of Advanced Standing issued by the AMC.
- b. satisfactory results of a pre-employment structured clinical interview (PESCI) if the Board requires a PESCI. The Board will base its decision on the nature of the position and level of risk.

Standard pathway:

- a. successful completion of the AMC MCQ examination; and
- b. satisfactory results of a pre-employment structured clinical interview (PESCI) if the Board requires a PESCI.

Note: It is unlikely that a PESCI will be required for a highly supervised hospital training position unless there are reservations about the applicant's ability to perform in the position. In most cases the responsibility for ensuring that the applicant has the capacity to work safely in the proposed position is left to the employer.

Specialist assessment pathway – Area of need:

IMGs applying for limited registration for area of need in a specialist position require additional assessment by the relevant college to ensure that they have the necessary qualifications, skills and experience to undertake the particular position. They must apply via the AMC for:

- a. verification from the AMC that the applicant has had an assessment of their specialist qualifications by the relevant specialist medical college against the proposed position description for the designated area of need position, and the results of the assessment; and
- b. letter of recommendation from the relevant specialist college and confirmation that the applicant is fit to carry out the tasks necessary for the particular position, including any recommended limitations on the nature and extent of practice and supervision recommendations.

Specialist assessment pathway

This is for overseas trained specialists who are assessed through the AMC/specialist college pathway. There are three categories for assessment in this pathway:

Specialist recognition for independent practice:

IMGs who are specialists can apply via the AMC to the relevant college for assessment of their qualifications, skills and experience.

Specialist-in-training (short term):

Typically, IMGs in this pathway have satisfied all the training and examination requirements to practise in their specialty in their country of training or are specialists-in-training in another country and wish to undertake specialised training in Australia for the purposes of up-skilling or undertaking training in a particular area which is not available in their country. They also need to provide:

- a. a statement from overseas specialist college or body awarding the specialist qualification, or with whom the applicant is a trainee in the country of training providing details of the trainee status and objectives of training in Australia or confirming the specialist qualification awarded.
- b. written confirmation from the IMG that they will be returning to their country of training at the end of the period of post-graduate training or supervised practice.

Specialist – area of need positions

These overseas trained specialists are assessed against the specific position description for the specific position.

Section 109 of the National Law - Annual statement

- (1) An application for renewal of registration must include or be accompanied by a statement that includes the following –
- (a) a declaration by the applicant that—
 - i. the applicant does not have an impairment; and
 - ii. the applicant has met any recency of practice requirements stated in an approved registration standard for the health profession; and
 - iii. the applicant has completed the continuing professional development the applicant was required by an approved registration standard to undertake during the applicant's preceding period of registration; and
 - iv. the applicant has not practised the health profession during the preceding period of registration without appropriate professional indemnity insurance arrangements being in place in relation to the applicant; and
 - v. if the applicant's registration is renewed the applicant will not practise the health profession unless appropriate professional indemnity insurance arrangements are in place in relation to the applicant;
 - (b) details of any change in the applicant's criminal history that occurred during the applicant's preceding period of registration;
 - (c) if the applicant's right to practise at a hospital or another facility at which health services are provided was withdrawn or restricted during the applicant's preceding period of registration because of the applicant's conduct, professional performance or health, details of the withdrawal or restriction of the right to practise;
 - (d) if the applicant's billing privileges were withdrawn or restricted under the *Medicare Australia Act 1973* of the Commonwealth during the applicant's preceding period of registration because of the applicant's conduct, professional performance or health, details of the withdrawal or restriction of the privileges;
 - (e) details of any complaint made about the applicant to a registration authority or another entity having functions relating to professional services provided by health practitioners or the regulation of health practitioners;
 - (f) any other information required by an approved registration standard.
- (2) Subsection (1)(a)(ii), (iii) and (iv), (c) and (d) does not apply to an applicant who is applying for the renewal of non-practising registration.

Section 82 of the National Law – Decision about an application

- (1) After considering an application for registration and any submissions made in accordance with a notice under section 81, a National Board established for a health profession must—
- (a) decide to grant the applicant the type of registration in the health profession applied for if the applicant is eligible for that type of registration under a relevant section; or
 - (b) decide to grant the applicant a type of registration in the health profession, other than the type of registration applied for, for which the applicant is eligible under a relevant section; or
 - (c) decide to refuse to grant the applicant registration in the health profession if—
 - i. the applicant is ineligible for registration in the profession under a relevant section because the applicant—
 - A. is not qualified for registration; or
 - B. has not completed a period of supervised practice in the health profession, or an examination or assessment required by the Board to assess the individual's ability to practise the profession; or
 - C. is not a suitable person to hold registration; or
 - D. is disqualified under this Law from applying for registration, or being registered, in the health profession; or
 - E. does not meet a requirement for registration stated in an approved registration standard for the profession; or
 - ii. it would be improper to register the applicant because the applicant or someone else gave the National Board information or a document in relation to the application that was false or misleading in a material particular.

(2) In this section—

relevant section means section 52, 57, 62, 65 or 73.

Qualifications for general and specialist registration

Among other requirements, an applicant for registration must be qualified, eligible and suitable.

General Registration

The following are qualified for general registration:

Australian and New Zealand graduates who have:

1. Completed a medical degree accredited by the AMC and approved by the Board and
2. Satisfactorily completed an approved 12 month period of training (internship)

IMGs (outside of Australia and New Zealand) who have:

1. Been awarded the AMC certificate via:
 - a. The AMC examination process
 - b. The workplace based assessment
2. The competent authority pathway and undertaken a period of supervised training in Australia (as per the proposed registration standard)

The Board has submitted a registration standard for general registration for IMGs in the standard pathway to the Ministerial Council for approval.

Specialist Registration

The Board is currently consulting on a registration standard for specialist registration.

The following are qualified for specialist registration:

1. Fellows of specialist colleges. The Ministerial Council has approved a range of specialties for medicine.
2. IMGs whose international qualifications, skills and experience have been assessed by the relevant Australian specialist college and have been deemed to be substantially comparable to an Australian trained specialist.

The Board has developed a registration standard for specialist registration that it is consulting on at the present time.

