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Taking the Examination

## PLAB- 1

ILETS Test

Sample Q &amp; A

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Taking the Examination

After the Examination

## PLAB-2

Eligibility

Exam Pattern

Sample OSCE

Taking the Examination

After the Examination

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## PLAB OVERVIEW

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## ■ Introduction to PLAB

## ■ Should you be taking the PLAB test?

## ■ Eligibility/ Qualifications required for PLAB

## ■ Checklist before applying for the examination

## ■ Job Opportunities after PLAB

## ■ PLAB Examination Centres

## ■ Fee structure / Refund

## ■ Applying for PLAB exam

## ■ Taking the PLAB exam

## ● Introduction

PLAB is also known as Professional and Linguistic assessments Board Test (PLAB) .

The PLAB test is relevant for international medical graduates. Those who wish to take up a period of limited registration (which you can do only if you are in supervised employment) and who need evidence that they have the necessary skills and knowledge to practise medicine in the UK. The PLAB test is designed to test ones ability to work safely in a first appointment as a senior house officer in a UK hospital in the National Health Service (NHS).

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## ● Should you be taking the PLAB test?

Passing the PLAB test is one of the ways in which an individual can satisfy the General Medical Council ( GMC ) that they have the knowledge and skills which are necessary to practise medicine in the UK.

The General Medical Council must assure itself that the particular individual should have suitable qualifications and abilities before it could grant an individual limited registration. Limited registration will allow the individual to practise in the UK in supervised employment in the National Health Service. For further information the following website can be contacted

[www.gmc-uk.org/register/map.htm](http://www.gmc-uk.org/register/map.htm)

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## ● Qualifications required for PLAB ?

- A primary medical qualification (PMQ) for limited registration. Please check the GMC website to see if your qualification is acceptable.
- Allowed qualifications are those listed in the World Directory of Medical Schools published by the World Health Organization. (All MCI recognized colleges in India are in general acceptable.) [www.who.int/health-services-delivery/med\\_schools](http://www.who.int/health-services-delivery/med_schools).
- Relevant scores in the IELTS test (academic module): a minimum of 7 as an overall score and in the speaking section, and 6 in each of the other sections – listening, academic reading, academic writing.
- At least 12 months' postgraduate clinical experience in a teaching hospital, or another hospital approved by the medical registration authorities in the appropriate country. (The test can be taken without this experience, but the candidate will only be granted limited registration at

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1 Plab information and exam emqs ... plab for doctors at [www.aippg.com/plab-uk](http://www.aippg.com/plab-uk)

2 <http://www.plabisgood4u.c>

3 <http://www.plabmast...>

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the grade of House Officer - the grade occupied by new medical graduates).

### Please Note :

- 1) Those students who have passed the IELTS test more than two years back at the time of initial registration , will have to prove that they have maintained their English language skills once again.
- 2) Limited registration will not be granted without the offer of a job. But passing PLAB does not guarantee a job. Before taking the PLAB test, one should make sure that they are well informed about opportunities for work in the UK.

  
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## NATIONAL BOARDS

Meeting Number 1  
20 September 2009  
8am to 3:30pm

Aitken Hill  
Dunhelen Lane, Yuroke

1. Welcome and introductions
  - 1.1. Disclosure of any conflicts of interest in relation to agenda items
- Matters for decision**
2. Board meeting proceedings
  - 2.1. Meeting procedures
  - 2.2. Speaking on behalf of the board
3. Forward work program for 2009-10
4. Professional matters: Registration
  - 4.1. Overview of registration matters to be decided in 2009-10 (including consultation arrangements)
  - 4.2. Resources relating to registration from existing boards
  - 4.3. Registration transition and registration transition plans
  - 4.4. Registration standards
  - 4.5. Specialist registration
  - 4.6. Endorsements
5. Professional matters: Accreditation arrangements
6. Professional matters: Other policy issues
7. Draft Agency procedures for the development of registration and accreditation standards

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- a. the first stage sees agreement to the straightforward transitions at the October meeting following receipt of comments from all existing boards, and
  - b. the second stage entails further work on cases not covered by (a) as part of the transition plan to be agreed by end March 2010
3. noted the proposals for the Board
  4. noted that the proposals for the Board had been sent to current registration boards for comment and, where their comments were available, these were provided with the meeting papers
  5. noted the responses from current boards and that work is continuing
  6. agreed that any persons with a form of interim registration (ie temporary registration awaiting board decision or conferral of qualifications) be migrated to limited registration in the public interest with their term of registration limited to that granted by the responsible State or Territory board prior to migration
  7. agreed that persons who have been granted provisional registration to undertake an internship that is required for general registration be migrated to provisional registration, and
  8. agreed on the process required to finalise the first stage transition decisions at the October meeting including assistance from Anne-Louise Carlton (NRAIP) to develop a transition matrix in consultation with CEOs/Registrars for the Board to consider.

*ACTION: NRAIP and those assisting Chairs*

#### **Item 4.4      Registration standards**

##### **Members:**

1. noted the background information including the timelines
2. noted the decisions required about registration standards in 2009-10 and that standards will need to be finalised by December 2009 for submission to the Ministerial Council
3. noted the range of matters on which registration standards could be made, including the potential for some common standards
4. noted the resources available:
  - a. legislation (Act A and exposure draft of Bill B)
  - b. resources from existing boards (Agenda Item 4.2)
  - c. registration transition plan (Agenda Item 4.3), and
  - d. requirements for developing standards (Agenda Item 7)
5. noted that consultation is required and the proposed consultation process was detailed at Agenda Item 4.1
6. noted the material for draft common registration standards provided
7. in relation to mandatory standards, agreed to work with other boards on registration standards for common use on:
  - a. English language requirements, whilst reaffirming that the current JMBAC policy which requires IELTS at 7 or above with specified exemptions is appropriate and

**Key deliverables for national boards before 1 July 2010**

What	By when
Workplan and processes agreed	September 2009
Establish any initial committees Decide on delegations	September 2009
Decide on financial or other support for health programs for practitioners and students who have an impairment	October 2009
Initial transition plans complete	October 2009
Consult on draft registration standards	November 2009
Health Profession Agreements (including fees set for year) finalised with the Agency	December 2009
Finalise proposals on registration standards for approval by the Ministerial Council	December 2009
Specialties, endorsements and any other matters recommended to Ministerial Council ahead of commencement – proposals to be complete	December 2009
Decide on any further delegation to committees	February 2010
Finalise registration transition plan	March 2010
Create lists of approved persons from which professional panels to conduct hearings about professional standards and health matters will be drawn	1 March 2010
Approve any accreditation standards developed and submitted by accreditation authorities	1 March 2010
Establish national registers of registered health practitioners and students	1 July 2010
Develop national arrangements for assessing overseas trained applicants	1 July 2010 (unless in registration standard)



	Sept 2009	Oct 2009	Nov 2009	Dec 2009	Jan 2010	Feb 2010	Mar 2010	Apr 2010	May 2010	June 2010	July 2010
<b>Registration matters</b>											
Develop registration standards for approval by the Ministerial Council											
Develop and approve codes and guidelines											
Consult on draft registration and other standards											
In conjunction with the Agency, decide timeframes for renewal of registration											
Consider what, if any, specialties are to be regulated from 1 July 2010 for the profession and submit to Ministerial Council for approval											
Determine what information should be collected from applicants for registration, endorsement and renewal of registration											
Develop/endorse arrangements for overseas trained practitioners											
<b>Accreditation matters</b>											
Approve accreditation standards (where required)											
<b>Transition arrangements</b>											
Approve the initial list of programs of study as qualifications for registration											
Develop registration transition plan (stage 1)											
Finalise transition plan (stage 2)											
Approve assessment of individuals and allocation to new provisions											
Notify individual registrants of the transition registration decision and review rights											
<b>Information and communications</b>											
Communique following meetings											
Communication to all registrants prior to 1 July											

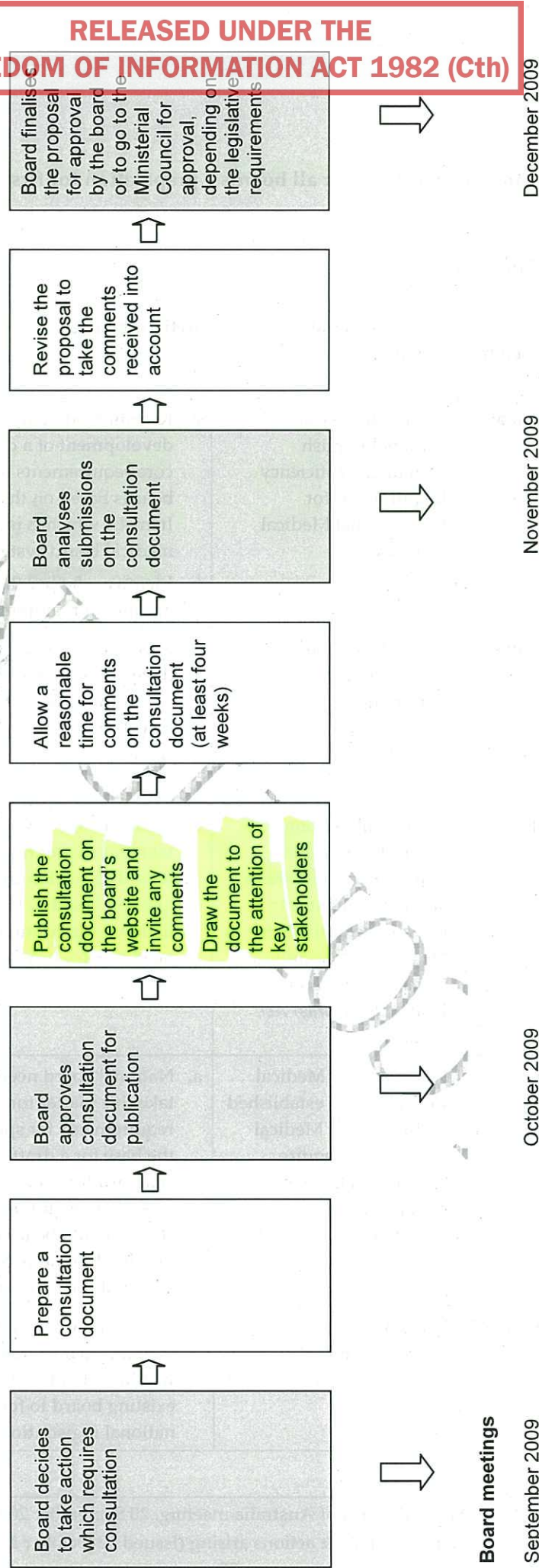


# Attachment F

## Steps for proposed common consultation process

Shaded = action at board meetings

White = action between board meetings



## Timing for matters requiring Ministerial Council decisions in 2009-10

Medical Board of Australia meeting, 20 September 2009  
– Final decisions & actions arising (Issued 12 October 2009)

**Registration standards required for all boards – preparation for first national board meeting**

**Medical Board of Australia**

Registration standards required by all boards	Proposed standard provided	Action required
1. English language	No, but there is a National English Language Proficiency Requirement for International Medical Graduates.	<ul style="list-style-type: none"> <li>a. Recommend board agrees to the development of a common standard with core requirements for all registration boards based on the proposal in Agenda Item 4.4 which is in turn based on the medical board system.</li> <li>b. Identify whether the board needs any additional requirements.</li> </ul>
2. Criminal history	No, but all existing medical boards have requirements.	<ul style="list-style-type: none"> <li>a. Recommend board agrees to the development of a common standard with core requirements for all registration boards based on the proposal in Agenda Item 4.4.</li> </ul>
3. Professional indemnity insurance	No, but all existing medical boards have requirements and there are requirements for private sector medicine in the <i>Medical Indemnity (Prudential Supervision and Product Standards) Act 2003(Cth)</i> .	<ul style="list-style-type: none"> <li>a. National board needs to consider how to take this matter forward. One option would be to identify material from an existing board to form the basis for a draft national registration standard. Board will need to refer to MIPSPS requirements.</li> </ul>
4. Continuing professional development	No. Specialist Medical Colleges have established requirements. Medical boards may require evidence of CPD but do not appear to have established specific CPD requirements.	<ul style="list-style-type: none"> <li>a. National board needs to consider how to take this matter forward. The current CPD requirements for specialist colleges could be the base for a draft national registration standard for specialists. For non-specialists requirements from a specialist college could be used as a base and modified for non-specialists to develop a draft national registration standard.</li> </ul>
5. Recency of practice	No, but at least some existing boards have developed material.	<ul style="list-style-type: none"> <li>a. National board needs to consider how to take this matter forward. One option would be to identify material from an existing board to form the basis for a draft national registration standard.</li> </ul>



**Australian Medical Council (AMC)**

**A) Services to be provided from 1 July 2010**

It is recommended that the Board endorse inclusion of the following services in the service agreement for 2010-11:

**Accreditation of Medical Schools and Medical Courses Leading to Primary Medical Qualifications (Sections 66 – 68 of the Health Practitioner Regulation National Law)**

The AMC shall undertake the accreditation of Australian and New Zealand Medical Schools and the courses conducted by these schools leading to medical qualifications, including:

- Review of the medical schools and courses in accordance with the national accreditation standards approved under Section 65 and in force at the time of the review;
- Review accreditation processes following each accreditation visit incorporating feedback from the institution being accredited, and where appropriate, implement revised accreditation processes expeditiously;
- In conjunction with the Medical Board of Australia undertake a review of accreditation functions for medicine under the provisions of Section 290;
- Review accreditation standards periodically in consultation with stakeholder bodies taking into account landmark reports on medical education and make recommendations to the Medical Board of Australia where a change to an accreditation standards may be appropriate;
- Provide statistical and other information to the Medical Board of Australia on the accreditation of medical schools and courses each year; and
- Facilitate the improvement of undergraduate medical education in Australia and New Zealand in response to evolving health needs and practices, and education and scientific development.

**Examination/Assessment for General Registration (Section 69(1)(b)(ii) and Section 71) and Specialist Registration (Section 77 and Section 75(1)(b)(ii))**

The AMC shall conduct examinations / assessment of non-specialist International Medical Graduates (IMGs) for purposes of seeking general registration, including:

- **Develop and implement appropriate examination and assessment processes to comply with the national standards approved for registration;**
- Develop and maintain an infrastructure to support the examination and assessment functions, including:
  - Application processing systems
  - Examination scheduling systems
  - Secure examination items banks
  - Secure examination delivery procedures
  - Candidate tracking and result monitoring systems
- **Implement the initial screening of applications to confirm:**
  - Identity in accordance the nationally approved identity verification procedures
  - **English language proficiency in accordance with the approved national standards for registration**
  - Verification of medical qualifications through the International Credentials Service of the Educational Commission for Foreign Medical Graduates
- Facilitate the assessment of Overseas Trained Specialists through the relevant Specialist Medical Colleges, including:
  - Act as a clearing house for information on specialist assessment processes



- Implement the initial screening of applications to confirm identity, English language proficiency and verification of medical qualifications
- Forward the outcome of the assessment on to the applicant and the Medical Board of Australia.
- Implement the COAG Competent Authority assessment pathway and facilitate the assessment of non-specialist IMGs through this pathway;
- Provide advice to the Medical Board of Australia regarding the assessment of IMGs when requested; and
- Provide summary reports and statistics on the assessment of IMGs to the Medical Board of Australia.

**B) Indicative funding for accreditation services for inclusion in Board's draft budget**

For 2010-11, the AMC is seeking a contribution of \$286,695 from the MBA to the cost of the scope of works outlined above, on the understanding that the AMC will obtain the remaining funds through fees and charges and, where appropriate, other funding sources such as the Commonwealth.

The contribution sought by the AMC specifically represents the funding shortfall required to address medical school (primary medical education) accreditation.

This contribution is a reduction of over \$290,000 from the 2009-10 contribution by medical registration boards of \$577,024. The reduction is on the basis that the National Board will assume responsibility for the functions of the Joint Medical Boards Advisory Committee and its Registrars/CEOs Sub-committee currently supported by the AMC.

It is recommended that the Board endorse an allocation of \$286,695 in the Board budget for 2010-11 for funding of the AMC.

**C) Further matters for consideration by the Board**

*Funding contribution to specialist accreditation:* Historically the assignment and funding of specialist registration has been assigned to the AMC by the Commonwealth. This was initiated at the time for Medicare purposes. Since Bill B makes reference to accredited programs of study (s.67) and specialist registration refers to approved qualifications (s76), the AMC has asked whether the Medical Board of Australia may wish to consider whether some contribution for the specialist accreditation function would be warranted.

The Commonwealth has indicated that it would wish to continue funding of the specialist accreditation and recognition activities. The current Commonwealth contribution for specialist accreditation is \$519,166 per annum.

It is recommended that the Board consider whether it would wish to contribute to the funding of specialist accreditation and recognition activities and if it does wish to contribute, advise of an indicative funding level for discussion with the AMC and Commonwealth.

*Acknowledgement of specialist accreditation in service agreement:* Regardless of whether the Medical Board of Australia contributes financially to the specialist accreditation function, the new national legislation provides for the National Board to approve an accredited program of study for specialist registration purposes and there should be some reference to this in the Service Agreement with the AMC. The following provisions are proposed for inclusion in the service agreement to cover this activity.

The AMC shall undertake the accreditation of Australian and Australasian providers of specialist medical education and their specialist training and professional development programs, including:

**Proposed interim communications objectives**

During the implementation period, the national boards will adopt the following communication objectives and suggested strategies:

- **To ensure there is a good flow of information on the national boards' activities to all stakeholders:**
  - establish logos and websites for each national board as soon as possible
  - provide a public statement following each meeting, to go on the website, and
  - participate in development of a coordinated communications strategy to registrants and other key stakeholders immediately before implementation.
- **To ensure that practitioner groups and State and Territory boards are confident that registration standards will be developed through appropriate consultation approaches ready for implementation:**
  - utilise senior registrars and board members to support policy and standard development, and
  - distribute draft material for comment to State and Territory boards and practitioner groups.
- **To establish channels of communication with the Ministerial Council on policy matters:**
  - ensure proper consultation with governments prior to presenting material to Ministerial Council (the no surprises rule), and
  - clearly identify the items and timing of matters needing Ministerial Council decision.
- **To ensure effective working relationships with other national boards and AHPRA:**
  - Chairs of national boards meet regularly together and with the Chair of the Agency Management Committee and CEO
  - consult effectively with other national boards on development of standards and cross-cutting issues, and
  - identify and consult with other national boards on issues of mutual interest or where a consistent approach would be valuable.
- **To ensure effective working relationships with key external strategic partners:**
  - ensure inclusive consultation arrangements on key issues, and
  - develop effective working relationships with accreditation authorities, health complaints commissioners and tribunals.

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## ALL NATIONAL BOARDS

20 September 2009

Meeting Number: 1

Agenda Item: 4.1

### OVERVIEW OF REGISTRATION MATTERS TO BE DECIDED IN 2009-10

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#### RECOMMENDATIONS

That members:

1. note the background information and registration matters to be decided in 2009-10, including the overview map and timelines at Attachment A
2. note the work program for 2009-10 at Agenda Item 3 outlines key dates for registration matters
3. note and take into account the resources available to assist with the registration matters to be decided
  - a. legislation (Act A and Bill B)
  - b. resources from existing boards (Agenda Item 4.2)
  - c. registration transition proposals (Agenda Item 4.3)
  - d. draft requirements for developing standards (Agenda Item 7)
4. note that any matters to be considered by the Ministerial Council before the national scheme commences on 1 July 2010, **must** be submitted to the Council by December 2009
5. note that in order to meet the Ministerial Council's December deadline, consultation material on any matters which require consultation **must** be finalised at the board's October 2009 meeting, with consultation commencing immediately after the meeting
6. agree to the common consultation process set out at Attachment C, and
7. agree to put codes and/or guidelines that the board may wish to develop on the agenda for the next meeting.

#### BACKGROUND

From the commencement of the national scheme on 1 July 2010, each national board or its delegate will need to make decisions on a range of registration issues. This paper provides an overview of the registration matters that national boards need to decide in 2009-10 to be ready when the national scheme commences on 1 July 2010. The registration matters are drawn from the overall work program for national boards at Agenda Item 3.

#### Legislation

National boards are currently operating under Act A (*Health Practitioner Regulation (Administrative Arrangements) National Law Act 2008* (Queensland)) which has commenced. However, the more detailed legislation under which boards will operate from 1 July 2010 (Bill B) is still being finalised.

Bill B is currently ~~available in exposure draft form and stakeholders have made a significant number of comments on the draft.~~ Bill B is currently being revised in light of comments received and a new version is not yet available.

Bill B is likely to be passed by the Queensland Parliament in late October and will not commence until 1 July 2010. In the meantime, consistent with Ministers' decisions, national boards need to work with Act A and be guided by the additional detail in Bill B as it will be revised following the consultation process.

All references to Bill B in these agenda papers are to the version of Bill B that is currently being revised to take into account consultation on the exposure draft of Bill B (revised Bill B). The agenda papers reflect the provisions that will be in revised Bill B.

#### **Resources from existing boards – Agenda Item 4.2**

Agenda Item 4.2 discusses the resources supplied by existing boards. These boards have developed materials that will be useful to national boards in making decisions about registration matters in 2009-10, particularly given the tight timeframes to prepare for the commencement of the national scheme. Some resources may be profession-specific, but the paper also identifies resources which could be available for common use by all boards. **For example, national boards could agree on a common base registration standard for English language requirements with additional profession-specific components if required.**

#### **Registration transition – Agenda Item 4.3**

Agenda Item 4.3 establishes a framework for registration transition. It describes a two-stage process for finalising registration transitions and transition plans depending on whether boards have to take any matters to Ministers, and includes board-specific proposals and (where available) any responses from existing boards.

#### **Standards for initial registration – Agenda Item 4.4**

Agenda Item 4.4 discusses the processes and timeframes for developing registration standards (discussed further below).

#### **Specialist registration– Agenda Item 4.5**

Agenda Item 4.5 discusses the requirements for specialist registration. There are two steps:

1. Ministerial Council approval as a profession for which specialist recognition operates (except for medicine and dentistry which already have this approval specified in the legislation), and
2. Ministerial Council approval of a list of specialties.

#### **Endorsements for areas of practice – Agenda Item 4.6**

Agenda Item 4.6 discusses the requirements for any boards that wish to have the ability to endorse registration in one or more of the areas to be specified in Bill B. A board must develop a registration standard about any endorsement in order for it to be available to the relevant profession. Some endorsements also require a specific Ministerial Council approval before they are available to a profession (scheduled medicines and area of practice).

#### **Requirements for developing standards – Agenda Item 7**

Agenda Item 7 sets out draft agency procedures for the development of registration and accreditation standards. The draft procedures provide advice to boards about the matters to be taken into account in developing standards.

#### **Other resources**

Indications are that current State and Territory registration boards would be interested in assisting national boards with the matters to be decided before the national scheme commences.

### Timing of 2009-10 decisions

Some provisions in Bill B require a specific process for a national board decision including consultation and Ministerial Council approval. This means that the timeframes for some decisions are extremely tight. For example, Act A and Bill B provide that national boards may develop registration standards to be approved by the Ministerial Council. **A national board must ensure that the process to develop any registration standard includes wide-ranging consultation about its content.** Due to the lead-time for Ministerial Council meetings, boards must finalise any matter which requires Ministerial Council consideration by December 2009 or the matter will not be considered and implementation effected before the scheme commences on 1 July 2010. In a number of cases, there will need to be several months lead time to implement national board and Ministerial Council decisions and prepare forms and other supporting material for the board's work.

### ISSUES

The key registration matters that national boards need to decide in 2009-10 are:

	<b>Expected requirements in Bill B</b>	<b>Process</b>	<b>Timeframe for completion of national board work</b>	<b>Agenda item</b>
1.	Transition stage 1	Agreement to straightforward transitions following receipt of comments from all existing boards	Oct 2009	4.3
2.	Transition stage 2 – any matters which require consideration by the Ministerial Council	Finalisation of transition plan, if not already decided	Mar 2010	4.3
3.	What registration standards will the board need to develop?	Registration standards require wide-ranging consultation and approval by Ministerial Council	Dec 2009	4.4
4.	What, if any, proposals does the board wish to make to the Ministerial Council in relation to recognised specialties?	Medicine and dentistry may request the Ministerial Council to approve a list of specialties. Other professions may ask the Ministerial Council for approval as a health profession for which specialty recognition operates and a list of specialties	Dec 2009	4.5
6.	What, if any, proposals does the board wish to make to the Ministerial Council in relation to endorsements?	Some endorsements require Ministerial approval. All endorsements require registration standards which require wide-ranging consultation and approval by Ministerial Council.	Dec 2009	4.7
7.	Does the board wish to develop any codes or guidelines?	Codes or guidelines require wide-ranging consultation	Mar 2010	4.1

The decisions that each national board will need to make about registration matters will vary according to the characteristics of the profession and in some cases the Divisions of the Register (see [Attachment B](#)). The registration transitions (Agenda item 4.3) will shape some decisions, for example by identifying the categories of registration that each national board will use and identifying any generic conditions that boards may wish to apply to subcategories of registrants (group conditions).



### Registration standards

A registration standard will address a suite of elements that boards will draw on in their decision-making. All boards will require registration standards that address the following five issues for initial registration and renewal (except CPD which is only relevant to renewal):

1. Professional indemnity insurance (PII)
2. Criminal history matters
3. Continuing professional development (CPD)
4. English language, and
5. Previous practice of the profession.

If boards consider it necessary, they may develop other standards to address the physical and mental health of applicants for registration, scope of practice or other issues relevant to the eligibility of individuals for registration in the profession or the suitability of individuals to competently and safely practise the profession.

Registration standards must be submitted to the Ministerial Council for approval.

The following table summarises the registration standards that will be required by all boards and standards which could be put in place, depending on the registration structure of the board, eg if the board has specialist registration, limited registration for area of need or in the public interest, or endorsements, etc.

### Mandatory registration standards

Registration standards required for all boards	Initial registration (by Division where applicable)	Where applicable, specialist (and other categories of registration such as limited registration)	Where applicable, limited registration – public interest – occasional practice (renewal only)	Where applicable, endorsement	Renewal
1. PII	Required for all boards	Required where applicable			Required – same as for initial registration
2. Criminal history	Required for all boards. Standard would be the same for all categories of initial registration and renewal				
3. CPD	N/A	Required where applicable			Required for all boards
4. English language	Required for all boards. Standard would be the same for all categories of initial registration and renewal				
5. Previous practice	Required for all boards	Required where applicable			Required – same as for initial registration

**Optional registration standards**

Registration standards that may be required by boards	Initial registration (by Division where applicable)	Where applicable, specialist (and other categories of registration such as limited registration)	Where applicable, limited registration – public interest – occasional practice	Where applicable, endorsement	Renewal
6. Health/impairment	Only if required by board				
7. Scope of practice	Only if required by board			Required where endorsements apply	Only if required by board
8. Other	Only if required by board				

**Codes and guidelines**

National boards can develop codes and guidelines without Ministerial Council approval, although wide-ranging consultation is required. Accordingly, national boards have until March 2010 to develop any codes or guidelines, including the necessary consultation. Given the longer timeframe, it is proposed that boards consider any codes or guidelines that they wish to develop at their October 2009 meeting.

**Consultation**

Bill B provides that a national board must ensure that the process to develop any registration standard, code or guideline includes wide-ranging consultation about its content. Bill B also requires consultation with other boards. It requires a national board (the first board) that proposes to make a recommendation to the Ministerial Council about a matter that may reasonably be expected to be of interest to another national board (the second board), to consult with the second board.

This means that boards will need to give all potential stakeholders the opportunity to make comments about the proposed content of any registration standard, code or guideline. In addition, boards will need to ensure that key stakeholders and other boards are aware of the proposal and have an opportunity to comment. Transitional arrangements generally won't require wide-ranging consultation, but boards will need to consult with other national boards.

In order to meet the requirement for wide-ranging consultation, it is proposed that all national boards adopt a common approach to consultation involving the following steps:

- a. prepare a consultation document
- b. publish the consultation document on the board's website and invite submissions
- c. draw the document to the attention of key stakeholders, such as other national boards, relevant professional organisations and government (Commonwealth, State and Territory health departments)
- d. allow a reasonable time for submissions on the consultation document (at least four weeks)
- e. analyse submissions on the consultation document
- f. revise the proposal to take the comments received into account, and
- g. finalise the document for approval by the board or to go to the Ministerial Council for approval, depending on the legislative requirements in Bill B.

If this consultation approach is applied to any matters which need to be considered by the Ministerial Council ahead of commencement on 1 July 2009, such as registration standards, national boards will need to:

- a. finalise draft consultation documents at their October 2009 meeting
- b. publish consultation documents on the board websites after the October meeting
- c. draw the consultation documents to the attention of key stakeholders, including other national boards, professional organisations and governments after the October meeting
- d. allow four weeks for comment between the October and November 2009 meetings
- e. analyse submissions on the consultation document and revise the proposals, and
- f. finalise the proposals for recommendation to the Ministerial Council at the December 2009 meeting.

Attachment C sets out the proposed common consultation process, and the timeframes for any matters which need to be considered by the Ministerial Council ahead of commencement. Longer timeframes are available for matters which do not require consideration by the Ministerial Council, such as codes or guidelines, although the same consultation steps would apply.

The remaining agenda papers on registration discuss the key matters for decision in 2009-10 in more detail. Each paper contains guidance to help each board identify what it needs to do in 2009-10.

#### **ATTACHMENTS:**

Attachment A:	Overview of timeframes for registration decisions in 2009-10
Attachment B:	Divisions of the Register
Attachment C:	Overview of proposed common consultation process



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## ALL NATIONAL BOARDS

20 September 2009

Meeting Number: 1

Agenda Item: 4.2

### RESOURCES RELATING TO REGISTRATION FROM EXISTING BOARDS

#### RECOMMENDATIONS

That members:

1. note the resources supplied by existing boards in their profession relating to registration at Attachment A, and
2. take these resources into account when considering the subsequent agenda items on registration.

#### BACKGROUND

In a number of professions, the existing boards have been developing materials that will be very useful to national boards in meeting the requirements placed on them for the 2009-10 year.

The project team has contacted those who act as informal coordinators for existing boards nationally and invited them to put forward materials that may be of use to each national board. The terms of this invitation for papers are set out at Attachment B.

#### ISSUES

The boards need to draw on, to the maximum extent possible, work already done and completed at a national level. Such work will not remove the requirements on boards to form their own views, consult as per the legislation and make recommendations to the Ministerial Council but in many cases they give the boards a head start in terms of completing their work in 2009-10.

#### ATTACHMENTS:

- |               |   |
|---------------|---|
| Attachment A: | Profession-specific resources provided by existing boards<br>(see separate electronic documents – where documents received) |
| Attachment B: | Email from Louise Morauta dated 29 July   |

**Email from Dr Louise Morauta dated 29 July 2009**

**Papers from existing boards on registration matters for first meeting of National Boards in NRAS**

Colleagues

As I have discussed by phone over the last few days with most of you (I am afraid I have not reached two of you personally yet), the team is now assisting the Agency Management Committee to prepare for the first meeting of the national boards. This is currently scheduled (subject to timing of the appointments process) for around the middle of September.

In preparing for the first meeting of each of the boards we are very conscious of how much work has already been undertaken in the sector in preparation for national registration. We think it would be useful for boards to have a full account of this at their first meeting, however voluminous in some cases it might be.

Attached you will find a copy of the registration section of the draft agenda for the first meeting of each of the boards which is entitled "Professional Matters: registration". You will see there is a section "Resources relating to registration from existing boards" which falls into two categories:

- (i) Profession specific
- (ii) May be of use across boards

This email is to confirm my invitation to you as a potential coordinating point for existing boards in your profession, to consider submitting papers for the first meeting of the national board in your profession. The papers could relate under "Profession specific matters" to any work you have done nationally or standards already in place across boards nationally relating to matters likely to be needed by the national board in relation to registration issues. For example, you may have already got national agreement on a proposal on one or more of the following which could underpin a national registration standard:

- the qualifications required for general registration in your profession
- the period of supervised practice required
- recency of practice
- CPD requirements
- PII requirements

Under item (ii) we are looking for examples of best practice in a profession which may be of use not just to your national board but across boards. These may for example relate to work on:

- English language requirements
- fit and proper person
- physical and mental health
- criminal history checking

By asking you to provide any materials on these or other registration-related matters, I am not suggesting that if this work is not readily available you necessarily turn around and suddenly create materials for the board. On the other hand if your boards do want to provide advice to the first meeting, I am sure it would be most welcome.



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This request relates to registration issues. It is separate from the request already issued by the Agency Management Committee to external accrediting authorities to bring forward material to the first board meeting on accreditation.

In terms of timing I am afraid that I am looking to receive these papers in the project team by cob on Monday 31 August, on the assumption that papers need to be with chairs of each board in the following week.

I am very happy if you share this email and attachment with the boards in your profession. However I did not send it to all of them individually since I think the national boards will want a coordinated response/set of proposals. Please feel free to ring me on this matter.

With thanks for any assistance you are able to provide in this regard,

Louise

Dr Louise Morauta PSM  
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Registration and Accreditation Implementation Project  
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## ALL NATIONAL BOARDS

20 September 2009

Meeting Number: 1

Agenda Item: 4.4

### REGISTRATION STANDARDS

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#### RECOMMENDATIONS

That members:

1. note the background information including the timelines at Attachment A
2. note the decisions required about registration standards in 2009-10 and that standards will need to be finalised by December 2009 for submission to the Ministerial Council
3. note the range of matters on which registration standards could be made, including the potential for some common standards
4. note and take into account the resources available:
  - a. legislation (Act A and exposure draft of Bill B)
  - b. resources from existing boards (Agenda Item 4.2)
  - c. registration transition plan (Agenda Item 4.3), and
  - d. requirements for developing standards (Agenda Item 7)
5. note that consultation is required and the proposed consultation process is detailed at Agenda Item 4.1
6. note the material for draft common registration standards provided at Attachment B
7. in relation to mandatory standards (see Attachment C), agree to work with other boards on registration standards for common use on:
  - a. English language requirements, and
  - b. criminal history relevant to registration
8. in relation to the other three mandatory standards (professional indemnity insurance (PII), continuing professional development (CPD) and recency of practice), agree to the recommendations in Attachment C
9. decide whether the board requires any board-specific registration standards, and
10. decide on a process to develop the draft of registration standards required for consideration at the October 2009 meeting and consultation immediately following the meeting, in order to meet the December 2009 deadline for submission to the Ministerial Council.



## BACKGROUND

From 1 July 2010, each national board will need to make decisions on a range of registration matters including:

- initial applications for registration, ie applications from individuals who have not previously been registered under State or Territory professional registration legislation and who are not subject to transitional provisions
- applications in particular categories of registration, eg limited registration for an area of need
- applications for endorsements, and
- applications for renewal of registration and endorsements.

Bill B provides that boards may develop registration standards about the registration, or renewal of registration, or persons in a health profession, to be approved by the Ministerial Council. A national board needs to consider which registration standards it will require to guide its decisions on registration matters. **A national board must ensure that the process to develop any registration standard includes wide-ranging consultation about its content.**

There are a number of specific references to registration standards throughout Bill B, including specifying requirements for initial registration, renewal of registration, different categories of registration, provision of information, eg in the annual statement that applicants for renewal must submit, and any standards the board wishes to put in place relevant to endorsements of registration.

The timeframe is tight for the development of registration standards because of the requirement for approval by the Ministerial Council and the preparation of forms and guides for applicants. **A national board will need to develop any draft registration standards, and complete the required consultation, by December 2009 so that the standards can be approved by the Ministerial Council and available for use from 1 July 2010.** If the standards are not finalised by December 2009, then national boards will miss the opportunity for Ministerial Council approval before 1 July 2010. To meet these deadlines, boards will need to finalise consultation material at the October 2009 meeting for consultation immediately following the meeting.

Attachment A sets out the timetable for the development of registration standards. The timetable takes into account the Christmas period, the deadlines for lodging papers for Ministerial Council meetings and the lead time to implement the standards for use from 1 July 2010.

**Boards need to create registration standards in the context of revised Bill B. Revised Bill B is expected to provide that a registration standard for a health profession must include the following:**

- a) requirements for professional indemnity insurance arrangements for registered health practitioners registered in the profession
- b) matters about the criminal history of applicants for registration in the profession, registered health practitioners and students registered by the board, including the matters to which the board must have regard in considering the criminal history
- c) requirements for continuing professional development for registered health practitioners registered in the profession
- d) requirements about the English language skills necessary for an applicant for registration in the profession to be suitable for registration in the profession, and**
- e) requirements in relation to the nature, extent, period and recency of any previous practice of the profession by applicants for registration in the profession.

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**Mandatory registration standards**

Registration standards required for all boards	Initial registration (by Division where applicable)	Where applicable, specialist (and other categories of registration such as limited registration)	Where applicable, limited registration – public interest – occasional practice	Where applicable, endorsement	Renewal
1. PII	Required for all boards	Required where applicable		Use initial registration standard or develop additional requirements	Required – same as for initial registration
2. Criminal history	Required for all boards. Standard would be the same for all categories of initial registration and renewal				
3. CPD	N/A	Required where applicable		Use initial registration standard or develop additional requirements	Required for all boards
4. English language	Required for all boards. Standard would be the same for all categories of initial registration and renewal				
5. Previous practice	Required for all boards	Required where applicable		Use initial registration standard or develop additional requirements	Required – same as for initial registration

**Optional registration standards**

<b>Registration standards that may be required by boards</b>	<b>Initial registration (by Division where applicable)</b>	<b>Where applicable, specialist (and other categories of registration such as limited registration)</b>	<b>Where applicable, limited registration – public interest – occasional practice</b>	<b>Where applicable, endorsement</b>	<b>Renewal</b>
6. Health/impairment	Only if required by board				
7. Scope of practice	Only if required by board			May be relevant where endorsements apply	Only if required by board
8. Other	Only if required by board				

### **Common standards for all boards**

In some cases it would be possible to have a common registration standard across registration categories, divisions of the register and professions, and for initial registration and renewal, eg criminal history relevant to registration. Under this approach, boards would start with a common base standard and then add profession-specific elements if required.

The Agency recommends that boards consider adopting common standards wherever possible, as this will assist boards to prepare for commencement of the national scheme on 1 July 2010 and promote best practice across boards. A possible approach to developing common standards would be to identify a best practice example of a current standard, guideline or policy and adapt it for use across all boards.

The following subjects are proposed for common standards:

Possible common standards	Required or optional	What would the registration standard contain?
1. Criminal history relevant to registration	Required for all boards	The standard would specify the criminal history matters that the board will consider relevant to registration.
2. English language requirements	Required for all boards	The standard would require international graduates to be sufficiently competent in English for safe practise of their profession.

Attachment B contains more detail about the content of possible common registration standards.

### **Areas where boards will require board-specific standards**

In many cases registration standards will vary across professions and possibly registration categories and divisions of the register, eg the period of supervised practise or exam or assessment to assess the individual's ability to competently practise the profession.

Board specific standards	Required or optional	What would the registration standard contain?
1. Professional indemnity insurance (PII)	Required for all boards	The standard would describe the type of PII cover that the board considers sufficient. PII raises issues which boards may wish to address in their standards, eg where PII is provided by an employer, what is the requirement on the practitioner.
2. Continuing professional development (CPD)	Required for all boards	The standard would set out the CPD requirements of the national board for renewal of registration. It will be important for the standard to provide that all practitioners, including those in rural and remote areas, have equal access to CPD at the same price.
3. Nature, extent, period and recency of any previous practice of the profession	Required for all boards	The standard would set out the requirements for applicants or criteria a board would use in determining whether a practitioner was able to competently and safely practise on the basis of previous practice and whether any conditions should be placed on their registration, eg re-registration, or when returning to practice after a period of non-practice.



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Attachment B

## Content of standards for initial registration (to be expanded as appropriate examples are identified)

Possible common standards	Required by all boards or optional	What would the registration standard contain?
1. Criminal history relevant to registration	Required by all boards	This registration standard specifies the criminal history matters that the board will consider relevant to registration, eg the nature and gravity of the offence or alleged offence and its relevance to registration as a health practitioner, any offences that will not be considered relevant, eg parking and traffic offences, the period of time since the applicant committed, or allegedly committed, the offence, whether a finding of guilt or a conviction was recorded or a charge for the offence is still pending, the ages of the applicant and any victim at the time the applicant committed or allegedly committed the offence, the sentence imposed for the offence, whether or not the conduct that constituted the offence or to which the charge relates has been decriminalised since the applicant committed, or allegedly committed, the offence, any other matter that the National Board considers relevant in relation to an applicant's criminal history, etc.
2. English language requirements	Required by all boards	<p>The standard could specify the English language requirements that the Board requires for international graduates and any test that may be required to verify English language proficiency. For example, medical boards in all States and Territories have adopted a common English language proficiency requirement for international medical graduates using the IELTS examination (academic module) and three alternative tests. The requirement specifies that test results must be within two years prior to applying for registration and that the applicant is responsible for the cost (<a href="http://www.nswmb.org.au/system/files/f52/o486/National%20Eng%20Lang%20Pol%20V%2017%20April%202007.pdf">http://www.nswmb.org.au/system/files/f52/o486/National%20Eng%20Lang%20Pol%20V%2017%20April%202007.pdf</a>). The policy could be adapted along the following lines:</p> <p><b>Draft standard</b></p> <p>This standard applies to all international graduates who are seeking registration in Australia under the Health Practitioner Regulation National Law.</p> <p><b>Requirements</b></p> <p>Applicants need to submit evidence to the relevant registration authority of competency in speaking and communicating in English, as demonstrated by having completed the IELTS examination (Academic module) to the following standard:</p> <ol style="list-style-type: none"> <li>1. The boards require the applicant to have achieved a minimum score of seven in each of the four components.</li> <li>2. Alternative English proficiency tests that will be accepted are: <ol style="list-style-type: none"> <li>a) Completed and obtained an overall pass in the Occupational English Test (OET) administered by the Centre for Adult Education with grades A or B only in each of the four components, or</li> <li>b) A pass in the Professional Linguistic Assessment Board (PLAB) in the United Kingdom, or</li> <li>c) A pass in the New Zealand Registration Examination (NZREX) in New Zealand.</li> </ol> </li> </ol>

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Possible common standards	Required by all boards or optional	What should the registration standard contain?
		<p>3. Results must have been obtained within two years prior to applying for registration.</p> <p>4. An IELTS (or approved equivalent) Test Report Form more than two years old will be accepted as evidence of present level of ability if accompanied by proof that a candidate has actively maintained employment as a medical practitioner in a country where English is the native or first Language. Test results must comply with the current requirements of this policy.</p> <p>5. Results from any of the abovementioned English language examinations must be obtained in one sitting.</p> <p>NOTE: The applicant is responsible for the cost of English tests.</p> <p><b>4.0 Exemptions</b></p> <p>The boards may grant exemption where the applicant provides evidence of secondary education in English in one of the countries, listed below, where English is the native or first Language:</p> <ul style="list-style-type: none"> <li>• Canada</li> <li>• Republic of Ireland</li> <li>• New Zealand</li> <li>• United Kingdom and Northern Ireland</li> <li>• United States of America, or</li> <li>• South Africa.</li> </ul> <p>At the board's discretion, an exemption may be approved in special circumstances to applicants applying for registration.</p> <p>Examples would be, but are not limited to:</p> <ul style="list-style-type: none"> <li>• perform a demonstration in medical techniques, or</li> <li>• undertake research which involves limited or no patient contact, or</li> <li>• undertake postgraduate study or training while working in an appropriately supported environment which will ensure patient safety is not compromised.</li> </ul> <p>In this standard, IELTS means the International English Language Testing System (IELTS) developed by the University of Cambridge Local Examinations Syndicate, The British Council and IDP Education Australia. The test is administered at least once a month by IELTS Australia and The British Council at over 230 centres worldwide.</p>

**Registration standards – preparation for first national board meeting**

**Medical Board of Australia**

<b>Registration standards required by all boards</b>	<b>Proposed standard provided</b>	<b>Action required</b>
<b>1. English language</b>	No, but there is a National English Language Proficiency Requirement for International Medical Graduates	<p>a. Recommend board agrees to the development of a common standard with core requirements for all registration boards based on the proposal in Agenda Item 4.4 which is in turn based on the medical board system.</p> <p>b. Identify whether the board needs any additional requirements</p>
<b>2. Criminal history</b>	No, but all existing medical boards have requirements	a. Recommend board agrees to the development of a common standard with core requirements for all registration boards based on the proposal in Agenda Item 4.4.
<b>3. Professional indemnity insurance</b>	No, but all existing medical boards have requirements and there are requirements for private sector medicine in the <i>Medical Indemnity (Prudential Supervision and Product Standards) Act 2003(Cth)</i>	a. National board needs to consider how to take this matter forward. One option would be to identify material from an existing board to form the basis for a draft national registration standard. Board will need to refer to MIPSPS requirements
<b>4. Continuing professional development</b>	No. Specialist Medical Colleges have established requirements. Medical boards may require evidence of CPD but do not appear to have established specific CPD requirements	a. National board needs to consider how to take this matter forward. The current CPD requirements for specialist colleges could be the base for a draft national registration standard for specialists. For non-specialists requirements from a specialist college could be used as a base and modified for non-specialists to develop a draft national registration standard.
<b>5. Recency of practice</b>	No, but at least some existing boards have developed material	a. National board needs to consider how to take this matter forward. One option would be to identify material from an existing board to form the basis for a draft national registration standard.

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## ALL NATIONAL BOARDS

**20 September 2009**

**Meeting Number: 1**

**Agenda Item: 4.5**

### **SPECIALIST REGISTRATION – MEDICINE AND DENTISTRY**

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#### **RECOMMENDATIONS**

That members:

1. note the background information on approval of specialties and operation of specialist recognition including the timelines at [Attachment A](#)
2. note the specific proposals for approval of a list of specialties from the Australian Medical Council (AMC) and the Australian Dental Council (ADC) at Agenda Item 4.2
3. note and take into account the resources available:
  - a. legislation (Act A and exposure draft Bill B)
  - b. registration transition plan (Agenda Item 4.3), and
  - c. draft requirements for developing standards (Agenda Item 7)
4. note that specialist registration will require specific registration standards (see Agenda Item 4.4 and [Attachment B](#))
5. consider what consultation on proposals should occur consistent with the proposed consultation process at Agenda Item 4.1, taking into account the extent of consultation that has already occurred on the proposals from the AMC and ADC, and
6. agree on a process for developing proposals, including consultation, on a list of specialties for dentists and medical practitioners, and associated registration standards for submission to the Ministerial Council by December 2009 at the latest.

#### **BACKGROUND**

Board functions include making recommendations to the Ministerial Council about the operation of specialist recognition in the health profession.

Bill B will provide for the operation of specialist recognition for the medical profession, the division of dentists and any other health profession approved by the Ministerial Council on the recommendation of the national board established for the health profession. There are two steps involved in establishing specialist recognition:

1. Ministerial Council approval of a profession as a profession for which specialist recognition operates under the law (except for medicine and dentistry which will be specified in the legislation), and
2. Ministerial Council approval of a list of specialties for the profession.

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A key feature of the legislative framework is the link between registration and accreditation. Specialist recognition requires an approved qualification, which in turn requires an approved accreditation standard and approved program of training for the specialty. Since these arrangements are only in place at a national level for dental and medical specialists, the legislation specifically recognises these professions.

As the medical and dentistry professions are recognised as professions for which specialty recognition operates (step 1), the only remaining requirements for specialist recognition are for the boards to submit a list of specialties for the profession to the Ministerial Council for approval (step 2) and to develop relevant registration standards.

The list of specialties and registration standards for specialties will also be important to the development of forms and IT to support the registration process.

## ISSUES

### List of specialties

Medical and dental boards need to develop a list of specialties for approval by the Ministerial Council. This list could be submitted to the November 2009 Ministerial Council meeting (deadline for submitting the proposed list October 2009) or the February 2010 Ministerial Council meeting (deadline for submitting the proposed list December 2009) (see [Attachment A](#)). Whether boards are able to develop a proposed list by their October 2009 meeting will depend on the amount of work already undertaken, and the process the board wishes to use to develop the proposed list, including the consultation the board considers appropriate (including with other boards). Both the AMC and the ADC have developed draft lists of specialties for consideration by their boards.

### Standards for specialist registration

In addition to deciding categories of specialist registration, boards will need to develop a registration standard against which to register specialists which addresses the requirements specific to each specialty, eg professional indemnity insurance (PII), continuing professional development (CPD), previous practice, etc.

### MANDATORY REGISTRATION STANDARDS

Main category registration standards		
	Initial registration as a specialist	Renewal of registration as a specialist
Registration standard content		
1. PII	Required where applicable	Required – same as for initial registration
2. Criminal history	Same for all categories of initial registration and renewal, ie no specific standard for specialists	
3. CPD	N/A	Required where applicable
4. English language	Yes – same for all categories of initial registration and renewal, ie no specific standard for specialists	
Optional registration standards		
5. Previous practice	Required where applicable	Required - same as for initial registration
6. Health	Only if required by board	
7. Scope of practice	Only if required by board	
8. Other	Only if required by board	

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Approved program of study is defined in s 5 in the following terms:

approved program of study, for a health profession or for endorsement of registration in a health profession, means an accredited program of study—

- (a) approved under section 49(1) by the National Board established for the health profession; and
- (b) included in the list published by the National Agency under section 49(5).

Section 49, 'Approval of accredited programs of study', requires the National Board to 'approve, or refuse to approve, the accredited program of study as providing a qualification for the purposes of registration'. By s 49(2), approval may be granted subject to conditions.

According to s 5, 'accredited program of study means a program of study accredited under section 48 by an accreditation authority.' Section 48 provides for the accreditation of programs of study by accreditation authorities.

In summary, the accreditation authority accredits a program of study which is approved (or not) by the National Board as an approved program of study. A person who has completed an approved program of study, would hold an approved qualification and be qualified for general registration. However, in order to obtain general registration the person must be eligible for general registration which requires the person to be qualified and meet any further requirements (such as completing further training, passing an examination or satisfying a registration standard). To be eligible for general registration the applicant must also be a suitable person, and not otherwise disqualified.

Section 55 sets out the circumstances in which a person would be unsuitable to hold general registration:

(1) A National Board may decide an individual is not a suitable person to hold general registration in a health profession if—

(a) in the Board's opinion, the individual has an impairment that would detrimentally affect the individual's capacity to practise the profession to such an extent that it would or may place the safety of the public at risk; or

(b) having regard to the individual's criminal history to the extent that is relevant to the individual's practice of the profession, the individual is not, in the Board's opinion, an appropriate person to practise the profession or it is not in the public interest for the individual to practise the profession; or

(c) the individual has previously been registered under a relevant law and during the period of that registration proceedings under Part 8, or proceedings that substantially correspond to proceedings under Part 8, were started against the individual but not finalised; or

(d) in the Board's opinion, the individual's competency in speaking or otherwise communicating in English is not sufficient for the individual to practise the profession; or

(e) the individual's registration (however described) in the health profession in a jurisdiction that is not a participating jurisdiction, whether in Australia or elsewhere, is currently suspended or cancelled on a ground for which an adjudication body could