Module 1: Protecting the public – the purpose of medical regulation.
Regulation and professionalism for medical students in Australia

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1	Welcome to the Medical Board of Australia's training package in regulation and professionalism for medical students. Module 1: Protecting the public – the purpose of medical regulation
2	The Medical Board of Australia and the Australian Health Practitioner Regulation Agency acknowledge the Traditional Custodians of Country throughout Australia and their connection to land, sea and community. We pay our respects to Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander Peoples.
3	The Medical Board of Australia welcomes the opportunity to communicate directly with medical students. This is the first module in a series designed to help medical students understand the regulation of medical practitioners in Australia and the importance of professionalism and good communication in their practice. This first module introduces medical regulation and its purpose. Subsequent modules explore how notifications or complaints are handled, including what motivates patient and carers to complain, plus some professional challenges you might experience. Along the way we'll unpack some of the terminology too. Regulation is a strange beast. Most people see it as 'bureaucratic red tape' and as a burden in their lives. When it works well, regulation is in the background and invisible. It only captures the limelight when something goes wrong. Our health professionals and the community need a robust and practical system of regulation.'
4	By the time you finish this module you'll understand the purpose and scope of regulation, why regulation matters for you now and what it will mean when you are a practising medical practitioner. You'll recognise the varied and complex motivations for patients - and families - when they have a poor experience and choose to complain. You'll also understand the breadth of concerns patients raise and how you might address those concerns early. Finally, you'll learn about the organisations responsible for medical regulation in Australia. Building a positive culture of medical professionalism is important. In these modules we aim to do this by explaining medical regulation processes and the community and Medical Board's expectations of the profession. We use notification case studies to help students recognise lapses of professional behaviour.
5	In this module, we'll explore who is regulated and why. Along the way, we'll look at some high-profile cases and discuss why people make notifications or complaints.

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	We will consider some case studies based on real cases. While these cases have been de-identified and changed to protect the privacy of everyone involved, they are relevant examples to demonstrate the type of situations that can arise and the flow-on impact to those involved. We will also share with you an overview of who is involved in medical regulation and finally, what information you need to tell us when your circumstances change.
6	Regulation plays a critical role in the proper functioning of societies and economies with many aspects of our society and business behaviour subject to regulation and regulatory checks. Think, for instance, about road safety. We are regulated against speeding and are required to wear seatbelts to prevent harm to you, your passengers and other road users. Several different road organisations work together to regulate this sector. Health care is also a widely regulated sector. Not all health professions in Australia are regulated but medicine is. The Medical Board of Australia regulates doctors with the help of the Australian Health Practitioner Regulation Agency. With regulation comes benefits and responsibilities and these must be thoughtfully balanced to benefit everyone.
7	Protecting the public is the primary purpose of medical regulation. The Medical Board of Australia protects the public by registering qualified and competent medical practitioners. Before registering someone, the Board and Ahpra check that the individual has medical qualification, is who they say they are and checks with other regulatory authorities about whether they are in good standing. The Medical Board of Australia also makes decisions about the outcomes of complaints about practitioners, sets the professional standards expected, develops codes and guidelines to guide the profession; and approves the accreditation standards for medical education and training. These actions work to help to protect the public.
8	This slide is a snapshot of the profession. There are just over 130,000 registered medical practitioners and close to 21,000 medical students in Australia. Just over half of all doctors are aged between 25 and 44. Visit the Medical Board's website for more information
9	To find out more about the number of medical practitioners and students in your state or territory, click on the map. You will see the number of notifications or complaints made about practitioners in your jurisdiction and can view the numbers received in other jurisdictions too.
10	Community trust in medical practitioners is important. A robust regulatory system that responds appropriately when needed, helps to build community trust in its doctors. When things go wrong, that trust can be damaged. Some cases can attract an intense amount of media and public scrutiny and cases like these can have lasting damage on the community's trust in their treating medical practitioners. Let's discuss a couple of public, high profile cases to illustrate how community trust in medical practitioners can be lost.
11	The Victorian Department of Health and Human Services was alerted to a cluster of potentially avoidable newborn and stillborn deaths at Bacchus Marsh hospital (Djerriwarrh Health Services) in 2015. The Medical Board and Ahpra investigated 101 matters and 43 registered practitioners, which included doctors, midwives, nurses and several other staff. Almost half of the matters (involving 21 practitioners) were closed without regulatory action. This included practitioners who had surrendered their registration, or who had demonstrated they had acted safely and professionally in response to the concerns. This may have included taking steps to improve any areas of practice identified. In those circumstances, the National Boards were satisfied the relevant practitioners posed no ongoing risk to the public.

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12	For those health practitioners where further action was taken six were cautioned, six had conditions imposed on their registration (some of those who had conditions imposed were also cautioned), and 10 were referred to a panel hearing or the Victorian Civil and Administrative Tribunal. Health practitioners not in the room were also held accountable. This means that doctors in some administrative roles were also held accountable for the poor outcomes. The hospital's Director of Obstetrics and Gynaecology was referred to the Victorian Civil and Administrative Tribunal by the Medical Board. The director was found guilty of professional misconduct, reprimanded and disqualified from applying for registration for 12 years.
13	There were allegations made against senior practitioners which related to the lack of clinical governance and management oversight. These included a failure to ensure there were adequate clinical reviews of perinatal deaths, that open disclosure occurred with patients and families regarding perinatal deaths, and whether there were appropriate policies in place to improve patient safety. In addition to these issues, there were also allegations about inadequate supervision of junior doctors, whether adequate direct clinical care was provided, if there were record-keeping deficiencies and whether there was a failure to improve or maintain professional performance. It's important to note that this case led to several system-wide reviews and an overhaul of how health authorities work together and share information.
14	Jayant Patel was accused of gross negligence while working as a surgeon at Bundaberg Base Hospital in Queensland. Deaths of three of his patients led to widespread publicity in 2005. Disciplinary action against Dr Patel started in 2005. This action was subsequently suspended by the Medical Board until criminal proceedings ended in 2013 and then immediately resumed. The matter was referred to a tribunal. The tribunal found that the practitioner had engaged in unsatisfactory professional conduct of a serious nature, that his practice was incompetent, showed lack of adequate knowledge, skill, judgment and care and fell well below acceptable standards. In 2015 the Queensland Civil and Administrative Tribunal ordered that Dr Patel must never be registered in the medical profession again in Australia. A tribunal is an independent decision-making entity authorised to hear, receive and examine evidence. Even though tribunals are less formal than most courts their decisions are binding. Individuals are encouraged to seek legal advice should they have a matter referred for a tribunal hearing. National Boards refer serious matters to tribunals in each state and territory. Only a tribunal can cancel a practitioner's registration, disqualify a person from applying for registration for a time or prohibit a person from using a specified title or providing a specified health service.
15	Each year in Australia there are more than 10,000 notifications or complaints made about doctors. Notifications are made about a far wider range of issues than the tragic and dramatic cases that can attract media and other attention. Individuals raise concerns about poor outcomes, which are often compounded by poor communication. Those who make a notification or complaint report not being properly asked or informed before examinations or procedures take place. Others report issues or concerns they have about the care of a relative. Having experienced complications, side effects or poor outcomes from care and procedures are also sources of complaints. Practitioners are reported for their manner which is described as being 'rude', dismissive', or 'disrespectful'. Notifications are also made because individuals are dissatisfied with how reports are written or lack of access to their medical reports and records. While no one likes having a complaint made about them, the complaint or notification can be a learning opportunity for the practitioner to reflect. Each notification identifies an occasion where the interaction between the practitioner and

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	patient has not gone well, at least from the point of view of the patient. Each notification also identifies ways doctors can provide better service to future patients.
16	This slide shows the issues usually raised when people make a notification about a medical practitioner. While clinical care is the primary reason people complain, communication is an issue commonly present in many notifications.
17	There is no 'threshold' that needs to be met by someone who wants to make a notification. Therefore, anyone can make a notification or complaint. Notifications help us identify when a practitioner might not be practising safely or professionally. We contact the person who told us about the problem (often referred to as the notifier) and the practitioner about whom they are concerned. Notifications don't automatically result in regulatory action being imposed on the practitioner. The Medical Board takes all notifications seriously and all notifications are important to the person raising their concern, however a significant number are of a relatively less serious nature and there isn't a need for regulatory action. Most practitioners assume that we only accept serious cases and can be frustrated when we tell them we have received a notification or complaint about something they consider 'minor'.
18	Here are some facts about the outcomes of notifications about doctors. In a year less than 1% of notifications result in a doctor's registration being cancelled or suspended. Around 58% of notifications result in no further action. Around 4% result in a doctor being cautioned or reprimanded. Around 5% result in a doctor having restrictions placed on their practice. Around 32% are referred to another body or retained by a health complaints entity as they fall outside of the Medical Board's jurisdiction. As you can see these numbers illustrate that while the Board considers a high number of notifications, serious action isn't taken often. Definitions of some of these terms are also provided.
19	Case study 1: 'A mother complained to the Board about the care of her toddler' "I took my toddler, who had trouble breathing, to hospital nine times in 14 months. I was so worried. A doctor we saw more than once didn't investigate and said to me, 'Tough luck, kids get sick'. When I went to a GP they referred us to a respiratory specialist who investigated and diagnosed aspiration pneumonia and bronchiolitis. I found out how to report the doctor at the hospital." Pause here to consider the issues raised about this medical practitioner's practice from the perspective of the notifier and the Medical Board. Can you note down three issues?
20	What issues did you identify? This case study raises issues around communication skills, adequate assessment, listening to family and carers.
21	In its deliberations, the Medical Board was mindful that emergency departments are busy, stressful places, often under-resourced, and that medical practitioners on shift work can be working long hours. It considered how poor communication is often a trigger for notifications or complaints. The comment 'Tough luck, kids get sick', which was attributed to the doctor, was considered unprofessional. The interactions and subsequent notification led to angst and consequences for both parties. After hearing from the notifier, the practitioner and other practitioners involved at the hospital, the Board decided that no regulatory action was required to protect the public. The Board's reasons included that the doctor's assessment, investigation and treatment were not below a reasonable standard, the patient was also seen by senior colleagues, there appeared to be agreement about care, and treatment agreed with the relevant clinical practice guidelines.

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	We'll now listen to a Board member explain how the Board makes decisions.
22	Every decision is made by a committee of Board members. These committees are made up of practitioner and community members all of whom are very experienced in their particular fields. We read and consider all of the material that has been gathered as part of the investigation process. This will include the notification, the practitioner's response to that notification where they give us their understanding of what took place, and briefs and documents prepared by Ahpra expert staff including investigators and legal practitioners. Sometimes we get an expert medical opinion if the matter is particularly complex. Every matter is discussed and considered in detail and the decisions are made by the whole committee and not just one or two individuals. The Board chair has the very important role of making sure that all views are heard and valued. The cases are rarely black and white, and as you can see here the decision making reflects that. While the behaviour of the practitioner was considered to be unprofessional, in terms of poor communication, this did not actually impact on the clinical care provided to the patient, thus the decision by the Board for no further action. As we've said before the role of the Board is not to punish anyone but to try ensure that the public is safe, so every decision is based on that very important concept.
23	Earlier you saw that around 58% of notifications or complaints end in no further action. This occurs when the Medical Board, after an initial assessment, decides that regulatory action is not required. Common reasons for the outcome of no further action are the Board is satisfied that a reasonable standard has been met by the practitioner. This means the practitioner has been assessed to be performing and delivering care within the agreed guidelines of their profession and the Board is satisfied that standard will continue. In the context of everything we know about the practitioner and their practice, the Board has confidence that future patients will receive safe care because the steps that have been put in place by the practitioner will remedy any deficiencies Another common reason for no further action is attributable to the practitioner's response to the notification, including their reflections on what could be done better and any changes they have implemented. This demonstrates the practitioner has taken the notification as a learning opportunity to improve their skills and knowledge in order to provide better service to future patients. And lastly where the doctor is employed, the Board will take no further action because it has confidence that their employer and other health service organisations have taken proper steps to ensure future patients are protected.
24	Moving onto Case study 2. In this case study, the parents of a patient made a complaint to the hospital after their son's privacy was breached. 'We were sitting in a coffee shop across the road from the hospital, we were traumatised ourselves after our son's accident and taking a break from waiting in Emergency. You can imagine our shock when we overheard some medical students at the next table discussing a trauma case they had seen in Emergency and sharing images from their phones. They were talking about our son. We reported them to the hospital.' What are the issues here? Note down three that you can think of.
25	What issues did you identify? This case study raises issues around confidentiality, respect, use of clinical photography, and consent.
26	After receiving the complaint, the hospital contacted the medical school of the university where the students were studying. The medical school regarded the students' behaviour as a serious lapse in professional judgement. It held a meeting with the students involved, counselled them, and required

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	them to reflect on their behaviour. The students were also required to write a report about it. The students offered to meet with the family to apologise to them. The family declined the offer to meet with the students but acknowledged the apology. They thought it fitting that those involved had been made aware of the effect of their behaviour on the family. The case never came before the Medical Board because it wasn't in its remit and it was dealt with by the university. The Board and Ahpra are often the first point of contact for complaints. If it's not within our jurisdiction, we provide advice to notifiers about the appropriate body or refer the matter directly. In similar cases we may be consulted about the proper course of action.
27	Case study 3. Here we learn from the experience of a young female patient. 'When I was 21, I had abdominal pain and attended a walk-in clinic intending to get a medical certificate to cover my upcoming exam. The doctor told me to undress and remove my underwear. He then performed an extremely painful internal pelvic examination on me. I was so distressed. I later made a sexual assault complaint.' Why did the patient make this notification? What issues are raised here. List three you can think of.
28	What issues did you identify? The issues raised in this case study include informed consent, clear clinical justification, acceptable behaviour, communication skills.
29	In this case regulatory action was taken. The general practitioner was reprimanded, and his registration as a medical practitioner was cancelled by a tribunal. The tribunal said 'The doctor infringed fundamental rights of the patient. He invaded the patient's body, privacy and dignity without informed consent. He embarked on an intimate examination without adequate warning or explanation. He treated the patient in a way that lacked sensitivity, consideration and respect.'
30	In our fourth and final case study we see how online behaviour resulted in a notification being made. I'm a participant in an online forum and I was a bit shocked when it became clear that someone who was making extreme sexist and racist remarks and using violent language in his posts was an emergency registrar. I knew he was a doctor because he shared medical images online. I was concerned for the disregard he might show his patients if that was his attitude, so I felt I had to report him.' This behaviour occurred outside a workplace. It occurred in the practitioner's own time. Should it be subject to regulation? Why? Why not? List the issues you can identify.
31	What issues did you identify? The issues raised include a medical practitioner being a fit and proper person. The community expects that doctors conduct themselves ethically in their personal, professional and public lives, attitudes toward patients, particularly potentially discriminatory attitudes, use of medical imagery. The breach of privacy in sharing this imagery in public.
32	The Medical Board referred the matter to a tribunal. The tribunal determined that the behaviour constituted professional misconduct and ordered that the medical practitioner be reprimanded, and their registration be cancelled. The tribunal also ordered that the practitioner be disqualified from applying for registration for four and a half years. The Board's social media guidelines say 'Community trust in registered health practitioners is essential. Every practitioner has a responsibility to behave ethically to justify this trust. Inappropriate use of social media can result in harm to patients and the profession, particularly given the changing nature of privacy and the capacity for material to be posted by others … Therefore, it's important that you are

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	very careful about what you like or post online - regardless of where in the world the site is based or the language used.'
33	his is the Good Medical Practice: a code of conduct for doctors in Australia. This code explains what the Medical Board and the community expects of medical practitioners and provides guidance to practitioners about how to conduct themselves. The code emphasises the professional values which all doctors are expected to base their practice on. The code says 'Doctors have a duty to make the care of patients their first concern and to practise medicine safely and effectively. They must be honest, ethical and trustworthy. Patients trust their doctors because they believe that, as well as being competent, their doctor will not take advantage of them and will display qualities such as integrity, truthfulness, dependability and compassion … Good medical practice is patient-centred … Good communication underpins every aspect of good medical practice.' For more information on the code of conduct visit the Medical Board's website.
34	It's not possible to prevent a complaint being made about you but it is possible to use the complaint as feedback. When we let you know that there's been a complaint made the way you respond makes a lot of difference. If you're reflective, if you're using the complaint as feedback, thinking about how that might impact your future conduct or your future practice so that you've got an emphasis on remaining safe and professional as a practitioner, 50% of the job is done. We can rely on the sorts of things that you're telling us you will do, in response to the notification, to make sure that it doesn't happen again and that future patients can rely on your professionalism and your safety to be in good hands.
35	In the context of public safely and in particular, how future risk to the public might be lessened, individual and organisational risk controls are some of the things that are considered when we assess a notification or complaint Individual risk controls might include if the doctor has reflected on the incident and taken any preventative steps, any further relevant education they may have done to improve their practice, ongoing work they do with a peer, mentor or supervisor. Organisational risk controls are another way that risks might be addressed. They might be put in place by an employer or workplace and can include supervision, additional training, clinical governance checks and team-based care.
36	Read through these statements and see if you think they are true or false. We'll give the answers on the next slide.
37	Answers The primary function of the Medical Board and Ahpra is to protect the public. True. Only doctors regulate doctors. False. There are community members appointed to the Medical Board too Ahpra manages and investigates notifications about health practitioners. True. The Medical Board decides the outcome of notifications. True. The Medical Board sets national professional standards of practice to guide the profession. True. Most notifications lead to sanctions of the medical practitioner. False.

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	The Medical Board registers qualified medical practitioners. True. Most notifications of medical practitioners are by other medical practitioners. False. The Medical Board contributes to ensuring high-quality education for medical professionals. True.
38	National Registration and Accreditation Scheme. Australia has a single national registration and accreditation scheme for 16 health professions, including medical practitioners. A nationally consistent scheme allows registered health professionals to practise across Australia without having to re-register in each state and territory. Ahpra. The Medical Board of Australia and the Australian Health Practitioner Regulation Agency (or Ahpra) work in partnership. Aphra maintains the online register of health practitioners, accepts and manages notifications, conducts investigations following notifications, provides legal advice, clinical advisor expertise, and monitors practitioner compliance with restrictions. National Boards for other professions. Other regulated health professions, besides medical, are Aboriginal and Torres Strait Islander health practice, Chinese medicine, chiropractic, dental, medical radiation practice, nursing and midwifery, occupational therapy, optometry, osteopathy, paramedicine, pharmacy, physiotherapy, podiatry, and psychology. Australian Medical Council. The Australian Medical Council (AMC) is responsible for accrediting education providers and their programs of study for the medical profession. They assess and monitor medical schools and specialist colleges to make sure that the standard of education will lead to graduates with the appropriate knowledge and skills for registration Co-regulation in Queensland. In Queensland the Office of the Health Ombudsman receives all complaints, some complaints are referred to Ahpra to manage through its notification process. Co-regulation in New South Wales. In NSW notifications about medical practitioners are made to either the Medical Council, supported by the Health Professional Councils Authority (HPCA), or the Health Care Complaints Commission (the HCCC). Health complaints organisations. The Medical Board and Ahpra work with health complaints organisations in each state and territory, to decide which organisation should take responsibility for and manage a complaint made about a registered health practitioner. For a list of health complaints organisations visit the Ahpra website. Health complaints organisations can help people with outcomes of complaints that we cannot such as: an explanation, an apology, a refund or compensation, access to health records or to amend them, change in policy or practice at a hospital, medical/dental practice, pharmacy, ambulance, community health service. The Medical Board and Ahpra can only deal with complaints about the performance, conduct or health of individual medical practitioners. We do not have powers to conciliate or deal with health system issues. State and territory medical boards. The Medical Board of Australia is supported by boards in each state or territory and by national, state and territory committees. These boards have delegated powers from the National Board to deal with registration and complaint or notification matters about individual health practitioners. There are different complaints arrangements in New South Wales and Queensland. Medical Board of Australia. The Medical Board of Australia is made up of both doctors from a range of medical specialties as well as members of the public. The National Board sets the policy framework that delegated decision makers work within. The Medical Board defines professional standards of practice, develops codes and guidelines to guide the profession and approves accreditation standards for medical education and training.
39	Under the National Law there are certain things medical practitioners need to tell us within 7 days.

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	This includes if they no longer have professional indemnity insurance, if their authority to administer, obtain, possess, prescribe, sell, supply or use scheduled medicines is cancelled or restricted, if a complaint is made about their practice to another authority, or if their registration in another country is suspended or cancelled or is subject to conditions or restrictions, where their conduct, performance or health results in their right to practise at a hospital or another facility being withdrawn, or restricted or if their billing privileges are withdrawn or restricted. Based on the individual circumstances, the Board will decide if any action is necessary to protect the public. Within 30 days medical practitioners must tell us if they change their name, address or principal place of practice so that we can keep in touch about things that may affect their practice or registration, and ensure the public register is up to date.
40	Medical students are registered with the Medical Board of Australia. Don't worry, you didn't have to do anything to get registered. Your medical school took care of that when you started university. There are no fees for medical students to be registered, and Ahpra's register of medical students is not public either. The only parts of your life as a medical student that overlap with our role as a regulator relate to your health and your criminal history. Even in these areas, it's really rare for us to get involved. You'll only hear from us if you're so unwell that we think it's not safe for you to see patients while you study medicine. And you only need to tell us about your criminal history if something so serious has happened that we have to make a decision about whether it's safe for you to be registered. Legally, this is if you have been charged with an offence that could lead to at least a year in jail, or you have been found guilty or convicted of it.
41	Here are some links where you can learn more about student registration, read the Medical Board's student newsletter, read about internships, read the code of conduct and guidelines for practitioners.
42	Congratulations. You've now completed the Medical Board's first module in the training package in regulation and professionalism for medical students. So, what's next? Module 2: Replacing fear with facts – understanding notifications. In this module, you'll learn how to better understand notifications and the Medical Board's approach to managing them. You also learn who makes notifications or complaints. You'll learn about strategies for dealing with a notification both professionally and in personal ways. In this module, you'll hear from practitioners who have gone through the experience of having a notification or complaint being made about them. They share insights and reflections about their experience and what they wished they would have known.