



<b>HEALTH PROFESSIONS LICENSING AUTHORITY</b>		
<b>TITLE: Competence Assessment Policy</b>		
<b>EFFECTIVE DATE: 4 August 2004</b>	<b>REVIEWED: February 2005 February 2007</b>	<b>REVIEW DATE: February 2009</b>
<b>BOARD: Medical Board of the Northern Territory</b>		

## **PURPOSE**

The Medical Board of the Northern Territory (the Medical Board) is a statutory body responsible for ensuring the public is protected through the regulation of medical practitioners registered in the Northern Territory.

The Medical Board carries out this mandate by:

- Ensuring that all medical practitioners have received educational preparation to an agreed national standard;
- Dealing with issues of conduct and taking any disciplinary action as required;
- Administering the framework under which impaired medical practitioners can be rehabilitated without necessarily losing their license to practice;
- Assisting to improve medical practitioners' performance should it be found to be below accepted professional standards, and
- Ensuring that all medical practitioners either currently registered or intending to be registered are competent to practise medicine.

The Health Professions Licensing Authority (HPLA) provides a bureau service to the Medical Board and carries out administrative duties as directed by it.

The objectives of the *Health Practitioners Act 2004* (the Act) requires the Medical Board to:

- (a) protect and promote the health and safety of the people of the Territory;
- (b) promote the highest standard of professional health care practice in the Territory;
- (c) determine the standards for registration and enrolment of health practitioners and for professional health care practice in the Territory, and
- (d) facilitate the continuing competence of health practitioners in the Territory.

The Act requires the Medical Board to consider a medical practitioner's competence to practise under the registration, discipline and impairment provisions. The Board has developed a Competence Assessment Policy and Framework to assist it to carry out the requirements of the Act.

## **DEFINITION**

The Board defines competence in terms of the possession of knowledge and skills necessary to practise medicine safely.

## **1. HOW DOES THE COMPETENCE ASSESSMENT FRAMEWORK WORK?**

### **Notice to Medical Board**

The Competence Assessment Framework provides for an assessment of medical practitioners for whom the Medical Board has concerns about their competence to practise medicine safely.

A Competence Assessment may be linked to initial or ongoing registration, discipline or impairment. A person may notify the Medical Board if he or she considers that a medical practitioner may not be competent to practise. Also, the Medical Board may on its own motion assess a medical practitioner's competence.

Before notifying the Medical Board of possible incompetence the following question should always be answered "Yes":

***"Does this problem have the potential to influence patient care?"***

Upon receipt of a notice, or after determining to take own motion action, the Medical Board will appoint, usually two (2) people, to assess the medical practitioner's competence.

The medical practitioner who is the subject of the competence assessment will be kept informed throughout the process.

Assessors must be registered medical practitioners who have the skills, knowledge or experience that is relevant to the particular assessment for which he or she has been appointed. For example, a General Practitioner rather than medical specialists would assess a medical practitioner working in general practice. Should a medical practitioner have any issue with the Board appointed assessors, they should notify the Board of their concerns and the reasons for these concerns in writing.

The assessors will visit the medical practitioner's workplace and assess their competence in a number of key areas including the review of a sample of patient records and direct clinical observation.

## **2. The Assessment**

The Competence Assessment is comprised of three (3) parts:

### **Part 1: Direct Observation – 1 day**

This will occur (if practicable) in the medical practitioner's usual workplace or consulting rooms. The assessors will observe 10 consultations during the day. Patients must consent to having the assessors present and sign the consent form provided.

The medical practitioner will be required to complete a Pre-Visit Questionnaire, which provides an overview of his/her training, experience and day-to-day practice.

The assessors will complete a Direct Observation Form provided by the Medical Board.

### **Part 2: Case Record Review**

Health Professions Licensing Authority staff will select 20 case records randomly. The assessors will review 10 case records each using the Board's Case Record Form.

### **Part 3: Clinical Practice Interview**

The clinical practice interview is designed to provide assessors with a forum in which they can assess the medical practitioner's knowledge and judgement based upon answers to a variety of questions. These questions will be comprised from actual patients based on the outcomes of the direct observations and case record review. The interview will occur after the direct observation and case record review at a date and venue to be determined in consultation with the Medical Board.

### **3. Written Report**

Once the assessment has been completed, the assessors must provide a written report with recommendations to the Medical Board, and provide a copy of the report to the medical practitioner.

The report cannot be admitted or used in any civil proceedings before a court without the consent of the authors and the medical practitioner who is the subject of the report.

The medical practitioner will be afforded an opportunity to respond to the report, and provide submissions to the Medical Board.

Upon receipt of consent of the medical practitioner who is the subject of the Competence Assessment, the Board will provide a full copy or particulars of the Competence Assessment Report to the medical practitioner's workplace supervisor. Matters where no consent is forthcoming from the medical practitioner will be considered on a case-by-case basis as the Act allows the Board to share information as it sees fit.

### **4. Board Actions**

After considering the report the Board needs to establish whether the medical practitioner possesses the knowledge and skills necessary to practice medicine safely, and meets the standard reasonably expected of a medical practitioner of an equivalent level of training or experience.

If after receiving the report and any submissions, the Medical Board is satisfied that the medical practitioner is competent it may determine to take no further action.

If the Medical Board is not satisfied that the medical practitioner's competence meets the standard reasonably expected of a medical practitioner of an equivalent level of training or experience, it may do one or more of the following:

- accept an undertaking from the medical practitioner to take or refrain from taking specified action;
- impose any condition that it thinks fit on the medical practitioner's registration;
- review the medical practitioner's registration status and suspend registration pursuant to s68 (1) (i);
- refuse to issue a practising certificate pursuant to s49 (2) (c);
- make an own motion complaint pursuant to s55 (2);
- pursuant to s75 conduct an investigation of possible impairment;
- give notice of the decision and any action taken by the Board to any registration authority, body or person the Board considers appropriate to notify.

### **5. Re-assessment**

The Medical Board may re-assess the medical practitioner's competence at a later date.

### **6. Appeal**

Should the medical practitioner be aggrieved by a decision of the Medical Board, or disputes the Board's finding, he/she may appeal on a question of law to the Supreme Court.

### **7. Process Evaluation**

Upon completion of the Competence Assessment, the Board will seek feedback regarding the process from the following persons (as applicable): the medical practitioner; the workplace supervisor; the practice manager; and other relevant persons.