

MEET THE BOARD

Dr Charles Kilburn	Chair
Mr Richard Bryson	Public Member
Mr David Gawler	Medical Practitioner
Dr Jennifer Delima	Medical Practitioner
Dr Paul Helliwell	Medical Practitioner
Dr Anuja Kulatunga	Medical Practitioner
Dr Len Notaras	Medical Practitioner
Ms Diane Walsh	Public Member

BOARD SUPPORT

Ms Jill Huck	Registrar
Ms Colette Pethick	Policy & Research
Ms Julie Burrows	Registrations
Ms Sally Ozolins	A/Complaints Mgr

MESSAGE FROM THE CHAIR

Welcome to the first Newsletter for 2008. Another exciting and challenging year is anticipated by the Board with implementation of nationally consistent assessment processes for international medical graduates, continued increases in the number of conditional registrants in Area of Need positions and ongoing progress towards the national registration and accreditation.

I would like to thank both Dr Meredith Arcus and Dr Gary Lum for their contributions to the Medical Board over the last two years. Both have taken up employment options in other jurisdictions and will be sadly missed by the Northern Territory.

A big welcome to Dr Paul Helliwell and Dr Anuja Chrishanthi Kulatunga, who within the last four months, were appointed to the Board by the Minister. Both Paul and Anuja are international medical graduates. Paul is the Director of Clinical Training at Alice Springs Hospital and has Australian and UK specialist qualifications in general practice and emergency medicine. Anuja works as a General Practitioner in the Darwin rural area and at Communicable Diseases Clinic Darwin. She has completed a Master of Public Health and the AMC examinations.

The core business of the Board is regulation; all members of the profession knowingly practise within the structure of regulation overseen by the Board. Northern Territory medical practitioners can be justifiably proud that the vast majority of them practise to a high professional and ethical standard.

The Board has continued to work towards providing guidance to the profession in the interest of ensuring maintenance of quality health care in the Northern Territory.

I strongly encourage all medical practitioners to develop an understanding of the *Health Practitioners Act* and familiarise themselves with the Board's policies and guidelines.

I hope this Newsletter provides assistance and guidance in your day-to-day practice as well as an understanding of the current and potential changes in regulation of medical practitioners in Australia. Please contact the Board if you have items of interest you would like the Board to address in Newsletters.

Best Wishes - Dr Charles Kilburn (Chair)

BOARD MEMBER VACANCY

On 9 March 2008 there will be a medical practitioner vacancy. Board membership is a professionally rewarding and challenging experience and remuneration is available for non-government employees. Please note the attached notice calling for Expressions of Interest.

POLICIES AND GUIDELINES

The following policies have been changed or developed in the last 12 months:

- Statement on Sexual Relationships Between Health Practitioners and Their Patients
- Blood Born Pathogens
- English Language Proficiency for International Medical Graduates
- Identification Validation Requirements
- Verification of Primary Source Documents
- Medical Records
- International Medical Graduate Pre-Registration Assessment Committee
- Prescribing S8 & S4 Medications
- Technology Based Patient Consultations
- Internship Policy and Guidelines
- Statement on Providing Care to Yourself and Those Close to You

SCHEDULED BOARD MEETING DATES

Please note that supervision reports, applications for registration and other information that is to be considered at a Board meeting, must be received no less than two weeks prior to the scheduled meeting date.

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The Board cannot guarantee that documents received after this date will be addressed at the next scheduled meeting. Late documents will be assessed for the level of urgency. Should your matter be urgent please contact the Board as soon as possible.

Meeting dates currently scheduled for 2008:

11 February 11 April 16 June
11 August 13 October 10 December

**INTERNATIONAL MEDICAL GRADUATE
PRE-REGISTRATION ASSESSMENT
COMMITTEE (IMGPAC) – General Practice**

Most international medical graduates seeking registration to work in General Practice are required to undertake a clinical interview conducted by IMGPAC. For further information please refer to the Board's website.

Senior General Practitioners interested in participating as a IMGPAC panel member are asked to contact General Practice and Primary Health Care NT on:

ALICE SPRINGS	DARWIN
Phone: (08) 8952 3881	Phone: (08) 8982
Fax: (08) 8952 7105	Fax: (08) 8941 5579

**HOSPITAL ACCREDITATION - PGY 1 & 2
TRAINING**

Royal Darwin Hospital and Alice Springs Hospital have met the requirements to achieve accreditation. Royal Darwin Hospital has achieved accreditation status until 31 December 2008 and Alice Springs Hospital until October 2010.

COMPETENT AUTHORITIES MODEL

The Competent Authorities (CA) pathway applies to international medical graduates (IMG) who have a primary medical qualification from the United Kingdom (UK) or have successfully undertaken the licensing examinations and required clinical practice providing entitlement to full registration in the UK, United States of America, Canada or New Zealand. The CA pathway will be available in the Northern Territory from February 2008.

This pathway provides eligibility to obtain Advanced Standing from the Australian Medical Council (AMC) and to undertake a period of Supervised Practice and Assessment in the format required by the Board. Successful completion will provide entitlement to the AMC

Certificate and subsequently full registration in the Northern Territory.

If you are currently conditionally registered in an Area of Need position in the Northern Territory, have not received information from the Board and consider that you would be eligible for this pathway please contact the Board.

STANDARD PATHWAY MODEL

IMGs who do not qualify for the CA pathway, may be eligible for the 'Standard Pathway' to achieving the AMC Certificate and full registration. This pathway currently consists of the successful completion of the AMC, MCQ and Clinical Examination and 12 months of Board approved supervised practice and assessment.

Planning is underway to eventually provide a structured workplace-based assessment as an alternative to the AMC Clinical Examination. Current eligible registrants will be advised when this assessment process becomes available in the Northern Territory.

Please note that all new applications for registration received by the Board after **30 June 2008**, must include evidence of successful completion of the AMC MCQ (on or off shore) examination.

ENGLISH LANGUAGE PROFICIENCY

Section 22 (1)(d) of the *Health Practitioners Act* requires the Board to be satisfied that medical practitioners have an adequate command of the English language.

The Board receives a number of complaints each year, which relate to issues associated with inadequate communication. If you experience difficulties communicating with patients, their families or other health professionals, you are advised to undertake further development in this area.

English courses are available through a number of training/education providers, which can be identified through a 'google search' or direct contact with training providers.

**NATIONAL REGISTRATION &
ACCREDITATION**

Progress on the development and approval of the Council of Australian Governments (COAG)

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National Registration and Accreditation model has been delayed due to the November 2007 election. The former Prime Ministers decided to undertake further consultation. Key stakeholders have continued to lobby for refinements to the draft model.

As previously advised the new arrangements will achieve national regulation and accreditation of nine professional groups. These health professions are as follows:
Medical Practitioners; Chiropractors; Dental (Dentists, Dental Specialists, Dental Hygienists, Dental Therapists, Prosthetists); Nurses & Midwives; Optometrists; Osteopaths; Pharmacists; Physiotherapists, and Psychologists.

At this point in time it is projected that Occupational Therapists, Aboriginal Health Workers and Radiographers will continue to be regulated under current Northern Territory legislation.

In 2007, the Chairs of the Northern Territory Regulatory Boards forwarded a number of submissions to the COAG Health Working Group and the NT Government. The Australian Medical Council, Joint Medical Boards Advisory Council, a number of specialist colleges and the AMA have all forwarded submissions in relation to the proposed COAG model.

JOINT MEDICAL BOARDS ADVISORY COUNCIL (JMBAC)

Delegates from Boards in each Australian jurisdiction attend JMBAC meetings approximately four times per year. The forums provide an opportunity to develop nationally consistent policies, identify opportunities for greater consistency between jurisdictions as legislation allows and to address issues related to regulation of medical practitioners such as the Council of Australian Governments national registration and accreditation proposal.

Key outcomes for JMBAC during 2007 include:

- Review of the National English Language Proficiency Policy;
- Continued contribution to the model of national registration and national accreditation; and
- Contribution to the development of the nationally consistent IMG pathways.

**UNIVERSITY OF MELBOURNE
Medicine in Australia: Balancing
Employment and Life: The Australian
Longitudinal Survey of Doctors**

The health workforce is now a key focus of government policy. There is little knowledge or understanding of how and why doctors make decisions about their choices in relation to hours they work, their location of work or age of retirement in an environment of ever increasing demand for health care. These decisions have important implications for the population's access to health care and therefore their health status and the quality of care received.

The Mabel Survey will track a randomly selected sample of around 15000 doctors over an initial four-year period. This will include GPs, private specialists, hospital doctors and doctors in specialist training. The first wave of the survey is planned for May 2008. For further information please refer to: www.mabel.org.au or contact the research team on: enquiries@mabel.org.au

MANDATORY REPORTING

The role and scope of child protection activity is primarily prescribed by the principal child protection Acts in each Australian jurisdiction.

The relevant Northern Territory legislation is the: ***Care and Protection of Children Act 2007***

Division 3 General obligations reporting

1 Reporting obligations

- (1) A person is guilty of an offence if the person:
- (a) believes, on reasonable grounds, that a child:
 - (i) has been or is likely to be a victim of a sexual offence; or
 - (ii) otherwise has suffered or is likely to suffer harm or exploitation; and
 - (b) does not, as soon as possible after forming that belief, report (orally or in writing) to the CEO or a police officer:
 - (i) that belief; and
 - (ii) any knowledge of the person forming the grounds for that belief; and
 - (iii) any factual circumstances on which that knowledge is based.

Maximum penalty: 200 penalty units.

2 Protection of person making report

- (1) A person acting in good faith in making a report under section 1(1) is not civilly or criminally liable, or in breach of any

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professional code of conduct:

- (a) for making the report; or
 - (b) for disclosing any information in the report.
- (2) In any proceedings before a court, except with the court's leave:
- (a) the report or evidence of its contents is not admissible; and
 - (b) a person cannot be compelled to give evidence, or to produce a record, about the report or the identity of the maker of the report.
- (3) The leave may be granted only if:
- (a) the report, evidence or record is of critical importance to the proceedings; and
 - (b) failure to grant the leave would prejudice the proper administration of justice.

USE OF MEDICINES

The Board offers the following professional advice to practitioners who intend using medications outside the manufacturers' instructions.

- Always refer to the supply and administration of medications and use of medications as per manufacturers instructions.
- Ensure the patient is advised and written consent gained.

KNOW YOUR ACT

Medical practitioners and 11 other health profession groups are regulated under the *Health Practitioners Act* in the Northern Territory. The purpose of the Act is to ensure public protection.

Annual Practising Certificates (APC) 40(2)

A practising certificate is evidence that until the due date, or the date determined by the Board (a) the health practitioner is authorised to practice in the Territory. **Most APC expire 30 September each year.**

Always keep your APC in a secure place and check it for the following:

- date on which your APC expires;
- accuracy of information on your APC; and
- conditions (if applicable) listed on the APC.

Please contact the Board immediately if the details on your APC are incorrect.

Those practitioners with conditional registration must ensure they are compliant with the conditions, to do otherwise is a breach of the legislation and may lead to a review of registration pursuant to s30 of the *Health Practitioners Act*.

Practising Unlicensed

This past year has once again seen more than 10 medical practitioners practising unlicensed for periods of as short as one day and up to 12 months. Practising unlicensed is a breach of Section 101 (1)(b) of the *Health Practitioners Act* and is: a risk to patients and practitioners; may impact on entitlement to Medicare rebates; and may alter indemnification arrangements.

Should you find yourself in this situation, it is in the best interest of your patients, yourself and your employer to rectify the situation immediately.

It is your responsibility to ensure that you hold current registration. The Board notes that a number of those practising unlicensed have abused staff at the Board's office. This is not only inappropriate and unprofessional, but may lead to a complaint against the practitioner.

S46 Notice of change of name or address

A health practitioner must, within 30 days of changing his or her name, personal address or business address, give the relevant Board notice in writing of the change and the new name or address, as the case may be.

Failing to update the Board with changes of name / address details means that you will not receive any correspondence from the Board. In effect this means you will miss the opportunity:

- keep up with changes to policy;
- receive newsletters; and
- receive the application to renew your registration.

The Board seeks your assistance in ensuring that the name and contact details maintained on the database are current.

S111 Unconscionable conduct

A person must not, either directly or indirectly, attempt to influence, coerce or otherwise cause a health practitioner to conduct or provide a health service that does not comply with the

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standards contained in the code applying to the Medical Profession.

S117 Employer Notice of Misconduct or Incompetence

If a person who employs a health practitioner terminates or suspends the practitioner's employment because of alleged or actual misconduct or incompetence to practise, the person must provide a written report of the circumstances of the termination or suspension to the Board and to the practitioner.

S118 Protection from Liability

This section applies to a person who; makes a complaint; provides the Board with information; assists the Board with a preliminary investigation (including an assessment report or opinion); assists or provides information under Part 6; or assists or provides information to the Tribunal. This person is not civilly or criminally liable for an act done by the person in good faith in taking an action referred to above.

CONDUCT

Performance or Competence Assessment

There were no investigations of possible unsatisfactory professional performance and no assessments of competence conducted in this period.

Conduct Statistics

1 October 2007 to 31 December 2007

Total conduct matters considered or otherwise dealt with by the Board	30
New matters notified in this period	13
Part 4 Investigations	12
Tribunal	0
Number of complaints finalised	15
Notifications of possible impairment	2
Monitored impaired practitioners	9

Compared with

1 October 2006 to 31 December 2006

Total conduct matters considered or otherwise dealt with by the Board	37
Part 4 Investigations	12
Tribunal	0
Number of complaints finalised	15
Notifications of possible impairment	3
Monitored impaired practitioners	6

Performance or Competence Assessment

There were no investigations of possible unsatisfactory professional performance in this period. There were two assessments of competence conducted in this period.

Registration Statistics

As at **31 December 2007** there was a total of 1641 medical practitioners registered to practise in the Northern Territory. Of these there are:

1345 Full Registration
296 Conditional Registrations of whom:
184 doctors have been issued with Conditional Registrations to practise in an area of need of whom:
107 are in the Darwin area
5 are in Katherine area
46 are in Alice Springs/Barkley area
3 are in Gove
23 are in the General Practice arena.

Compared with

As at **31 December 2006** there was a total of **1468** medical practitioners registered to practise in the Northern Territory. Of these there are:

1201 Full Registration
267 Conditional Registrations of whom:
150 doctors have been issued with Conditional Registrations to practise in an area of need of whom:
79 are in the Darwin area
9 are in Katherine area
2 are in the Alice Springs / Barkley
1 practises in Gove
19 are in the General Practice arena.

Annual Renewal of Registration

Renewal of Registration forms are posted to registrants in August annually, forms will also be available from this office or the Board's website. Please note non-receipt of a renewal notice is not an acceptable reason for practising unlicensed. It is important to note that non-receipt of a renewal notice is most often linked to the registrant's failure to notify the Board of a change of address.

Employers are reminded to ensure they have sound processes in place to ensure all medical practitioners and other regulated health profession employees hold current registration, at the time of commencing employment and by the renewal date each year.

Contact Details

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Fax +61 8 8999 4196
Email healthprofessions.ths@nt.gov.au
Web: www.nt.gov.au/health/registrationboards