

MEET THE BOARD

Dr Charles Kilburn	Chair
Dr Jennifer Delima	Medical Practitioner
Dr Anuja Kulatunga	Medical Practitioner
Mr Christine Watson	Medical Practitioner
Dr Paul Helliwell	Medical Practitioner
Dr Len Notaras	Medical Practitioner
Ms Diane Walsh	Public Member
Vacant	Public Member

BOARD SUPPORT

Ms Jill Huck	Registrar
Ms Colette Pethick	Assistant Registrar
Ms Julie Burrows	Registrations Manager.
Ms Elizabeth Jacob	A/Complaints Manager
Ms Eliza Collier	A/Complaints Officer
Ms Anita Wyer	A/Complaints Officer

MESSAGE FROM THE CHAIR

The period since the last Board Newsletter has proven to be full of changes and challenges, at both a local and national level.

I take this opportunity to publicly thank past Board members, Mr David Gawler (medical practitioner) and Mr Richard Bryson (public member) for their contributions to the Medical Board. David's three year term of appointment completed early last year and Richard's earlier this year. Richard had served as a public member on this Board since the implementation of the current legislation in 2004 and over this time has been a strong advocate for the public.

Dr Christine Watson joined the Board in June 2008, following her appointment by the Minister. Christine has a strong background in health service delivery and General Practice in both urban and remote settings.

I am pleased to announce that the Board has been issued provisional accreditation for the Northern Territory Pre Employment Structured Clinical Interview (NT PESCI) by the Australian Medical Council. The NT PESCI replaces the previous pre-employment clinical interview process (IMGPAC), which was implemented in 2006 and it is designed to assess the ability of international medical graduates to meet the specific requirements of a nominated general practice, area of need position. Further details are available on the Board's website or at www.gpnnt.org.au

Earlier this year the NT Postgraduate Medical Council (NT PMC), on behalf of the Board, conducted the accreditation survey of Royal Darwin Hospital, Junior Medical Officer Training.

The survey and follow up progress monitoring provide evidence of the considerable effort to ensure accreditation standards are achieved. The NT PMC will continue to work in collaboration with RDH to achieve ongoing improvements and provide progress updates to the Board accordingly. RDH has current accreditation until 30 June 2011.

The ASH Junior Medical Officer Training Interim Accreditation Survey was conducted in July 2009 and ASH has achieved Accreditation until 31 August 2010. The Survey Report indicates ongoing efforts to ensure standards are maintained and a learning culture is sustained.

The Board has continued to work towards providing guidance to medical practitioners in the interests of ensuring quality health care provision by the profession in the Northern Territory. Therefore, 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. Please note the Board considers a breach of its policies or guidelines is a breach of the Act which may lead to disciplinary action.

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 impacting on regulation of the profession. 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)

POLICIES AND GUIDELINES

The Board has reviewed and updated most of the policies and guidelines, which are available on its website. Your attention is drawn to the following, which are policies that are either new or have been significantly changed in the last 12 months:

- Area of Need Locality Status
- Area of Need Practitioner Approval
- International Medical Graduate Evidence of Progress Guidelines
- Circumcision (male infant)
- International Medical Graduate (IMG) Pre-Registration Assessment Committee (NT PESCI)
- IMG Pre-Employment Verification of Identification Process and Procedure
- Prescribing S8 & S4 Medications
- Prescriptions

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GOOD MEDICAL PRACTICE – A Code of Conduct for Doctors in Australia

On the 10 August 2009, the Australian Medical Council (AMC), on behalf of all Medical Boards in Australia, announced the development of a national code of professional conduct for medical practitioners – ‘Good Medical Practice: A Code of Conduct for Doctors in Australia’. The Code aims to define clear, nationally consistent standards of practice and defines the standards of practice that doctors are likely to be held accountable to now and following the introduction of the national registration scheme in July 2010.

The NT Board has endorsed the Code, which replaces its ‘Good Practice Medicine Guidelines’ and it is available on the Board’s website and at www.amc.org.au

The Board expects all doctors registered in this jurisdiction to be familiar with the content of the Code.

SCHEDULED BOARD MEETING DATES

The Board has seven pre-scheduled meetings per year and the remaining scheduled for 2009 are: **19 October** **14 December**

NORTHERN TERRITORY PRE EMPLOYMENT STRUCTURED CLINICAL INTERVIEW (NT PESCI)

(Previously International Medical Graduate Pre-Registration Assessment Committee)

Most international medical graduates seeking registration to work in General Practice are required to undertake the NT PESCI. For further information please refer to the Board’s website.

If you are an experienced GP who is interested in being appointed as an NT PESCI assessor please contact General Network NT: www.gpnnt.org.au

ALICE SPRINGS DARWIN
Phone: (08) 8952 4800 Phone: (08) 89821000

COMPETENT AUTHORITIES MODEL

The Competent Authorities (CA) pathway applies to international medical graduates (IMG) who have a primary medical qualification from the United Kingdom (or Ireland) (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 and New Zealand.

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 full registration in the Northern Territory.

STANDARD PATHWAY MODEL

This pathway consists of the successful completion of the AMC MCQ and AMC 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.

All new applications for registration or re-registration (excludes annual renewal of registration) from IMGs eligible for this pathway, must include evidence of successful completion of the AMC MCQ (on or off shore) examination.

ROLE OF SUPERVISORS

The Board understands the additional demands on medical practitioners providing supervision. However, it confirms that it relies heavily on the judgement of supervisors in relation to the assessment of International Medical Graduates and others requiring supervision.

The detail and information provided to the Board in a Supervision Report is paramount to the following:

- Identification of whether a practitioner has been compliant with the conditions applying to their registration; and
- whether the Board should remove the condition(s).

Failure to supervise in accordance with the arrangements approved by the Board may lead to disciplinary action.

It is important to note that once a condition is removed and full registration has been issued, there is no limitation on the registrant’s practice, or the necessity for supervision or observation of practice.

NATIONAL REGISTRATION & ACCREDITATION

As previously advised the new arrangements will achieve national regulation and accreditation of ten professional groups. These health professions are as follows:

Medical Practitioners; Chiropractors; Dental (Dentists, Dental Specialists, Dental Hygienists,

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Dental Therapists, Prosthetists); Nurses & Midwives; Optometrists; Osteopaths; Pharmacists; Physiotherapists; Psychologists, and Podiatrists.

Earlier this year Ministerial Council announced that Aboriginal & Torres Strait Islander health practitioners, Medical Radiation (including radiographers) and Chinese Medicine Practitioners are the three professions to be included in the national scheme as of July 2012. In September 2009 Ministerial Council announced that Occupational Therapists will be included in the scheme.

Features of the new scheme:

- Accreditation functions will be independent of government and the Australian Medical Council will continue to fill this role in medicine.
- The legislation will require medical students to be registered as of the beginning of 2011.
- Applicants for registration renewal will be required to demonstrate continuing professional development.
- Criminal history and identity checks will apply to all applications for registration and boards will have the authority to conduct ad hoc checks on current registrants.
- Practitioners and employers will be required to report a practitioner who is placing the public at risk through health impairment, substance abuse, a departure from professional standards or by engaging in professional boundary violations.
- Complaints will be handled flexibly and allow each state and territory to decide which procedures to follow. This suggests that the NT jurisdictionally based board will continue to receive and manage complaints and notifications.
- The Medical Board of Australia will have 12 members. Four Board members will be community members.
- The national office of the Health Practitioner Regulation Agency will be located in Melbourne.
- The NT will have a jurisdictionally based board and administrative resources with the responsibility to manage registration and complaints.
- These changes will not take effect until the new Act comes into operation in July 2010.

A consultation process in relation to Bill B closed 17 July 2009 and submissions are available on the following website:

www.nhwt.gov.au/natreg.asp

Transitional arrangements for the NT are currently being identified. Medical practitioners holding registration immediately before the national scheme commences on 1 July 2010, will generally be deemed to be registered with the same (if any) conditions of registration from 1 July 2010. Practitioners will be advised about requirements for renewal of registration next year as further information becomes available.

The NT health practitioner boards have been active in seeking to ensure that the national model and legislation is applicable in the Northern Territory and takes into account the uniqueness of this practice environment.

A number of Northern Territory current Board members have been appointed to various professions National Boards. Of particular importance to the medical profession is the appointment of Dr Charles Kilburn to the National Medical Board.

Australian Health Practitioner Regulation

Agency new website website:

www.ahpra.gov.au

MEDICATION ISSUES

In response to a number of conduct matters relating to inappropriate or unwise prescribing patterns of medical practitioners, the Board has approved the 'Prescriptions' and 'Prescribing S8 & S4 Medications' Policies.

The former provides guidance in relation to both paper based and electronically transmitted prescriptions.

The latter policy advises that appropriate prescribing practice requires that a medical practitioner's customary prescribing conforms to proper patterns established by the medical practitioner's peers in similar practice. Inappropriate prescribing of drugs of dependence is unacceptable, both clinically and ethically.

The Board defines 'improper prescribing of drugs of dependence' as any prescribing of addictive drugs that deviates significantly from the practice of one's medical peers. Such prescribing practice may include indiscriminate, excessive or reckless prescribing.

Every medical practitioner is bound by the ethics of the medical profession. It is unethical to provide any treatment that is illegal or detrimental to the health of the patient. Medical Practitioners should take care to prescribe drugs with the least likelihood of dependence and in a

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formulation least susceptible to abuse, whilst maintaining therapeutic benefit to the patient.

In addition, medical practitioners are advised to ensure appropriate systems are in place to clearly document patient allergies. Documentation should be in a manner that alerts subsequent care providers to existing allergies.

PROTOCOL FOR DELEGATED COSMETIC INJECTIONS

The Cosmetic Physicians Society of Australasia Inc. refers medical practitioners who direct registered nurses to administer s4 injections for cosmetic purposes to the availability of the 'Protocol for Delegated Cosmetic Injections' on its website: www.cosmeticphysicians.org.au

JOINT MEDICAL BOARDS ADVISORY COUNCIL (JMBAC)

JMBAC forums in the past 12 months have been dominated by the Council of Australian Governments National Registration and Accreditation Scheme. Key outcomes for JMBAC during 2008/9 include:

- Continued contribution to the model of national registration and national accreditation; and
- Contribution to the development of the nationally consistent IMG pathways.

REGISTRATION FEE INCREASE

The Medical Board has recently been advised that the Northern Territory Government has decided that the registration fees for NT health practitioners (and a range of other registered professions and trades) will be increased by 15% for applications lodged after 1 January 2010.

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. Refer to the relevant sections of the Act below.

Civil Claims (s105)

Practitioners are required to notify the Board of the proceedings including particulars of the claim., within 14 days after proceedings claiming damages or other compensation for alleged negligence in health care have been made; withdrawn; settled, or a court or tribunal order has been made.

Intimidation (s 109)

A person must not threaten or intimidate a person who, in good faith: makes a complaint

against a health practitioner; provides information to the Board about a health practitioner; or (c) provides information about a health practitioner in relation to an impairment or performance assessment matter.

Fitness to practise (s112)

If a medical practitioner treating a registered health practitioner considers that their patient has a mental or physical incapacity that has resulted in or is likely to result in an incapacity that seriously impairs or may seriously impair his or her ability to practise, the treating practitioner must give the relevant Board in the NT, notice of that fact.

Employer notice relating to fitness to practise (s114)

If an employer of a registered health practitioner considers they have a mental or physical incapacity, that has resulted in or is likely to result in an incapacity that seriously impairs or may seriously impair the health practitioner's ability to practise, they may notify the relevant Board of the fact.

Employer Notice of Misconduct or Incompetence (s117)

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

Annual Practising Certificates (APC) (s40(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*.

Employers are advised to ensure health practitioners:

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- hold current registration prior to commencing employment; and
- renew registration prior to the expiry date.

Practising Unlicensed (section 101 (1)(b))

Each year the Board becomes aware of a significant number of medical practitioners practising unlicensed. Practising unlicensed is a breach of the *Health Practitioners Act*.

This can pose a risk to practitioners and patients; 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.

Please note The *Health Practitioners Act* does not have the capacity to provide registration retrospectively. It is your responsibility to ensure that you hold current registration.

Notice of change of name or address (s46)

Registered practitioners are required to notify the Board (in writing) of a change of: name; personal address; or business address within 30 days of that change.

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

CONDUCT STATISTICS

Professional Conduct statistics (including matters notified by the Health and Community Services Complaints Commission, in which the Board has expressed an interest)

- **46** Complaints
- **4** Impaired Health matters
- **1** Performance Assessment
- **5** Notifications of civil claims (s105)
- **3** Undetermined matters
- **0** Referrals to Tribunal

TOTAL – 59

REGISTRATION STATISTICS

The total number of registrants as at **30 June 2009** was **2068**, which comprised of **1736** full registrants and **332** conditional registrants. This compares to **1925** at **30 June 2008** (1585 full registration and 340 conditional registrations).

Of the **332** medical practitioners with conditional registration, **161** were international medical graduates (IMGs) registered to practise in Area of Need positions. Of these IMGs:

- **24** were registered to practise in general practice; and
- **137** were registered to practise in hospital positions of whom:
 - **80** were registered to practise in Darwin area;
 - **05** were registered to practise in Katherine area;
 - **50** were registered to practise in Alice Springs/Barkly areas; and
 - 02** were registered to practise in Gove.

These statistics indicate an increase in the total number of both full and conditional registrants. The reduction in the number of IMGs is impacted on by the increased number of IMGs qualifying for full registration via the Competent Authority and Standards Pathways.

RENEWAL OF REGISTRATION!!

Annual Practising Certificates (APC) expire 30/09/2009 (unless stated otherwise on your APC).

Non-receipt of a renewal notice is not an acceptable reason for practising unlicensed.

If you have not renewed your registration by 30/09/2009 and need to continue to hold registration in the NT – you may Restore your name to the register by 30 October 2009. restoration forms will be available from 1/10/2009

Renewal / Restoration forms are available at:
www.nt.gov.au/health/registrationboards
Email: renewalhpla.ths@nt.gov.au

CONTACT THE BOARD

Please contact the Board immediately if:

1. The details on your Registration card are incorrect.
2. You have changed your address.
3. You have changed your name.
4. You have practised unlicensed.
5. You require clarification about the conditions applying to your registration.

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