

# NEW SOUTH WALES MEDICAL BOARD

## POLICY

<b>TITLE</b>	<b>REGISTRATION OF MEDICAL GRADUATES SEEKING TO RETURN TO ACTIVE REGISTRATION</b>	<b>FILE REF</b>	05/021
<b>NUMBER</b>	<b>R26.1</b>	<b>MPA REF</b>	
		<b>HCCA REF</b>	
<b>DATE CREATED</b>	OCTOBER 2005		
<b>REVISIONS</b>	SEPTEMBER 2009		

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### A. BACKGROUND

Medical practitioners may cease to be registered in NSW by oversight, personal choice, illness or by decision of the Medical Tribunal. When these individuals apply for registration, many factors must be taken into consideration. Firstly, the Board must establish whether the individual is currently registered in any other jurisdiction. If so, an alternative pathway is activated.

There can be no one size fits all approach to assessing practitioners who have been absent from practice in any jurisdiction. The NSW Medical Board is not aware of any literature that provides evidence for a direct link between 'recency of practice' (time elapsed since the individual last practised) and competence or performance. Intuitively, it would seem that the longer an individual has been out of practice, the less able they would be to function independently on return to practice. However, many other factors should influence a decision to grant, deny or restrict their return to registration. These factors include

- their reasons for absence from practice
- CPD and professional contact maintained during absence
- extent of their experience prior to absence
- nature of their proposed work after absence
- their health
- their insight

This paper does not propose the adoption of an arbitrary 'recency' time period, but rather, sets out a multifactorial decision pathway.

## B. CONCEPTUAL FRAMEWORK

The Board must exercise its powers to ensure that medical practitioners practise medicine at a satisfactory standard. Satisfactory professional performance is determined by an individual's qualifications, factors relating to the individual and factors relating to their work and the nature of their practice.



In order for a practitioner to practise at a satisfactory standard, it is essential that they are qualified, fit to practise and fit for purpose, where these are defined as follows;

### **Qualifications**

Refers to a practitioner's **recognised** qualifications.

### **Fitness to Practise**

Refers to a practitioner's  
health  
personal circumstances  
professionalism  
professional expertise (knowledge, clinical reasoning)  
professional conduct (attitudes, ethics and behaviour)

### **Fitness for Purpose**

Refers to a practitioner's suitability for a particular role, taking into account factors such as supervision and scope of practice.

Every application for re-registration should be considered in each of these domains.

## **C. DECISION PATHWAY**

Prior to considering any application for re-registration, the Board must first establish whether the individual is currently registered in any other jurisdiction. If not, it should then seek answers to the following questions by issuing a questionnaire to the applicant. (Attachment 1.)

### **1. Qualifications**

*Does the applicant hold a medical qualification?*

Without a medical qualification, the application will proceed no further.

### **2. Fitness to Practise**

#### **2.1 Health**

*Does the applicant suffer from an impairment that affects or has the potential to affect their capacity to practice safely?*

**If there is an indication that there are significant issues relating to the applicant's health, then they should be assessed by a Board-nominated practitioner and their report should inform the decision as to their suitability for registration.**

The Medical Practice Act provides for such an assessment.

#### **2.2 Personal Circumstances**

*Why did the applicant leave medical practice and what has the applicant been doing during their absence? How insightful is the applicant?*

It is important to establish the reasons for an applicant's absence, and whether there has been any change in the circumstances that resulted in their decision.

An insightful applicant who has maintained an interest in medical practice throughout a long absence and whose return to practice plan recognises their limitations, poses less risk than an insightful applicant with an ill-conceived plan who has been absent from practice for a relatively short period.

**When there is any doubt about an applicant's insight, they should be required to present in person to an appropriate interview or inquiry, to assist in the consideration of their application.**

### **2.3 Professional expertise (knowledge and clinical reasoning)**

*How much experience did the applicant have prior to leaving medical practice?*

The less experience that an applicant had prior to leaving medical practice, the more likely that their professional expertise will be affected. For example, a three year absence after 15 years may be viewed with less concern than a three year absence after 2 years.

*What has the applicant been doing during their absence from medical practice?*

If the applicant has been working in a health-related area, then the impact of their absence may be reduced.

If a practitioner has not been practising for an extended period, further assessment will be undertaken by the Board. An applicant for re-registration who has not been practising for more than 2 years should provide as much detail as possible about their absence from practice, continuing professional development, preparation for re-entry into practice and the type of practice they now wish to undertake. Information should include proposed supervision or support arrangements and a detailed return to work plan.

*Has the applicant maintained their professional knowledge by participation in CPD during their absence?*

Active participation in relevant CPD does not guarantee competence, but it is unlikely that an applicant who has done no CPD for an extended period will have sufficient professional expertise to practise safely.

#### **Competence Assessment: AMC resources**

There will be occasions when the Board is sufficiently concerned about an applicant's knowledge and clinical judgment that it will need to seek a rigorous and objective assessment. The Act does not provide for any specific assessment of competence, but clearly indicates that an applicant must be competent in order to be registered.

The Board has negotiated an agreement with the Australian Medical Council to access their examination material for the purpose of assessing these individuals.

The AMC examination is designed as comprehensive test of medical knowledge and clinical skills, set at the level of an Australian medical graduate who is about to commence internship. AMC has extensive comparative performance data for IMGs, with very thorough statistical analysis to back up any decision that is made about a test result.

Three options are available:

1. The complete, 250 item MCQ examination, which covers Internal Medicine, Surgery, O & G, Paediatrics and Psychiatry and gives a reasonable sampling of the applicant's ability. This is a 6 hour, computer based test (2 x 3 hour blocks) that could be administered at the Medical Board or at the computer exam centre in Sydney.
2. A specialty-specific set of the full MCQ examination. This may be applicable for a more senior applicant intending to return to a particular area of practice.
3. The Mastery component of the full exam is a subset of 60 items in the same discipline ratio as the full 250 item exam, covering important safety issues and topics that are critical to patient safety or health outcomes. Candidates are expected to score 2/3rds of the Mastery items correctly to pass the overall exam. A competent applicant should be able to complete the Mastery component in an hour. Again, AMC has performance data for all IMGs who have sat this exam.

It must be recognised that the AMC's MCQ examination material only tests competence (knowledge and judgment). It does not assess performance (application of knowledge and judgment). If, having satisfied itself about an applicant's competence, the Board still has concerns about the applicant's performance, this should be managed through workplace supervision and reporting on return to practice.

#### **Competence Assessment: Other resources**

On occasions, it may be appropriate to assess an applicant's competence using resources such as the interview format developed for Area of Need assessment, or some other assessment format.

**When there is concern about an applicant's professional expertise, their knowledge and clinical reasoning should be formally assessed using available resources, including AMC examination resources.**

#### **2.4 Professional Conduct**

*Has the applicant been convicted of an offence, other than an excluded offence? Has a criminal finding for a sex or violence offence been made against the applicant? Are any criminal proceedings pending against the applicant?*

These questions are asked of all registered practitioners as part of their annual return to the Board. It is reasonable to ask applicants the same questions.

**When there are issues of concern about an applicant's professional conduct, they should be required to present in person to an appropriate interview or inquiry, to assist in the consideration of their application.**

### 3. Fitness for Purpose

*What does the applicant plan to do when re-registered?*

The applicant may be fit to practise, but quite unsuitable for the work they propose to do. The answer to this question is a good indicator of the applicant's insight.

**When there are issues of concern about an applicant's practice intentions, they should be required to present in person to an appropriate interview or inquiry, to assist in the consideration of their application.**

### E. STATUTORY PROVISIONS

The decision pathway described above should apply to all applicants seeking re-registration, including those whose name has been removed from the Register because of non-payment of the annual renewal fee. The Board must be satisfied under Section 13 that all applicants are competent and of good character.

**An applicant whose name was removed from the Register because of non-payment of the annual renewal fee and who is not registered in another jurisdiction must be considered in the Decision Pathway (Attachment 2) if his/her application is received more than one year after being removed from the Register.**

An applicant who is clearly fit to return to be registered after consideration in the decision pathway should be granted registration without further consideration. In any case where there is doubt about an applicant's suitability for registration, a Schedule 1 Inquiry should be held.

**If it is clear to the relevant committee that conditions are required and the applicant is agreeable to conditions being placed on their registration, then there is no need to hold an Inquiry. If there is any doubt or the conditions are likely to be challenged, then an Inquiry is required.**

**The decision pathway can be applied by a delegate of the appropriate Committee and the application referred to the full Committee as required.**

Attachment 2 sets out the Decision Pathway for considering applications.

## **E. CONDITIONAL REGISTRATION**

When it is considered that an applicant is fit for re-registration, but that that registration must be conditional, conditions can either be agreed with the applicant or imposed through an inquiry. Conditions of the nature described below should apply on a case by case basis.

### **1. Employment**

When an applicant is thought to have deficient knowledge and skill and/or demonstrates limited insight into their competence or circumstances, consideration should be given to limiting their employment using the Board's tested Employment conditions in one or more of the following ways;

- public hospital at a particular level (e.g. intern, RMO)
- group practice approved by the Board
- working under supervision with regular reporting to the Board
- scope of practice
- mentor
- Board approval prior to changing nature or location of practice
- limited prescribing authority
- limiting hours or nature of employment

### **2. Health**

When an applicant is demonstrated to be impaired, then the Board's tested Health and Monitoring conditions should apply as appropriate. In addition, it may be necessary to limit their employment options as outlined above. When the primary concern is the applicant's impairment, the Board's Health Committee should take responsibility for the subsequent management of the practitioner.

**REGISTRATION QUESTIONNAIRE  
(IF APPLICABLE)**

If you have had an absence from clinical practice for more than 2 years, the Board seeks your co-operation in answering the following questions which will assist in consideration of your application for re-registration.

In addition to answering the following questions, you should provide the Board with a copy of your CV, prepared in accordance with the Board's guidelines. You are encouraged to provide supporting documentation where available.

1. When did you last practise medicine?
2. Why did you leave medical practice?  
*Please provide the reasons for your absence, and whether there has been any change in the circumstances that resulted in your decision.*
3. What have you been doing during your absence from medical practice?  
*Please include any work or experience in a health-related area.*
4. What was the extent of your experience prior to leaving medical practice?  
*Please provide a detailed CV which includes a description of your previous experience, including information about any clinical and non-clinical practice, and indicating any periods of absence.*
5. How have you maintained your professional knowledge during your absence from practice?  
*Please attach supporting documentation if available. If you have participated in a specific re-entry program or other formal education course, please provide a detailed description of the program and the amount of time involved. Proof of completion of relevant activities should also be attached where available.*
6. What are your practice plans if you are registered?  
*Please include a detailed description of any planned supervision or support arrangements, and a detailed return to work plan. Supporting documentation from a proposed employer, supervisor or mentor should also be attached if available.*
7. Do you have a written job offer? If so, please attach a copy.
8. Do you suffer from any significant illnesses that may detrimentally affect your physical or mental capacity to practise medicine?
9. Have you, at any time, in NSW or elsewhere, been convicted of or made the subject of a criminal finding (other than in relation to an excluded offence)?
10. Are there any criminal proceedings pending against you in NSW or elsewhere in relation to a sex or violence offence?
11. Has a criminal finding for a sex or violence offence been made against you?

DECISION PATHWAY

Registration for medical graduates seeking to return to active registration



