



*Dear Colleagues*

In the last Bulletin, I drew attention to an Australian Health Ministers Advisory Council (AHMAC) Working Party which was considering a model for a Nationally Consistent Approach to Medical Registration. Specific issues were identified and Expert Groups were established to develop a draft report and recommendations on each of the issues.

The reports and recommendations were then reviewed by the AHMAC Working Party in January of this year and forwarded via AHMAC to the Australian Health Ministers' Conference (AHMC) which agreed to the recommendations except for those on public access to medical register information. A separate working group was established to consider and further develop this latter issue. The recommendations of this working group were agreed to by Health Ministers in July.

In summary, the recommendations which have been agreed by Health Ministers are:-

- The introduction of a multi-jurisdictional/national registration system under which a doctor registered in his or her jurisdiction of primary practice will not have to pay a separate registration fee to practice in another jurisdiction.
- The adoption of standard and consistent medical registration categories across all jurisdictions.

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### MEMBERS OF THE BOARD

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**Mr Michael Clare**, Grad Dip Mgt, MBA  
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**Dr Ian Wilkey**, MB BS (QLD), LLB, FRCPA, FAFPHM

### BOARD STAFF

**Mr Jim O'Dempsey**, Executive Officer  
**Mr Michael Demy-Geroe**, Deputy Registrar  
**Mrs Robyn Scholl**, Assistant Registrar  
**Ms Jackie Cunningham**, Health Assessment Co-ordinator  
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## REMINDER:

General and Specialist  
registration renewal payments  
are due no later than  
5pm  
**30 September 2004**

Renewal notices can be  
downloaded from

[www.medicalboard.qld.gov.au](http://www.medicalboard.qld.gov.au)

[www.medicalboard.qld.gov.au](http://www.medicalboard.qld.gov.au)  
[medical@healthregboards.qld.gov.au](mailto:medical@healthregboards.qld.gov.au)  
[medicalcomplaints@healthregboards.qld.gov.au](mailto:medicalcomplaints@healthregboards.qld.gov.au)  
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- The development of an online Australian Index of Medical Practitioners which will include all current registered practitioners in Australia.
- The adoption of a uniform set of medical practitioner information items that will be available to the public in all jurisdictions.
- A platform for a greater role for State and Territory Medical Boards in assessing maintenance of professional competency.

There is one aspect of the multi-jurisdictional registration system which needs further clarification.

All Medical Boards are funded by registration fees and the level of that fee is struck on the basis of that Board's budgetary requirements. Some Boards have a relatively large number of practitioners who are also registered in other jurisdictions. Under the proposed scheme, doctors will only have to pay a registration fee in his/her jurisdiction of primary practice. Thus some Boards, especially the smaller ones, will have their budgets reduced. To enable them to carry out their statutory requirements, they would have to raise their registration fees, in some cases quite substantially. The current proposal is that all practitioners will have a small, uniform fee increase and the money will be distributed on a pro-rata basis to those Boards which would otherwise lose income. The amount each practitioner will pay is the subject of further investigation.

Another very topical issue, both in Queensland and Federally, is the medical workforce. The Australian government has introduced a number of initiatives through the Medicare Plus package to try to boost workforce numbers in the short term. Overseas trained doctors will be actively recruited and supported to enter the workforce. A problem for Medical Boards is how to assess the equivalence of training and the competence of these doctors, especially those from countries where medical training and health care systems are different from those in this country. There is as yet no reliable and relatively inexpensive method of competence assessment, especially given the time frames most potential employers require.

The Australian Medical Council is well advanced in developing a multiple choice question screening exam for overseas trained doctors which will be available in overseas countries, virtually on demand. However this exam will only test basic medical knowledge and cannot substitute for a more thorough assessment of competence in a supervised environment.

One measure, which all Boards and Councils in Australia agreed at a recent meeting of the Joint Medical Boards Advisory Committee, was to introduce a uniform English test throughout the jurisdictions. It was decided that the standard adopted by the Medical Board of Queensland and introduced in May of this year would be the universal standard.

There is still a lot more work to be done in this very complex workforce area. Medical Boards are in a difficult

situation. There is increasing pressure from potential employers for Boards to expedite registration processes but on the other hand Boards must ensure that those doctors they register are competent to practice. With limited resources this does create a very heavy workload, especially in Queensland where there is a large number of overseas trained doctors constantly entering the workforce.

This is my last "Dear Colleagues" Bulletin letter. After fifteen years as a member of the Medical Board, the last seven years as President/Chairperson, it is time to step down. The term of the current Board ceases at the end of November and a new Board will be appointed. I have advised the Minister that I would not wish to be considered for reappointment. It has been a privilege to serve on the Board for the past fifteen years and I would particularly thank my colleagues who have served on the Board with me over that time for their support.

Dr Lloyd Toft  
**Chairperson**

## Recency of Practice

In line with the statutory obligation to protect the public by ensuring health care is delivered by registrants in a professional, safe and competent way, to uphold the standards of practice in the profession and to maintain public confidence in the profession, the Medical Board has now begun the process of determining what recency of practice requirements should apply to medical practitioners.

Under the *Medical Practitioners Registration Act 2001* ("the Act"), the Medical Board has the explicit responsibility to base its decision to renew a registration on whether the applicant has satisfied requirements in relation to recency of practice. When formulated, these requirements will be implemented by being prescribed in the *Medical Practitioners Registration Regulation 2002*, ("the Regulation"). Consistent with its commitment to the open and accountable development of policy, the Board has determined that defining recency of practice will be based on a process of consultation with medical practitioners, health care consumers, professional organisations, employers and other interested parties. In this way, the development of the policy will reflect both the expectations of the community and the profession.

The Board has recently approved a draft discussion paper on recency of practice. Once this draft discussion paper has been forwarded to cabinet for approval, which is anticipated to occur in October 2004, the draft will be released to stakeholders in the first round of consultation and placed on the Board's website. On receipt of stakeholder feedback, a draft policy based on all submissions will be prepared for consideration by the Board. Those stakeholders who made a submission during the initial consultation period will be provided with the

draft policy and invited to make further submissions to the Board in a second round of consultation.

Again, all submissions concerning the draft will be carefully collated and analysed before considering what changes need to be made to the draft policy. Once the Board approves the final policy, it will be referred to Queensland Health for development of the Regulation.

As the entire policy making process will be informed by the submissions the Board receives, it is essential for those practitioners who wish to participate in the development of the recency of practice policy to become actively involved by submitting their views to the Board in both rounds of consultation.

### Continuing Professional Development (CPD) – Does it Improve Performance

The Australian Health Ministers Advisory Council (AHMAC) is committed to developing national consistent registration arrangements for Australian medical practitioners. One of the issues under examination in this context is the maintenance of professional competency.

Medical practitioners have a professional responsibility to maintain, update and improve their skills throughout their professional career and there is now evidence that well designed CPD programs [also known as Continuing Medical Education (CME)] have a positive impact on practitioner behaviour.

In the past, the absence of this evidence has caused some people to question the value of linking CPD/CME with medical registration.

However, Mazmanian and Davis<sup>1</sup> have reviewed the evidence and identified three major factors influencing the extent of change in practitioner behaviour. CPD/CME needs to:

1. be based upon an assessment of the practitioner's learning needs
2. encourage interactive learning and provide opportunities to practise the skills learned
3. be sequenced and multifaceted.

The authors conclude that:

*To achieve its greatest potential, CME must be truly continuing, not casual or sporadic or opportunistic. Physicians must recognise the ongoing opportunities to generate important questions, interpret new knowledge and judge how to apply that knowledge in clinical settings.*

<sup>1</sup> Mazmanian PE, Davis DA. Continuing Medical Education and the physician as a Learner. Guide to the Evidence. JAMA. 2002;288:1057-1060.

Thomas O'Brien<sup>2</sup> et al in their Cochrane review, conclude that interactive workshops, unlike didactic teaching, can result in moderately large changes in professional practice.

The evidence demonstrates that CPD/CME can result in changes in practice if it is relevant, meets the individual's learning needs, is well constructed, there is active engagement by the individual and a commitment to updating and improving their skills and knowledge.

### Doctors' Health

The vulnerability of doctors to impairment can arise from the very factors that motivated them to study medicine. There are unique occupational factors that potentiate the development of stress related problems in doctors. Physical stamina and emotional resilience are emphasized during medical training, along with the notion that a patient's needs are more important. Doctors often have difficulties recognizing and acknowledging that they too can be ill or else they self prescribe resulting in inadequate treatment.

Doctors are encouraged to apply the health advice that they give to their patients to their own lifestyles and obtain timely medical care. The Board encourages doctors to have their own general practitioner and to not self prescribe or self refer.

It is advisable that family members also have their own general practitioner. Professional objectivity may be compromised, the family member may not feel comfortable disclosing sensitive information or undergoing a physical examination, or the medical practitioner may fail to explore sensitive information in their history taking or fail to perform an appropriate physical examination.

### When a Colleague is unwell....

Doctors can find themselves in a difficult situation on discovering that a colleague is suffering from an impairment. There is an initial inclination to support, assist and even treat their colleague but this can result in boundary issues and place an onerous policing role on the doctor while compromising their friendship and therapeutic alliance. Depending on the degree of impairment, there may be potential for medico legal liability should any patients suffer harm as a result of an inadequately managed impaired practitioner.

The Health Assessment and Monitoring Unit encourages doctors to contact the Board with any queries relating to a possible impairment of themselves or colleagues,

<sup>2</sup> Thomas O'Brien MA, Freemantle N, Oxman AD, Wolf F, David DA, Herrin J. Continuing Education Meetings and Workshops: effects on professional practice and health care outcomes (Cochrane Review). In *The Cochrane Report Issue 2, 2003. Oxford: Update Software.*

anonymously if preferred. The contact phone number is (07) 32340183.

### Other Contacts

The Doctors' Health Advisory Service (DHAS) is an independent, confidential colleague-to-colleague service to help impaired doctors, dentists and medical/dental students. The contact phone number for the DHAS is (07) 3833 4352.

Following a collaboration between the Brisbane North and Bayside Divisions of General Practice, a Brisbane "Docs 4 Docs" register is now available through the Division offices.

## The Health Assessment and Monitoring Program of the Board

The Health Assessment and Monitoring Program of the Medical Board of Queensland assesses and monitors practitioners who have an illness that impacts on their professional performance. This program is separate from the disciplinary and professional conduct processes of the Medical Board. The Board has a statutory obligation to protect the public and the program aims to provide such protection by encouraging practitioners who are unwell to obtain the appropriate care and stay in the workforce wherever possible. There are currently 84 doctors under the supervision of the Health Assessment and Monitoring program.

The program is based on the concept of non-punitive rehabilitation with professional support, with an emphasis on coordinated medical care and, if indicated, participation in the Board's Drug Screening program.

The Drug Screening program provides a means to monitor abstinence from drugs including alcohol. The program run by the Medical Board of Queensland achieves long-term remission rates that are amongst the best in the world. There are currently 32 doctors participating in the Drug Screening program.

The Program is supervised by the Health Assessment and Monitoring Committee, comprising four Board members. The Health Assessment and Monitoring Unit staff implement Board and Committee decisions and ensure the assessment and monitoring processes are carried out.

### What is an Impairment?

Impairment, as defined by the *Health Practitioners' (Professional Standards) Act 1999*, (the Act) means the registrant has a physical or mental impairment, disability, condition or disorder that detrimentally affects, or is likely to detrimentally affect, the registrant's physical or mental capacity to perform the registrant's profession and includes substance abuse or dependence. Impaired practitioners often have difficulty recognizing their own

impairment, the extent of the impairment and its subsequent effect on their work performance.

### Notifications to the Board

The Board receives notifications about impaired practitioners from treating doctors, colleagues, employers, patients and the Drugs of Dependence Unit as well as self-referrals from impaired doctors themselves. The Board encourages referrals if there is a concern that a doctor who is practising medicine poses a risk to the public. Section 387 of the *Health Practitioners (Professional Standards) Act, 1999* gives protection to persons who notify the Board honestly and on reasonable grounds. Such persons are not liable civilly, criminally or under any administrative process for giving the information. Written referrals are encouraged and the assessment process progresses in a more timely manner when referring persons identify themselves.

### The Assessment Process

- The Act permits the Board to obtain information from the medical practitioner and other sources such as the treating doctor to assist the Board in its assessment of the practitioner's health.
- If, after receiving information, the Board believes that the medical practitioner may be impaired but there is no imminent risk, then the practitioner may be requested to undergo a Health Assessment by a mutually agreed and appropriately qualified medical practitioner.
- After the assessment, the practitioner receives a copy of the report either directly or through a nominated medical practitioner. On receiving the report, the practitioner may make a written submission to the Board. The practitioner may also submit any recent and relevant independent report.
- The Board considers the Health Assessment report and any submission made by the practitioner and decides whether the practitioner is impaired.
- If the Board decides that the practitioner is impaired, the Board, with the practitioner's agreement may enter into undertakings with the practitioner about the practitioner's professional conduct or practice such as supervised practice, workload limitations and regular medical review.
- If there is a history of a drug dependency then the undertakings include participation in the Urine Drug Screening program and Schedule 8 prescribing restrictions.
- If there is a history of alcohol dependence, then the undertakings may include abstinence from alcohol while practising, alcohol breath testing prior to commencing work and regular blood tests.

- These undertakings are usually agreed on for a three year period with a review after the first year.

### Health Assessment Committees

The vast majority of impaired practitioners are able to negotiate a set of voluntary undertakings with the Board, that permit them to continue in practice. Occasionally, however, it is necessary to convene a Health Assessment Committee to resolve the matter. Health Assessment Committees are committees that have the power to seek further information, assess whether the practitioner suffers from an impairment and make recommendations to the Board including whether to take no further action, enter into undertakings, impose conditions or refer for disciplinary proceedings.

### Health Assessment Workshop

The Health Assessment and Monitoring Committee held its first Health Assessment Workshop for Psychiatrists and Neuropsychologists on 3 December 2003 at the Stamford Plaza Hotel, Brisbane.

The workshop was convened to provide information regarding the Board's Health Assessment and Monitoring processes to the psychiatrists and neuropsychologists who are frequently requested to provide treating doctor or Board nominated reports to the Board. It also aimed to clarify any issues relating to the Board's management of impaired practitioners.

Dr Mary Cohn, Chair, Health Assessment and Monitoring Committee, provided an overview of the role the Medical Board of Queensland, its statutory obligations, and the Board's Health Assessment and Monitoring program which assesses and monitors impaired practitioners and encourages a return to supervised work.

This was followed by a comprehensive presentation by the Health Assessment and Monitoring Coordinator, Ms Jackie Cunningham, who addressed the Health Assessment process with an interpretation of the legislative requirements of Part 7 of the *Health Practitioners (Professional Standards) Act 1999* (the Act).

The Medical Adviser, Dr Karen Yuen, presented an overview of her role which largely involves liaising with registrants on the program, their treating doctors, Board nominated assessing practitioners, concerned colleagues and obtaining other expert opinions.

Professor Laurie Geffen, a member of the Health Assessment and Monitoring Committee provided a detailed examination of the definition of impairment using case vignettes which also illustrated the Board's management of impaired practitioners under the requirements of the Act.

Dr John Waller, a member of the Health Assessment and Monitoring Committee, discussed "Why the Board needs you" and gave a warm and insightful view of the program. He acknowledged the generous support of colleagues who eased the impaired practitioner back into the workforce and contributed to their supervision.

Workshop participants asked numerous questions regarding notifications to the Board and clarification of the threshold for notifications. Section 387 of the *Health Practitioner (Professional Standards) Act 1999* which gives protection for persons who honestly and on reasonable grounds, give information to the Board was discussed. The requirements of section 270 of the Act regarding the Board's requests for treating doctor reports, monitoring issues and referrals to the Health Practitioner's Tribunal were also discussed.

The Health Assessment and Monitoring Committee was pleased with the enthusiastic response to the evening. There were 62 attendees with a further 44 responses from those unable to attend on the night and who requested to be informed of a future workshop. It is hoped this next workshop will be held in early 2005.

### Specialist Re-entry Program

**Are you a qualified specialist who is looking to re-enter the medical workforce?**

**Are you in a private practice able to host another specialist?**

As part of the enhancements to Medicare, the Australian Government has introduced a new program that will assist Fellows of specialist colleges who have taken a break from work and wish to re-enter the medical workforce. The Department of Health and Ageing invites you – whether you're a specialist or a private practice seeking another specialist – to participate in this program.

**How will this program help specialists and private practices?**

- Specialists who are not currently practising medicine and wish to return to the workforce, may be assisted to undertake a placement in private practice as part of an individually tailored refresher program.
- Specialist practices that host a participant in the program will receive financial support.

**Who is Eligible?**

All speciality areas will be eligible, in co-operation with the relevant specialist medical colleges. A separate program has been developed for GPs.

The program aims to assist those Fellows of specialist colleges who are registered on an Australian Medical Board register and who want to resume clinical practice after having taken a break. Such specialists may include those who have left the workforce for family or health reasons or desire to return to clinical practice after working in a non-clinical role.

The first group participating in the Specialist Re-entry Program will start their clinical placements in July 2004.

**If you are interested –or know of someone who might be – get in touch with your specialist college, call 1800 011 163 or go to [www.health.gov.au](http://www.health.gov.au)**

