

# A national medical register: balancing public transparency and professional privacy

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Statutory medical registration boards in each Australian state and territory set requirements for registration of medical practitioners and regulate their activities by setting standards and offering guidance, addressing concerns about impairment or poor performance, and responding to complaints from the public. If necessary, boards recommend remedial action, refer medical practitioners for treatment of impairment, or, in proven cases of malpractice, cancel their registration.

Legislation differs somewhat between the states and territories but generally stipulates that the primary purpose of medical practitioner registration is to protect patients. For example, Section 1 of the *Medical Practice Act 1994* (Vic) states that:

The main purposes of this Act are — (a) to protect the public by providing for the registration of medical practitioners and investigations into the professional conduct, professional performance and ability to practise of registered medical practitioners ...

The core intention of a medical register is thus to assure the public that a particular doctor is accepted as a professionally qualified practitioner of good standing.

Here, we argue that the public's confidence in their choice of doctor should be supported by their being able to check a medical register for information on the doctor's good standing. The national registration scheme for health professionals recently proposed by the Council of Australian Governments (COAG)<sup>1</sup> presents an opportunity to decide which items of information should comprise a publicly available practitioner profile, while achieving a balance between the competing principles of professional privacy and public transparency.

## Public access to medical board registers

In early 2007, we searched the websites of the eight Australian medical boards to ascertain whether members of the public could obtain information on the status of medical practitioners' registration online. The results are shown in the Box. We found that the available information varied considerably across online registers. Most medical boards offered an online search of their medical register, where specifying the name of a doctor typically prompted a list of the closest name matches. The Northern Territory instead offered a free download of its entire medical register. Specific information was less accessible from the boards in Tasmania, which required payment of a fee in return for the register record of a particular doctor, and the Australian Capital Territory, which provided a free record in response to a telephone enquiry.

Of the six boards offering online access to their registers, three (Victoria, South Australia, and Queensland for some doctors only) listed a doctor's public address, and one (New South Wales) listed only a suburb (whether public or private address was not specified). Two boards (Western Australia and NT) listed no address at all for doctors. Only one board (NSW) set out a doctor's qualifications in full, while four boards (Vic, Qld, WA and SA) listed abbreviated qualifications without explaining the professional

## ABSTRACT

- The first aim of a medical registration scheme should be to protect patients.
- Medical registration boards currently offer variable information to the public on doctors' registration status.
- Current reform proposals for a national registration scheme should include free public access to professional profiles of registered medical practitioners.
- Practitioner profiles should include:
  - practitioner's full name and practice address;
  - type of qualifications;
  - year first registered, and duration and type of registration;
  - any conditions on registration and practice;
  - any disciplinary action taken; and
  - participation in continuing professional education.

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acronyms. Five of the six boards (NT being the exception) named the institution that awarded a doctor's medical degree and the year it was awarded. Most online registers gave the date on which the doctor first registered in that state, and the registration expiry date. All six online registers identified a doctor's registration category, although the categories themselves varied considerably between the boards (ranging from two to 10 separate categories).

Information on whether conditions or restrictions had been placed on a doctor's registration was generally indicated alongside the registration category, and, with the exception of Qld, specified the field(s) of practice in which a doctor may work, rather than whether a doctor has had individual conditions or restrictions placed on their practice. For example, WA and the NT listed 11 and five subtypes of conditional registration, respectively. The Qld register specifically detailed any disciplinary restrictions in place on a doctor's current practice.

Three boards (NSW, Vic and Qld) provided a list of deregistered doctors or information on disciplinary findings made by public medical tribunals, or both. The transcripts of formal disciplinary findings made since 1 October 2001 were available in the Vic register, with earlier disciplinary decisions available from the board's office. The Qld board provided a list of deregistered doctors and links to tribunal decisions. NSW also listed deregistered doctors, with a link to the full report of the medical tribunal, as well as a link to decisions of the medical tribunal spanning back to 1972.

## Proposals for a national medical registration scheme

Medical boards have discussed a national index of medical practitioners for several years. Following a proposal by the Australian Medical Council,<sup>2</sup> the Australian Health Ministers' Advisory Council set up a working group in July 2004 to, among other matters, devise an Australian index of medical practitioners, with a uniform

**Publicly accessible medical practitioner registration information on Australian medical board websites\***

State/territory	Online register	Address	Qualifications	Place of qualification	Registration date	Registration category	Conditions on practice	Disciplinary orders
New South Wales	Yes	Suburb	Written in full	Institution, year	Expiry	10 types	Conditional subtype	Deregistered list, tribunal reports
Victoria	Yes	Public address	Acronyms	Institution, year	Initial and expiry	3 types	Conditional subtype	Tribunal reports
Queensland	Yes	Public address	Acronyms	Institution, year	Initial and expiry	6 types	Conditions, undertakings, disciplinary action	Deregistered list, tribunal reports
Western Australia	Yes	No	Acronyms	Institution, year	Initial and expiry	2 main types, 11 conditional subtypes	Conditional subtype	No
South Australia	Yes	Public address	Acronyms	Institution, year	Initial	2 types	No	No
Tasmania	No	—	—	—	—	—	—	—
Australian Capital Territory	No	—	—	—	—	—	—	—
Northern Territory	Yes	No	No	No	Initial and expiry	2 main types, 5 conditional subtypes	Conditional subtype	No

\* Medical board websites were accessed on 30 January and 16 February 2007. — = data not available because register is not online.

set of information items to be made available to the public in all jurisdictions. The Australian Health Ministers' Conference endorsed these proposals in April 2006.

A report by the Productivity Commission in 2005 called for the 90-odd registration boards of the health professions across the country to be reduced in number by consolidating administrative arrangements in each state.<sup>3</sup> In its 14 July 2006 communiqué, COAG proposed one national registration scheme for the nine health professions currently subject to statutory registration.<sup>4</sup> In early 2007, health profession associations, including the Australian Medical Association, called for COAG to abandon this plan in favour of a separate national board for each health profession.<sup>5</sup> In its 13 April 2007 communiqué, COAG agreed that each of the nine professions would establish their own national board by July 2008, and that these boards would develop national standards for their profession for approval by the Health Ministers, who would be assisted by an independent Advisory Council.<sup>1</sup>

While the relative merits of national versus regional registration boards lie beyond the scope of this article, the COAG decision to establish a national medical registration scheme presents an opportunity to consider the types of information that might be listed on a national register. Reaching agreement on a uniform set of information items (a "practitioner profile") is likely to involve considerable debate about harmonising principles, legislation and practices. Views are likely to differ on the balance between levels of public transparency and professional privacy that is most likely to protect both the public interest and health professionals' reputations, while maintaining high professional standards.

The medical boards currently function under separate state or territory legislation containing somewhat differing provisions and emphases. All the boards are also bound by the *Privacy Act 1988* (Cwlth) or the relevant privacy legislation in each jurisdiction, whereby specific and general privacy statutes distinguish between confidential and public information. Privacy requirements generally provide that it is unlawful for any person to disclose any

information relating to a person without their consent. Medical practitioners therefore need a clear understanding of what information provided to a medical registration board is confidential, and what information is intended for use in a public register.

### International trends in practitioner profiles

The international trend is for registration boards to provide a full public profile of medical practitioners. The Medical Council of New Zealand provides an online register showing each doctor's name, qualifications (including full qualification name, graduation year, institution and country), district of practice, vocational scope (eg, general practice or area of specialty), "fitness to practise" certificate commencement and expiry date, and any conditions on practice.

In the United Kingdom, the General Medical Council (GMC) offers an online search for a doctor's registration status, registration expiry date, whether or not any restrictions apply to the doctor's registration, the year and place of primary medical degree, entry in the General Practitioner or Specialist Register, and any publicly available history on the doctors' fitness to practise and disciplinary orders. England's Chief Medical Officer has proposed that the GMC maintain an electronic medical register with a tier of publicly, freely available information that includes doctors' registration status, date of expiry of licence to practise, specialist certification and date of expiry, and any interim and substantive restrictions on practice in force.<sup>6</sup>

In the United States, the Federation of State Medical Boards (FSMB) is required by law to provide public online access to registrant profiles. Its Federation Physician Data Center, a central repository of the formal actions taken against physicians by state boards and other regulatory authorities, will provide (on request) a copy of a physician's profile, including a disciplinary history. The FSMB has recommended that its disciplinary profiles should include the number of malpractice court judgments and arbitration awards against a doctor over the previous 5 years.<sup>7</sup>

### More informative Australian practitioner profiles

We propose that an Australian national medical register should make practitioner profiles available to the public with the following uniform set of items that are allowable under existing privacy legislation:

- a practitioner's full name, identification number and main practice address;
- professional achievements, such as type of qualifications (including any postgraduate qualifications), year and place of graduation, and continuing professional development;
- registration status, including date, type (with an explanation of registration categories) and conditions; and
- a record of any non-confidential disciplinary requirements currently in force.

While it is generally accepted that a doctor should remain professionally up to date, Australian medical boards currently issue a lifetime licence to practise (provided registration fees are paid) rather than a time-limited certificate of fitness to practise. It would therefore be reasonable for the public to know whether a medical practitioner engages in continuing professional development. Legislation in some jurisdictions places an obligation on medical practitioners to maintain competence and continue their professional development, while some states are considering a lesser criterion of "recency of practice". In contrast, medical registration boards in some other countries, including the Netherlands and some state or provincial boards in the US and Canada, require evidence of current competence. Since 2003, New Zealand has required medical practitioners to submit an annual certificate of fitness to practise. In the UK, a recent white paper proposed that medical practitioners should demonstrate their continuing fitness to practise when applying for re-registration ("revalidation") every 5 years.<sup>8</sup>

Medical registration boards in Australia and overseas are increasingly offering non-disciplinary pathways for medical practitioners when a concern is related to impairment, which can be treated, or to performance, which can be improved. For example, doctors experiencing impairment may be offered treatment programs for mental health, alcohol or drug problems. Conditional or restricted registration may apply to medical practitioners when their ability to practise medicine safely and effectively is impaired. Information on doctors' participation in such programs should remain confidential, since the boards' objective is to encourage and enable doctors to receive assistance so that they may maintain or return to practice, while at the same time safeguarding public safety.<sup>9,10</sup>

Public disclosure of a doctor's disciplinary history is controversial. A medical register could maintain a second-tier confidential record of a doctor's disciplinary history, as well as a publicly available record of any public disciplinary findings by medical tribunals. As noted, three of the Australian medical boards (NSW, Vic and Qld) currently provide a list of deregistered doctors and/or a link to the disciplinary reports of medical tribunals. Although the legislation varies between jurisdictions, a board or tribunal may apply serious sanctions in cases of professional misconduct, mental or physical incapacity, alcohol or drug addiction that impairs practice, and conviction for a criminal offence.<sup>11</sup> The medical boards do not necessarily know about or record sanctions imposed by other authorities, and such behaviour may have no bearing on the ability of a medical practitioner to provide competent health care. For example, a malpractice finding or out-of-court settlement is not necessarily an indication of overall practi-

tioner competence, given the lack of relationship between malpractice claims and medical error.<sup>12</sup>

While Australia is yet to engage in debate over re-registration requirements, including the difficult issue of whether and how a doctor's fitness to practise might be assessed, there is a case for making registration information on the good standing of doctors more transparent to the public than is currently the case.

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### Competing interests

None identified.

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