

## **Questions received for the Annual General Meeting**

The College received a number of questions from Members prior to the Annual General Meeting. Many questions were similar in nature and were answered during the meeting held on 19 May 2014. Copies of those answers are provided below, in addition to answers to questions that were asked during the meeting.

## **College fees**

The College has established a Pricing Working Group to review fees the College charges for its activities. The underlying principle to setting fees is to ensure that all fees set cover the cost of the activity so that no part of the College is being subsidised by other parts.

Membership fees contribute to a range of activities and operations of the College. These include the costs associated with running the College's committees and providing services and support to Fellows and trainees. Training and examination fees are allocated towards delivery of training and the conduct of examinations.

## **What are the benefits of Membership?**

There are a number of benefits to being a member of the College. These include:

- Fellows of the College are recognised as being a specialist or consultant physician in respect of the Australian Health Insurance Act (1973) and with regulators in Australia and New Zealand
- The College provides a Continuing Professional Development system, 'MyCPD' to support and enable Fellows to record their CPD activity annually. MyCPD and the accompanying credit based framework are designed to ensure Fellows meet the regulatory requirements for specialist or consultant physicians.
- Fellows can stand for election in the key College offices
- Fellows are eligible to be members of the College Committees and Working Parties that govern the College (including voting rights at meetings), work to represent Fellows and advocate for Physicians and the wider health workforce.
- The College provides a number of news and publications to its members including RACP News and the Internal Medicine Journal.

## **Consultation and engagement with Members regarding Governance reforms**

The College has recently embarked on an extensive consultation process for a 12 month period in relation to its Board governance reforms. Members have the opportunity to provide their comments and contribute to the process through a number of avenues, including face to face forums in capital cities and large regional centres, posting feedback/comments/suggestions on the College Noticeboard or emailing comments to a dedicated email address ([BoardGovRef@racp.edu.au](mailto:BoardGovRef@racp.edu.au)).

The purpose of the Noticeboard is to provide members with a platform for submission of feedback, comments and suggestions regarding the Board reforms in accordance with the principles of transparency and fairness and for other Members to comment on those submissions, or add ones of

their own. The College is not in a position to respond to submissions, however will clarify any matters of fact that are incorrect in a member's submission.

A Consultation Feedback form is also available on the College website and can be completed and returned by email at [BoardGovRef@racp.edu.au](mailto:BoardGovRef@racp.edu.au) or by mail to the Company Secretary, RACP, 145 Macquarie Street, Sydney, NSW 2000.

The College has established a Board Working Party on Governance Reform to guide the ongoing consultation with all members of the College. The Working Party meets on a regular basis to review and discuss feedback received from members. Following the conclusion of the first consultation phase in July 2014, the Working Party will compile and analyse member feedback to develop a preferred model(s) for further consideration. The second phase of the consultation process will begin in September 2014 whereby members will be given an opportunity to provide further feedback on the preferred model(s).

The Working Party on Governance Reform provides regular updates to the Board and members of the College through communications such as e-bulletins, articles in the RACP News and Board Communiques.

### **Enhancing membership participation**

Following the recent General Meeting and President-Elect elections, the Board is considering ways to increase Members' participating in voting. Options include allowing candidates to 'campaign' more for positions to increase engagement between the candidates and Members.

### **BPT written and clinical exam**

The Board has approved a strategy to deliver more than one written examination each year, and then to move to computer-based delivery. Developing an exam bank with enough questions to deliver two written examinations per year requires significant investment. It is possible that two exams per year will be available from 2016. However timing is dependent upon progress with the development of the exam bank. Further information about the frequency of the written examination will be provided in 2015.

Consideration will be given to the timing and delivery of the clinical examination as part of a clinical exam strategy which is currently being scoped.

### **Medical registration and CPD compliance for Fellows practicing part time**

Medical registration in Australia and New Zealand is handled by each country's medical regulator respectively, but the broad principles are the same. Physicians who are active in clinical work, whether part- or full-time must meet the required registration standards with regard to recency of practice, professional indemnity cover and participation in continuing professional development. The regulators do not allow for any pro-rata reduction of obligations for those in part-time work. The requirements of the standard have been particularly problematic for physicians who have retired from active practice but who wished to maintain some form of "non-practicing" registration. The Australian aspect of this issue was covered in an article in the RACP News in June of 2012. In essence, any amount of clinical practice is considered sufficient to require compliance with the

registration standard, and the various categories of non-practising registration used previously have now been almost completely phased out. This means that senior Fellows who work part time will still need to complete full annual cycles of CPD in order to maintain or renew their registration.

The College recognises that Fellows are keen to have additional CPD resources provided directly by the College itself. This is a major task which has been supported by the Board and is underway. The CPD team is reorganising existing CPD resources and developing additional ones to improve access for all Fellows and trainees, but the obligation to participate in the required amount of activity arising from the MBA and MCNZ registration standards remains with the Fellow.

Fellows who do teaching, assessment or research as their only professional activity have been inadvertently placed in a difficult situation by the registration standard in that it originally defined these activities as clinical practice and thus the key requirements for CPD, indemnity cover and recency of practice were applied. A more recent reinterpretation of the standard has clarified this to the extent that activities not involving actual patients are no longer considered clinical practice, but the situation remains ambiguous for physicians doing bedside teaching on genuine patients.

At the beginning of May 2014 the Medical Board of Australia announced that a new consultation process on the registration standards. The College has begun the process of internal consultation needed to prepare a suitable response to this call, but the details of our response have not yet been determined. If the requirements of regulatory systems in similar medical systems such as the UK and North America are considered, it would seem highly unlikely that the MBA (or the MCNZ) would be prepared to alter their requirement that active clinicians must be active participants in CPD, regardless of the fraction of the week devoted to this activity.

### **College leadership on key health issues**

Within the Policy & Advocacy team there has been a substantial amount work produced to advocate for both Refugees and Alcohol reform and a summary has been provided below.

#### ***Refugees***

The Royal Australasian College of Physicians (the College) considers the health of refugees and asylum seekers to be a priority, and has been advocating for improved health outcomes for this vulnerable group. In late 2013, the College released a statement on the health of people seeking asylum, and undertook extensive media engagement to promote the messages contained in the statement. The College has also written to the Minister for Immigration and Border Protection on several occasions to express concerns for the health of people in detention, particularly those detained offshore on Nauru and Manus Island as well as the lack of engagement with independent health experts as part of the policy development and decision-making process. The College plans to continue this engagement.

The College has recently established a Working Party on the Health of Refugees and Asylum Seekers. This group will be articulating the College's position on various issues relating to the health of refugees and people seeking asylum, and will also be developing a strategy for the College's ongoing advocacy activities with regards to this important social issue.

### ***Alcohol reform***

The College has been extremely active in advocating for the implementation of evidence based alcohol policy. Most recently on 16 April the President elect Nick Talley met with the Health Minister and among the matters he discussed was to convene a National Policy Summit on Alcohol and a consistent volumetric tax on alcoholic drinks to address the health and other costs of alcohol abuse in the community. In addition RACP Fellow Katherine Conigrave represented the RACP by providing opening remarks at a forum organised by the NSW/ACT Alcohol Policy Alliance at NSW Parliament House on 15 April 2014. The RACP also provided a submission to the House of Representatives Standing Committee on Indigenous Affairs for its inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities on April 2014.

The College has also been actively advocating for reforms to reduce alcohol-related harm in the media. Most notably in February this year the President Elect Nicholas Talley appeared on A Current Affair to discuss possible measures for curbing alcohol fuelled violence.

As noted above President-Elect, Nick Talley met with the Health Minister on the 16 April and the Health Minister was also in attendance at the last Committee of Presidents of Medical Colleges (CMPC) which was held on 1 May 2014.

### **Faculty autonomy**

The Board is considering the whole governance of the College, including the effectiveness of its structure, delegations, and accountability of Divisions, Faculties, and Chapters. The Board is in the preliminary stages of review and consultation with Members.