



Western Australia Board of the Medical Board of Australia – Applicant Information

Overview

In accordance with the *Health Practitioner Regulation National Law (WA) Act 2010* (the Act), the WA Board of the Medical Board of Australia (WA MBA) is established by the Medical Board of Australia (National Board).

The National Board works in partnership with the Australian Health Practitioner Regulation Agency (Ahpra) to support the National Registration and Accreditation Scheme (National Scheme).

The functions of the National Board include:

- registers medical practitioners and medical students
- develops standards, codes, and guidelines for the medical profession
- investigates notifications and complaints about medical practitioners
- where necessary, conducts panel hearings and refers serious matters to Tribunal hearings
- assesses international medical graduates who wish to practise in Australia
- approves accreditation standards and accredited courses of study.

The WA MBA has the delegated powers to make individual registration and notification or complaint decisions, based on the national policies and standards set by the National Board. The WA MBA also has several committees that manage a range of regulatory decisions, and members may also be appointed to at least one committee in addition to the monthly board meetings.

The WA MBA has eight Practitioner Members, one of whom is appointed as Chair, and four Community Members.

There is a range of useful information available to potential board member applicants on the [Medical Board of Australia homepage](#).

Topics of interest may include:

- [The National Registration and Accreditation Scheme](#)
- [Health Practitioner Regulation National Law](#)
- [Medical Board of Australia - 2022/23 annual summary](#)

As the WA MBA WA State Government board, applicants are encouraged to consider the requirements of [Premier's Circular 2023/02 – State Government Boards and Committees](#). This circular provides information regarding diversity, remuneration and eligibility, as well other board membership considerations.

All appointments to the WA MBA are made by the WA Minister for Health.

Nomination process

Submitting a nomination

Nominations for a vacancy are submitted to Board Assurance, Department of Health via email to boardassurance.DOH@health.wa.gov.au

Current board members seeking reappointment are also required to submit a nomination.

People from a diverse range of experience and backgrounds are encouraged to nominate. This may include, but is not limited to the following considerations for people:

- currently living in a regional location in WA
- identifying as Aboriginal or Torres Strait Islander
- living with a disability or special need that is ongoing
- from other culturally and linguistically diverse backgrounds.

Nominations are to include a:

- curriculum vitae (CV) with your contact details, date of birth, current occupation and any qualifications and experience relevant to membership of the board, and the details of two referees - no more than four pages.
- covering letter specifying that you are nominating for the WA MBA, outlining how you meet the eligibility requirements and demonstrating the expected board member attributes outlined below - no more than three pages.

Nominations submitted in hard copy are not encouraged.

Applicants with a disability or special need who want to submit their nomination in an alternative format are invited to discuss this with Board Assurance on 9222 4079.

Assessment of nominations

Nominations are considered by a selection advisory panel. The panel will likely comprise of the WA MBA Board Chair, the Ahpra WA State Manager, and a senior Department of Health Manager. Selected nominees are interviewed for further consideration.

The selection of members is based on merit. Applicants are encouraged to note the content included in the Board Member [Position Information](#) and the factors listed below as these details form part of the assessment process:

- board member attributes
- membership eligibility requirements
- professional education, experience and/or expertise (practitioner members)
- strong community connections and public/lay perspective (community members)
- other education, experience and/or expertise relevant to work history
- ability to meet the time commitments
- probity checking, including criminal record screening and referee checking.

Notification to applicants

Selecting and appointing board members can be a lengthy process, and applicants should anticipate that the process from submitting a nomination to being appointed may take several months.

Notification will be sent to all applicants at the end of the recruitment process.

Position information

Board Member – WA Board of the Medical Board of Australia

Position details

Board with vacancies	Western Australia Board of the Medical Board of Australia	Locations	Board meetings are held in Perth. Meetings may be either face to face, ZOOM (or similar) or via teleconference.
Committee membership	Role may include membership of a registration, notifications, and immediate action committee. Members may be appointed to national committees.	Member vacancies	Refer to the Department of Health website for current vacancies. https://www.health.wa.gov.au/PractitionerBoards
Time commitment	The time commitment required will vary but is expected to be at least one day per month, in addition to any travel time to and from the meetings.	Term of appointment	Appointments are for up to three years, with eligibility for reappointment. The length of term is determined by the WA Minister for Health.
Orientation	Orientation – Newly appointed board members will be provided with a comprehensive orientation program.	Training and development	Training - Participation at conferences or professional development may be required. Performance review - Boards may review the performance of individual board members.
Remuneration	Full daily fee: Chair- \$872; Member - \$716 Half daily fee: Chair - \$436; Member - \$358 Qtr. daily fee: Chair - \$218; Member - \$179 Government employees may not be eligible for remuneration.	Expenses	Board members are entitled to reimbursement of any reasonable out-of-pocket expenses incurred during the course of undertaking board business.

Position purpose

The National Law provides for a National Board to establish a state or territory board (often known as a STB) to exercise its functions in the jurisdiction in a way that provides an effective and timely local response to health practitioners and other persons in the jurisdiction. Two National Boards have STBs in each jurisdiction, being the Medical Board of Australia and Nursing and Midwifery Board of Australia.

These boards make registration and notification decisions about individual practitioners, based on national policies and standards set by the relevant National Board. The National Board delegates the necessary powers to the STBs.

To assist in effectively managing registration and notifications matters, committees of the National Board or the STB are established. Most members of the STBs will be appointed to at least one of these committees. The STBs carry out this regulatory work in partnership with Ahpra.

All state and territory board appointments are made by the respective Minister for Health in each jurisdiction under Section 36 of the National Law.

Government or statutory employees

Ahpra recognises that government and statutory employees may be bound by their employer policy regarding payment for employment undertaken outside of the employer, which may alter the way board members are paid.

Ahpra recommends applicants consult with their employer prior to applying to ensure a written acknowledgement of permission (on the organisation's letterhead) from your employer can be arranged, should your application be successful. This requirement is the responsibility of the prospective board member/applicant.

Statutory protections

Under section 236 of the National Law, members of national boards and state and territory boards are provided with appropriate statutory immunities for exercising their functions in good faith.

Key activities

Accountabilities	Key Activities
<p>Regulatory Principles</p>	<p>The regulatory principles adopted by Ahpra and the National Boards are as follows:</p> <ol style="list-style-type: none"> 1. The National boards and Ahpra administer and comply with the Health Practitioner Regulation National Law, as in force in each state and territory. The scope of our work is defined by the National Law. 2. Public protection is our paramount objective in the National Registration and Accreditation Scheme. We act to support safe, professional practice and the safety and quality of health services provided by registered health practitioners. 3. We protect the health and safety of the public by ensuring that only registered health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered. 4. In all our work we: <ol style="list-style-type: none"> a. identify the risks that we need to respond to b. assess the likelihood and possible consequences of the risks c. respond in ways that are culturally safe, proportionate, consistent with community expectations and manage risks so we can adequately protect the public d. take timely and necessary action under the National Law. <p>This applies to all our regulatory decision-making, the development of standards, policies, codes, and guidelines as well as the way we regulate individual registered health practitioners.</p> 5. The primary purpose of our regulatory response is to protect the public and uphold professional standards in the regulated health professions. When we learn about concerns regarding registered health practitioners, we apply the regulatory response necessary to manage the risk, to protect the public. 6. Our responses consider the potential risk of the registered health practitioner’s health, conduct or performance to the public including: <ul style="list-style-type: none"> • People vulnerable to harm • Aboriginal and Torres Strait Islander Peoples 7. When deciding on regulatory responses, we are fair and transparent, and consider the importance of maintaining standards of professional practice that support community confidence in regulated health professions. 8. We work with our stakeholders, including patient safety bodies, healthcare consumer bodies and professional bodies to protect the public. We do not represent the health professions, registered health practitioners or consumers. However, we work with practitioners and their representatives and consumers to achieve outcomes that protect the public.

Accountabilities	Key Activities
Confidentiality	<p>Members are required to comply with the confidentiality requirements of section 216 of the National Law. Any information that comes to a member's knowledge, in the course of, or because of the member's role is protected information and must not be disclosed or made allowed to be disclosed to another person, organisation or entity.</p>
Conflict of interest and bias	<p>The National Law includes extensive provisions in relation to conflicts of interest. Members must comply with the conflict of interest requirements set out in Clause 8 of Schedule 4 of the National Law.</p> <p>The National Boards have business rules and processes in place to record and manage real and/or perceived conflicts of interest. As a general rule, board members must declare any actual and possible conflict of interest in relation to matters to be considered at a meeting. Board members must also exclude themselves from decision-making in relation to a matter in which they are biased or might be perceived to be biased.</p>
Cultural Safety	<p>The National Scheme has an important role in ensuring the development of a culturally safe and respectful health workforce that is responsive to Aboriginal and Torres Strait Islander Peoples health and contributes to the elimination of racism in the provision of health services.</p> <p>The National Scheme's commitment to eliminating racism from the healthcare system and ensuring patient safety is the norm for Aboriginal and Torres Strait Islander Peoples and is detailed in the National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020–2025 (the strategy).</p> <p>It is expected that members understand and support the actions within the strategy and demonstrate culturally safe practise at all times during their appointment. Members must attend cultural safety training in line with the commitment in the strategy to train all staff, Board, and committee members.</p>

Key requirements

Key stakeholders	Eligibility requirements	Board member attributes
<p>Board</p> <ul style="list-style-type: none"> National Board Executive Officer of the National Board <p>Ahpra</p> <ul style="list-style-type: none"> State and Territory Managers Regulatory secretariat Notifications, registration, and compliance officers Legal advisors <p>External</p> <ul style="list-style-type: none"> WA Minister for Health Registered health practitioners 	<p>Required</p> <ul style="list-style-type: none"> A person is eligible to be appointed as a practitioner member only if the person is a registered health practitioner in the health profession for which the board is established. Practitioner members bring sound experience in the health profession for which the board is established and will have an appreciation and understanding of the role of the board. To be eligible for a community member vacancy, you must not, at any time, have been registered as a health practitioner with Medical Board of Australia. In addition, preference will be given to applicants who are not a registered health practitioner in any health profession. Community members demonstrate their ability to provide community perspectives and voices to the work of the National Scheme and bring sound community perspectives to regulation of health practitioners. <p>A person (practitioner or community member applicant) is not eligible to be appointed as a member of a STB if:</p> <ul style="list-style-type: none"> the person has at any time, been found guilty of an offence (whether in a state or territory or elsewhere) that, in the opinion of the WA Health Minister, renders the person unfit to hold the office of member. they are a current Ahpra employee or contractor. 	<p>Board members are expected to demonstrate the following attributes:</p> <ol style="list-style-type: none"> Displays integrity: is ethical, committed, diligent, prepared, organised, professional, principles-based and respectful; values diversity; and shows courage and independence. Thinks critically: is objective, impartial, uses logical and analytical processes, distils the core of complex issues, and weighs up options. Applies expertise: actively applies relevant knowledge, skills, and experience to contribute to decision-making. Communicates constructively: is articulate, persuasive, diplomatic, self-aware and reflects on personal impact and effectiveness; listens and responds constructively to contributions from others. Focuses strategically: takes a broad perspective, can see the big picture, and considers long term impacts. Collaborates in the interests of the scheme: is a team player, flexible, cooperative and creates partnerships within and between boards and Ahpra. <p>Community member applicants are asked to address this additional attribute:</p> <ol style="list-style-type: none"> Strong community connection: can demonstrate a strong community connection/s and ability to bring a public/lay perspective and voice to the regulatory work of state and territory boards.

Key requirements

Key stakeholders	Eligibility requirements	Board member attributes
	<p>Desirable</p> <ul style="list-style-type: none"> • To be eligible for appointment as a practitioner member in a particular jurisdiction, it is expected that you would be residing and practising in that jurisdiction. • To be eligible for appointment as a community member in a particular jurisdiction, it is expected that you would be residing in that jurisdiction. 	<p>Chair applicants are asked to address the following attributes:</p> <ol style="list-style-type: none"> 1. Demonstrates leadership: is confident, decisive and acts without fear or favour, is at the forefront of professional regulation, drives reform and facilitates change. 2. Engages externally: is the spokesperson for the National Board and advocate for the National Scheme, defines the nature and tone of engagement, builds, and sustains stakeholder relationships. 3. Chairs effectively: establishes and follows well-organised agendas, facilitates input from all members, builds consensus, distils core issues, summarises discussion and confirms decisions ensuring they are accurately recorded.