Revalidation
Revolution or incremental reform?

Timothy Bowen
Senior Solicitor – Advocacy, Claims & Education, **MIGA**
Adjunct Fellow – School of Medicine, Western Sydney University

RMA 17 - October 2017

Revalidation – what is it? what are the influences?

Medical Board of Australia – a ‘risk-based regulator’

A process that supports medical practitioners to:

- *maintain and enhance their professional skills and knowledge*
- *remain fit to practise medicine*

The small proportion performing poorly – 3 to 6%?

Dr Joanna Flynn, Medical Board chair, MJA January 2017

The opportunity now is for the ***medical profession to take responsibility, individually and collectively, for the future standards of medical practice*** *in Australia. The board is seeking to work with the profession and the community to* ***ensure that the high levels of trust and confidence that the Australian public has in doctors is based on an appropriate framework for ensuring the continuing competency*** *of all those in practice.*

Perspective

Towards revalidation in Australia: a discussion

Sharing responsibility for the future standards of medical practice

Revalidation – how will it change the profession?

- Enhancing / evolving existing educative / regulatory processes?
- Effectively revolutionary?
- A little of both?
- Depends who you are?

Revalidation – where did it come from?

PLYMOUTH UNIVERSITY PENINSULA
SCHOOLS OF MEDICINE & DENTISTRY

- Last 10 years – UK revalidation
- Also NZ, some US states and Canadian provinces
- **2012** – Medical Board begins revalidation ‘discussion’
- **2014-5** – revalidation research project – options
- **2015-6** – Expert Advisory Group initial consideration

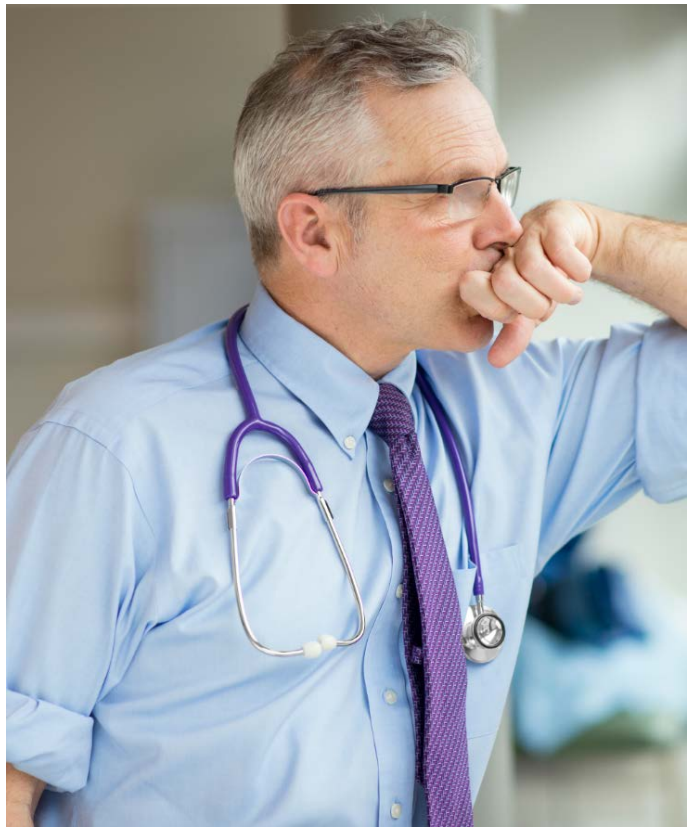
miga ALWAYS

Revalidation – where are we at?

- **Mid 2016** – EAG initial report
- **Mid-late 2016** – public and stakeholder consultation (MIGA, ACRRM and others)
- **Late 2016** – social research
- **After mid-2017** – final EAG report…
- **Beyond**…the rollout
  - Incremental / staged?
  - Pilot?
  - Across the board?

Revalidation - principles

- Smarter not harder
- Integration
- Relevant, practical and proportionate



Revalidation – key components

- **strengthened CPD**
  - maintaining and enhancing the performance of all doctors practising in Australia
  - through **efficient, effective, contemporary, evidence-based continuing professional development** relevant to their particular scope of practice
- **proactive risk assessment**
  - proactively identifying
    - doctors **at risk** of poor performance
    - those who are already **performing poorly**
  - **assessing** their performance
  - supporting **remediation** (when appropriate…)

Revalidation uncertainties / controversies

- **UK-style revalidation – ruled out**
- Assumptions – is there an issue to address?
- **Responsibilities** (EAG - more work needed)
- Processes – CPD and remediation forms
- **Outside college / association / hospital contexts?**
- **When is the regulator involved – reporting thresholds**
- Information barriers
- **More medico-legal processes?**
- Cost
- **Doctors' health** – process itself, and remediation

Strengthened CPD – what is it?

- **Currently –** Board declarations and CPD programs
- CPD programs vary across context and body
- **For some, not much change?**
  - in college contexts
  - in multi-modal programs
  - ? increased hourly requirements / particular types required
- **For others, significant change?**
  - outside college
  - primarily in one form
  - self-directed

Strengthened CPD – key issues

Key questions

- *who is responsible?*
- *best forms of CPD – multi-source feedback, data use, peer review?*
- *practicalities, cost and regulatory burden*
- *where does all the information come from and where does it go?*
- *what happens if non-compliance / issues revealed?*
  - *? Mandatory notification / 'encouraged' notification to Medical Board?*
  - *How far does Medical Board let colleges / associations handle issues, even once notified?*

Proactive risk identification – what is it?

- ? filling the gap between
  - mandatory reporting (significantly below standard)
  - voluntary notifications / complaints (could be about anything…)
- ? catching ‘below standards’ where no patient harm or discontent

Proactive risk identification – what might it look like?

- **Initial process**
  - Identifying ‘at risk’ cohorts (more soon…)
  - ? demographic / statistical
  - ? complaints history

- **Remediation** – tiered, multi-faceted
  - Multi-source feedback
  - Peer review
  - Performance assessment

- **Subsequent process** (if remediation unsuccessful)
  - Similar to College training issues – reviews, appeals etc
  - When and how does the Medical Board become involved?

Proactive risk identification – assessing risk

- **Strong risk factors?**
  - **age** (from 35 years, increasing into middle and older age) – start higher?
  - **male**
  - number of **prior complaints** and time since last one – start here?

- **Other risk factors?**
  - **primary medical qualification from certain countries**
  - specialty
  - lack of response to feedback
  - unrecognised cognitive impairment
  - **isolation**
  - low levels of high quality CPD activities
  - change in scope of practice (but EAG identifies need to support this)

Isolation – practical impediment / ‘risk’

- **Key way to ‘strengthen’ CPD and reduce ‘risk’**
- **Helpful also for broader scope of practice?**
- **Finding a medical community**
  - Who are you in contact with?
  - Who do you need to be in contact with?
- **Personal support network** - the hidden factor?
- **Building a professional and personal community**
  - When physically isolated
  - When lacking time / over-worked

Thoughts to leave you with…

- Evolutionary in education?
- More revolutionary in emerging CPD issues and risk screening?
- Key implication - emphasising importance of ‘medical community’

What can I do?

- **Understand**
  - what it is
  - what it is not

  initial EAG report - www.medicalboard.gov.au/News/Past-Consultations.aspx

- **Engage**
  - final report and subsequent process
  - colleges, associations and MDOs

Australian College of Rural & Remote Medicine
WORLD LEADERS IN RURAL PRACTICE

COLLEGE SUBMISSION

Response to MBA Discussion Paper:
Options for Revalidation in Australia

miga ALWAYS

30 November 2016

Dr Jo Katsouris
Executive Officer, Medical
AHPRA
GPO Box 9958
MELBOURNE VIC 3001

Via email and post: medboardconsultation@ahpra.gov.au

General Enquiries and Client Service
P 1800 777 156
F 1800 839 284

Claims and Legal Services
P 1800 839 280
F 1800 839 281

www.miga.com.au
miga@miga.com.au

Postal Address
GPO Box 2048, Adelaide South Australia 5001

Dear Dr Katsouris

MIGA Submission to Medical Board of Australia consultation on Revalidation

MIGA welcomes the opportunity to provide this submission in relation to the Board's consultation on Revalidation. We have maintained a significant interest in the issue of revalidation, particularly through participation in Board forums and our own discussion forums.

miga ALWAYS

Questions?