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**Sent:** Sunday, 6 November 2016 5:00 PM  
**To:** medboardconsultation  
**Subject:** Revalidation - Submission

This was actually a comment but the website crashed. So I am sending it as an email submission. It is worded more as a comment but I hope contains some useful thoughts.

I really hold great concern for how this will be managed. After watching the mistakes of the GMC in the UK and seeing first-hand the significant problems with AHPRA (I see impaired doctors) there needs to be thought go into this by clinicians. Administrators with little understanding could create a system that could cause great burden to doctors whilst achieving little more than a smug feeling of policy success with little public benefit.

I think AHPRA could do a lot more to improve its ability to communicate and consider the impact on doctors of their actions. High case manager turnover and little regard to those that treat doctors need to be improved. AHPRA simply does not understand its function and shows arrogance towards the profession.

There is already a professional development requirement in all the colleges and they are refining this. Medicine is a stressful career and the GMC experience showed how poor treatment of doctors and the assumption of guilt led to unintended consequences with little public benefit. There is also the risk that the process is "gamed" with template responses and colleagues colluding if they lose respect for the process.

I suggest that AHPRA get its own house in order and function more helpfully before finding another weapon to impose on the profession that already struggles with legal risk management and considerable burdens of proof of professional development. Doctors are constantly having to absorb escalating administrative burdens and costs. Forms just seem to get bigger and bigger, insurance companies, courts and government departments get more and more demanding. How much is enough? Ultimately who will pay?

My recommendations:

- What we have already needs to be improved.  
A review of AHPRA and improve its function, understanding, attitude and handling of complaints.
- Let the colleges tune their professional development programs.  
Further development of compassionate treatment for impaired doctors.
- Revalidation should not be rushed.  
There needs to be extensive consultation and careful consideration of the repercussions. If the process has no respect and simply thrust on Doctors it will fail in its primary aim.
- Consideration should be given of whether it actually offers any community benefit given the huge cost it will cause.

Regards  
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