28 November 2016

Dr Joanna Katsoris
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By email to: medboardconsultation@ahpra.gov.au

Dear Dr Katsoris

Re: Options for revalidation in Australia

Thank you for the opportunity for the Royal Australian and New Zealand College of Psychiatrists (RANZCP) to provide feedback on the interim report of the Expert Advisory Group (EAG) on revalidation. The RANZCP response to the specific questions posed are attached. The RANZCP supports the broad principles of strengthened CPD and early identification of at risk doctors but how to achieve this second aim is not straightforward.

A mandatory and strong CPD program which satisfies the guidelines, (particularly with regard to demonstration of the practice self-reflection) as outlined in the discussion paper, is essential for the integrity of the profession and safety of the community. The RANZCP believes that the specialist medical colleges are in the best position to develop and implement a strengthened CPD as they are the content experts and understand the nuances of how their Fellows achieve their CPD requirements in practice. With revalidation in mind, the RANZCP has recently undertaken a review of its CPD program, introducing a mandatory requirement for practice development, quality improvement and review; this, together with the existing requirement for peer review will strengthen the RANZCP CPD program in line with the requirements outlined in the EAG interim report.

The issue of a process for early identification of doctors at risk of poor performance is not so straightforward and will require thorough research, a feasibility study, two way collaboration and communication between the regulatory bodies and specialist Colleges and significant funding at the College level. The proposal seems heavily weighted towards regulation and could be unsuccessful in its aims after much expense and time from many stakeholders if insufficient time is given to studying the feasibility of what is proposed.

The tiered approach to assessment appears reasonable on paper but it is the implementation of Tier 1 which raises more questions than answers. The profiling of a group of doctors as most at risk could be seen to be discriminatory and the stigma attached with being in that at risk group could actually cause doctors to be less open about their practice than currently. The RANZCP also recognises that any assessment process will be easier to achieve in a public setting than in a private setting, in particular conducting MSF in a solo private practice would be quite problematic.

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Should the Colleges become more heavily involved in the identification, assessment and remediation of poorly performing doctors this would result in a significant shift in the current RANZCP relationship with its members and its role may be seen as becoming more punitive than supportive. The financial implications for the College if it were required to resource such a process would be significant as this could not be achieved with the existing resources.

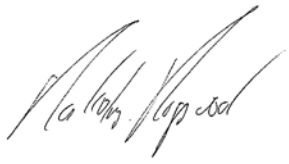
From a medicolegal standpoint, using the number of complaints against a practitioner as a measure may not be a reliable screening tool as, for example a forensic psychiatrist may have many more complaints against them and patients who are repeat complainants than other areas of the speciality, but this reflects the type of patient rather than the psychiatrist themselves. There is also the issue of support for doctors who report their peers and their legal position in terms of confidentiality, discrimination and harassment. The RANZCP would also like to know if the Medical Board has considered the role of medical indemnity insurers in the assessment process.

The RANZCP recognises that medical practitioners, including psychiatrists and psychiatry trainees, as for any other member of the community, may experience mental illness and acknowledges that while mental illness may lead to impairment, and is a reason for early intervention, the majority of doctors who experience mental illness are not impaired. The MBA should be mindful of this important fact when drafting guidelines associated with the implementation of their reporting and assessment system.

In summary the RANZCP supports the early identification of poorly performing doctors but the Colleges are part of the system, not the system. The EAG should focus on enhancing existing safety systems using all the data available. While the RANZCP recognises the importance of strengthened CPD in increasing the efficacy of the profession, safety and community confidence in the profession, revalidation should not be seen as a panacea for patient safety.

Thank you again for the opportunity to provide feedback on the interim report. Should you have any questions regarding the RANZCP submission please contact [redacted] General Manager, Education and Training, via [redacted].

Yours sincerely



Professor Malcolm Hopwood
President

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