

Media statement

16 August 2016

Medical Board consults on revalidation in Australia

Strengthened continuing professional development and screening for at-risk doctors should underpin future approaches to revalidation in Australia, according to an expert report to the Medical Board of Australia.

The Board asked for advice from an expert advisory group on revalidation, about what it should do to make sure that medical practitioners in Australia maintain and enhance their professional skills and knowledge and remain fit to practise medicine.

‘Regulation is about keeping the public safe and managing risk to patients. Part of this involves making sure that medical practitioners keep their skills and knowledge up to date,’ said Board Chair, Dr Joanna Flynn AM.

‘We are committed to finding the most practical and effective way to do this that is tailored to the Australian healthcare environment,’ she said.

The Board today launched a consultation on revalidation and published a discussion paper and the interim report of the expert group. The interim report proposes a ‘two by two’ approach to revalidation in Australia:

- Two parts: Strengthened CPD + proactive identification and assessment of ‘at-risk’ and poorly performing practitioners
- Two steps: Engage and collaborate in 2016 + recommend an approach to pilot in 2017.

This ‘two by two’ model represents evolution, not revolution, in the requirements for doctors to make sure they provide safe care to patients throughout their working lives, the report states.

‘An integrated approach will be most effective. CPD alone, however rigorous, may not identify the practitioner who may be putting the public at risk. A regulatory approach, however thorough, cannot reliably, single-handedly improve the quality of care provided by most competent doctors,’ the report states.

The core features of the proposed approach are:

1. **Strengthened CPD:** Evidence-based approaches to CPD best drive practice improvement and better patient healthcare outcomes. Strengthened CPD, developed in consultation with the profession and the community, is a recommended pillar for revalidation in Australia.
2. **Identifying and assessing at risk and poorly performing practitioners:** A small proportion of doctors in all countries is not performing to expected standards at any one time, or over time. Another group of practitioners is at risk of poor performance. Developing accurate and reliable ways to identify practitioners at risk of poor performance and remediating them early is critical, with considerable transformative potential to improve patient safety. It is equally critical to identify, assess and ensure there is effective remediation for practitioners who are already performing poorly.

'Most of the practitioners in the at-risk groups will be able to demonstrate that they are performing satisfactorily, just as most people who are screened in a public health intervention do not have the disease for which the screening program is testing,' Dr Flynn said.

The report recommends guiding principles should apply to all potential approaches:

- Smarter not harder: strengthened CPD should increase effectiveness but not require more time and resources
- Integration: all recommended approaches should be integrated with – and draw on – existing systems and avoid duplication of effort, and
- Relevant, practical and proportionate: all recommended improvements should be relevant to the Australian healthcare environment, feasible and practical to implement and proportionate to public risk.

The Board is [now consulting](#) with the profession and the community about the proposed approach to revalidation in Australia.

'We want a system in Australia that is practical, effective and evidence-based, and we want to hear what the community and the medical profession think about the approaches proposed by the expert advisory group,' Dr Flynn said.

The expert advisory group will consider what they learn from the consultation and recommend actions to the Board in a final report due in mid-2017.

The Board appointed Consultative Committee on revalidation met for the first time today and will play an important role in encouraging the community and the profession to join the discussion about revalidation.

The Board has also commissioned social research into community and doctors' views about trust, confidence and fitness to practise in the medical profession. The Board will publish the report of the research.

More information and resources is published [here](#):

- read the **interim report** of the expert advisory group on revalidation
- read the **discussion paper** about the proposed approach
- **join the consultation** and tell us what you think about plans to keep doctors skills and knowledge up to date
- have your say in our **online discussion** about revalidation
- read the **terms of reference of the expert advisory group** on revalidation
- read about the **Consultative Committee** on revalidation
- read more about the work of the Board on [our website](#).

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