Committee of Presidents of Medical Colleges

REVALIDATION

WORKSHOP REPORT

February 2015

Revalidation for Medical Practitioners in Australia

January 2015

Introduction

Revalidation is a process for doctors to regularly show that they are up to date and fit to practice medicine, giving patients and the community the assurance that the practitioner is competent.

Currently the regulators refer to the Australian Medical Council's standard 9.2 which addresses the identification of whether a Fellow is *fit-for-practice'*.

In New Zealand the process is called recertification and the Medical Council of New Zealand has moved ahead in developing a policy on regular practice review which aims to ensure doctors are competent. Recertification is a work-in-progress which is profession led. There is a requirement for doctors to 'recertify' by participation in an approved continuing professional development programme provided by Medical Colleges or approved providers of recertification programmes.

In the United Kingdom and Australia, the process is known as revalidation while in the United States it is maintenance of licensure and in Canada, it is ensuring competence.

The Medical Board of Australia is the regulator of medical practitioners in Australia. The AMC is aligning its standards to MBA standards, and if changes were made in MBA requirements the AMC will review standards again. One of the options under consideration by the MBA is to establish a working party to develop the concept further.

CPMC Workshop

CPMC convened a workshop in November 2014, to discuss the purpose of a revalidation process and to develop some guiding principles to take the lead in this important matter of public policy and safety.

Discussion covered the concept of the benefits of reflective learning, maintenance of skills, quality improvement and assurance. It also included a discussion on the principles of maintaining competency; what a system would have to look like; how it would identify and manage the under-performer; what sort of connectivity is necessary with the other regulatory systems currently in place; and what type of data would be required.

For a system of revalidation of medical practitioners to be adequate and worthwhile developing, it must be generally acceptable to all stake-holders; be defensible, feasible, and evidence-based; and reflect a formative, collegial and multi-sourced approach which is constructive and represents value-for-money. Any new system must inter-connect with existing regulatory systems and cover all doctors including those who are not college Fellows but use a college CPD program, as well as those who operate independently of the existing system.

Principles of Revalidation

A general principle is that any shift in policy towards a system of revalidation ***must involve all of the specialist medical colleges, working collaboratively*** with the regulator to achieve an agreed outcome.

It must be **incrementally introduced and aimed at assessing competency** rather than acting simply as a performance management tool. The process needs to be practical, outcome focussed and cost effective.

It must be a ***quality improvement tool based on a CPD framework*** to assess and improve competency but with the capacity to identify outliers, containing the following elements:

- Self-directed education;
- Reflection on practice (self/peer);
- Quality /audit;
- Peer/multisource feedback;
- Assessment (self) of competency and,
- Practice accreditation processes.

It must ***build upon existing regulatory systems*** and aim to utilise and link existing data rather than creating a separate, new system.

It must ***reflect standard practice,*** involve practice audits and visits to check for those possibly practising outside of scope, be evidence-based and include clinical audit. A standard set of templates must be developed reflecting the fact that that all Colleges have:

- Standards for training;
- Standards for CPD;
- Loosely mapped college roles to CANMEDS;
- Some kind of reflective learning/practice and,
- Some kind of audit.

The initial focus should be on the 80% or so of doctors where it would be easier to obtain relevant data, i.e. those aligned with college CPD and training programs. It should apply to all non-aligned doctors, recognising they occupy approximately 20% of the system in the form of non VR GP and non- specialist locum agency doctors. A risk stratification should be implemented to identify those doctors where issues of competency were most likely such as solo practitioners, doctors who regularly do not complete CPD requirements and completely non-aligned doctors whose CPD is not checked in any way. Adding to this mix will be an increasing number of medical graduates and reduced availability of streaming into post-graduate training. If doctors are not affiliated with collegial practice they may be unable to meet the requirements for maintaining competency and it may be necessary for mandatory alignment.

Next Steps

CPMC will work with the MBA on the principles identified in order to feed into an action plan which includes relevance to any New Zealand counterparts and a pilot process for revalidation based on these principles.

Attachment A Workshop Attendees

Prof Michael Hollands	CPMC	Chairman
Ms Angela Magarry	CPMC	Chief Executive Officer
Dr Lee Gruner	RACMA	President
Dr Karen Owen	RACMA	Chief Executive
Dr Bernard Street	RACMA	Chair CPD Committee
Dr Genevieve Goulding	ANZCA	President
Ms Linda Sorrell	ANZCA	Chief Executive Officer
A/Prof David Scott	ANZCA	Vice President
Dr Vanessa Beavis	ANZCA	Councillor
Dr Michael Grigg	RACS	President
Mr John Biviano	RACS	Director for Fellowship and Standards
Prof Michael Permezel	RANZCOG	President
Dr Vijay Roach	RANZCOG	Board Member and Chair CPD Committee
Mr James McAdam	RANZCOG	Chief Executive Officer
Ms Val Spark	RANZCOG	CPD Senior Coordinator
A/Prof Stephen Shumack	ACD	President
Mr Tim Wills	ACD	Chief Executive Officer
Ms Lauris Harper	ACD	Education Manager
A/Prof Frank Jones	RACGP	President
Ms Vanessa Guy	RACGP	Deputy Chief Executive
Prof Nicholas Talley	RACP	President
Ms Linda Smith	RACP	Chief Executive Officer
Prof Richard Doherty	RACP	Dean
Prof John Kolbe	RACP	Chair Revalidation W/Group
A/Prof Lucie Walters	ACRRM	President elect
Ms Marita Cowie	ACRRM	Chief Executive Officer
Prof Peter Stewart	RCPA	President
Dr Debra Graves	RCPA	Chief Executive Officer
Dr Wendy Pryor	RCPA	Director, Ed & Accreditation
Dr Anthony Cross	ACEM	President
Ms Alana Killen	ACEM	Chief Executive Officer
Dr Andrew Dean	ACEM	Chair CPD Committee
Prof Bala Venkatesh	CICM	President
Mr Phil Hart	CICM	Chief Executive Officer
Mr Philip Pigou	MCNZ	Chief Executive Officer
Dr Mark Daniell	RANZCO	Vice- President
Dr David Andrews	RANZCO	Chief Executive Officer
Dr Suki Sandhu	RANZCO	Fellow CPD Committee
Ms Theanne Walters	AMC	Deputy Executive Officer
Ms Pamela Taylor	RANZCR	Head of Member Engagement
Dr Margaret Aimer	RANZCP	Chair Education Committee
Dr Choong-Siew Yong	RANZCP	Chair, CME Committee
Ns Elaine Halley	RANZCP	GM, Education & Training
Dr Farhannah Aly	RANZCR	Member PFEC Radiation Oncology
Dr Robin Harle	RANZCR	Chair, CPD Committee