



MIIAA Annual Forum 2014: Some Current Views on Revalidation in Australia

A view from one College

Richard Doherty
Dean RACP

13/2/2014



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Areas to visit: an overview...



- Community perspective
 - Precipitating events
- Performance in context
- CPD today and augmenting for the future
 - Domains, assessment
- Revalidation as a formal concept
 - Key principles
- Complementary initiatives (existing)
- A focus on outcomes and QI vs compliance and detection: “Right Touch Regulation”
- The challenges ahead

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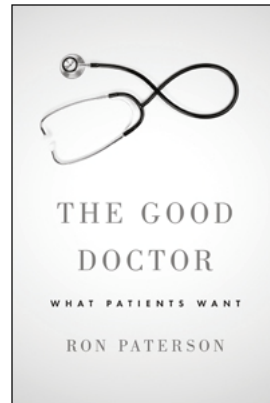
Community perceptions of doctors:



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- Up to date in knowledge
- Current in practice
- Clear documentation that this is so

- What is the real situation?



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Competence and Performance




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- Increased community attention on competence and the professional performance of practitioners
- Major public shift:
 - attention to the maintenance of professional standards and performance
 - professionally led co-regulation (profession and regulators)
- Community assumptions:
 - rigorous processes ensure regular assessment of performance
 - practitioners maintain contemporary skills and knowledge and strive to improve performance

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International events of note: UK




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BBC NEWS
Bristol babies timeline
Three doctors at the centre of the biggest-ever medical disciplinary inquiry were found guilty of serious professional misconduct in June 1996.
Twenty-nine babies and toddlers died after complex heart surgery at Bristol Royal Infirmary.
An independent public inquiry is investigating how the tragedy was able to happen.
This is the sequence of events that led to the public inquiry.
1979: Heart surgeon Mr James Whitheart joins Aston Area Health Authority, later to become the United Bristol Healthcare NHS Trust.
1986: Mr Jamarran Dhaamania is appointed heart surgeon at Bristol Royal Infirmary, one of nine centres in the UK specialising in children's heart surgery.
1988-1995: Mr Dhaamania carries out 28 arterial switch operations - and 30 of the young patients die.
1998: Dr Stephen Baskin, a consultant anaesthetist, joins Bristol Royal Infirmary. He notices that children's heart operations last up to three times as long as in other hospitals, and that youngsters are dying from relatively routine operations.




the guardian
Shipman struck off GMC doctors' register for 'undermining trust'
Shipman trial: special report
Sarah Boseley, Health Correspondent
The Guardian, Saturday 12 February 2009 13:58 AEST
Harold Shipman's name was erased from the medical register yesterday, 10 days after the Hyde GP was found guilty of murdering 15 until, which has been criticised. I had grossly abused the trust in doctors.
rd by the five-member y possible because Shipman's tek delay between the event.
hence they have heard. It is iv murdered 15 of his patients.




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International events of note: North America



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Related Information...

- [Requirements for Maintaining an Internal Medicine Certification with a Focused Practice in Hospital Medicine](#)
- [Medical Professionalism and Medical Ethics at the ABIMFoundation.org](#)

Maintenance of Certification Guide


Maintenance of Certification (MOC) promotes lifelong learning and the enhancement of the clinical judgment and skills essential for high quality patient care. Internists and subspecialists certified in or after 1990 remain certified through ABIM's MOC program. Those certified prior to that date are strongly urged to engage in MOC and maintain their certification. For all diplomates, ABIM will report if they are meeting the requirements of the MOC program.

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International events of note: New Zealand



The screenshot shows the Medical Council of New Zealand website. The main heading is "Recertification & professional development". The page explains that to maintain the right to be issued with a practising certificate, doctors must meet recertification and continual professional development (CPD) requirements. It details the process of demonstrating competence as a condition of holding a Practising Certificate (PC) and mentions that CPD involves peer reviews, audits of medical practice, and continuing medical education. A sidebar on the left lists various categories such as "Applying for a practising certificate", "Supervision", and "Recertification & professional development".

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Competence and Performance are not (necessarily) consistent



The graph plots "Performance" on the vertical axis against "Time" on the horizontal axis. A solid line shows a steady upward trend in performance. A dashed line above it shows a jagged, fluctuating path. Key events are labeled on the dashed line: "Cervical smears", "Hypertension", "Breaking bad news", and "Diabetes". Below the x-axis, a series of vertical arrows of varying heights represent individual performance measurements. Two of these arrows are circled, and their heights correspond to the peaks of the jagged dashed line.

Handfield-Jones et al. 2002

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Performance is contextual



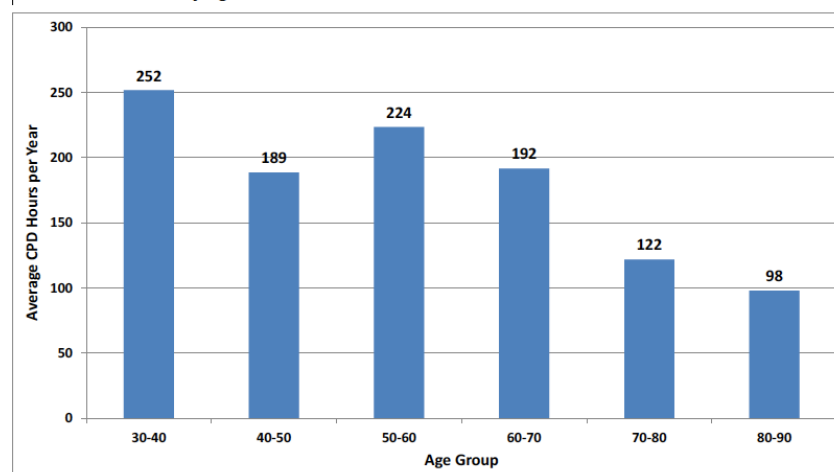
- Practitioners expected to demonstrate ongoing professional performance individually, but....
 - actual performance is affected by setting of practice, e.g.:
 - Prevalence of multi-disciplinary teams in practice
 - Adoption of new models of care
 - Diversity of clinical settings, use of different technologies.

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RACP Fellows report substantial CME/CPD activity



Chart 3: CPD hours by age

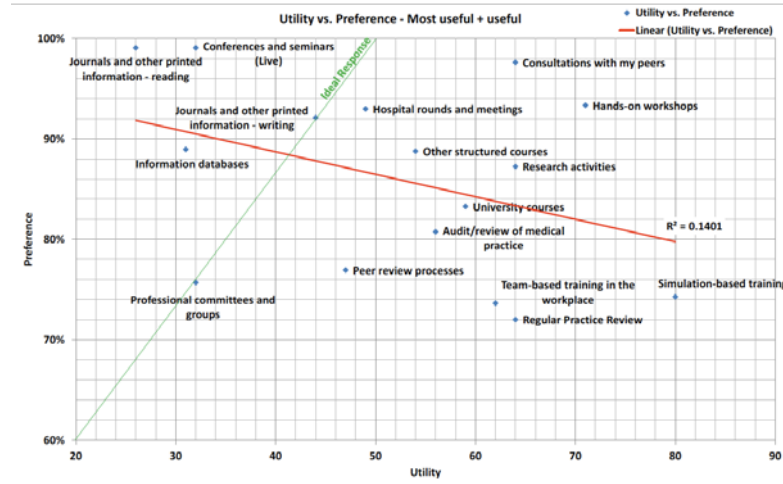


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Activity tends to reflect convenience, accessibility



Chart 8: CPD activities considered 'most useful' and 'useful' by survey respondents compared with utility of CPD activities



It's not just content: alternative dimensions of practice

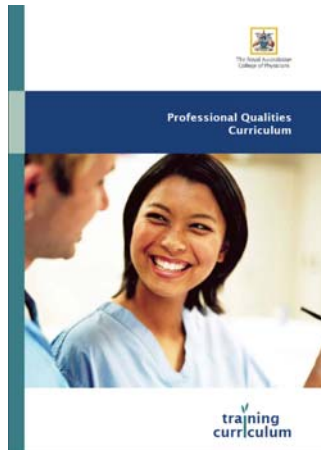


- Can MEDS framework and others recognise importance of domains other than discipline specific knowledge

- Quality and Safety
- Professionalism
- Communication
- Teamwork
- Advocacy
- Education
- Scholarship
- Cultural Competence
-



RACP models: PQC and SPPP



(Note MIIAA role in development of SPPP framework)

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Key challenges in CPD



- How can practitioners be encouraged to focus on things other than discipline content and expertise?
 - Reflection on events, outcomes, domains of professional performance etc
- How can appraisal of own performance become more effective?
- What is the evidence base for effectiveness of CPD (however defined)?
 - Relatively limited
 - Best if practitioner controls content
 - Genuine evidence from RCT's that more CPD with engagement with a formal service is effective (based on formal peer review assessment)

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What does this all mean?



- UK: Regulator (on behalf of the community) determined that profession did not self-regulate effectively
 - Thus required formal evidence that doctors were “fit and competent” to continue working in their nominated scope of practice
 - Long gestation period
 - Late 2012, GMC implemented a formal program of revalidation
- North America: all specialists qualifying after early 90’ s required to recertify
 - Re-sit Board exams (exit level rather than RACP model)
 - Older physicians encouraged to do the same
 - Steady evolution of program since: now other domains included

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UK community and regulators clearly not satisfied: Revalidation introduced in 2012



- Key elements:
 - Continuing professional development (CPD)
 - Quality improvement activity
 - Significant events
 - Feedback from colleagues
 - Feedback from patients
 - Review of complaints and compliments

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What does all this mean for us?



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- March 2013, MBA announced intent to discuss with the profession its plan for introduction of a revalidation program
- Single forum: lots of possibilities
- Since then.....

MEDICAL BOARD OF AUSTRALIA UPDATE

participation from AMFPA's CEO and senior staff. The Australian Medical Association (AMA) is a member of the Professions Reference Group. The group meets quarterly, including two face-to-face meetings each year. During 2012, responsibility for chairing meetings was rotated between professional associations, an arrangement that is expected to continue.

Meetings provide an opportunity for AMFPA to brief the professions about its work and for the professions to ask questions about emerging issues relevant to the regulation of their professions. The group also provides expert advice to AMFPA in developing a range of information for practitioners.

During the year, AMFPA consulted with the Professions Reference Group on the development of the service charter and sought advice on the nature and scope of information it is developing for practitioners about the notification process. In working with the group, AMFPA has also been able to establish a practitioner consultation group, made up of individual practitioners nominated by their professional associations who are willing to provide feedback on proposals and systems arrangements, to inform change and improve services ahead of large-scale implementation.

Starting the revalidation conversation in Australia

Internationally in medicine and medical regulation, there is discussion about revalidation for medical practitioners and how it can support patient safety. The International Association of Medical Regulatory Authorities (IAMRA) defines revalidation as "...the process by which doctors have to regularly show that they are up to date, and fit to practice medicine. This will mean that they are able to keep their licence to practice. Sometimes called "Recertification."

The Board has decided to formally begin this conversation in Australia. It has not yet made any decisions or set a strategic course. It is committed to working with the profession, the community and other stakeholders about its approach, which will be informed through careful analysis of Australian data, regulatory context and international research.

Given that there are already arrangements for accreditation in place, the review process for all of the original 10 National Boards has begun with an assessment of the way each accreditation authority has performed its functions.

The Board invited the AMC to indicate whether they wish to continue performing accreditation functions for the medical profession and the AMC have confirmed that they do. The AMC has provided a comprehensive report to the Board and after reviewing the report, and taking into account the experience with the AMC over the past two years, the Board has formed a preliminary view that the current arrangements for the accreditation function are satisfactory and should continue.

The Board consulted with stakeholders on the Board's preliminary view of the accreditation arrangements. Stakeholder feedback indicates a high level of support for the AMC to continue exercising the accreditation function for the medical profession. The Board will consider the submissions before making a final decision.

The consultation documents are published on the Board's website at www.medicalboard.gov.au under News. Submissions will also be published shortly.

Transparency in the National Scheme

Panel decisions to be published

When investigating a notification, state and territory boards of the Medical Board of Australia may refer a medical practitioner to a health panel hearing, or a performance and professional standards panel hearing, consistent with the National Law.

In the October of December 2013, the Board provided information about panel hearings, how they are conducted, what kinds of matters are referred and what is involved. This information is also published on the website under Notifications. Panel hearings are not open to the public and the name of the practitioner is not published. The Board will publish de-identified summaries of panel

MBA Bulletin, Issue 5, December 2012

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Key principles of revalidation




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- Mechanism for assuring community about standard of performance as physician
- Effectiveness of the program is (currently) an article of faith: what would success look like?
- Practitioner is assessed by someone else
- Ideally:
 - Done in scope of practitioner's practice
 - Done in the context of practice: teams, units etc
 - Emphasises principles of quality improvement vs detection of underperformance only
 - Seen by practitioner as a valuable exercise

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So what can we expect?

Need to consider existing activity:

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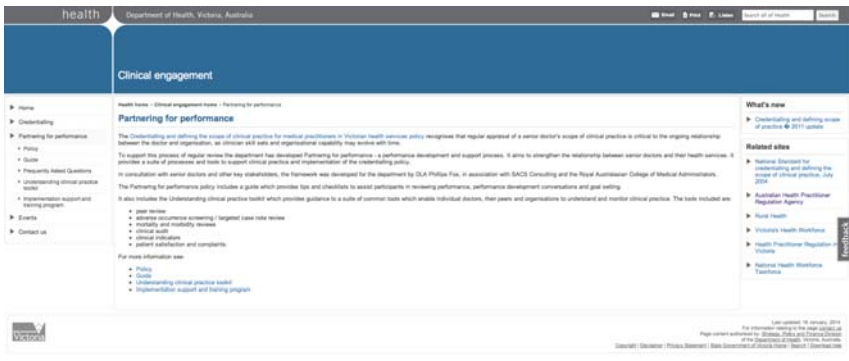
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Victorian Dept of Health Guidelines:

- Partnering for Performance



www.health.vic.gov.au/clinicalengagement/pasp/

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Declarations on renewing registration



- Regular participation in CPD
- Proof of medical indemnity cover
- Proof of recency of practice
- *(Also declaration not involved in criminal activity)*
- Formal standards apply to these: see AHPRA/MBA website: www.medicalboard.gov.au/Registration/Obligations-on-Medical-Practitioners.aspx

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How revalidation works: the process



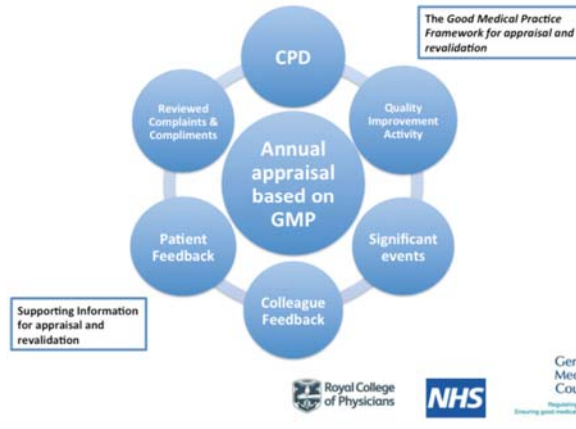
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UK model heavily dependent on NHS structure



Requirements for doctors

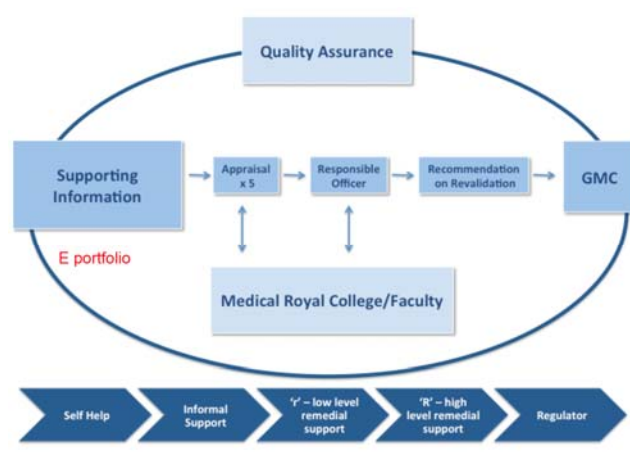


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Despite origins, UK Revalidation has a QI/remedial approach

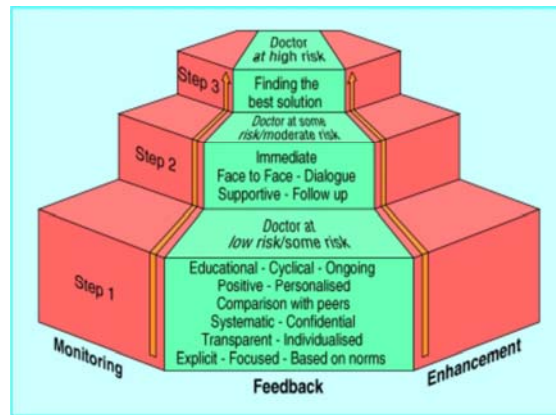


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Risk based approaches: MEPP Model, Alberta



MEPP: Monitoring and Enhancing Physician Performance

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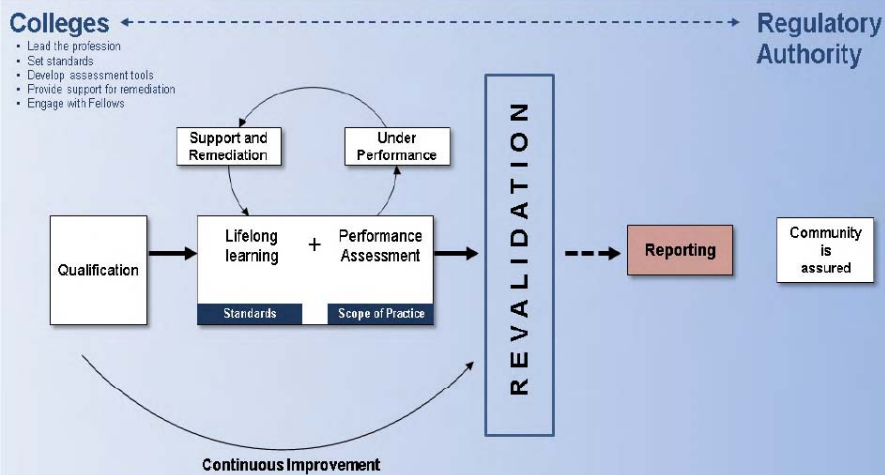


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A conceptual model (RACS, RACP, RCPSC, March 2013)



College Governance: Performance Assurance Process



Challenges for today: defining a role for Colleges



- Moving to a competency-based model for CPD:
 - Implications for the context, content and process of learning.
- Developing milestones for practice:
 - Implications for guiding learning and assessment in practice
- Reviewing the evidence:
 - Changing physician behaviour and improving patient outcomes.
- The role for mandatory assessment within systems of continuing professional development:
 - Making the case!
- Defining the role for feedback in promoting learning and change
- Incentives to encourage participation in CPD



Challenges for today (2, cont' d)



- Design features of CPD:
 - Promoting lifelong learning
 - Addressing regulatory concerns
 - Encouraging participation
 - Demonstrating competence & assuring performance
- Assessment in CPD
 - Is this the elephant in the room?
 - Assessment by self vs assessment by others
 - Designing processes which are acceptable, effective.....
- CPD for career stages
 - What content, what elements, how will things differ by stage?



The role of Colleges: a framework for governance



- Colleges are keen to partner regulators in:
 - Developing processes that focus on continuous improvement of performance
 - **Setting standards**
 - Creating transparent reporting frameworks.
 - **Defining assessment processes and tools**
 - **Providing comprehensive CPD programs which support of life-long learning**
 - career stages,
 - focus on continuous improvement in performance.
- Seeking a shared role with the regulator in developing governance framework
 - **Accepting our role in self-regulation of the profession**
 - Taking responsibility for management of poorly performing practitioners
 - includes development/provision of remediation processes.
 - **Seeking a role in development of reporting frameworks**