



## Revalidation – what might be relevant in Australia?

Dr Joanna Flynn AM  
Chair, Medical Board of Australia

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### Revalidation

Revalidation/Recertification/Maintenance of Licensure

*“the process by which doctors have to regularly show that they are up to date and fit to practise medicine”*

Aim

*To give patients the assurance they seek that any doctor is competent and fit to practice, yet do so in a way that does not undermine trust and professionalism*

IAMRA

International Association of Medical Regulatory Authorities



## If Revalidation is the answer, what is the question?

- To address or prevent problems?
  - in competence/performance of individuals
  - in trust and confidence in the profession
  - in trust in the regulatory standards and processes
- Identifying “bruised apples”?
- Assuring the public that all apples are good?



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## UK White Paper 2007 “Trust, Assurance and Safety”

1. Emphasises Trust
2. Safety and quality of care that patients receive
3. Sustain the confidence of the public and professions through demonstrable impartiality
4. Sustaining, improving and assuring standards of the majority as well as about action on poor practice and behaviour
5. Not burdensome - proportionate to risks and benefits



## Mechanisms already in place in Australia

Registration standards established by MBA

- CPD programs – frameworks set by specialist colleges
- Recency of practice – restricts change of scope and sets requirements for re-entry

Investigation of notifications including mandatory

Monitoring impaired practitioners

Annual declarations and requirements to inform re restriction of practice or billing rights



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## Other - clinical governance processes

- Health service accreditation
- Credentialing
- Performance appraisal
- Risk management
- Audit
- Performance data
- Quality assurance



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## Key questions

- Interface between professional regulation and health system regulation and clinical governance
- Diagnostic or developmental or both?
- For everyone or for high risk groups? Or screening for everyone and greater depth for those picked up on initial screen?
- Point in time, cyclical or continuous evaluation?
- Formative or summative?
- Focus on testing or focus on learning and demonstrating mastery?



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## Possible tools

- Multi-source feedback – patients, co-workers, colleagues
- Practice visits by peers
- Review of practice data
- Audit
- Self assessment of knowledge
- Formal testing of knowledge



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## Some answers

- Focus on patient safety
- Encourage self-reflective practice and improve performance of everyone over time
- Ensure minimum standards are met by all
- The practice of medicine is complex and diverse – can't be reduced to discrete, measurable outcomes – need variety of tools
- Aim to enhance rather than undermine professionalism



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## Tests for any new process/requirement

- Intrinsic worth
  - you would gain something doing it
- Face validity
  - relevant to your practice
- Available and accessible
  - whatever your field of practice and geographic location
- Not burdensome
  - in time, dollar or opportunity cost



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## The Professional Responsibilities of Medicine

*All doctors must accept **seek trust and deserve it** as  
their moral law*

*Patients and society rely on medicine to be trustworthy*

*Patients do trust because a history of doctors acting  
for their patients' good has made medicine  
trustworthy*

Rosamond Rhodes

The Blackwell Guide to Medical Ethics 2007

