



Consumers Health  
Forum OF Australia

SUBMISSION TO THE MEDICAL BOARD OF AUSTRALIA

# REVALIDATION OF MEDICAL PRACTITIONERS

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*Revalidation of Medical Practitioners*  
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**P:** 02 6273 5444

**E:** [info@chf.org.au](mailto:info@chf.org.au)

[twitter.com/CHFofAustralia](https://twitter.com/CHFofAustralia)

[facebook.com/CHFofAustralia](https://facebook.com/CHFofAustralia)

**Office Address**

7B/17 Napier Close,  
Deakin ACT 2600

**Postal Address**

PO Box 73  
Deakin West ACT 2600

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## Overview

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The Consumers Health Forum of Australia (CHF) is the national peak body representing the interests of Australian healthcare consumers and those with an interest in health consumer affairs. CHF works to achieve safe, quality, timely healthcare for all Australians, supported by accessible health information and systems.

CHF welcomes the opportunity to respond to the *Options for Revalidation in Australia* Discussion Paper, released by the Medical Board of Australia in August 2016.

## The need for revalidation

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CHF strongly supports in-principle the need for the introduction of revalidation of medical practitioners, and its fundamental purpose of ensuring public safety in healthcare. Australian consumers must be able to have complete faith in the safety and quality of healthcare services. This is a zero tolerance requirement for consumers, as unsafe care is obviously completely unacceptable.

CHF also strongly supports the need for improved systems in order to minimise the need for consumers to make complaints about healthcare matters, whether to their doctor or to the Australian Health Practitioner Regulation Agency (AHPRA). As indicated in the Discussion Paper, “prevention is better than cure”, and it is clearly preferable for all parties to identify and address possible concerns with medical care earlier rather than later and, ideally, for those concerns to be addressed in a continuous quality improvement rather than punitive framework.

In addition, many patients find complaint processes daunting. Some patients will not feel confident enough to make a complaint no matter how strong their cases, and some will be discouraged given risks to their ongoing care or limited options to access an alternative medical practitioner. Complaint processes are necessary as a last resort, but other processes including revalidation and primary health care standards which are in development are required as components of a nationally consistent and comprehensive safety and quality system. These other processes also need to be strong and reliable in order to minimise or avoid situations progressing to a complaint.

CHF is aware that some medical practitioners are not convinced about the need for revalidation. The Discussion Paper indicates that following this consultation process, a final report will be submitted including recommendations for change, including proposal/s for pilots of various key processes. CHF urges the Medical Board of Australia to continue to promote and explain the need for revalidation with medical practitioners, and supports the use of pilots of key aspects of revalidation as part of its introduction.

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## Issues

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The Medical Board of Australia's Discussion Paper proposes a two-part approach to revalidation:

- Maintaining and enhancing the performance of all medical practitioners through effective and strengthened continuing professional development (CPD); and
- Proactively identifying medical practitioners who are either performing poorly or are at risk of performing poorly, assessing their performance and, if necessary, supporting their remediation.

## Strengthening CPD

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The Medical Board of Australia's Expert Advisory Group (EAG) recommends in the Discussion Paper that "strengthened CPD, developed in consultation with the profession and the community, be a central focus of revalidation in Australia." CHF welcomes this recognition of the need to consult with the community, and not only the profession, in developing a stronger system of CPD in Australia.

However, CHF is disappointed that the EAG's proposed guiding principles for all CPD in Australia do not refer to the principle of patient-centred care and learning from consumer experiences.

CHF's recent survey of health workforce organisations found that while these organisations recognise the importance of patient-centred care, they acknowledge that they do not have adequate resources and support to promote consumer-focused services. The survey found that more than 90 per cent of the workforce organisations which responded agreed that patient-centred healthcare benefits patients and the health system through better outcomes. However, there appears to be a gap between good intentions and reality. CHF would expect that professional organisations would be working to put in place policies, plans, standards, codes and CPD that embed the axiom of patient-centred care.

CHF considers that de-identified stories of patient experiences should be central to, and integrated with, CPD for medical practitioners, and that CPD must build an environment where medical practitioners want to hear patient feedback about the care they provide.

The EAG also proposes that medical practitioners should participate in three core types of CPD – undertaking educational activities, reviewing performance, and measuring outcomes. CHF supports this proposed model, and notes that the examples of reviewing performance include "multi-source feedback from peers, medical colleagues, co-workers, patients, (and) other health practitioners". However, CHF believes that patient feedback should be a standalone and mandatory component of CPD for medical practitioners, and not at risk of being overlooked due to feedback from other groups.

# At risk and poorly performing medical practitioners

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The EAG argues in the Discussion Paper that “a better safety net is needed to identify and assist doctors at risk of or demonstrating performance that does not meet accepted standards” and that “improved remediation processes with clear accountabilities are also needed”.

CHF supports the development of indicators, and combinations of indicators, to identify “at risk” medical practitioners, and then the development of appropriate support and remediation processes for these medical practitioners. It would appear, however, that the development of these indicators, based on the best available evidence, is challenging and not a simple task.

The EAG reports that the Australian and international research indicates that the strongest risk factors are:

- Age (from 35 years, increasing into middle and older age);
- Male gender;
- Number of prior complaints;
- Time since last prior complaint.

The latter two risk factors above are not surprising. Ideally, more precise risk factors such as these are required, rather than broad indicators such as age and gender, as well as a more sophisticated understanding of the most relevant combinations of risk factors.

It is unclear how non-compliance with CPD requirements fits into the proposed revalidation model. CHF understands that currently up to ten per cent of medical practitioners fail to comply with CPD requirements, but is unaware of any published reports on this issue. While “low levels of high quality CPD activities” is listed in the Discussion Paper as a risk factor found in certain studies to indicate poor performance, non-compliance with CPD is not discussed.

Conceptually, there appears to be a significant gap between the two proposed parts of revalidation. CHF suggests that a focus on CPD non-compliance may be an appropriate link between strengthening CPD, and identifying and assisting at risk and poorly performing medical practitioners. In addition, CHF notes that currently there appears to be little transparency around CPD non-compliance, and clearer and consistent consequences for such non-compliance would be appropriate.

In relation to the proposed tiered approach to the assessment of identified individuals to determine if, and then how, they actually pose a risk to public safety, CHF welcomes the inclusion of patient input as part of a multi-source feedback approach in tier 1, but suggests that it should also be included in tiers 2 and 3. Peer review alone in tiers 2 and 3 is unlikely to be sufficiently comprehensive.

The EAG's interim report indicates that international research reports that about six per cent of medical practitioners are poorly performing at any one time. If this proportion also applies in Australia, more than 6,000 currently practising medical practitioners in Australia are poorly performing, as well as an additional number of medical practitioners at risk of such poor performance. CHF notes that this is a worrying and unacceptable level of potential or actual unsafe medical practice in Australia, and that it confirms the rationale for the introduction of revalidation.

## Conclusion

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In conclusion, CHF:

- Supports the need for revalidation of medical practitioners in Australia, and its careful introduction including the use of pilots;
- Urges the Medical Board of Australia to continue to promote and explain the need for revalidation with medical practitioners;
- Believes the guiding principles for all CPD in Australia should include the principle of patient-centred care, and that de-identified stories of patient experiences should be central to, and integrated with, CPD for medical practitioners;
- Believes that patient feedback should be a standalone and mandatory aspect of the 'reviewing performance' type of CPD;
- Suggests that indicators, and combinations of indicators, developed to identify at risk and poorly performing medical practitioners should be as precise as the available evidence will allow;
- Suggests that CPD non-compliance should be considered as part of the proposed revalidation framework;
- Believes that patient input should be included in all tiers of the proposed approach to the assessment of medical practitioners who may be performing poorly.