MBA – the current approach

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Professional regulation currently

- National Law provides that Medical Board and each of the other national boards set registration standards for CPD and Recency of Practice for their professions.
- Recency of practice – restricts changes of scope and sets requirements for re-entry.
- Registration standards must be finally approved by the Council of Health Ministers.
MBA CPD Registration Standard

• Defines CPD - “means by which members of the profession maintain, improve and broaden knowledge, expertise and competence and develop the personal qualities required in their professional lives”

• Requires range of activities to meet individual learning needs including practice-based reflective elements e.g. audit, peer review or performance appraisal as well as activities to enhance knowledge

• CPD standard based on requirements set by specialist colleges for specialists, by Medical Board for others. Specialist colleges accredited by AMC
What else does MBA have in place?

- Annual declarations on renewal of registration
  - re compliance with CPD and recency standards
  - re any investigation or restriction of practice
  - re criminal history
- Mandatory notifications if substantially below standard or impaired
- System based on annual renewal of registration, not on licensing or annual practicing certificate
- Random audit of compliance with CPD and other registration standards
Clinical governance in Australia

• Health service or practice accreditation
• Credentialing
• Performance appraisal
• Risk management
• Audit
• Performance data
• Quality assurance

*But not all doctors are included in these processes*
Is this enough or should we move towards Revalidation in Australia?

MBA “started a conversation” March 2013

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”

IAMRA

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
What questions are we trying to answer?

- Can/does College CPD ensure competence and professionalism?
- Would Revalidation address or prevent problems?
  - in competence/performance of individuals
  - in trust and confidence in the profession
  - in trust in the regulatory standards and processes
- What value would Revalidation add and would that justify the cost in time, effort, opportunity?
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?
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

Given bi-national Colleges, important that Australia and NZ work together
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, contextual and diverse – mostly can’t be reduced to discrete, measurable outcomes – need variety of tools
• Aim to enhance rather than undermine professionalism
Feedback to the doctor - now

• From MBA/AHPRA
  – When a notification is received (~4% of registrants)
  – When selected for audit
  – When response to the audit is not satisfactory

• From others – formal and informal
  – Colleagues and co-workers
  – Employers
  – Patients, directly or indirectly
  – Through CPD
Next steps

Actions MBA currently considering/costing

– Establish working party to assist
– Commission social research re community expectations and views of the profession
– Commission paper for discussion
  • Review evidence
  • Describe possible models
  • Suggest range of options
– Piloting and evaluating possible tools

Continue to stimulate the conversation