Revalidation – where are we up to?

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Chair Expert Advisory Group Revalidation
RACP Congress 2017

Background

- Expert Advisory Group (EAG): Jan 2016
- EAG role:
  - consider contemporary international research/practice
  - provide ***Interim Report*** on options for revalidation in Australian context for consultation
  - Provide ***Final Report*** Mid 2017

Expert Advisory Group

- Independent members
- No prior assumptions
- Serving the (unique) Australian environment
- Providing a clear definition of
  - the purpose
  - the conceptual basis of revalidation
  - the evidence, and
  - consequent opportunities for Australia

Interim report for consultation

- Add value - provide a thoughtful and intelligence-led basis for thinking about future models
- Articulate discussion points for inclusive stakeholder consultation
- Develop “return on investment” thinking

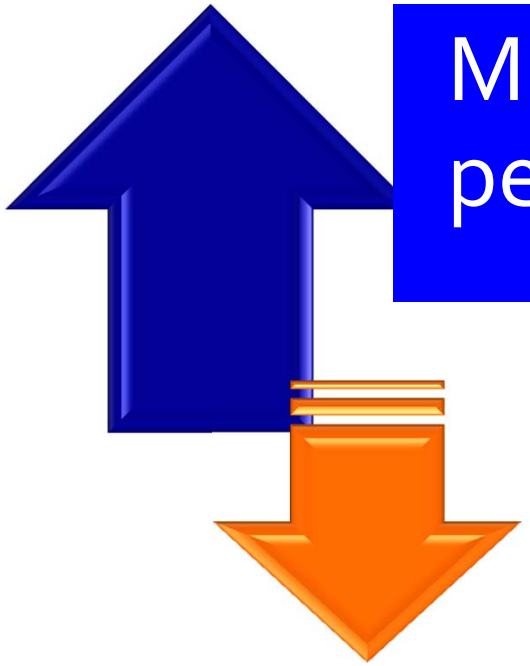
Consultation highlights

- Consultation **August to November 2016**
  - Colleges, CPMC, Medical Deans, AMA and others
  - State and territory Stakeholder forums >**400 stakeholders**
- >**1000 individual doctors** -online discussion forum and (+ consumers) online survey
- **116 written submissions**

Consultative Committee

- CPMC
- AIDA
- Australian Medical Council
- Australian Medical Association
- Medical Deans Australia and New Zealand
- Health Workforce Principal Committee of the Australian Health Ministers' Advisory Committee
- AHPRA
- Medical Council of New South Wales
- Health complaints entities
- Pre-vocational training organisations
- Professional indemnity insurers
- Community representatives

Dual aims of revalidation



Maintain & enhance performance

Prevent harm

Reduce risk

A conversation

But how do we achieve a competent workforce?

"It can happen only if the individuals in the workforce keep learning. …the assurance of lifelong learning is the prime aim for which a regulator should strive. So the issue here is to develop …strategies that help learning."

Southgate & van der Vleuten P. 14

A conversation

How do we guarantee public safety?

The next purpose for the regulator is to guarantee patient safety by safeguarding the public from poorly performing individuals in the workforce.

"These two purposes should be separated, even firewalled, and treated differently in developing a …strategy."

Southgate & van der Vleuten p. 14

Intelligence-led and risk-based

What supports our dual propositions?

- Significant high-level evidence about what works in CPD
- Insights are emerging about performance risk factors and supports

Underlying principles

smarter not harder

Strengthened and reshaped CPD should increase effectiveness but not require more overall time

Underlying principles

integrated

All recommended approaches should:

- integrate with – and draw on – existing systems where possible and **avoid duplication of effort**.
- focus on **outcomes** not inputs

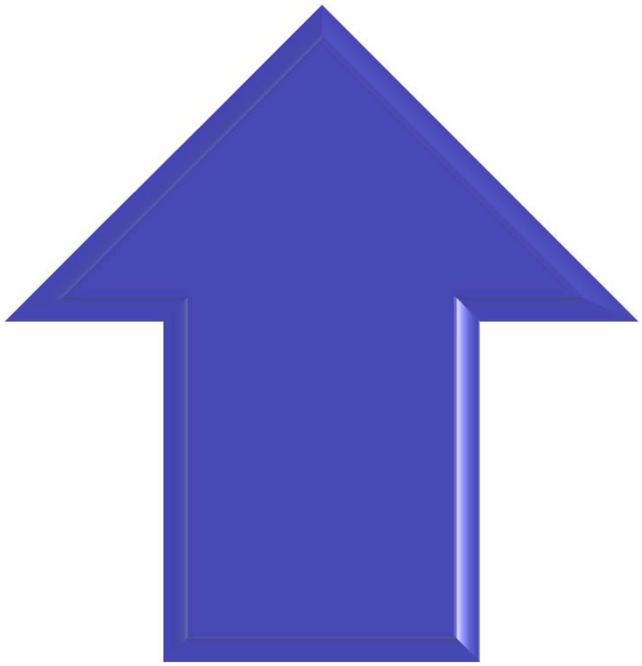
Underlying principles

relevant, practical and proportionate

All recommended approaches should be

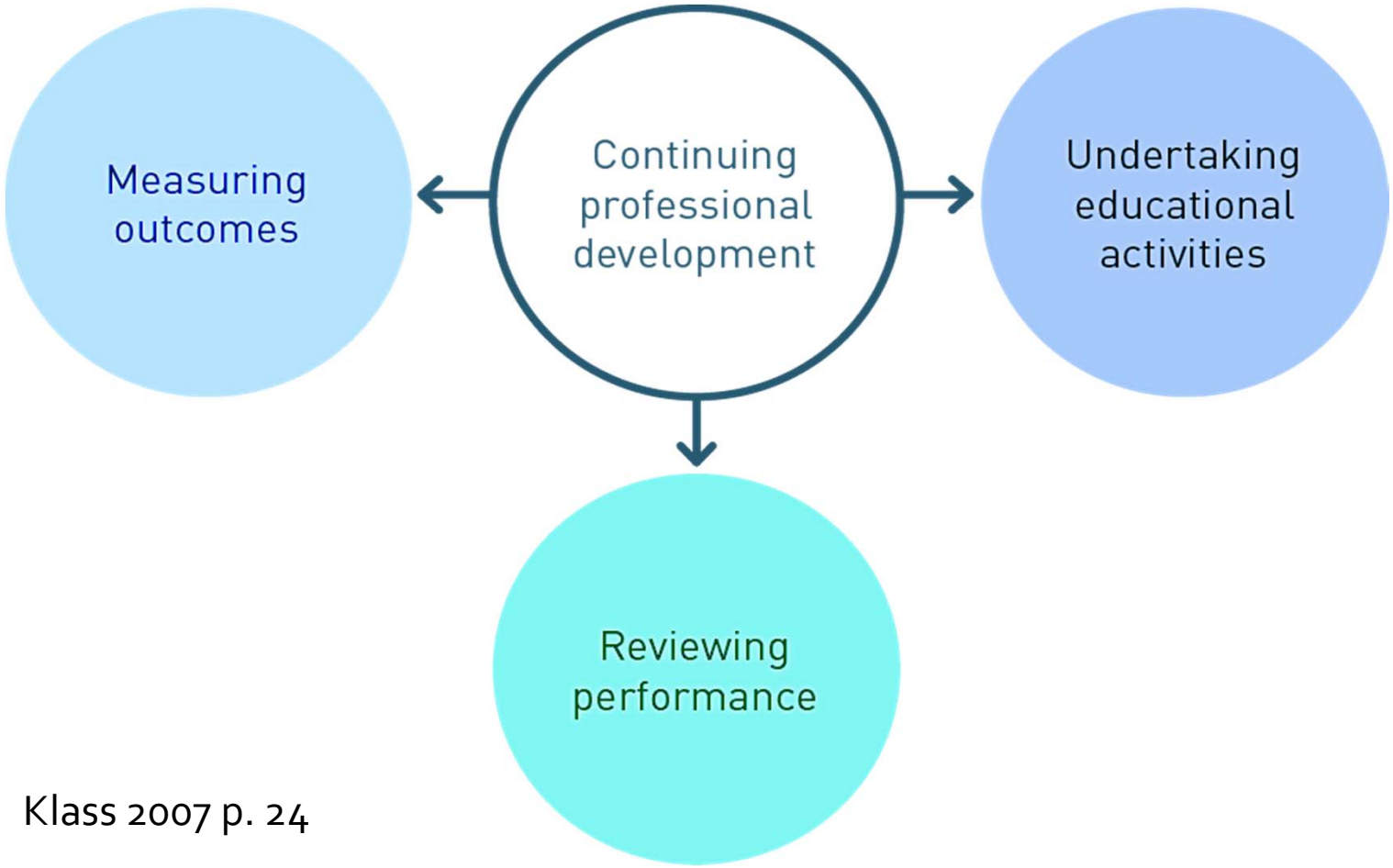
- relevant to the Australian healthcare environment
- feasible and practical to implement for doctors and Colleges
- proportionate to public risk

Strengthened CPD

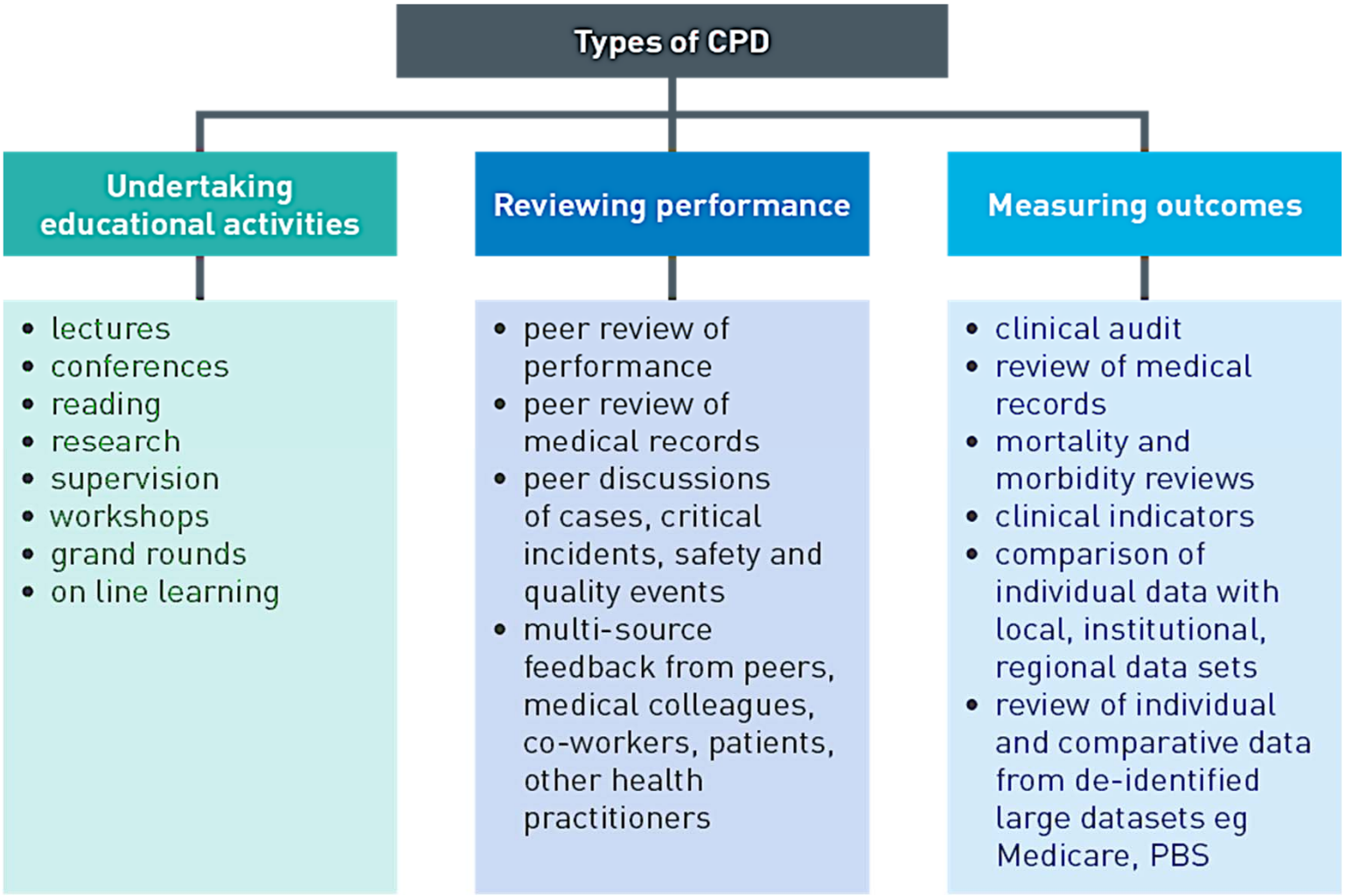


Evidence-based approaches to CPD best drive practice improvement and better patient healthcare outcomes

Strengthened CPD in consultation with the profession and the community, is our core approach to maintaining and enhancing performance



Klass 2007 p. 24


Types of CPD
Undertaking educational activities
lectures
conferences
reading
research
supervision
workshops
grand rounds
on line learning
Reviewing performance
peer review of performance
peer review of medical records
peer discussions of cases, critical incidents, safety and quality events
multi-source feedback from peers, medical colleagues, co-workers, patients, other health practitioners
Measuring outcomes
clinical audit
review of medical records
mortality and morbidity reviews
clinical indicators
comparison of individual data with local, institutional, regional data sets
review of individual and comparative data from de-identified large datasets eg Medicare, PBS

Prevention of harm

A **small percentage** of doctors are not performing to expected standards

- Mandate to the profession:
  - Deepen understanding of factors associated with risk to performance
  - Improve understanding of supports
  - Continue to strive to improve patient safety

Understanding risk better: where can we look?

Known risk factors

- From regulatory data
- From complaints data
- From malpractice data
- From hospital outcomes data etc

Understanding risk better: what do we know?

Some known risk factors

- Older age
- Number of prior complaints
- Time since last complaint
- Isolated practice
- Specialty
- Male >Female

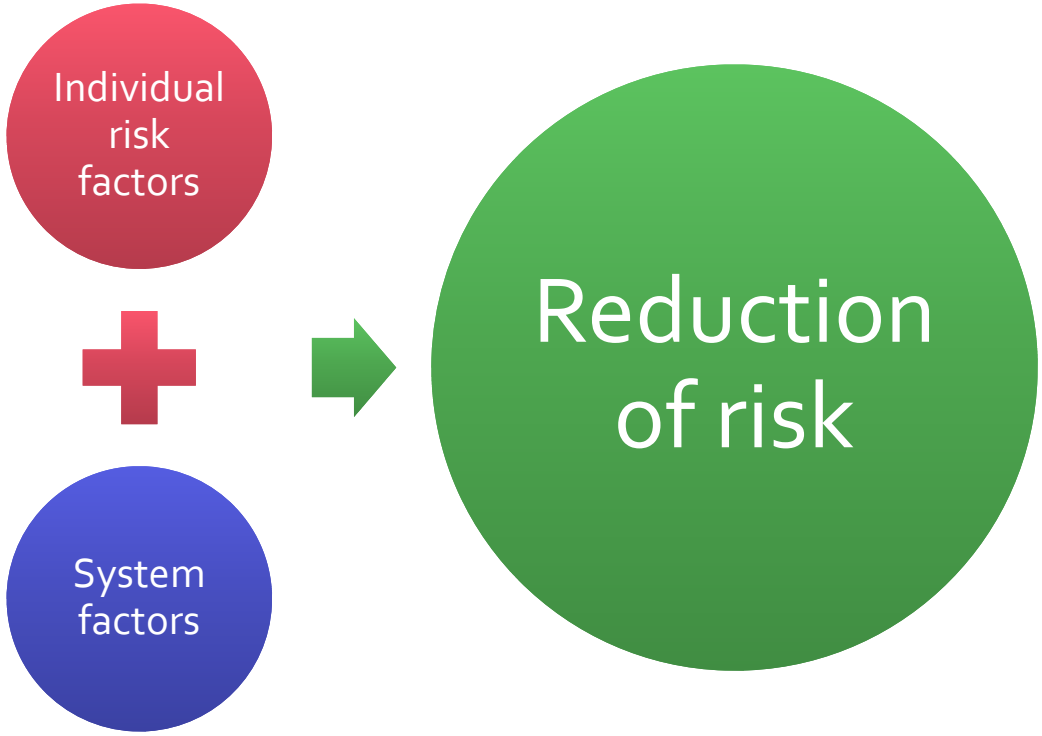

"Clearly, some doctors *are* complaint prone. The case for early and effective intervention to prevent an escalation of problems is starkly evident."
-Ron Paterson, BMJ Q&S

Understanding supports better

Some known supports:

1. High quality CPD
2. Group/team practice
3. Volume
4. Organisational supports/scope
5. Early peer intervention (Vanderbilt)

…different avenues for thinking



Where to start?

POSSIBLE RISKS

- Older age (70 and beyond)
- Multiple complaints

UPSTREAM SUPPORTS

- Early identification and action

looking at risk

"Structural versatility"

- Investigate range of tools available
- Understand types of risk that pose special challenges to patient safety
- Improve action *where needed*

System design

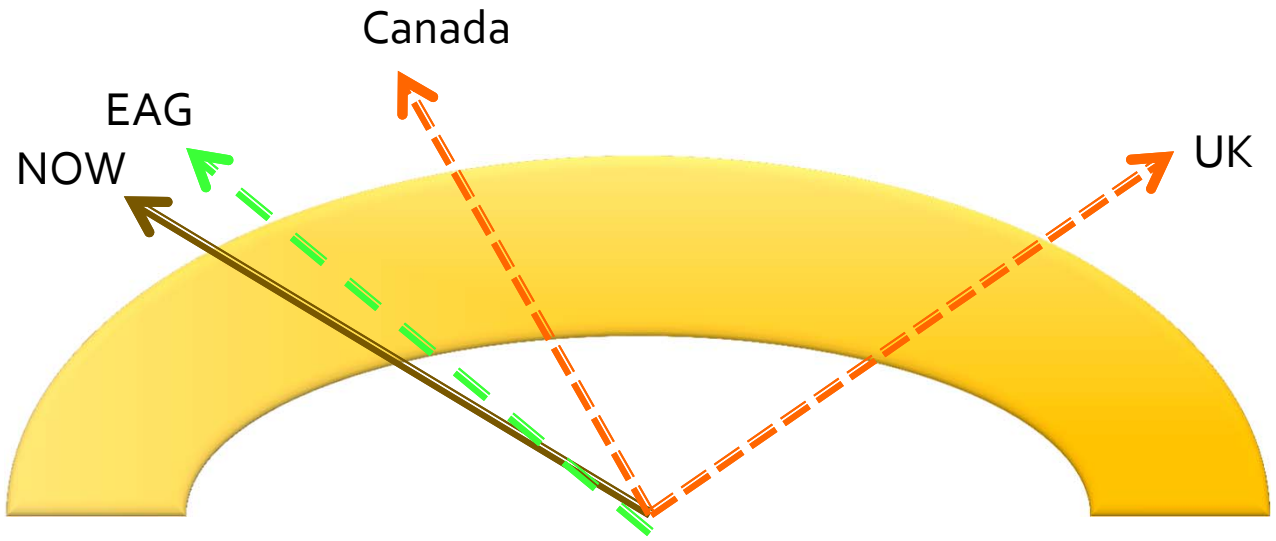
A better safety net: effective and proactive interventions

Early ID of performance issues requires equal focus on information sharing and educational strategies

A better safety net: effective and proactive interventions

System design

- How can we support doctors to rapidly improve performance if required?
- Who is or could be responsible for action at various levels?
- What does action look like?



High self regulation

High external regulation

References

- All page numbers for references are as found in the Interim Report except for the following:
- Dickson N 2015 |JOURNAL of MEDICAL REGULATION VOL 101, NO 3 p. 10
- Sparrow M. 2014| The Art of Harm-Reduction — Lessons From The World Of Regulatory Practice. IAMRA Conference 2014. Harvard University (USA): 2014.
- Chaudhry HJ, Gifford JD, Hengerer AS. Ensuring Competency and Professionalism Through State Medical Licensing. *JAMA*. 313 (18): 1791-2. May 12, 2015.
- Thanks to Marie Bismark for 2 slides as presented at IAMRA 2016