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## Consultation on revised CPD registration standard

Avant welcomes the opportunity to provide input into the Medical Board of Australia's consultation on the revised CPD registration standard for medical practitioners.

Avant is Australia's largest medical defence organisation, providing professional indemnity insurance and legal advice and assistance to more than 76,500 healthcare practitioners and students around Australia.

Avant believes that the majority of doctors are competent, perform well and provide safe and effective healthcare. Lifelong learning, the maintenance of high standards of practice and continuous improvement are key aspects of medical professionalism. We support registration standards which seek to encourage the continuous improvement of the performance of the whole medical profession.

### General comments

**Privileged information** – If the Medical Board prescribes a minimum amount of 'reviewing performance' and 'measuring outcomes' as part of a doctor's CPD registration standard, there needs to be safeguards in place to protect doctors. Avant is concerned that reflective statements could be used unfairly against doctors in proceedings if formal safeguards are not established.

We believe that doctors who are open, transparent and honest, with themselves and their patients, are more likely to learn and improve from adverse events. We are supportive of doctors reflecting upon and reviewing their performance and believe it is an important aspect of professionalism. It is also key to improving patient safety. However, if the furore surrounding the suggestion that this sort of reflection was used against Dr Bawa-Garba is any indication, doctors need to be assured that these sorts of statements will be privileged.<sup>1</sup>

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<sup>1</sup> Haysom G., The case of Dr Bawa-Garba: repercussions for Aussie doctors. Australian Doctor. 13 February 2018. Available at: <https://www.ausdoc.com.au/news/case-dr-bawa-garba-repercussions-aussie-doctors> (accessed February 2020).

Any self-evaluation and reflection needs to remain protected, without the prospect of being discovered in legal proceedings. This is to prevent the doctor from incriminating themselves. Qualified privilege is afforded to a number of quality assurance committees and programs, which are also aimed at improving patient safety. We believe that there needs to be a mechanism for doctors and/or CPD Homes to apply for qualified privilege over CPD activities and materials. Such mechanisms would give doctors confidence that they can be honest and frank in their reflections without fear of incrimination and punishment.

**Evidence of activities** – In our experience assisting doctors to prepare for an audit of CPD activities, there is a level of uncertainty about what documents would satisfy CPD requirements. There needs to be explicit guidance regarding what evidence or documentation will satisfy the Medical Board or CPD Home that an activity has been completed. The current revised Guidelines do not offer this. For example, to satisfy the requirement for ‘reviewing performance’, does a doctor who has a daily performance review meeting with their supervisor need to have minutes of that meeting or simply an account that it happened? This guidance will allow doctors and CPD Homes to effectively and efficiently comply with the registration standard.

Doctors will also require assurances that the evidence will be used for registration purposes only, and the substance of the documents (for example, the incidents reflected upon or the outcomes which were measured) will not be used by the Medical Board to initiate disciplinary or other legal investigations once it is submitted or audited.

**Confidentiality and privacy of information** – Doctors need assurances that the evidence and other information used in CPD activities (particularly ‘reviewing performance’ and ‘measuring outcomes’) will be kept confidentially by the Medical Board and CPD Homes. Reviewing performance and measuring outcomes activities will likely contain information about patients. Doctors need to know exactly what documentation is required, who will have access and how it will be stored. This will help ensure they uphold their privacy obligations to their patients while preparing this evidence. Explicit guidance on what evidence is required (discussed above) will assist with this.

**Flexibility in approach** – Avant supports the Medical Board’s intention to create a CPD registration standard which is consistent amongst doctors. However, we have heard concerns from some of our members, particularly General Practitioners, that the additional time to complete the ‘reviewing performance’ and ‘measuring outcomes’ activities, for which they will not be compensated, is a significant burden. This contradicts the Medical Board’s intention to create a standard that has a minor impact on doctors and businesses.

Avant believes that the standard should be applied across the profession with sufficient flexibility to account for the different environments doctors work and their varying levels of access to 'opportunities' to complete the CPD activities. For example, a doctor working in a hospital may have a greater opportunity to integrate 'reviewing performance' and 'measuring outcomes' activities into their daily work compared with a solo General Practitioner working in rural Australia.

The Medical Board could consider giving practitioners the option to complete the 'reviewing performance' and 'measuring outcomes' components over three years, instead of one year (37.5 hours over three years). This would give practitioners the option to engage in a more in-depth analysis if they believed that it would more effectively improve their practise. It would also allow them to complete the activities at a time that did not impact their patients.

**Defining CPD activities** – Some of our members commented that the three types of prescribed CPD activities are not sufficiently defined in the standard. The examples of activities in Part B are welcomed but it would be helpful to have these as part of the standard This would help give doctors and CPD Homes certainty about what activities are acceptable for this registration standard. It is also not clear whether other activities outside these are permissible, and further clarity on this would be useful.

Please contact me on the details below if you require any further information or clarification of the matters raised in this letter.

Yours sincerely,



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