

## Terms of reference

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### Revalidation Expert Advisory Group

#### Context

The Board is committed to developing a process that supports medical practitioners to maintain and enhance their professional skills and knowledge and to remain fit to practise medicine. This process is known as 'revalidation'.

#### Purpose of the Expert Advisory Group

The Board has established the Expert Advisory Group to provide it with technical expert advice on revalidation. In particular, the Expert Advisory Group will develop one or more models for revalidation in Australia and will provide advice to the Board on how to pilot the models so that they can be evaluated for effectiveness, feasibility and acceptability.

#### Terms of reference

The Expert Advisory Group will:

1. develop one or more detailed models of revalidation for the Board to consider. The Board will decide whether to pilot one or more models of revalidation. In developing the models, the Expert Advisory Group will:
  - a. take into consideration the report by CAMERA and any other readily available evidence regarding revalidation but will not reproduce the work done by CAMERA or critique the report
  - b. provide advice about a model or models such as:
    - whether there should be a 'one size fits all' approach or whether there should be a targeted approach (e.g. targeting at risk practitioners).
    - whether there should be different approaches to revalidation requirements for different groups of medical practitioners. For example, the Board's registration standard for CPD requires different groups of practitioners to meet different requirements, depending upon their employment position (eg trainees) and their registration status (general or specialist registration).
    - whether the Board should be relying on existing structures and processes for revalidation and if so, what changes are necessary to make them fit for revalidation purposes.
  - c. include a high level assessment of the proposed model(s) against the [COAG Principles for Best Practice Regulation](#)
2. provide advice to the Board and AHPRA about how to set up pilots of revalidation model(s) so that their effectiveness, feasibility and acceptability can be evaluated

3. at all stages of this project, consider relevant feedback from the Board and Consultative Committee and any other consultations regarding revalidation
4. provide expert advice to the Board about any other issues related to revalidation and its implementation.

## Membership

Up to eight members who are appointed by the Board for 24 months or the duration of this work (whichever is sooner) including:

**Chair** Professor Liz Farmer

**Members** A member with experience in medical regulation  
A member with expertise in performance management – non medical practitioner  
One or more members with expertise in assessment of medical practitioners  
One or more members with expertise in medical education  
A member with expertise in safety and quality

## Staffing to support the Expert Advisory Group

AHPRA will provide secretariat and policy support to the Expert Advisory Group through the Strategy and Policy Directorate.

## Meetings and procedures

### Frequency of meetings

The Expert Advisory Group will meet at least every two months but it is anticipated that more frequent meetings will be necessary initially.

Meetings can be:

- face-to-face
- via videoconference
- via teleconference

### Procedures for meetings

The Chair will preside at the meetings of the Expert Advisory Group. In the absence of the Chair at any meeting, a member elected by the members of the group who are present will preside at the meeting.

As members have been appointed as individuals, they cannot nominate an alternative attendee if they cannot attend a meeting.

AHPRA will provide materials to members at least five days prior to day of the meeting. Materials will be provided electronically, either via email or via access to a secure portal.

A report of the meeting will be drafted and circulated to members.

## Payment and expenses

Attendance, travel, accommodation and other relevant expenses will be paid at the same rate as Board members and according to the Board members' manual.

As it is likely that the Chair will do additional work between meetings, the Chair will be paid an equivalent hourly rate for this work. This includes payment to attend meetings of the Consultative Committee.

## Reporting

The Expert Advisory Group will provide three-monthly progress reports to the Board – one for the Board and one for the Board to circulate and if necessary, seek feedback from the Consultative Committee.

Models for revalidation and advice on how to pilot the models will be delivered to the Board within 9 months of the first meeting. The Expert Advisory Group can seek an extension from the Board if it is not possible to meet this deadline.

## Other matters

In developing models for revalidation, the Expert Advisory Group will take into consideration the objectives and guiding principles on the National Registration and Accreditation Scheme.

Schedule 4, Clause 7 of the National Law states that:

- (1) A member of a National Board is to act impartially and in the public interest in the exercise of the member's functions as a member.
- (2) Accordingly, a member of a National Board is to put the public interest before the interests of particular health practitioners or any entity that represents health practitioners.

The National Board expects that members of the Expert Advisory Group will act in accordance with the principles in Schedule 4, Clause 7 of the National Law.

## Possibility of ongoing involvement

The role of the Expert Advisory Group as defined in these terms of reference finishes once the Group submits the proposed models to the Board. However, there may be an ongoing role for the Expert Advisory Group as the work on revalidation continues, including providing advice on the evaluation of pilots.

The Board will update the terms of reference and membership and will make the necessary appointments when there ongoing need for expert advice becomes more clear.