

Public consultation

13 November 2019

Draft revised *Registration standard: Continuing professional development*

Summary

The Medical Board of Australia is consulting on its proposed revised *CPD Registration standard* that builds on existing arrangements and strengthens CPD requirements for medical practitioners. It is also consulting on related matters including CPD homes and high-level requirements for CPD programs.

We are not proposing fundamentally new processes through this revised standard. Rather, our goal is to extract more value from existing CPD programs and encourage development and innovation.

The proposed standard is evidence-informed and requires practitioners to undertake a range of activities that have been shown to improve performance. These include educational activities, reviewing performance and measuring outcomes.

The proposed draft CPD registration standard applies to all medical practitioners except:

- students
- interns
- those holding non-practising registration
- those holding short-term limited registration
- those granted an exemption.

Under the proposed CPD registration standard practitioners must:

- complete a minimum of 50 hours of CPD per year that includes a mix of:
 - at least 25 per cent on activities that review performance
 - at least 25 per cent on activities that measure outcomes, and
 - at least 25 per cent on educational activities
- have a CPD home and participate in its CPD program
- do CPD that is relevant to their scope of practice
- base their CPD on a personal professional development plan.

Specialist trainees will meet these requirements by participating in a specialist training program.

New guidance to support the *CPD registration standard* has also been developed on the high-level requirements for CPD programs and the principles for CPD homes.

Further details about the reasons for the proposal are contained in this consultation paper including a table providing further details on where changes have been made.

The consultation is open until **14 February 2020**.

Making a submission

The Medical Board of Australia (the Board) is inviting comments on the draft revised continuing professional development (CPD) registration standard and supporting guidance. There are also specific questions which you may wish to address in your response.

Please provide written submissions by email, marked: '*Consultation on revised CPD Registration standard*' to performanceframework@ahpra.gov.au by close of business on **14 February 2020**.

Submissions for publication on the Board's website should be sent in Word format or equivalent.¹

Submissions by post should be addressed to the Executive Officer, Medical, AHPRA, GPO Box 9958, Melbourne 3001.

Publication of submissions

The Board publishes submissions at its discretion. The Board generally publishes submissions on its website to encourage discussion and inform the community and stakeholders. Please let us know if you do not want us to publish your submission or want us to treat all or part of it as confidential.

We will not place on our website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the subject of the consultation. Before publication, we may remove personally-identifying information from submissions, including contact details.

The views expressed in the submissions are those of the individuals or organisations who submit them and their publication does not imply any acceptance of, or agreement with, these views by the Board.

The Board accepts submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. Any request for access to a confidential submission will be determined in accordance with the *Freedom of Information Act 1982* (Cth), which has provisions designed to protect personal information and information given in confidence.

Published submissions will include the names of the individuals and/or the organisations that made them, unless confidentiality is requested.

¹You are welcome to supply a PDF file of your feedback in addition to the word (or equivalent) file, however we request that you supply a text or word file. As part of an effort to meet international website accessibility guidelines, AHPRA and National Boards are striving to publish documents in accessible formats (such as word), in addition to PDFs. More information about this is available at www.ahpra.gov.au/About-AHPRA/Accessibility.aspx

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Background

Under section 38 of the Health Practitioner Regulation National Law as in force in each state and territory (the National Law), the Medical Board of Australia (the Board) must develop and recommend to the Ministerial Council a registration standard about the requirements for continuing professional development (CPD) for registered health practitioners registered in the profession.

The Board's current CPD registration standard came into effect on 1 October 2016. While the current standard is not yet due for review, the Board has received advice from two advisory groups it established - the [Expert Advisory Group on Revalidation](#) (EAG) and the CPD Advisory Group - that minor changes to the current standard are warranted.

The EAG recommended the Board develop 'a strengthened system of CPD that is robust, evidence-based, flexible to meet future needs and clearly linked to patient safety and improved performance'. The CPD Advisory Group provided advice to the Board on a draft revised CPD registration standard, guidance on the principles for CPD homes and high-level requirements for CPD programs.

The Board has developed a draft revised CPD registration standard based on that advice.

Both the current and draft revised registration standard define the CPD that the Board requires all doctors registered to practise medicine in Australia to do. The standards set out the type and amount of CPD that doctors are required to complete to support them to remain up to date and able to provide the high-quality care expected of doctors by their professional peers and the community.

The Board is reviewing its current standard to ensure it is based on the best available evidence, meets the objectives of the National Law and is worded as simply and clearly as possible.

Options

The Board has identified two options in developing this proposal.

Option 1 – Retain the status quo

Under Option 1, the Board would continue with the current *Registration standard: Continuing professional development*. The current registration standard establishing the Board's requirements for CPD under the National Law was last approved in 2016 and is available on the [Board's website](#).

The Board has, however, identified the current standard does not reflect contemporary thinking on effective CPD, including the evidence supporting the need for practitioners to undertake CPD that includes performance reviews and measuring their outcomes and the value of support provided through a CPD home.

Option 2 – Proposed revised standard

Option 2 is to revise the Board's *Registration standard: Continuing professional development*.

While the Board has drafted a revised standard for consultation, it will take all stakeholder feedback into consideration. That is, the registration standard that is proposed to Ministers will be informed by feedback.

For the purposes of consultation, the Board is proposing a revised registration standard that continues to outline the Board's requirements for CPD but is explicit about the types of CPD that most practitioners are required to do. It also introduces the concept of CPD homes to support practitioners to complete their CPD requirements.

Preferred option

The Board prefers Option 2, which is a revised registration standard. It considers that it would have only a minor impact on practitioners and consumers and would provide the greatest benefits to the community.

Issues for consultation

Potential impacts of the draft revised CPD Registration standard

The proposal to strengthen CPD builds on what has already been achieved in current Australian CPD programs that are relevant to the individual practitioner's scope of practice.

Any impact on practitioners, business and other stakeholders are expected to be minor.

The Board is not proposing fundamentally new processes. Rather, the aim is to extract more value from existing CPD programs and encourage development and innovation. It is not proposed that practitioners to do more CPD. The current CPD registration standard requires at least 50 hours of CPD, as does the proposed standard. Many practitioners are already doing CPD across the three categories that are being proposed and others may just need to do a different mix of CPD.

Strengthened CPD is one pillar of the Board's [Professional Performance Framework](#). The Board has indicated the proposed strengthening of CPD will be introduced progressively in the years ahead as the Framework is implemented. Existing providers of CPD programs have indicated they will continue to revise their CPD program in line with a revised Board registration standard for CPD.

While some medical practitioners would need to review their CPD arrangements and practices, the requirements are expected to have a minimal regulatory impost as the majority of practitioners already co-ordinate and manage their CPD through an organisation such as a specialist medical college or other organisation. These organisations have been updating their CPD programs in recent years to reflect contemporary understandings about high quality CPD. Therefore, the costs of the preferred option will be minimal and limited.

The benefits of the preferred option are that the draft revised CPD Registration standard:

- maintains the balance between supporting high quality health care for patients while minimising the impact on medical practitioners
- is based on compelling evidence that CPD should consist of activities that support learning and that practitioners should be supported to achieve optimum outcomes
- more clearly sets out the principles that characterise high quality CPD and makes explicit the requirements to undertake a range of high quality CPD activities
- is designed to increase quality, effectiveness and choice of CPD
- builds on current specialist medical college CPD programs, and education programs for junior medical practitioners and international medical graduates
- should improve consumer access to practitioners who have undertaken more relevant CPD, based on contemporary learning practices.
- would meet the broader CPD needs of medical practitioners through flexible CPD arrangements and recognition between accredited CPD programs
- would broaden practitioner choice regarding type and provider of CPD
- would encourage innovation in CPD
- has been reworded to be simpler and clearer.

Questions for consideration

The Board is inviting general comments on the draft revised CPD registration standard, the concept of CPD homes and high-level requirements for CPD programs, as well as feedback on the following questions.

General questions

1. **Is the content and structure of the draft revised CPD registration standard helpful, clear, relevant and more workable than the current standard?**
2. **Is there any content that needs to be changed or deleted in the draft revised standard?**
3. **Is there anything missing that needs to be added to the draft revised standard?**
4. **Do you have any other comments on the draft revised CPD registration standard?**

The Board is also interested in your views on the following specific questions.

5. **Who does the proposed registration standard apply to?**
 - a. Should the CPD Registration standard apply to all practitioners except the following groups?
 - medical students
 - interns in accredited intern training programs
 - medical practitioners who have limited registration in the public interest or limited registration for teaching or research (to demonstrate a procedure or participate in a workshop) and who have been granted registration for no more than four weeks
 - medical practitioners who are granted an exemption or variation from this standard by the Board in relation to absence from practice of less than 12 months
 - medical practitioners with non-practising registration.
 - b. Are there any other groups that should be exempt from the registration standard?
6. **Interns**
 - a. Do you agree that interns should be exempted from undertaking CPD or should they be required to complete and record CPD activities in addition to or as part of their training program?
 - b. If CPD is included as a component of their training program/s, should interns have to comply with the same mix of CPD as other medical practitioners?
 - c. Should interns have to record what CPD they are doing or is completion of the program requirements sufficient to comply with the standard?

7. Specialist trainees

- a. Do you agree specialist trainees should be required to complete CPD as part of their training program?
- b. If CPD is included as a component of their training program, should specialist trainees have to comply with the same mix of CPD as other medical practitioners?
- c. Should specialist trainees have to record what CPD they are doing or is completion of the program requirements sufficient to comply with the standard?

8. International medical graduates

- a. Should IMGs be required to complete CPD in addition to or as part of their training program or supervised practice?
- b. If CPD is included as a component of their training program or supervised practice, should IMGs have to comply with the same mix of CPD as other medical practitioners?
- c. Should IMGs have to record what CPD they are doing or is completion of the program requirements or supervised practice plan sufficient to comply with the standard?

9. Exemptions

- a. Should exemptions be granted in relation to absence from practice of less than 12 months for parental leave, in addition to serious illness, bereavement or exceptional circumstances?
- b. Is 12 months an appropriate threshold?
- c. Should CPD homes grant these exemptions or should the Board?

10. Practitioners with more than one scope of practice or more than one specialty

- a. Do you agree with the Board's proposal that medical practitioners with more than one scope of practice or specialty are required to complete CPD for each of their scopes of practice/specialty and where possible this should occur within one CPD home? Do you have alternative suggestions?

11. CPD required

- a. Are the types and amounts of CPD requirements clear and relevant?
- b. Should all practitioners, including those in roles that do not include direct patient contact, be required to undertake activities focussed on measuring outcomes as well as activities focussed on reviewing performance and educational activities?
- c. If practitioners in roles that do not include direct patient contact are exempted from doing some of the types of CPD, how would the Board and/or CPD homes identify which roles/scopes of practice should be exempt and which activities they would be exempt from?

12. CPD homes

- a. Is the requirement for all practitioners to participate in the CPD program of an accredited CPD home clear and workable?
- b. Are the principles for CPD homes helpful, clear, relevant and workable?

- c. Should the reporting of compliance be made by CPD homes on an annual basis or on another frequency?
- d. Is six months after the year's end feasible for CPD homes to provide a report to the Board on the compliance of participants with their CPD program(s)?
- e. Should the required minimum number of audits CPD homes must conduct each year be set at five percent or some other percentage?
- f. What would be the appropriate action for CPD homes to take if participants failed to meet their program requirements?

13. High level requirements for CPD programs

- a. Should the high-level requirements for CPD in each scope of practice be set by the relevant specialist colleges?

14. Transition arrangements

- a. What is a reasonable period to enable transition to the new arrangements?

The relevant sections for consultation

Part A: Registration standard: Continuing professional development	Questions 1 – 4
General questions	Questions 1 - 4
Part B: How the Board proposes to strengthen continuing professional development	Questions 5 - 14
Who does the proposed registration standard apply to?	Questions 5 – 10
CPD required	Question 11
Accredited CPD Homes and Principles for CPD Homes	Question 12
High level requirements for CPD Programs	Question 13
Transition arrangements	Question 14

Appendix A: Statement of assessment against AHPRA's Procedures

The Board's statement of assessment against *AHPRA's Procedures for the development of registration standards, codes and guidelines and Council of Australian Governments (COAG) principles for best practice regulation* is provided in Appendix A.

Relevant sections of the National Law

The relevant sections of the National Law are sections 38, 39, 40, 41, 109 and 128.

**Part A: Draft proposed revised CPD
registration standard**

Medical Board of Australia

**REGISTRATION STANDARD:
CONTINUING PROFESSIONAL
DEVELOPMENT**

Effective from: TBC

DRAFT

Summary

This registration standard sets out the Medical Board of Australia's (the Board) minimum requirements for continuing professional development (CPD) for medical practitioners.

Registered medical practitioners who are engaged in any form of practice are required to participate regularly in CPD that is relevant to their scope of practice to maintain professional currency, and support them to maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives.

Does this standard apply to me?

This standard applies to all registered medical practitioners except:

- medical students
- interns in accredited intern training programs
- medical practitioners who have limited registration in the public interest or limited registration for teaching or research (to demonstrate a procedure or participate in a workshop) and who have been granted registration for no more than four weeks
- medical practitioners who are granted an exemption or variation from this standard by the Board in relation to absence from practice of less than 12 months in circumstances such as parental leave, serious illness, bereavement or exceptional circumstances
- medical practitioners with non-practising registration.

What CPD am I required to do?

To meet this registration standard, you must in every calendar year:

- meet the requirements of a CPD program of an accredited CPD home
- develop a written annual professional development plan
- complete a minimum of 50 hours per year of CPD activities that are relevant to your

scope of practice and individual professional development needs

- allocate your minimum 50 hours per year proportionately among three types of CPD activities:
 - at least 25 per cent in educational activities
 - at least 25 per cent in activities focussed on reviewing performance
 - at least 25 per cent in activities focussed on measuring outcomes, and
 - the remaining 25 per cent (and any CPD activities above the 50-hour minimum) across any of these types of CPD activity.

NOTE: CPD homes can allocate points to CPD activities if the points can be translated to hours.

- self-evaluate your CPD activity at the end of each year as you prepare your professional development plan for the next year
- retain records of your annual CPD activity for audit by your CPD home and the Board for three years after the end of each one-year cycle.

Which organisation will be my CPD home?

This will depend upon your position and/or registration type.

Specialists

Your CPD home will be an accredited CPD home of your choice that is relevant to your scope of practice.

Specialist trainees

Your CPD home will be the accredited specialist medical college for your training position. You will meet the CPD requirements by participating in an accredited specialist training program.

Specialist international medical graduates under assessment

Your CPD home will be the accredited specialist medical college undertaking your assessment.

All other medical practitioners

Your CPD home will be an accredited CPD home of your choice that is relevant to your scope of practice.

Practitioners with more than one scope of practice or specialty

1. Practitioners with more than one scope of practice or specialty must complete the requirements contained in the CPD registration standard for each scope and/or specialty.
2. The Board expects that where possible practitioners will be able to complete one CPD program from one CPD home. However, if this is not possible, they may need to complete two programs, with relevant activities recognised by both programs.

How does CPD affect my medical registration?

When you apply for registration

When you apply for medical registration in Australia for the first time you are required to provide details of your proposed CPD home.

At renewal of registration

When you apply to renew your registration, you are required to:

- provide details of your CPD home, and
- declare whether you have complied with this standard and the requirements of the CPD home.

During the registration period

During your registration period, your compliance with this standard will be reported to the Board by your CPD home and may be audited by the Board from time to time.

What happens if I don't meet this standard?

The National Law establishes possible consequences if you don't meet this standard, including that:

- the Board can impose a condition or conditions on your registration or can refuse your application for registration or renewal of registration, if you don't meet a requirement in an approved registration

standard for the profession (sections 82, 83 and 112 of the National Law)

- a failure to undertake the CPD required by this standard is not an offence but may be behaviour for which health, conduct or performance action may be taken by the Board (section 128 of the National Law), and
- registration standards, codes or guidelines may be used in disciplinary proceedings against you as evidence of what constitutes appropriate practice or conduct for health professionals (section 41 of the National Law).

More information

More information about accredited CPD homes, guidance on acceptable CPD activities and requirements for CPD records may be issued by the Board from time to time.

Authority

This registration standard was approved by the Council of Australian Governments (COAG) Health Council on <date TBA>.

Registration standards are developed under section 38 of the National Law and are subject to wide-ranging consultation.

Definitions

Continuing professional development (CPD) is the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives.

CPD activities comprise educational activities, reviewing performance activities and measuring outcomes activities. These three types of activities are required by the Board.

A **CPD home** is an organisation that is accredited by the Board's accreditation authority, the Australian Medical Council, to provide a CPD program for medical practitioners. This organisation may be an education provider, another organisation with primary educational purpose or an organisation with a primary purpose other than education.

A **CPD program** includes details of the CPD activities needed to meet the program and Board requirements; resources and/or activities to support completion of the program requirements; a system for participants to document their professional development plan, self-evaluation and CPD activities, and to store evidence of their participation; processes for assessing and crediting activities; and processes for monitoring compliance, auditing activity and taking appropriate action for failure to meet the program requirements. The CPD program can be designed as a points-based program if the activities can be translated to a measurement in hours for the purpose of the practitioner meeting this standard and for auditing activities.

An **education provider** is an organisation that is accredited to provide education and training that leads to registration in a health profession (i.e., universities; tertiary education institutions, or other institutions or organisations that provide vocational training; or specialist medical colleges or other health profession colleges).

National Law means the Health Practitioner Regulation National Law, as in force in each state and territory.

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. For the purposes of this registration standard, practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession.

A **professional development plan** is a written plan that outlines a practitioner's learning goals relevant to their current and intended scope of practice and how they will achieve the goals. It includes self-evaluation of the learning goals and achievements from the previous CPD cycle and the planned CPD activities to achieve learning goals in the current year.

Scope of practice means the professional role and services provided that an individual health practitioner is trained, qualified and competent to perform.

Specialist medical college means an organisation whose program of study has been accredited by the Board's accreditation authority, the Australian Medical Council, and whose resultant qualification has been approved by the Board as providing a qualification for the purposes of specialist registration.

Specialist trainees are registered medical practitioners undertaking an education and training program in an AMC accredited specialist college that will lead to being eligible for fellowship and specialist registration.

Specialist international medical graduates are overseas-trained specialists who are applying for assessment of comparability to the standard of a specialist trained in that specialty in Australia (specialist recognition) or for an area of need specialist level position in Australia (area of need).

Specialty means any of the recognised medical specialties, fields of specialty practice and related specialist titles that have been approved by the COAG Health Council pursuant to the Health Practitioner Regulation National Law, as in force in each state and territory

Review

This registration standard will be reviewed from time to time as required. This will generally be at least every five years.

This standard replaces the previous registration standard dated 1 October 2016.

Summary of proposed changes

Current section	Current registration standard	Proposed changes
Summary		Minor re-wording
Does this standard apply to me?		Includes exemptions contained on page two of existing standard and is expanded to include parental leave
What must I do?		Renamed
	CPD requirements differ for each category of registration	Requirements standardised so all practitioners are required to undertake the minimum requirements CPD homes recommended for each category of registrants
Specialists	Participate in or meet the requirements for CPD set by the relevant specialist medical college for every specialty they hold specialist registration	Participate in the program of a CPD home that provides CPD relevant for their scope of practice. In most cases, this will be the specialist college, but may be another home that has CPD designed for that scope The program will include at least 50 hours of CPD per year, across the three types of CPD and completion of a professional development plan New section added outlining that practitioners with more than one scope of practice or specialty are required to complete the requirements contained in the CPD registration standard for each scope and/or specialty. Note: The Board expects that where possible practitioners will be able to complete one CPD program from one CPD home. However, if this is not possible, they may need to complete two programs, with relevant activities recognised by both programs.

Current section	Current registration standard	Proposed changes
<p>Interns (including International Medical Graduates holding provisional registration)</p>	<p>Participate in the supervised training and education programs associated with their position and comply with any further requirements for training or supervised practice specified in Board guidelines, or</p> <p>For IMGs not in an accredited training position:</p> <ul style="list-style-type: none"> • complete CPD activities as agreed in their supervision plan and work performance report • complete a minimum of 50 hours of CPD per year (i.e. if their agreed CPD activities total less than 50 hours, additional CPD activities must be completed to reach a minimum of 50 hours), and • comply with any further requirements for training or supervised practice specified in Board guidelines 	<p>The CPD Registration standard will not apply to interns in accredited intern training programs as they currently participate in highly structured training programs that include at least one hour per week of protected education time as well as self-evaluation, participation in quality assurance activities and performance evaluation at least eight times in the year (twice during each of the four terms)</p> <p>IMGs not in an accredited training position will complete at least 50 hours of CPD per year, across the three types of CPD. This may include activities identified in their supervision plan and work performance reports</p> <p>The relevant CPD home for IMGs not in an accredited training position will be an accredited CPD home of their choice that is relevant to their scope of practice</p>
<p>Specialist international medical graduates (SIMGs)</p>	<p>Participate in the supervised training and education programs associated with their position, or</p> <ul style="list-style-type: none"> • complete CPD activities as agreed in their supervision plan and work performance report • complete a minimum of 50 hours of CPD per year (i.e. if their agreed CPD activities total less than 50 hours, additional CPD activities must be completed to reach a minimum of 50 hours), and • comply with any further requirements for training or supervised practice specified in Board guidelines 	<p>The relevant CPD home for Specialist international medical graduates (SIMGs) under assessment would be the accredited specialist medical college(s) undertaking their assessment(s)</p> <p>The program will include at least 50 hours of CPD per year, across the three types of CPD and completion of a professional development plan. This may be included as activities in their supervision plan and work performance report/s</p> <p>Note: Colleges have well established CPD structures that the SIMGs are able to access. This would ensure CPD is relevant to the scope of practice of the SIMG. SIMGs also have supervision plans and work performance reporting requirements that are managed by their relevant college</p>

Current section	Current registration standard	Proposed changes
Pre-vocational trainees and other junior doctors	Requirements contained in vocational trainees or general registrants category	<p>The relevant CPD home for junior medical practitioners, including prevocational trainees and IMGs will be an accredited CPD home of their choice that is relevant to their scope of practice</p> <p>The program will include at least 50 hours of CPD per year, across the three types of CPD and completion of a professional development plan</p>
Vocational trainees	<p>Participate in the supervised training and education programs associated with their position and comply with any further requirements for training or supervised practice specified in Board guidelines</p> <p>Note: These programs are usually run by specialist medical colleges</p>	<p>Renamed specialist trainees</p> <p>The relevant CPD home for specialist trainees would be the accredited specialist medical college(s) for their training position(s)</p> <p>Note: Specialist trainees will not need to do any additional CPD as they participate in highly structured training programs provided by an AMC accredited specialist college.</p> <p>It is proposed to revise the accreditation standards if necessary, so that training programs will include sufficient structured learning, performance review and outcome measurement opportunities to meet the CPD requirements of the Board as outlined in 'what CPD am I expected to do' of the registration standard. Specialist trainees will not be required to record their activities to meet the standard.</p>

Current section	Current registration standard	Proposed changes
IMGs with limited registration for postgraduate training or supervised practice, area of need, teaching or research or in the public interest	<ul style="list-style-type: none"> complete CPD activities as agreed in their supervision plan and work performance report complete a minimum of 50 hours of CPD per year (i.e. if their agreed CPD activities total less than 50 hours, additional CPD activities must be completed to reach a minimum of 50 hours), and comply with any further requirements for training or supervised practice specified in Board guidelines 	Included in requirements for 'All other medical practitioners' below
General registrants	<p>Complete a minimum of 50 hours of CPD per year (self-directed program), which must include at least one practice-based reflective element; clinical audit or peer review or performance appraisal, as well as participation in activities to enhance knowledge, or</p> <p>Meet the CPD requirements of a specialist medical college that is relevant to their scope of practice</p>	<p>Renamed to 'All other medical practitioners'</p> <p>The relevant CPD home for all other medical practitioners would be an accredited CPD home(s) of their choice that is/are relevant to their scope(s) of practice</p> <p>Undertake 50 hours of CPD per year, across the three types of CPD and complete a CPD plan</p>
Are there exemptions to this standard?		Moved to 'Does this standard apply to me?'
What does this mean for me?		<p>Renamed</p> <hr/> <p>Addition requiring practitioners to provide details of their CPD home</p> <hr/> <p>Addition that compliance will be reported to the Board by the CPD home</p>

Current section	Current registration standard	Proposed changes
Evidence	Retain records of CPD activity for audit purposes, including the length of time they need to be kept	Removed. CPD homes will provide guidance to participants on the records to be retained and the retention period
More information		Information about types of CPD activities moved to 'What CPD am I required to do?'
Definitions		New definitions added

Part B: How the Board proposes to strengthen continuing professional development

This section provides a rationale for each of the proposed changes to the Board's CPD Registration standard.

Introduction

Medical practitioners are busy people. To maintain their registration, they must already undertake continuing professional development (CPD). The revised CPD Registration standard is not designed to increase the amount of CPD medical practitioners undertake, but to make sure that the CPD that medical practitioners do is useful to them and shown by evidence to help them provide safe patient care.

As highlighted in the [EAG report](#), regular performance feedback, collaboration with peers and self-reflection are among the cornerstones of life-long learning. They reflect contemporary adult education principles and are becoming a routine feature of CPD programs undertaken by registered medical practitioners in Australia. They are prioritised under the Board's *Professional performance framework* and in the revised CPD Registration standard.

Proposed CPD Registration standard

A standardised approach to CPD is proposed for all medical practitioners that is flexible enough to accommodate differences in medical practitioners' scope of practice, will allow medical practitioners to tailor their CPD to their learning needs, while also providing assurance to the community that practitioners' CPD is designed to improve their practice. It is important to strike a balance between flexibility and consistency in new CPD arrangements.

To ensure that all registered medical practitioners maintain and enhance their professional skills and knowledge effectively and remain fit to practise medicine throughout their working lives, the revised CPD Registration standard requires that all practitioners (except students, those holding non-practising registration, those holding short-term limited registration and those granted an exemption):

- complete a minimum of 50 hours of CPD per year that includes:
 - educational activities (at least 25 per cent of the minimum CPD required annually)
 - performance review activities (at least 25 per cent of the minimum CPD required annually)
 - measuring outcomes activities (at least 25 per cent of the minimum CPD required annually)
 - the remaining 25 per cent of the minimum CPD (and any additional CPD above the minimum 50 hours) distributed across any type of CPD
- have a CPD home and participate in its CPD program
- do CPD that is relevant to their scope of practice
- base their CPD on a personal professional development plan.

Specialist trainees will meet these requirements by participating in a specialist training program.

This proposal aims to strike a balance between flexibility and consistency in new CPD arrangements.

Who does the proposed registration standard apply to?

It is proposed the CPD registration standard applies to all practitioners except:

- students
- interns in accredited training programs
- those holding non-practising registration
- those holding short-term limited registration
- those granted an exemption.

Interns

The current CPD Registration standard requires that practitioners who are undertaking an accredited intern year must participate in the supervised training and education programs associated with their position and comply with any further requirements for training or supervised practice specified in Board guidelines.

The highly structured accredited intern training programs include protected education time as well as self-evaluation and performance evaluation at least eight times in the year (twice during each of the four terms and in some states, there are five terms). For that reason, the Board proposes the CPD Registration standard will not apply to interns in accredited intern training programs.

Practitioners granted an exemption

Stakeholders have indicated that the circumstances in which practitioners are able to request exemptions from completing the CPD requirements should be reviewed, and this is supported by the Board. The proposed revised Registration standard seeks to clarify who may be granted an exemption.

The current registration standard specifies:

- The Board may also grant an exemption or variation from this standard in exceptional circumstances, such as serious illness or bereavement, that result in a substantial absence from practice.

Absence from practice

The Board proposes that exemptions to CPD requirements could be granted in relation to absence from practice of less than 12 months. This would reflect return to practice requirements of the Board and current practice of many specialist colleges which do not require practitioners to complete CPD when granted a leave of absence while on parental leave or in exceptional circumstances.

The Board's *Recency of practice registration standard* states that 'if you have two or more years clinical experience as a registered medical practitioner and are returning to practice, you are required to complete the following requirements:

- if you have had non-practising registration, or have not been registered, for up to and including 12 months there are no additional requirements that have to be met before re-commencing practice
- if you have had non-practising registration, or have not been registered, for between 12 months and up to and including 36 months at a minimum, before re-commencing practice, you must complete the equivalent of one year's continuing professional development (CPD) activities, relevant to your intended scope of practice. The CPD activities must be designed to maintain and update your knowledge and clinical judgment.'

Exceptional circumstances

Colleges currently allow for practitioners to be granted an exemption to the CPD requirements in exceptional circumstances, such as serious illness or bereavement. It is proposed that this continue.

Parental leave

Several colleges allow for practitioners to be granted an exemption to the CPD requirements while they take parental leave. The Board agrees that parental leave is not an 'exceptional circumstance' and therefore proposes to specify parental leave of up to 12 months as an exemption, in addition to serious illness or bereavement in the proposed standard.

Proposed exemption

The Board has therefore included the following as the exemption to the proposed registration standard:

- medical practitioners who are granted an exemption or variation from this standard by the Board in relation to absence from practice of less than 12 months in circumstances such as parental leave, serious illness or bereavement.

Specialist trainees

The current CPD registration standard requires specialist trainees to participate in the supervised training and education programs associated with their position. To reinforce consistent life-long learning for practitioners, the Board proposes to require specialist trainees to complete the CPD requirements specified in the Registration standard.

However, specialist trainees will not need to do any additional CPD as they participate in highly structured training programs provided by an AMC accredited specialist college. Specialist trainees will not be required to record their activities to meet the standard and any AHPRA audit would be met if the trainee has met the training program requirements.

It is proposed that accreditation standards be reviewed to ensure that training programs include sufficient educational activities, performance review and outcome measurement opportunities to meet the CPD requirements of the Board as outlined in 'what CPD am I expected to do' of the registration standard. The AMC will ensure the requirements of the CPD registration standard are included in training programs when they undertake the accreditation of the Specialist medical colleges.

Example: Specialist trainees

A practitioner has commenced in a specialist training program. While they were a pre-vocational trainee (before starting the training program), they had been doing CPD and recording it through their approved CPD home.

As they are now a specialist trainee, they are required to participate in the specialist training program that will include educational activities, reviewing performance and measuring outcomes. They do not need to record their activities separately to comply with the CPD registration standard.

They are audited by AHPRA the following year and produce a statement from the specialist college that confirms that they have participated satisfactorily in the training program. They are assessed as complying with the CPD registration standard.

Specialist International medical graduates

Specialist international medical graduates (SIMGs) would be required to complete the CPD program of the accredited specialist medical college(s) undertaking their assessment(s) for comparability.

The program will include at least 50 hours of CPD per year, across the three types of CPD and completion of a professional development plan. This may be included as activities in their supervision plan and work performance report/s.

International medical graduates

The proposed registration standard requires international medical graduates (IMGs) to complete the same amount and types of CPD as other practitioners.

All IMGs who are granted limited registration or provisional registration must be supervised and have a supervised practice plan. Supervision remains a requirement of registration for the duration of the IMG's limited or provisional registration.

The IMG's supervised practice plan will usually contain sufficient activities across the three types of CPD to meet the requirements of the Registration standard, so additional CPD is not required. Where the supervision plan does not contain sufficient activities, additional CPD will be required.

Example one: IMGs

An IMG has been granted limited registration. Their supervised practice plan includes enough CPD activities to meet the requirements of the CPD registration standard, by them doing:

- educational activities: 24 hours over the year where the IMG:
 - allocates 2 hours per month to undertake specific learning objectives and further training and professional development activities to increase the IMG's knowledge of how to provide safe patient care in Australia.
- activities focussed on reviewing performance: 66 hours over the year where the IMG:
 - spends 15 minutes at the end of each day discussing with their supervisor their management of the individual cases from that day, and
 - meets monthly with their supervisor for 30 minutes to discuss their progress
- activities focussed on measuring outcomes: 17 hours over the year where the IMG:
 - conducts a quality improvement project relevant to their role, where they identify their contributions and potential improvements. The IMG allocates 60 minutes per month to collect data and 5 hours to write-up the report.

The IMG in this example has completed more than 50 hours CPD with more than 12.5 hours in each of educational activities, reviewing performance and measuring outcomes. They have met the requirements of the CPD registration.

Example two: IMGs

Another IMG who has been granted limited registration has a supervised practice plan that includes:

- educational activities: 36 hours over the year where the IMG:
 - allocates 3 hours per month to undertake specific learning objectives and further training and professional development activities to increase the IMGs knowledge of how to provide safe patient care in Australia.
- activities focussed on reviewing performance: 8 hours over the year where the IMG:
 - meets monthly with their supervisor for 30 minutes to discuss their progress, and
 - spends two hours conducting a case review of a challenging case
- activities focussed on measuring outcomes: 17 hours over the year where the IMG:
 - conducts a quality improvement project relevant to their role, where they identify their contributions and potential improvements. The IMG allocates 60 minutes per month to collect data and 5 hours to write-up the report.

The supervised practice plan of this IMG contains more than 50 hours of CPD activities but does not have enough 'reviewing performance' CPD activities to meet the requirements of the CPD registration standard. The IMG will need to do at least 4.5 additional hours of activities in which they review their performance to meet the registration standard.

Part-time and full-time practice

The Board proposes that practitioners should be required to complete all requirements of CPD, regardless of their full-time or part-time status. This reflects the current arrangements.

Specialists registered in two or more specialties

The intention of strengthened CPD is to increase value and effectiveness of CPD and that approaches should be integrated with, and draw on, existing systems where possible to avoid duplication of effort, including by allowing activities to be recognised by more than one CPD home.

Current requirements include that specialists must meet the requirements for CPD set by the relevant specialist medical college for every specialty in which they hold specialist registration, noting that there may be CPD activities undertaken that fulfil the CPD requirements of more than one specialist college or specialty.

The Board proposes that practitioners with more than one scope of practice and/or specialty must complete the requirements contained in the CPD registration standard for each specialty/scope.

The Board's view is that it is preferable that practitioners will be able to complete one CPD program from one CPD home that covers their two scope/specialties. However, if this is not possible, they may need to complete two programs.

The Board expects there will be many activities that will be relevant for both specialties/scopes and can be recognised by both CPD homes. This will mean practitioners would not need to complete 50 hours for each program.

Questions for consideration

5. Who does the proposed registration standard apply to?

- a. Should the CPD Registration standard apply to all practitioners except the following groups?
 - medical students
 - interns in accredited intern training programs
 - medical practitioners who have limited registration in the public interest or limited registration for teaching or research (to demonstrate a procedure or participate in a workshop) and who have been granted registration for no more than four weeks
 - medical practitioners who are granted an exemption or variation from this standard by the Board in relation to absence from practice of less than 12 months
 - medical practitioners with non-practising registration.
- b. Are there any other groups that should be exempt from the registration standard?

6. Interns

- a. Do you agree that interns should be exempted from undertaking CPD or should they be required to complete and record CPD activities in addition to or as part of their training program?
- b. If CPD is included as a component of their training program/s, should interns have to comply with the same mix of CPD as other medical practitioners?
- c. Should interns have to record what CPD they are doing or is completion of the program requirements sufficient to comply with the standard?

7. Specialist trainees

- a. Do you agree specialist trainees should be required to complete CPD as part of their training program?
- b. If CPD is included as a component of their training program, should specialist trainees have to comply with the same mix of CPD as other medical practitioners?
- c. Should specialist trainees have to record what CPD they are doing or is completion of the program requirements sufficient to comply with the standard?

8. International medical graduates

- a. Should IMGs be required to complete CPD in addition to or as part of their training program or supervised practice?
- b. If CPD is included as a component of their training program or supervised practice, should IMGs have to comply with the same mix of CPD as other medical practitioners?
- c. Should IMGs have to record what CPD they are doing or is completion of the program requirements or supervised practice plan sufficient to comply with the standard?

9. Exemptions

- a. Should exemptions be granted in relation to absence from practice of less than 12 months for parental leave, in addition to serious illness, bereavement or exceptional circumstances?
- b. Is 12 months an appropriate threshold?
- c. Should CPD homes grant these exemptions or should the Board?

10. Practitioners with more than one scope of practice or more than one specialty

- a. Do you agree with the Board's proposal that medical practitioners with more than one scope of practice or specialty are required to complete CPD for each of their scopes of practice/specialty and where possible this should occur within one CPD home? Do you have alternative suggestions?

What CPD is required

Under the proposed revised CPD Registration standard, medical practitioners will have to complete a minimum of 50 hours of CPD per year that is relevant to their scope of practice, irrespective of their registration type, and choose activities from each of three types of CPD: educational activities, reviewing performance and measuring outcomes. This is largely consistent with current specialist medical college CPD programs and is consistent with the current minimum amount of CPD undertaken by practitioners holding general registration.

CPD professional development plan

The Board proposes that practitioners will develop a Professional Development Plan (PDP) for each CPD period, which outlines their current scope of practice and documents their individual professional development needs and the activities that they plan to undertake. Practitioners will also self-evaluate their CPD activity at the end of each year as they prepare their PDP for the next year.

A written PDP will help to ensure that medical practitioners reflect on the value and appropriateness of proposed CPD activities before and after undertaking them. The PDP should align the doctor's CPD with their scope of practice and practice arrangements and may vary across a CPD period.

The process should not in itself be a major undertaking, but a 'road map' guiding selection and reflection on relevant activities. As part of the minimum CPD requirements, the PDP will be credited with a maximum of two hours from the reviewing performance category.

Type and amount of CPD

The Board has accepted the evidence provided by the EAG that effective CPD includes more than the didactic educational activities that have been shown to have little or no beneficial effect on either performance or outcomes² and that it is important for practitioners to have opportunities for formative assessment during CPD activities by incorporating practice and feedback sessions³.

It has also accepted Klass' work where he considered the assessment of doctors' performance at work⁴. He distinguished three relevant conceptual groupings within the 'umbrella' of CPD, where the latter two groups represent actual or direct measures of a doctor's functioning in the real world:

- educational activities relating to improving knowledge (which he views as proxy measures of performance)
- assessing doctors' performance in practice, and
- assessing patient outcomes.

Evidence-based activities are already in use in different Australian healthcare settings and in specialist college CPD programs. While college programs differ in style and substance, there is already considerable leadership and innovation available in different aspects of CPD in Australia.

The Board is proposing in the revised CPD Registration standard that each medical practitioner:

- complete a minimum of 50 hours per year of CPD activities that are relevant to their scope of practice and individual professional development needs
- allocate their minimum 50 hours per year proportionately among three types of CPD activities:
 - at least 25 per cent in educational activities to develop knowledge and skills
 - at least 25 per cent in activities focussed on reviewing performance
 - at least 25 per cent in activities focussed on measuring outcomes, and
 - the remaining 25 per cent (and any CPD activities above the 50-hour minimum) across any of these types of CPD activity.

² B.S. Bloom, 'Effects of continuing medical education on improving physician clinical care and patient health: a review of systematic reviews', *International Journal of Technology Assessment in Health Care*, vol. 21, no. 3, 2005, pp. 380-5

³ D.E. Moore Jr, J.S. Green and H.A. Gallis, 'Achieving desired results and improved outcomes: integrating planning and assessment throughout learning activities', *Journal of continuing education in the health professions*, vol.29, no.1, 2009, pp.1-15.

⁴ D. Klass, 'Assessing Doctors at Work - Progress and Challenges', *The New England Journal of Medicine*, vol.356, no.4, pp.414-5.

Many colleges currently allocate points for CPD activities that is, in many cases, a method by which colleges could encourage practitioners to undertake more 'high value' activities. Most colleges have indicated that it would be possible to convert their current program requirements to allocate hours for activities to meet minimum requirements. Alternatively, it would be possible for CPD homes to design their CPD program as a points-based program if the activities can be translated to a measurement in hours for the purpose of the practitioner meeting this standard and for auditing activities.

The Board is also proposing that the accredited specialist medical colleges continue to set the 'high-level requirements' for CPD programs for vocational trainees, specialist international medical graduates and specialists practising in the relevant scopes of practice in each specialty (See p.36). This is because the accredited specialist medical colleges set the standards for training to achieve specialist registration in the relevant specialty fields.

High-level requirements are additional requirements for CPD above the minimum requirements set by the Board for medical practitioners practising in certain scopes of practice. The purpose of high-level requirements is to ensure consistency among CPD homes with respect to CPD programs for medical practitioners with certain scopes of practice.

Example one: CPD required

A CPD home requires practitioners to accrue at least 80 points over the 12 months of the program. They allocate 1 point for each equivalent hour of educational activities and two points for each equivalent hour of activities focussed on reviewing performance and measuring outcomes.

A practitioner completes the minimum requirements by doing:

- 20 educational activities points (that equates to 20 hours)
- 35 points in reviewing performance activities (that equates to 17.5 hours)
- 25 points in measuring outcomes activities (that equates to 12.5 hours)

Example two: CPD required

Another CPD home requires a minimum of 150 hours in their three-year program, with a minimum of 50 hours per year. This allows the CPD home to specify that practitioners must complete:

- an ALS course every three years – counted as an educational activity in the year it was completed
- 12.5 hours of educational activities
- 12.5 hours of reviewing performance activities
- 12.5 hours of measuring outcomes activities
- 12.5 hours of any activity identified in the practitioner's CPD plan

CPD activities

The following list identifies many of the common CPD activities undertaken by practitioners that are recognised by CPD programs. The CPD activities are provided by a range of organisations including specialist medical colleges, education providers, workplaces and professional trainers as well as being organised individually or among peers and colleagues. The Board proposes to provide the list as guidance to CPD homes and practitioners.

Educational activities		
Individual learning activities	Group learning activities	Learning as by-product of other professional activity
<ul style="list-style-type: none"> • Reading, viewing, listening to educational material • Active learning modules • Study towards formal qualifications • Supervised practice attachments • Executive coaching and mentoring 	<ul style="list-style-type: none"> • Lectures, forums, panels • Small group sessions • Courses and workshops 	<ul style="list-style-type: none"> • Preparing formal educational materials • Teaching • Examining, assessing and evaluating • Supervising and mentoring • Lecturing, participating in forums/panels • Teaching in small group sessions/courses/workshops • Presenting research papers/posters • Convening/chairing educational meetings • Leading or participating in research • Reviewing ethics or grant proposals • Publishing research or educational material • Editing or reviewing research or educational material • Preparing patient education materials • Participating in committee for education or research • Undertaking college educational roles • Participating in clinical guideline development

Reviewing performance

Individual-focused activities	Group-focused activities	Not directly-focused on participant's practice
<ul style="list-style-type: none"> Professional development plan Self-evaluation and reflection Direct observation of practice Review of work product Multi-source feedback Patient experience survey Workplace performance appraisal 	<ul style="list-style-type: none"> Direct observation of practice Review of work product Multi-source feedback Patient experience survey Medical services survey/review Multi-disciplinary team meetings Peer review groups 	<ul style="list-style-type: none"> Participating in clinical governance/QA committees Accrediting/auditing practices, hospitals, training sites Medico-legal work (report, expert witness)

Measuring outcomes

Individual-focused activities	Group-focused activities	Not directly-focused on participant's practice
<ul style="list-style-type: none"> Audit focused on participant's own practice Root cause analysis Incident report Quality improvement project 	<ul style="list-style-type: none"> Audit (practice, national or international) M&M meetings, case conferences Quality improvement project Multi-disciplinary team meetings 	<ul style="list-style-type: none"> Assessing incident reports Leading, analysing, writing reports on healthcare outcomes

Access to data to support measuring outcomes

The Board knows that medical practitioners currently have variable access to the data that helps them to measure the outcomes of their care and benchmark their performance with peers. For example, many procedural specialists contribute to, analyse, and have access to performance data that is invaluable for practice improvement. Other medical practitioners have much more limited access to equivalent datasets that would enrich their practice by enabling them to better measure their outcomes and review their performance.

Practitioners support the use of routinely collected clinical data for performance feedback, benchmarking and informing personalised professional development and recognise it is a significant opportunity that may improve clinical practice.⁵

Under the *Professional performance framework*, the Board will work with other agencies to urge governments and other holders of 'large data' to make data accessible to individual registered medical practitioners to improve safety and quality.

⁵ T. Shaw et al, 'Attitudes of health professionals to using routinely collected clinical data for performance feedback and personalised professional development', *Medical Journal of Australia*, vol. 210, no. 6, S17-S21.

CPD for practitioners in non-clinical roles⁶

Reflective practice and peer interaction are advantageous for all practitioners. However, some stakeholders have identified it may not be as straightforward for practitioners in non-clinical roles to undertake the 'measuring outcomes' requirements of the proposed revised CPD Registration standard.

The Board is proposing that medical practitioners who are registered and working in non-clinical roles be required to comply with the CPD registration standard.

The CPD requirements of a medical practitioner's specialist college may not be fully relevant to a practitioner who no longer practises in the specialty or who is not directly involved (either wholly or partly) in patient care, such as those with leadership or executive management roles. Flexible CPD arrangements and recognition between accredited CPD programs are needed to meet the broader CPD needs of medical practitioners with a balance of clinical and non-clinical roles.

Some specialist colleges have created suitable pathways and activities so that members who do not provide direct patient care at different stages of their career can demonstrate professional outcomes under the existing CPD framework. For example, a non-operating surgeon who now undertakes medico-legal reporting can undertake a structured audit of their reports as an outcome measure.

Consequently, the Board proposes that the overall framework for CPD, balanced across educational activities, reviewing performance and measuring outcomes, is equally applicable to medical practitioners who provide direct patient care and those who don't.

Relevant CPD activities for practitioners in non-clinical roles could include the following:

Examples of CPD activities for practitioners ⁶ in non-clinical roles		
Educational activities	Reviewing performance	Measuring outcomes
<ul style="list-style-type: none"> • Reading, viewing, listening to educational material • Active learning modules • Study towards formal qualifications • Executive coaching and mentoring • Lectures, forums, panels • Small group sessions • Courses and workshops • Reviewing ethics or grant proposals. 	<ul style="list-style-type: none"> • Workplace performance appraisal • Multi-source feedback • Medical services survey/review • Participating in clinical governance/QA committees • Accrediting/auditing practices, hospitals, training sites • Medico-legal work (report, expert witness). 	<ul style="list-style-type: none"> • Quality improvement project • Assessing incident reports • Leading, analysing, writing reports on healthcare outcomes.

⁶ In general, practitioners in non-clinical roles do not:

- have any direct clinical contact with patients
- provide treatment or opinion about individuals
- do work that impacts on the safe, effective delivery of health care to individuals and/or
- direct or supervise or advise other health practitioners about the health care of an individual(s).

Medical practitioners working in most medical administration, research involving human subjects and who do medico-legal work involving individual clients are generally considered to be in clinical roles.

The Board recognises that some scope of practice-specific guidance or other support from their CPD home may be needed to make sure that the PDP and CPD activities of practitioners in non-clinical roles reflect their current scope of practice.

Questions for consideration

11. CPD required

- a. Are the types and amounts of CPD requirements clear and relevant?
- b. Should all practitioners, including those in roles that do not include direct patient contact, be required to undertake activities focussed on measuring outcomes as well as activities focussed on reviewing performance and educational activities?
- c. If practitioners in roles that do not include direct patient contact are exempted from doing some of the types of CPD, how would the Board and/or CPD homes identify which roles/scopes of practice should be exempt and which activities they would be exempt from?

Accredited CPD homes

The majority of practitioners already co-ordinate and manage their CPD through an organisation such as a specialist medical college or medical organisation. These organisations have been continuously updating their CPD programs in recent years to reflect contemporary understandings about high quality CPD.

To provide assurance about the robustness of practitioners' CPD programs and activities, and enable them to be monitored and evaluated, the Board proposes all practitioners must participate in the CPD program of an accredited CPD home.

This will align CPD requirements and assure consistency in structure, standards, educational value and monitoring of compliance in all CPD programs for medical practitioners regardless of their registration type.

Accredited CPD homes, including specialist medical colleges and other accredited CPD homes will need to:

- ensure their CPD program meets the Board's requirements
- provide a flexible CPD program accessible by all registered medical practitioners with a relevant scope of clinical and/or non-clinical practice
- have an identifiable cohort of medical practitioners for whom they are the nominated CPD home
- assist their identified cohort of practitioners as required to reflect on their learning needs and current/future scopes of practice and ensure these are reflected in each practitioner's PDP so that CPD is relevant, likely to benefit medical practitioners' practice and be tailored to their stage of professional life
- provide advice on, arrange access to and/or directly provide educational activities and activities for medical practitioners to review their performance and measure outcomes
- support their identified cohort of practitioners to undertake a suitable CPD program
- critically evaluate and refine their CPD program to support continuous quality improvement, and
- report to the Board at the end of the CPD cycle the practitioners for whom they are the CPD home who have not successfully completed the CPD program.

Accessibility of CPD programs

Accredited CPD homes should be accessible to all medical practitioners with a relevant scope of practice, regardless of registration type.

Each CPD home will need to specify the scope/s of practice for which their program/s are designed. This will ensure that practitioners in the program are undertaking CPD that is relevant to their practice and will also allow for activities done in the workplace to be credited as CPD activities.

For different reasons, medical practitioners with specialist registration may choose not to continue their association with their original specialist medical college or may have transitioned to a scope of practice better suited in whole or in part to another college or other CPD home, without necessarily gaining an additional specialist qualification. These practitioners should be able to access the most relevant CPD program that reflects their actual or intended scope of practice, rather than their original scope of practice.

Opportunity for new CPD homes

The National Law encourages innovation in the education of practitioners. It is therefore proposed to allow for the introduction of new providers who can establish alternative, accredited CPD programs. New CPD homes may, for example, cater for practitioners with scopes of practice outside current college-based programs.

Accreditation of all CPD homes

Currently, specialist medical colleges are the only accredited providers of CPD programs. The Board assigns the accreditation function for the medical profession to the Australian Medical Council (AMC). Each CPD program either delivers CPD activities directly, or approves, recognises or endorses CPD activities delivered by other agencies.

To align standards, the Board proposes that all CPD homes should be accredited/approved, applying the same quality standards in accreditation and monitoring processes to all CPD programs. This would assure program quality and quality assurance/monitoring. The processes for accrediting non-College CPD homes will be developed as part of implementation arrangements and will be subject to wide consultation.

The accreditation standards could include a requirement that CPD homes have procedures to allow for CPD activities to be counted towards the CPD program requirements of more than one program where a practitioner has more than one specialty/scope of practice.

Increased diversity and flexibility of CPD activities within and between programs

All CPD programs should enhance innovation and develop new activities and structures to meet emerging healthcare and practitioner needs. CPD homes should retain the ability to approve, endorse or recognise other suitable CPD activities, while remaining responsible for the overall quality of CPD activities. This emphasises the diversity, relevance, responsiveness and accessibility of current and future activities.

Flexibility and tailoring of CPD activities to individual scopes of practice is encouraged, to align CPD more effectively to individual practitioner needs at all stages of their careers.

Programs of accredited CPD homes may continue to include relevant CPD activities that individual practitioners undertake through self-directed learning.

Proposed relevant CPD homes

Many medical practitioners currently undertake activities at work that meet the requirements of the CPD registration standard and warrant recognition as legitimate CPD activities recognisable by CPD homes.

To avoid unnecessary duplication of effort, CPD programs need to have sufficient flexibility to recognise legitimate work-based professional development activities, such as hospital-based audits, quality-assurance and relevant quality improvement activities, multi-source feedback (MSF) and performance appraisals.

The Board supports practitioners choosing any accredited CPD home that is/are relevant to their scope(s) of practice. The Board has also identified there are likely to be CPD homes relevant for some categories of practitioners and is proposing the following would be the relevant CPD homes:

Specialists

The relevant CPD home for specialists would be an accredited CPD home(s) of the specialist's choice that is/are relevant to their scope(s) of practice.

- Currently practitioners with specialist registration are required to meet the requirements for CPD set by the relevant specialist medical college for every specialty in which they hold specialist registration.
- Colleges have well established CPD structures and many are reviewing and modifying their programs to place more importance on the higher value types of CPD, such as performance reviews and outcomes measurement. These are detailed in Part D.
- It is proposed that specialists participate in a CPD home that provides CPD relevant for their scope of practice. In most cases, this will be the specialist college, but may be another home that has CPD designed for that scope.

Specialist trainees

The relevant CPD home will be the accredited specialist medical college for the trainees' training position. Specialist trainees will meet the CPD requirements by participating in an accredited specialist training program.

Specialist international medical graduates (SIMGs)

The relevant CPD home for specialist international medical graduates (SIMGs) under assessment would be the accredited specialist medical college(s) undertaking their assessment(s).

- Currently SIMGs with limited registration are required to complete CPD activities as agreed in their supervision plan and work performance report.
- As for specialist trainees, colleges have well established CPD structures that the SIMGs are able to access. This would ensure CPD is relevant to the scope of practice of the SIMG. SIMGs also have to meet knowledge and performance standards set by their relevant college.

All other medical practitioners

The relevant CPD home for all other medical practitioners would be an accredited CPD home(s) of their choice that is/are relevant to their scope(s) of practice.

- Mostly, this group of practitioners currently undertake self-directed CPD that was identified by the Expert Advisory Group (EAG) as the least likely to be effective CPD.
- Participating in a program that is relevant to their scope of practice, with the oversight of a relevant CPD home will assure relevance of CPD activities that will contribute to improved performance and enhanced patient safety.

Principles for CPD homes

The Board proposes to publish a set of principles to guide the governance and operation of CPD homes. This will ensure a standardised approach to CPD for all medical practitioners, that is:

- flexible enough to accommodate differences in practitioners' scope of practice
- will allow practitioners to tailor their CPD to their learning needs
- provide assurance to the community that medical practitioners' CPD is designed to improve their practice

The principles are:

1. Purposes

CPD homes:

- 1.1. support high-quality medical practice by providing high-quality CPD program(s) for medical practitioners.
- 1.2. support vertical integration of education, training and career-long professional development of medical practitioners.

2. Governance and management

CPD homes:

- 2.1. have transparent governance and management structures that are appropriate for the delivery of CPD program(s) for medical practitioners.
- 2.2. allocate appropriate resources to their CPD program(s).
- 2.3. are accredited by the Australian Medical Council (AMC) (or other body as approved by the Board) to provide CPD programs for medical practitioners.
- 2.4. undertake a regular cycle of monitoring, evaluation and review of their CPD program(s) to ensure that the changing needs of participants and the community are met.

3. Scope of practice of participants

CPD homes:

- 3.1. specify the scope(s) of practice for which their CPD program(s) are designed.
- 3.2. make their CPD program(s) available to all medical practitioners with the specified scope(s) of practice.

4. Requirements of CPD programs

CPD homes:

- 4.1. determine the requirements of their CPD program(s) in consultation with stakeholders and to meet the requirements of the Board and the AMC.
- 4.2. develop programs that meet the high-level requirements for each scope of practice as set by the relevant AMC-accredited specialist medical college.
- 4.3. publish the requirements of their CPD program(s) and make detailed guidance available to their CPD program participants.
- 4.4. require participants to complete annual professional development planning and self-evaluation of CPD activity.

- 4.5. require participants to select CPD activities that are relevant to their CPD needs, based on their current and intended scope of practice, and in the amounts and proportions mandated in the registration standard.
- 4.6. allow relevant CPD activities undertaken as part of medical work or training to be counted towards their CPD program requirements.
- 4.7. publish policies on exemptions or variations of CPD requirements for practitioners who are absent for a period of less than 12 months in circumstances such as parental leave, serious illness or bereavement.

5. Support provided

CPD homes:

- 5.1. provide advice on, arrange access to and/or directly provide appropriate resources to support:
 - professional development planning and self-evaluation
 - educational activities
 - reviewing of performance
 - measuring of outcomes.
- 5.2. provide advice on prospective approval of CPD activities (if applicable) and on retrospective approval of self-selected activities. They do not restrict participants to undertake only CPD activities that are prospectively approved.
- 5.3. provide a system for participants to document and store evidence of their CPD activity and provide guidance to participants on the records to be retained and the retention period.
- 5.4. provide a system that participants can use to track the number of hours of each type of CPD activity and other program requirements.
- 5.5. monitor participation in their CPD program(s) and provide annual certificates of completion.
- 5.6. conduct regular audits of at least 5 per cent of participant CPD records, assessing the completeness of evidence and educational quality.
- 5.7. counsel and assist participants who are failing to meet CPD program requirements each year.
- 5.8. have processes to respond to requests for remediation of medical practitioners who are participants in their CPD program(s).

6. Reporting

CPD homes:

- 6.1. provide a report to the Board within six months of year's end on the compliance of participants with their CPD program(s).
- 6.2. meet the reporting requirements of the relevant approved accreditation standard with respect to their CPD program(s).

Questions for consideration

12. CPD homes

- a. Is the requirement for all practitioners to participate in the CPD program of an accredited CPD home clear and workable?
- b. Are the principles for CPD homes helpful, clear, relevant and workable?
- c. Should the reporting of compliance be made by CPD homes on an annual basis or on another frequency?
- d. Is six months after the year's end feasible for CPD homes to provide a report to the Board on the compliance of participants with their CPD program(s)?
- e. Should the required minimum number of audits CPD homes must conduct each year be set at five percent or some other percentage?
- f. What would be the appropriate action for CPD homes to take if participants failed to meet their program requirements?

High-level requirements for CPD programs

Currently medical practitioners who have specialist registration must meet the requirements for CPD set by the relevant specialist medical college for every specialty in which they hold specialist registration.

In practice, most specialists achieve this by participating in the CPD program of their own college or colleges. A handful of specialists undertake 'self-directed' CPD, presumably using the relevant specialist medical college's published information as a guide.

Under the proposed revised CPD Registration standard, specialists will choose their own CPD home. It is anticipated that CPD homes may be colleges, other education providers (e.g. universities) and other organisations (e.g. professional indemnity organisations, professional associations and societies).

Specialist medical colleges continue to have a significant role as standard setters, medical educators, supporters of individual medical practitioners and shapers of the culture of medicine.

The Board proposes that the accredited specialist medical colleges continue to set the 'high-level requirements' for CPD programs for vocational trainees, specialist international medical graduates and specialists practising in the relevant scopes of practice in each specialty. This is because the accredited specialist medical colleges set the standards for training to achieve specialist registration in the relevant specialty fields.

High-level requirements are additional requirements for CPD above the minimum requirements set by the Board for medical practitioners practising in certain scopes of practice. The purpose of high-level requirements is to ensure consistency among CPD homes with respect to CPD programs for medical practitioners with certain scopes of practice.

CPD programs for all other medical practitioners must meet the Board's minimum requirements and are not subject to any high-level requirements.

The Board will publish the high-level requirements framework and require all CPD homes to ensure that their program/s meet the high-level requirements by including them as a requirement for colleges in their AMC accreditation.

The framework for development of high-level requirements for CPD programs for vocational trainees, specialist international medical graduates under assessment and specialists is detailed below.

The high-level requirements must meet:

Cycle length

The Board has set annual requirements for CPD activity.

Colleges may set multi-year cycles, providing that the annual requirements are also met (e.g., multi-year cycles may be used to ensure that participants complete specific CPD activities every few years rather than annually).

Hours of CPD activity

The Board requires a minimum of 50 hours of CPD activity per year. Colleges may not set a high-level requirement of more than 50 hours of CPD per year, although individual CPD homes may require more than 50 hours of CPD from their participants.

Professional development plan and evaluation

The Board requires annual professional development planning and evaluation. Colleges may have additional requirements related to planning and evaluation (e.g., discussing the plan and/or evaluation with an educational supervisor or peer).

Educational activities

The Board requires that at least 25 per cent of the minimum 50 hours is allocated to educational activities. Colleges may require specific types of educational activity and may require a proportion of these hours to be dedicated to activities of high educational quality that are primarily focused on the education of the participant.

Reviewing performance

The Board requires that at least 25 per cent of the minimum 50 hours is allocated to reviewing performance. Colleges may require specific types of activities directed at reviewing performance and may require a proportion of these hours to be dedicated to activities that focus on the participant's personal practice.

Measuring outcomes

The Board requires that at least 25 per cent of the minimum 50 hours is allocated to measuring outcomes. Colleges may require specific types of activities related to measuring outcomes and may require a proportion of these hours to be dedicated to activities that focus on the participant's personal practice.

Question for consideration

13. High level requirements for CPD programs

- a. Should the high-level requirements for CPD in each scope of practice be set by the relevant specialist colleges?



Part C: Transition arrangements

The Board is mindful of the adjustments individual practitioners, current providers of CPD programs and organisations considering providing CPD programs in the future may need to make to existing arrangements. The Board will propose a reasonable period to enable transition to the new arrangements and is interested in views on this matter.

Question for consideration

14. Transition arrangements

- a. What is a reasonable period to enable transition to the new arrangements?



Part D: Background

This paper is not for consultation. It provides general context and background about the Professional performance framework, the evidence in relation to CPD and current College CPD requirements.

Professional performance framework

The Medical Board of Australia (the Board) released its [*Professional performance framework*](#) (the Framework) in November 2017. The Framework aims to support medical practitioners to take responsibility for their own performance and encourage the profession collectively to raise professional standards and build a positive, respectful culture in medicine that benefits patients and practitioners.

Expert Advisory Group recommendations

The *Professional performance framework* is based on the recommendations of the Expert Advisory Group (EAG). The Board appointed the Expert Advisory Group in December 2015 to provide it with expert technical advice about approaches to support medical practitioners to maintain and enhance their professional skills and knowledge and remain fit to practise medicine.

The Board appointed the following as members of the Expert Advisory Group:

- Professor Elizabeth Farmer (Chair)
- Professor Richard Doherty
- Dr Robert Herkes
- Professor Michael Hollands
- Professor Brian Jolly
- Professor Kate Leslie AO
- Professor Peter Procopis AM
- Professor Pauline Stanton

The EAG delivered its final report in August 2017 offering options to ensure that medical practitioners in Australia maintain and enhance their skills throughout their working lives. The Board has accepted the evidence provided by the EAG and its recommendations.

The EAG recommended an integrated approach that will help improve public safety and better identify and manage risk in the Australian healthcare setting by:

- maintaining and enhancing the performance of all medical practitioners practising in Australia through efficient, effective, contemporary, evidence-based CPD relevant to their scope of practice, 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.

Strengthened CPD builds on what has already been achieved in current Australian CPD programs that are relevant to the individual practitioner's scope of practice. Development and implementation of fundamentally new processes is not proposed through this revised CPD Registration standard: rather, the object is to extract more value from existing CPD programs and encourage development and innovation.

The EAG recommended:

'a strengthened system of CPD that is robust, evidence-based, flexible to meet future needs and clearly linked to patient safety and improved performance that involves:

- raising the quality and effectiveness of CPD by:
 - requiring the accreditation of all CPD programs
 - eliminating self-directed CPD undertaken outside accredited programs
 - prescribing the extent, proportion and broad types of CPD to be undertaken by all registered medical practitioners
 - requiring all medical practitioners to nominate a CPD program as their 'CPD home'
 - requiring all medical practitioners to prepare a professional development plan (PDP) for each CPD period that is relevant to their scope of practice, and
 - requiring CPD programs to recognise legitimate CPD activities undertaken in the workplace or through other providers.
- ensuring equitable access to diverse CPD programs relevant to practitioners' scope of practice by:
 - enabling new CPD programs to be established
 - ensuring that existing programs are accessible to all practitioners with a relevant scope of practice
 - ensuring CPD programs guide practitioners who do not provide direct patient care in selecting relevant CPD activities.¹⁷

Consultation on the Professional performance framework

During the development of the *Professional performance framework*, the Board held a three-and-a-half-month [consultation on the interim report of the EAG](#). Hundreds of doctors, their representatives, community members and educators shared their ideas. They gave feedback on the proposal put forward by the EAG on what should be done to build a practical, effective and evidence-based system.

Since the release of the Professional performance framework, the Board has held two national stakeholder forums to discuss the implementation of the Framework.

¹⁷ 2017, *Final report of the Expert Advisory Group on revalidation*, Medical Board of Australia

Five pillars of the Professional performance framework

The *Professional performance framework* was released in November 2017 and is the Board's response to the EAG final report. There are five pillars to the Framework, the first is to strengthen CPD requirements for all medical practitioners.

Strengthened continuing professional development	Active assurance of safe practice	Strengthened assessment and management of practitioners with multiple substantiated complaints	Guidance to support practitioners	Collaborations to foster a positive culture
<ul style="list-style-type: none"> • All doctors to have a CPD home • CPD to be relevant to scope of practice • CPD to be based on personal professional development plans • 50 hours CPD per year, a mix of: <ul style="list-style-type: none"> – performance review – outcome measurement, and – educational activities. • CPD home to report to the Board where medical practitioners have not completed their CPD program requirements. 	<ul style="list-style-type: none"> • Board to identify risks to patient safety and define the principles for screening those at risk • Increasing age is a known risk factor: <ul style="list-style-type: none"> – peer review and health checks for doctors who provide clinical care aged 70 and three yearly after that – Board will not receive the results of peer review and health screening unless there is a serious risk to patients. • Professional isolation is a known risk factor: <ul style="list-style-type: none"> – education on how to identify and manage this risk – increasing peer-based CPD for professionally isolated practitioners. 	<ul style="list-style-type: none"> • Board to strengthen its assessment and management of practitioners with multiple substantiated complaints • Board to require practitioners with multiple substantiated complaints to participate in formal peer review. 	<ul style="list-style-type: none"> • Board to continue to develop and publish clear, relevant and contemporary professional standards including: <ul style="list-style-type: none"> – revise <i>Good medical practice: A code of conduct for doctors in Australia</i> – refine existing and develop new registration standards – issue other guidance as required. 	<ul style="list-style-type: none"> • Promote a culture of medicine that is focused on patient safety • Work in partnership with the profession to reshape the culture of medicine and build a culture of respect • Encourage doctors to: <ul style="list-style-type: none"> – commit to reflective practice and lifelong learning – take care of their own health and wellbeing – support their colleagues. • Work with relevant agencies to promote individual practitioners accessing their data to support practice review and measuring outcomes.

CPD Advisory Group

The Board established the CPD Advisory Group (the Advisory Group) in May 2018 to provide advice on how to implement 'strengthened CPD', including to advise on the registration standard for CPD and progress the concept of 'CPD homes'.

The Board appointed the following as members of the CPD Advisory Group:

- Professor Kate Leslie AO (Chair)
- Mr John Biviano
- Dr Claire Blizzard
- Professor Richard Doherty
- Dr Joanne Katsoris
- Dr Alex Markwell
- Dr Bruce Mugford
- Dr Sukhpal Singh Sandhu
- Dr Anne Tonkin

The Advisory Group was mindful of the high-level descriptions of strengthened CPD as described in the *Professional performance framework* and the evidence and recommendations from the Expert Advisory Group final report when developing their recommendations to the Board for:

- a revised CPD registration standard
- a framework for high-level requirements for CPD programs
- principles for CPD homes.

The Advisory Group has advised the Board on a standardised approach to CPD for all medical practitioners that:

- is flexible enough to accommodate differences in medical practitioners' scope of practice
- will allow medical practitioners to tailor their CPD to their learning needs
- will provide assurance to the community that medical practitioners' CPD is designed to improve their practice.

Effectiveness of CPD

The EAG identified that Cervero and Gaines⁸ synthesised eight new systematic reviews of the literature about the effectiveness of CPD (referred to in their paper as CME), published since a 2003 review.⁹ They concluded that CPD:

- is able to improve clinician performance and patient health outcomes
- has been shown to be more reliably positive in its impact on clinicians' performance than it has been on patient health outcomes. The effect of CPD on patient outcomes has been more difficult to demonstrate due to the complexity of intervening variables, and
- leads to greater improvement in physician performance and patient outcomes if it is interactive, uses more methods, involves multiple exposures, is longer, and is focused on outcomes that are considered important by clinicians.

In summary, Cervero and Gaines concluded that exposure to multiple modalities and multiple events will increase the likelihood of a change in performance and subsequent change in patient health outcomes. Their findings infer that educational interventions that are based on the concept of a performance improvement process involving feedback from ongoing, multimodal, interactive

8 R.M. Cervero and J.K. Gaines, 'The impact of CME on position performance and patient healthcare outcomes: an updated synthesis of systematic reviews', *Journal of continuing education in the health professions*, vol. 35, no. 2, 2015, pp. 131-138.

9 M.K. Robertson, K.E. Umble and R.M. Cervero, 'Impact studies in continuing education for health professionals: update', *Journal of continuing education in the health professions*, vol. 23, no. 3, 2003, pp. 146 -156.

education and performance assessment, delivered sequentially, is more important than single or isolated educational events.

These systematic reviews demonstrate that the ability of CPD to create changes in performance or health outcomes is critically dependent on how it is designed and presented to learners.

When standards for mandatory CPD require little more than documentation of attendance for the purpose of certification, registration or credentialing, the effectiveness of the activities undertaken are variable. Moore et al. pointed out that in recent years there has been a steadily increasing discomfort about this uncertainty.¹⁰ The Board has already responded to this by moving to a more specific description of CPD that involves hours and specifies a mandatory 'practice-based reflective element' for doctors holding general registration.

Other jurisdictions' approach to CPD

The Board recognises that bi-national specialist colleges need to cater for the different CPD requirements of the Board and the Medical Council of New Zealand (the Council).

In New Zealand, to maintain the right to be issued with a practising certificate, medical practitioners must meet recertification and continuing professional development (CPD) requirements. There are different requirements for medical practitioners registered in a general scope of practice to those registered as specialists.

There are significant similarities with the requirements for New Zealand medical practitioners and those proposed in the revised CPD Registration standard. The Board is satisfied that the evolving CPD programs of the specialist medical colleges will reflect the proposed strengthening of CPD in both Australia and New Zealand.

Existing CPD arrangements of specialist medical colleges

The CPD requirements for specialists are currently set by the specialist medical colleges. The current CPD programs offered by colleges have been reviewed against the backdrop of the CPD requirements contained in the *Professional performance framework*.

Current CPD programs run by colleges are mostly annual or triennial time frames, with one college running a two-year program and another a five-year program. All colleges offer or require practitioners to undertake performance review activities and/or activities to measure their outcomes, in addition to educational activities. Most colleges currently allocate points for different activity types (rather than counting hours of activity). In discussions the Board and EAG Chairs held with colleges in 2017, most colleges indicated that they allocate more points for activities with higher educational value.

Several college programs are very close to meeting the proposed requirements, but none currently meets all requirements. In particular, the binational colleges have addressed many of the proposed requirements.

The following is a summary of the key requirements of existing college programs.

¹⁰ D.E. Moore Jr, J.S. Green and H.A. Gallis, 'Achieving desired results and improved outcomes: integrating planning and assessment throughout learning activities', *Journal of continuing education in the health professions*, vol. 29, no. 1, 2009, pp. 1-15.

Existing CPD arrangements of specialist medical colleges

	Publicly available high-level requirements	Mandatory to retain College fellowship	Available to non-members	Cycle details	Unit of credit	Mandates >50 hours per annum	Professional development plan	Choice of activities	Educational activities	Reviewing performance	Measuring outcomes	Specific specialty requirements	Audit of CPD records
ACD	Yes	Yes	Yes	2 years 1 Jan 18-31 Dec 19	Points	No	Mandatory	Self-assessed	Mandatory	Mandatory (categories combined)		No	10%
ACEM	Yes	Yes	Yes	3 years 1 July 17-30 June 20	Hours	≥50yr/ 150 3yrs	Mandatory	Self-assessed	Mandatory	Mandatory	Mandatory	Yes	5%
ACRRM	Yes	Yes	Yes	3 years 1 Jan 17-31 Dec 19	Points	No	Mandatory	Self-assessed	Mandatory	Either	Either	Yes	100% All activities confirmed before logging
ACSEP	No	Yes	No	3 years 1 Jan 17-31 Dec 19	Points	≥50yr/ 150 3yrs	Optional	Self-assessed	Mandatory	Mandatory	Mandatory	Yes	9%
ANZCA	Yes	No	Yes	3 years 1 Jan 17-31 Dec 19	Points	No	Mandatory	Self-assessed	Mandatory	Either	Either	Yes	7%
CICM	Yes	Yes	Yes	2 years 1 Jan 18-31 Dec 19	Points	No	Mandatory	Self-assessed	Mandatory	Either	Either	No	5%
RACDS (OMFS)	Yes	Yes	Yes	3 years 1 Jan 19-30 Dec 21	Points	No	Optional	Self-assessed	Mandatory	Either	Either	No	10%
RACGP	Yes	Yes	Yes	3 years 1 Jan 17-31 Dec 19	Points	No	Optional (Mandatory from 2020)	Some college-accredited activities required	Mandatory	Mandatory (categories combined)		Yes	10%
RACMA	Yes	Yes	Yes	1 year 1 Jan-31 Dec	Hours	≥50yr	Mandatory	Some college-accredited activities required	Mandatory	Optional	Optional	Yes	9%

	Publicly available high-level requirements	Mandatory to retain College fellowship	Available to non-members	Cycle details	Unit of credit	Mandates >50 hours per annum	Professional development plan	Choice of activities	Educational activities	Reviewing performance	Measuring outcomes	Specific specialty requirements	Audit of CPD records
RACP	Yes	No	Yes	1 year 1 Jan-31 Dec	Points	No	Optional	Some college-accredited activities required	Activities from at least two categories required			No	5%
RACS	Yes	No	Yes	1 year 1 Jan-31 Dec	Points	No	Mandatory	Self-assessed	Mandatory	Mandatory	Mandatory	Yes	7%
RANZCO	Yes	Yes	Yes	1 year 1 Jan-31 Dec	Points	No	Optional	Self-assessed	Optional	Mandatory (categories combined)		No	5%
RANZCOG	Yes	Yes	Yes	3 years 1 July 19-30 June 21 Transitioning to fixed triennium	Points	No	Optional	Self-assessed	Optional	Mandatory (categories combined)		Yes	10%
RANZCP	Yes	No	Yes	1 year 1 Jan-31 Dec	Hours	≥50yr	Mandatory	Self-assessed	Mandatory	Mandatory	Mandatory	No	10%
RANZCR	Yes	Yes	Yes	3 years 1 Jan 19-30 Dec 21	Points	No	Optional	Self-assessed	Optional	Optional	Optional	Yes For MRI & mammography	7%
RCPA	Yes	Yes	Yes	5 years Starting 1 st calendar year after completing fellowship	Hours	≥60yr/ 500hr 5yrs	Optional	Self-assessed	Mandatory	Mandatory	Mandatory	No	5%

Appendix A: Statement of assessment

The Board's statement of assessment against AHPRA's Procedures for the development of registration standards, codes and guidelines and COAG principles for best practice regulation

Proposed draft revised Registration standard: Continuing professional development for medical practitioners

The Australian Health Practitioner Regulation Agency (AHPRA) has *Procedures for the development of registration standards, codes and guidelines* which are available at: www.ahpra.gov.au

These procedures have been developed by AHPRA in accordance with section 25 of the Health Practitioner Regulation National Law as in force in each state and territory (the National Law) which requires AHPRA to establish procedures for the purpose of ensuring that the National Registration and Accreditation Scheme (the National Scheme) operates in accordance with good regulatory practice.

Below is the Medical Board of Australia's (the Board) assessment of their proposal for a proposed draft revised registration standard: continuing professional development for medical practitioners against the three elements outlined in the AHPRA procedures.

1. The proposal takes into account the National Scheme's objectives and guiding principles set out in section 3 of the National Law

Board assessment

The proposed revised registration standard sets out the minimum amount, types and arrangements for continuing professional development (CPD) required of medical practitioners. The Board considers that the proposed revised CPD registration standard meets the objectives and guiding principles of the National Law.

The proposal takes into account the National Scheme's objective of enabling continuous development of a flexible, responsive and sustainable health workforce. Undertaking quality, relevant CPD has been shown to enhance practitioners' knowledge and skills and positively impact on practitioners' performance and patient health outcomes. The strengthened CPD arrangements are robust, evidence-based, flexible to meet future needs and clearly linked to patient safety and improved clinical performance.

The Scheme's objective of enabling innovation in the education of health practitioners is supported by the proposed CPD arrangements. The approach to CPD proposed by the Board is flexible enough to accommodate differences in medical practitioners' scope of practice and will allow medical practitioners to tailor their CPD to their learning needs. It will encourage CPD homes to provide innovative, flexible CPD arrangements for practitioners while also providing assurance to the community that practitioners' CPD is designed to improve their practice. The Board has designed new CPD arrangements that strike a balance between flexibility and consistency.

The objective of protecting the public by ensuring that only those who practise in a competent and ethical manner are registered will be supported by the requirement for practitioners to undertake high-value relevant CPD that will enhance performance and patient safety.

The proposed draft revised registration standard also supports the National Scheme guiding principle to operate in a transparent, accountable, efficient, effective and fair way. The proposal gives clear guidance on the Board's expectations of medical practitioners and there are protective actions that can be taken under the National Law if a practitioner does not fulfill these expectations.

2. The consultation requirements of the National Law are met

Board assessment

The National Law requires wide-ranging consultation on proposed registration standards and guidelines. The National Law also requires the Board to consult the other National Boards on matters of shared interest.

The Board is ensuring key stakeholders have been consulted during the development of the proposal. In 2017, the Board consulted publicly on the Expert Advisory Group's draft report that proposed the changes that have subsequently been translated into the registration standard. During this process, the Board ran an online survey, provided an online forum for submissions and met with every specialist college and the Australian Medical Association. The Board also held a consultation forum in every state and territory.

The Board is now undertaking public consultation to gauge views on the proposed registration standard. The process will include the publication of the consultation paper on its website and informing medical practitioners via the Board's electronic newsletter sent to more than 95% of registered medical practitioners.

The Board will also draw this paper to the attention of key stakeholders including the other National Boards.

The Board will take into account the feedback it receives when finalising the revised CPD Registration standard that it may submit to the Ministerial Council for approval.

3. The proposal takes into account the COAG Principles for Best Practice Regulation

Board assessment

In developing the draft revised guideline, the Board has taken into account the Council of Australian Governments (COAG) *Principles for Best Practice Regulation*.

As an overall statement, the Board has taken care not to propose unnecessary regulatory burdens that would create unjustified costs for the profession or the community.

The Board makes the following assessment specific to each of the COAG Principles expressed in the AHPRA procedures.

COAG Principles for Best Practice Regulation

A. Whether the proposal is the best option for achieving the proposal's stated purpose and protection of the public

Board assessment

The Board considers that its proposal is the best option for achieving the stated purposes. The proposed draft revised registration standard would provide more specific guidance for medical practitioners about their obligations to complete CPD that is appropriate to their scope of practice and is proven to improve performance.

The proposed draft revised CPD registration standard does not propose significant changes to the current arrangements for the majority of medical practitioners. It reflects contemporary thinking on effective CPD, including the evidence supporting the need for practitioners to undertake CPD that includes performance reviews and measuring outcomes and the value of support provided through a CPD home.

The proposal would protect the public by making clear the requirement for practitioners to undertake relevant CPD activities that will contribute to improved performance and enhanced patient safety.

B. Whether the proposal results in an unnecessary restriction of competition among health practitioners

Board assessment

The proposal will not restrict competition as it would apply to all registered medical practitioners.

C. Whether the proposal results in an unnecessary restriction of consumer choice

Board assessment

The proposal will not result in any unnecessary restrictions of consumer choice as the proposed draft revised registration standard would apply to all registered medical practitioners except students, interns, non-practising registrants, those granted an exemption and short-term limited registrants.

The Board proposes to require practitioners to complete their CPD through a 'CPD home' but is not proposing to restrict practitioners' choice by specifying the home a practitioner must use.

The proposal has the potential to improve a consumer's confidence that registered medical practitioners are undertaking relevant CPD activities that will contribute to improved performance and enhanced patient safety.

D. Whether the overall costs of the proposal to members of the public and/or registrants and/or governments are reasonable in relation to the benefits to be achieved

Board assessment

The Board has considered the overall costs of the proposed draft revised registration standard to members of the public, medical practitioners and governments and concluded that the likely costs are minimal as all practitioners are already required to undertake the same amount of CPD as is proposed in the revised standard and the majority of practitioners currently complete their CPD through a specialist college or other 'CPD home'-like organisation.

The Board has also weighed the benefits of the changes as identified in evidence that effective CPD includes more than educational activities. The evidence shows that educational activities alone have little or no beneficial effect on a doctor's performance. It shows that it is important for doctors to undertake CPD that is an actual or direct measure of their functioning in the real world, including that they review their performance and measure their outcomes. The evidence also shows CPD is more beneficial where practitioners are supported through a CPD home. The Board has developed the registration standard to reflect these benefits.

E. Whether the proposal's requirements are clearly stated using 'plain language' to reduce uncertainty, enable the public to understand the requirements, and enable understanding and compliance by registrants

Board assessment

The Board considers the proposed revised CPD Registration standard has been written in plain English that will help practitioners and the community to understand the Board's CPD requirements.

- F. Whether the Board has procedures in place to ensure that the proposed registration standard, code or guideline remains relevant and effective over time

Board assessment

If approved, the Board will review the CPD Registration standard at least every five years, including an assessment against the objectives and guiding principles in the National Law and the COAG principles for best practice regulation.

However, the Board may choose to review the registration standard earlier, in response to any issues which arise or new evidence which emerges to ensure the continued relevance and workability of the standard.