

3 December 2019

Dr Anne Tonkin
Chair
Medical Board of Australia

Via email: performanceframework@ahpra.gov.au

Dear Dr Tonkin,

Thank you for the opportunity to submit a response to the Medical Board of Australia - Preliminary confidential consultation - Revised CPD Registration standard. We have responded according to the 'Questions for Consideration' on page 6 and 7 of the documents received.

1. Is the content and structure of the draft revised CPD registration standard helpful, clear, relevant and more workable than the current standard?

The content and structure of the draft revised standard is clear and relevant.

2. Is there any content that needs to be changed or deleted in the draft revised standard?

No

3. Is there anything missing that needs to be added to the draft revised standard?

No

4. Do you have any other comments on the draft revised CPD registration standard?

No

5. 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.

RANZCO believes that all registered practitioners should undertake CPD under the registration standard, except for those groups outlined as above, with the exception of interns who should complete CPD as part of their accredited training programs.

5. b. Are there any other groups that should be exempt from the registration standard?

No

6. Interns

a. If interns are not exempted from undertaking CPD, should they be required to complete and record CPD activities in addition to or as part of their training program?



Interns should do CPD as part of their training program and record their CPD in the same format as fully qualified medical practitioners. By doing this, interns will learn what CPD is, what the requirements are and how to record it, so they learn what to do what they are required to do when they complete their postgraduate training and are no longer under supervision

b. If CPD is included as a component of their training program/s, should they have to comply with the same mix of CPD as other medical practitioners?

Yes, this will allow interns to become familiar with doing the active, reflective and performance improvement type of learning that is required in CPD. Hopefully the CPD framework also requires medical practitioners to do some training each year of professional roles not just medical expertise roles.

c. Should they have to record what CPD they are doing or is completion of the program requirements sufficient to comply with the standard?

Interns should record their CPD. Through this process, they learn how CPD works and are ready to do effective CPD after they complete their postgraduate training.

IMGs under supervision and specialist trainees

7. a. Should practitioners such as IMGs under supervision and specialist trainees be required to complete CPD in addition to or as part of their training program?

Trainees and IMGs under supervision should complete CPD as part of their program and record CPD in the same way as qualified medical practitioners. By doing this they learn to do what they are required to do when they complete training.

7. b. If CPD is included as a component of their training program, should they have to comply with the same mix of CPD as other medical practitioners?

Yes

Exemptions

8. a. Should exemptions be granted in relation to absence from practice of less than 12 months for parental leave, in addition to serious illness or bereavement?

Yes

b. Is 12 months the appropriate threshold?

Yes, if a practitioner is absent for more than 12 months, then a return to practice plan should be developed.

c. Should CPD homes grant these exemptions or should the Board?

Exemptions from CPD, should be linked to registration, therefore these should be approved by the Board and relayed to the CPD home

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

a. Should medical practitioners with more than one scope of practice be required to participate in more than one CPD program or can the requirements can be met by one home?

No, completion of CPD should be through one CPD home

b. Should medical practitioners with more than one specialty be required to participate in more than one CPD program if a single program does not cover the scope of their practice?

Yes, they need to have up to date competencies across their entire scope of practice.

CPD Required

10. Are the types and amounts of CPD requirements clear and relevant?

Yes, they are clear. There will need to be discussion about the relevance of some of the types of CPD for those practitioners in non-clinical roles.

11. Should all practitioners, including those in non-clinical roles, be required to allocate their CPD proportionately among three types of CPD: activities focused on reviewing performance, activities focused on measuring outcomes, and educational activities?

Yes, the point of CPD is to improve one's performance and the outcome's work performed.

Transition arrangements

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

As with any programmatic change, there is considerable work that needs to be undertaken, and extra costs involved. It is felt that to completely implement these changes, a transition period of 5 years is appropriate.

CPD homes

13. Is the requirement for all practitioners to participate in the CPD program of an accredited CPD home clear and workable?

Yes, however all CPD home will need to be accredited against the same standards. These are currently set by the Australian Medical Council.

14. Are the principles for CPD homes helpful, clear, relevant and workable?

Yes, but may not be feasible for small programs. CPD homes are proposed to be required to do certain things that College's currently do not undertake: provide for subspecialty scopes of practice not just general practice and approve, recognise and endorse education activities. CPD homes will need to allocate resources to CPD to deliver these requirements.

15. a. Should the reporting of compliance be made by CPD homes on an annual basis or on another frequency?

As majority of CPD programs are run on an annual basis, this seems appropriate.

15.b. 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)?

Yes, audit of CPD compliance is done following the close of the year. Allowing for 6 months to complete this process is appropriate.

16. Should the required minimum number of audits CPD homes must conduct each year be set at five percent or some other percentage?

5% audit of CPD participants is an achievable number for CPD homes to complete. This should not be changed.

17. What would be the appropriate action for CPD homes to take if participants failed to meet their program requirements?

CPD homes should be counselling and supporting its members to complete CPD requirements. CPD homes should have support structures in place to achieve this. If members fail to complete CPD requirements, they should be referred to the Board. The Board is the appropriate jurisdiction to decide on disciplinary actions for these practitioners.

High level requirements for CPD programs

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

Yes, the Colleges are the subject matter experts in this field and are the appropriate bodies to set these requirements.

Thank you again for the opportunity to submit this response. Should you like any further information, please contact Simon Janda, General Manager – Education at ranzco@ranzco.edu

Yours sincerely,



Dr David Andrews

Chief Executive Officer

RANZCO