The Royal Australian and New Zealand College of Obstetricians and Gynaecologists

Excellence in Women's Health

Submission

Medical Board of Australia: draft revised Registration standard: Continuing professional development

Thank you for the opportunity for the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) to provide feedback in relation to the Medical Board of Australia document, draft revised *Registration standard: Continuing professional development*.

RANZCOG is the lead standards body in women's health in Australia and New Zealand, with responsibility for postgraduate education, accreditation, recertification and the continuing professional development of practitioners in women's health, including both specialist obstetricians and gynaecologists, and GP obstetricians.

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?**

RANZCOG has reviewed the above questions and provides comment below:

RANZCOG has concerns where a requirement allows for a choice of an accredited Continuing Professional Development (CPD) home and considers that the CPD home should be that of the fellowship of the specialist medical college. There are concerns that a Specialist would have the option of undertaking CPD with another College or organisation other than the medical college that is responsible for setting the high-level requirements for their speciality CPD.

The draft guideline appears to be more focused on medical practitioners in medical practice and less workable for the medical practitioner not undertaking clinical work. The College suggests medical practitioners not involved in clinical patient are be exempted from the split of 50 hours into 25% for each of the CPD groups. These practitioners may have more emphasis on educational activities and review of performance e.g. in teaching rather than outcome measures.

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?

Specialist trainees and Specialist International Medical Graduates (SIMGs) in formal programs should be exempted from performing CPD if their education is provided as part of their training program.

Pre-vocational junior doctors and specialist trainees should be exempted from recording and auditing of CPD. There may need to be a limit of the number of years one might be considered pre-vocational, so that 'career medical officers' are required to undertake CPD in the same framework as Fellows of a Specialist Medical College. Career Medical Officers working in a specialty should also participate in a CPD Programme of the relevant Specialist Medical College.

Medical Practitioners not in clinical practice should be exempted from the split of 50 hours - 25 % across the three CPD types.

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?

Interns should be exempted, but if not exempted, they should simply be able to document that they are participating in the accredited intern position's 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?

If they are required to participate and record CPD, they should only have to undertake the educational component, with performance review and outcome measurement as an optional means of obtaining the necessary hours.

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

All doctors under supervision are, by terms of their employment, being reviewed in their performance. It is too onerous to require them to show participation, or mandate 25% minimum in these areas.

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?

This is not necessary as trainees are following the specialist education program and will undertake activities to support requirements of the program. If included, components should be discretionary and whilst education activities may be valuable, peer evaluation would not add value if already in formal programs.

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?

As per question seven, this is not necessary as IMGS are following a training plan and depending on level of comparability will undertake activities to support requirements of the program, although additional CPD activities may be included in an IMG training plan.

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?

Exemptions should be granted in relation to absence for practice of less than 12 months for parental leave, in additional to serious illness or bereavement.

b. Is 12 months an appropriate threshold?

Twelve month's leave is an appropriate timeframe beyond which CPD compliance should be required. The type of CPD would need to be amended to education only whilst still on leave from work or for doctors returning after 36 months non-practising (who currently have to undertake 12 months equivalent of CPD before being re-registered). It is not feasible to do performance review or outcome measurement whilst not working.

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

For effective monitoring and quality control, the CPD home should manage and have the authority to grant the exemptions, and report to the Board at the standard time set.

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?

Practitioners should have a single CPD home, with the requirement for that home (or the practitioner) to provide a report to the other relevant colleges that CPD has been met (probably including sufficient detail of the activities to show that some relate to the second specialty). It is felt that they should still have a minimum requirement of 50 hours pa total (not 50 hours pa for each of their qualifications), but that their CPD activities should be split between their specialties (e.g. a palliative care physician who also holds a psychiatry fellowship would complete 25 hours in palliative care CPD and 25 hours psychiatry CPD). It is felt that there should be a requirement for ensuring equal distribution of these 25 hours across all three domains for each qualification.

11. CPD required

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

The types and amounts of CPD requirements are clear.

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?

Non-clinical medical practitioners should not be obligated to split their 50 hours across the three domains. it is difficult for Fellows with in non-clinical roles to maintain their CPD with the revised CPD framework. The old framework made it possible. Fellows still need to maintain currency in each domain in order to write legal reports etc.

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?

There needs to be flexibility for practitioners who do not have direct patient contact. It is likely that such practitioners will have more of a bias in education, leadership and/or research. Practitioners should be able to identify which domain would suit their professional development better i.e. education or performance review rather than outcome measure and be exempt from splitting their 50 hours across three CPD groups.

12. CPD homes

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

Yes, the requirements to participate in the CPD program of an accredited CPD is home, however what is not clear is that a Specialist would have the option of undertaking CPD with another College or organisation other than the medical college that sets the high level requirements for their speciality CPD.

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

The principles are clear however there are concerns that organisation's other than the relevant medical college will be setting standards for specialist medical practitioners.

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

Compliance for RANZCOG is reported as a three-year cycle and is only verified at the end of the cycle. Reporting should be consistent with College's CPD cycle.

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)?

Need further clarification whether 'compliance' refers to being in an active CPD cycle or having met CPD hour requirements.

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

Five percent per annum is a reasonable figure, and similar to, or slightly more than, what most of the colleges are already doing. If a two or three-year cycle was accepted, then reasonable to audit 10 or 15%, respectively, at the end of that cycle.

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

The College currently has a process for dealing with non-compliance of CPD that is considered by the Fellowship Review Committee that may result in loss of fellowship.

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?

Yes, the high-level requirements for CPD in each scope of practice should be set by the relevant specialist colleges.

14. Transition arrangements

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

A reasonable period to enable transition to the new arrangements is the end of current triennium (20220.

Amongst RANZCOG members are a unique group of practitioners, the Diplomates who hold either the DRANZCOG or DRANZCOG (Adv). These doctors may also be members of RACGP and ACCRM. As stated above, they should be encouraged to find a "home" for their CPD and then provide evidence to other bodies of their participation.

If RANZCOG can assist with any further advice in relation to the draft revised *Registration standard: Continuing professional development*, please do not hesitate to contact me.

Yours sincerely,

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President