

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?

Answer: No

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

Answer: Yes

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

Answer: Yes

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

Answer: I believe that the current CPD system has been working well and minor modification would better serve individuals. The majority of practitioners complete far more CPD than required, many do not record this once it is above and beyond the minimum requirements. The main issue is not 50 hours per year but that a portion of CPD should be completed in each 12-month period, not left to the end of a triennium – technically if CPD is done at the beginning of one triennium and the end of the next it could be almost 6 years between CPD. This removed the work “continuous” from the obligation and allows practitioners to create a program that suits their needs but does not keep their skill sets to the minimum levels and standards – or at least does not show that they are keeping to a 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: Answer – yes

– interns in accredited intern training programs Answer - yes

- 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 – Answer: No

- 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 Answer: No

- medical practitioners with non-practising registration. Answer: No

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

Modified registration standards should be available to parents for maternity or parental leave. Answer: Yes

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?

Answer: They should be expected to keep a CPD record. Ideally a procedural logbook (even

if self-logged without a supervisors signature) - A record of them attending intern teaching sessions, CPR and any other hospital based training.

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?

Answer: No

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

Answer: They should record their CPD

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7. Specialist trainees

a. Do you agree specialist trainees should be required to complete CPD as part of their training program?

Answer: Yes

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?

Answer: No

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?

Answer: Record what they are doing

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?

Answer: Absolutely.

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?

Answer: No. IMGs should have additional compulsory cultural training, specifically in regards to indigenous health, culture, access issues and history of Indigenous Australians.

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?

Answer: They should record

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?

Answer: Yes

b. Is 12 months an appropriate threshold?

Answer: No – Up to 24 months with no CPD for illness or parental leave, carers leave.

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

Answer: CPD Homes should grant the extension

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?

Answer: Yes

Do you have alternative suggestions?

Answer: No – it makes sense to have one CPD home for all CPD requirements.

11. CPD required

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

Answer: Yes

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?

Answer: No

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?

Answer: The practitioner should apply to their CPD home with an outline of their request for an exemption.

12. CPD homes

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

Answer: Yes

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

Answer: No – removing colleges from CPD and specialists requirements of CPD is not appropriate. The college that that specialists has a fellowship with should be where they get their CPD from.

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c.

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

Answer: Reporting should remain on a 3 years cycle for the CPD homes BUT they should enforce a minimum CPD per financial year (July 1-june 30) and then report to the board any non-compliance PRIOR to September 30th registration.

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)?

Answer: Six months is not reasonable when working on a 12 month cycle – as it would be half way into the next cycle. It would need to be 3 months

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

Answer: 5% is a reasonable audit number – but a single clinician should not be selected in that 5% more than once every 5 years (essentially increasing the chances of a clinician been audited from 5:100 to 5:75 with the removal of already audited clinicians form the pool

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

Answer: Formal notification, report to Medical board and 3 years of yearly audits.

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?

Answer: Yes, only the colleges have the expertise to be certain the clinicians are meeting the standards.

14. Transition arrangements

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

Answer: Three years.