



Australasian College for Emergency Medicine

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21 February 2020

Australian Health Practitioner Regulation Agency
GPO Box 9958
MELBOURNE VIC 3001

By email: performanceframework@ahpra.gov.au

Re: Public Consultation – Revised Registration Standard: Continuing Professional Development

Thank you for the opportunity for the Australasian College for Emergency Medicine (ACEM; the College) to provide input in relation to the public consultation paper on the draft revised *Registration standard: Continuing Professional Development* (the Standard). The College submitted a response to the preliminary consultation paper in August 2019 and retains substantially the same views.

The College considers the Standard to be an important document in strengthening Continuing Professional Development (CPD) for medical practitioners and appreciates AHPRA following up the preliminary consultation phase with public consultation.

Responses to the Questions for Consideration contained in the consultation paper are provided as follows.

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

Overall, the content and structure of the draft revised CPD registration standard is clear and relevant. While acknowledging the definition of 'CPD home' indicates that this may be an 'education provider', the College considers that users may benefit from the definition of a 'CPD home' including some specific examples, as has been done for 'education provider'.

As a bi-national College, ACEM welcomes the increased concordance with the corresponding CPD Standard of the Medical Council of New Zealand (MCNZ) and the greater focus on the *performance* and *outcomes* categories.

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

The content is both comprehensive and appropriate; noting comments provided above in relation to Question 1.

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

Please refer to comments provided in relation to Question 1.

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

The College notes the potential simplification for practitioners who hold specialist registration in more than one specialty and notes its willingness to work with other specialist colleges to implement measures to assist these practitioners meet their CPD requirements across all areas of their scope of practice. Further comments are provided in relation to Question 9.

5. a) Should the CPD Registration standard apply to all practitioners except the groups specified?

The College considers it appropriate that the Standard should not apply to medical students, medical practitioners with non-practising registration, and medical practitioners who have been granted limited registration by the Medical Board of Australia (MBA) for a period of not more than four weeks. The College also supports the exclusion of interns from the Standard for the reasons specified on page 18 of the consultation paper.

The College welcomes exemption from the Standard being granted for an absence from practice of less than 12 months. The revised wording of circumstances in which this leave might occur and the specific inclusion of parental leave, is strongly supported.

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

The College has not identified any additional groups that it considers should be exempt from the Standard.

6. 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?

Acknowledging the minimum time requirements and the need to demonstrate acquisition of the skills and knowledge expected from intern training, the College is of the view that interns should be exempted from completing and recording CPD activities.

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?

Refer to (a) above.

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

The College is of the view that satisfactory completion of the intern training requirements would be 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?

The College believes that the ACEM Fellowship Training Program is both rigorous and comprehensive in teaching the knowledge, skills and behaviours required for competent practice of Emergency Medicine, and therefore that specialist trainees should not be required to also 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?

The College is of the view that the curriculum and assessment components of the Program align with, and far exceed the requirements for the components of the proposed CPD Standard. As such, the College believes that our trainees will already be complying with the new standards and should not be required to do additional CPD.

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?

The College holds the view that successful progression within the Specialist Training Program is sufficient evidence that the trainee is complying with the intent of the CPD standard.

8. a) Should IMGs be required to complete CPD in addition to or as part of their training program or supervised practice?

The College's requirements of SIMGs working towards eligibility for election to Fellowship are informed by the relevant MBA Standards. It is considered appropriate that those working under oversight are required to complete CPD, however, those under supervision and undertaking 'upskilling' are required to undertake training and assessments similar to specialist trainees and thus should not be required to complete CPD as an additional requirement.

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?

The training and assessment requirements for those on the pathway to Fellowship should be sufficient and therefore the College does not believe these SIMGs should be required to complete CPD as an additional requirement nor 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 sufficient to comply with the standard?

The College considers that satisfactory progress through a specialist training program or in meeting requirements for attaining specialist registration ought to be sufficient to comply with the standard.

9. 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?

The College strongly supports practitioners who are absent from practice for less than 12 months due to parental leave being eligible to apply for an exemption from the Standard, and would encourage consideration being given to extending the exemption to include those caring for a seriously-ill family member.

b) Is 12 months the appropriate threshold?

Noting the reasons outlined for the threshold being 12 months, this threshold is supported by the College.

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

The College considers that the 'CPD home' is most appropriately placed to manage the exemption of individual members, noting that there will often be direct overlap with aspects of 'membership' of the applicable CPD home.

10. 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?

The College welcomes measures that increase the value and effectiveness of CPD; however, notes also the desire to ensure CPD undertaken is relevant to a practitioner's scope of practice. Participation in a single program will require flexibility on the part of the colleges and ACEM is committed to working with the other specialist medical colleges in this area. In addition, there is a need for all concerned to recognise that some practitioners may, by virtue of their areas of specialist practice, need to continue to participate in more than one CPD program.

11. CPD required

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

The College considers the types of CPD are clear and, with minimal overlap are clear and relevant. Expressing the amounts required in hours avoids uncertainty for all those involved and is the unit in which ACEM's CPD requirements are mandated.

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?

The College views outcomes measurement as an essential component of professional development. The challenge with this as a CPD category is supporting CPD participants who are not engaged in direct patient care. These participants will need to identify outcomes relevant to the work they perform and the College would value the Board's guidance in this area.

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?

The College takes the view that the Specialist Colleges are best positioned to identify the roles/scopes of practice that may be exempted. This should be done on a case by case basis by the relevant entity within Colleges.

ACEM currently has a process to enable these doctors to apply for a procedural skills exemption. They are required to complete all other aspects of the CPD program, including performance review and outcome measurement which will reference their scope of practice.

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 requirement is clear and workable.

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

Yes, the principles are helpful, relevant and workable.

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

Annual reporting aligned with the annual component of the College CPD Program is an appropriate 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)?

Yes, the College believes that six months provides adequate time for record completion and the subsequent auditing process.

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

The College has approximately 3000 CPD participants and takes the view that a 5% sample for auditing is sufficient.

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

In the first instance the College has procedures in place to take account of exceptional circumstances and a policy on CPD exemptions which CPD participants may access.

Loss of Fellowship/membership of the applicable college is considered appropriate where procedural fairness has been afforded and the practitioner has nevertheless failed to meet the requirements of their CPD program. In all cases, practitioners should be reported to the MBA, with the practitioner's medical registration then reviewed by the regulator. Consideration will need to be given to a range of matters such as, measures to ensure practitioners do not change CPD homes as a means of avoiding their CPD obligations, as well as those who hold Fellowship of more than one College and fail to meet the CPD requirements of the College that is their CPD home.

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

The Colleges are in the best position to ascertain the high-level requirements.

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

Acknowledging a likely need for some revisions to the College's CPD offerings and the need for these to be informed in the context of known revisions to the Standard, as well as the need to afford CPD participants with adequate notice of any changes, the College views a two-year transition period as appropriate. Consideration will, however, need to be given to the time required to establish and accredit any new 'education providers' that might be needed to administer the CPD programs of some cohorts of practitioners if their specific needs are unlikely to be met by any existing 'CPD home(s)'.

ACEM has proactively revised its CPD program in order to be compliant with the MCNZ requirements and suggested AHPRA changes. This program will have a "soft" launch later this year, with formal commencement scheduled to begin 1 January 2021.

Again, on behalf of the College, I thank you for the opportunity to comment on the revised Guidelines. I emphasise that the comments offered in this response are done so purely from the perspective of assisting with the development of a Standard that is as clear and usable as possible. Should you require any clarification of any of the material contained in this response, I would ask that you contact the College Chief Executive Officer, Dr Peter White, at the College (ceo@acem.org.au).

Yours sincerely



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