



Australasian College for Emergency Medicine

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Australian Health Practitioner Regulation Agency

GPO Box 9958
MELBOURNE VIC 3001

By Email: AHPRA.consultation@ahpra.gov.au

Re: Preliminary 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 preliminary consultation paper on the draft revised *Registration standard: Continuing Professional Development* (the Standard).

The College considers this an important document in strengthening Continuing Professional Development (CPD) for medical practitioners and appreciates AHPRA undertaking a preliminary consultation phase prior to 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 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) 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?**

Acknowledging the minimum time requirements and the need to demonstrate acquisition of the skills and knowledge expected from intern training, should interns not be exempted from undertaking CPD, the College is of the view that completing and recording CPD activities as part of their training program would be appropriate.

(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?

While acknowledging that an intern training program will generally exceed the 'mix' required of those undertaking CPD, the College would encourage consideration of measures that will guide the understanding and awareness of interns in relation to approaches to professional development and CPD recording.

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

While the College supports interns being exempt from the Standard, if they are not, then completion of the program requirements should be sufficient to comply with the Standard.

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?**

For the reasons articulated on page 15 of the consultation paper, the College supports specialist trainees not being required to complete CPD in addition to or as part of their training. The College would, however, need to consider its requirements of trainees who interrupt or take leave from training for more than 12 consecutive calendar months and would welcome clear guidance on this from the MBA.

The College's requirements of SIMGs working towards eligibility for election to Fellowship are informed by the relevant MBA Standards. It seems appropriate that those working under oversight are required to complete CPD, with those undertaking 'upskilling' more aligned to specialist trainees and thus not required to complete CPD as an additional requirement.

(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?

If required to complete CPD, the College supports specialist trainees and IMGs under supervision being required to comply with the same mix of CPD as other medical practitioners.

(c) Should they 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.

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?**

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. The College 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; there will often be direct overlap with aspects of 'membership' of the applicable CPD home.

9. (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?**

- (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?**

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.

10. **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 relevant. Expressing the amounts required in hours avoids uncertainty for all those involved and, as noted on page 37 of the consultation paper, is the unit in which ACEM's CPD requirements are mandated.

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

The College supports requiring all practitioners, including those in non-clinical roles, to allocate their CPD proportionately among three types of CPD; these CPD types are relevant for all scopes of ongoing professional development.

12. **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.

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

While the College has some concerns in relation to groups such as Resident Medical Officers (RMOs) and their access to an appropriate CPD home, the facility for CPD homes to include a range of providers, not limited to education providers, subject to an appropriate transition period, the College considers the requirement workable.

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

The College would welcome clarification at a future stage of aspects of the principles for CPD homes and, in particular, assurance that the accreditation requirements of all CPD homes are consistent with the accreditation requirements of education providers.

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

Reporting of compliance by CPD homes on an annual basis is considered appropriate.

- (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)?

The College considers six months after the year's end an appropriate period to provide a report on participant compliance; it affords sufficient time for practitioners to complete their CPD records, for the CPD home to review completion and conduct an audit, and a report to be submitted.

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

The College considers a five percent sample size to be sufficiently statistically robust for auditing purposes.

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

In the case of specialist medical practitioners, 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. For other practitioners, removal from their CPD program may be appropriate and, in all cases, practitioners should be reported to the MBA, with the practitioner's medical registration then reviewed by the regulator. Consideration will, however, 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.

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

Given that the training and education programs of the specialist colleges are accredited by the MBA, the College considers that it is appropriate for the high-level CPD requirements for CPD in each scope of practice to be set by the relevant specialist college.

Again, on behalf of the College, I thank you for the opportunity to comment on the draft 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 Executive Director of Education and Training, Ms Lyn Johnson, at the College (ceo@acem.org.au).

Yours sincerely



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