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# Update on the MBA Professional Performance Framework and Continuing Professional Development

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# Overview

- Recap Medical Board of Australia consultation process
- Proposed changes
- What would ACEM CPD look like?
- Member feedback: isolated practitioners, health checks, one program, procedural skills



# Formerly known as Revalidation

- MBA commissioned Expert Advisory Group to explore revalidation options 2014
- Reports: Interim 2016 and Final 2017
- MBA released report November 2017 (week after ASM)
  - Professional Performance Framework
- Planning to release drafts for consultation 2019





# Building a professional performance framework



## Professional Performance Framework

### Strengthened continuing professional development

- All doctors to have a CPD home
- CPD to be relevant to scope of practice
- CPD to be based on personal professional development plans
- 50 hours CPD per year, a mix of:
  - performance review
  - outcome measurement, and
  - educational activities.
- CPD home to report to the Board where medical practitioners have not completed their CPD program requirements.

### Active assurance of safe practice

- Board to identify risks to patient safety and define the principles for screening those at risk
- Increasing age is a known risk factor:
  - peer review and health checks for doctors who provide clinical care aged 70 and three yearly after that
  - Board will not receive the results of peer review and health screening unless there is a serious risk to patients.
- Professional isolation is a known risk factor:
  - education on how to identify and manage this risk
  - increasing peer-based CPD for professionally isolated practitioners.

### Strengthened assessment and management of practitioners with multiple substantiated complaints

- Board to strengthen its assessment and management of practitioners with multiple substantiated complaints
- Board to require practitioners with multiple substantiated complaints to participate in formal peer review.

### Guidance to support practitioners

- Board to continue to develop and publish clear, relevant and contemporary professional standards including:
  - revise *Good medical practice: A code of conduct for doctors in Australia*
  - refine existing and develop new registration standards
  - issue other guidance as required.

### Collaborations to foster a positive culture

- Promote a culture of medicine that is focused on patient safety
- Work in partnership with the profession to reshape the culture of medicine and build a culture of respect
- Encourage doctors to:
  - commit to reflective practice and lifelong learning
  - take care of their own health and wellbeing
  - support their colleagues.
- Work with relevant agencies to promote individual practitioners accessing their data to support practice review and measuring outcomes.

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# CPD Implications

- 50 hours per year (unchanged)
- Professional Development Plan (goal, action, reflection)
- Specific to scope of practice (not registration)
- Individuals nominate a CPD home
- Applies to ALL doctors

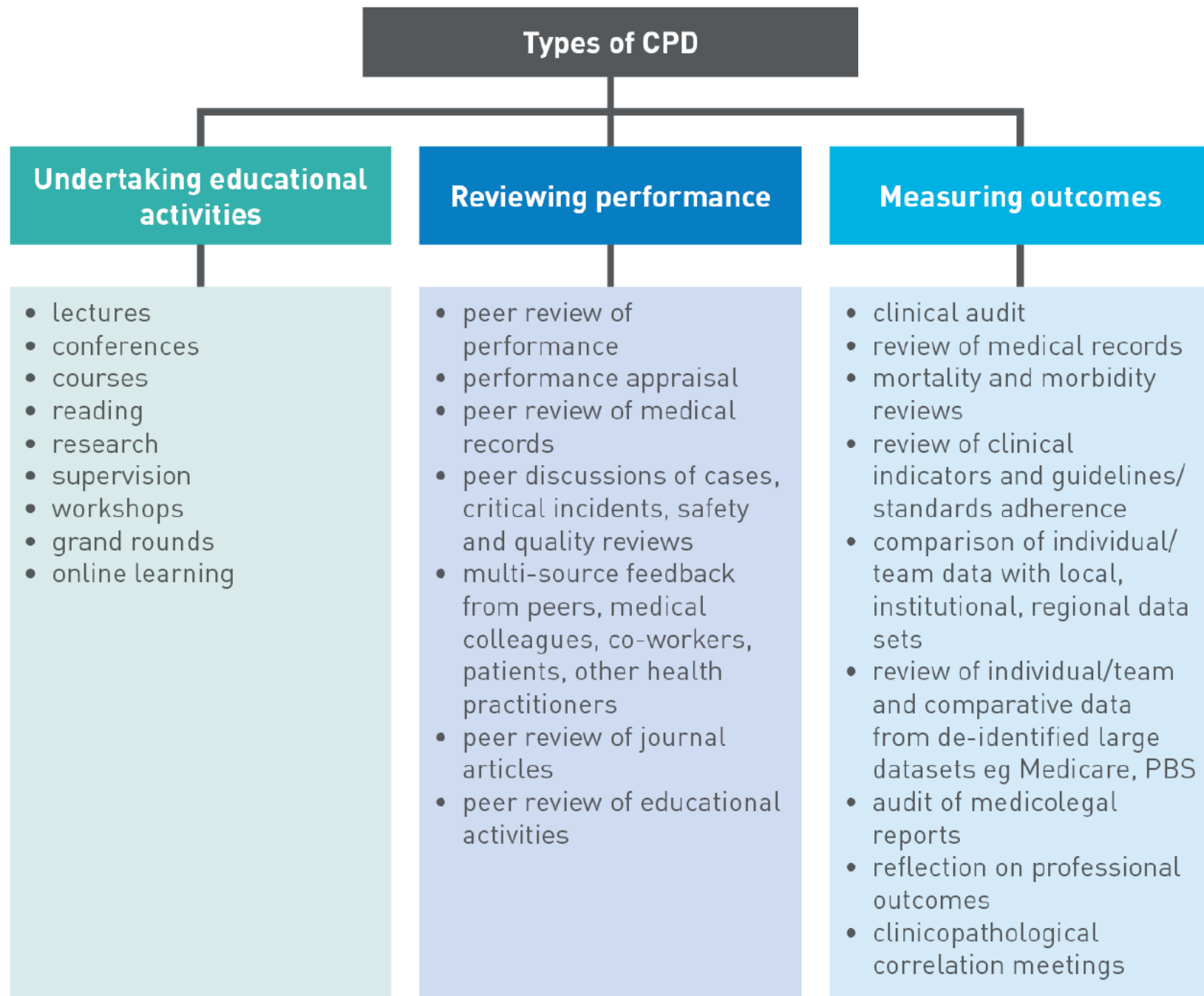


# CPD Implications

Three categories:

- Educational Activities (>12.5hr)
- Performance Review (>12.5hr)
- Outcome Measurement (>12.5hr)
- Remaining 25% across the three as appropriate





# CPD Implications

- Educational Activities
  - Traditional activities
  - Recommendation for high-value/impact activities
  - Includes research, examining, supervising, mentoring, online modules etc



# CPD Implications

- Performance Review
  - Mix of individual and group
  - Peer review
  - MSF
  - Performance appraisal
  - Patient feedback (Patient Reported Experience Measures- PREMs)
  - RCA/Critical Incident Review



# CPD Implications

- Outcome Measurement:
  - More likely to be group outcomes (but still encouraged to measure individual)
  - Patient-reported outcome measures (PROMs)
  - Big Data
  - Other performance data
    - Audit of Medical Practice (New Zealand)
    - Patient flow
  - M&M





# Professional Isolation

- Increased peer-based CPD for professionally-isolated practitioners
- Locums, night shifts, geographic isolation



# Age

- Peer review and mandatory health checks for doctors over 70 years
- Neurocognitive assessment
- Results are not reportable (unless meets existing reporting threshold)
- ?Health checks annually for all doctors...



# Mapping of ACEM CPD programs

- Educational Activities
  - Individual
  - Group
  - Learning as by-product of other professional activity



# Mapping of ACEM CPD programs continued...

- Reviewing Performance
  - Individual-focused activities
  - Group-focused activities
  - Not directly-focused on participant's practice



# Mapping of ACEM CPD programs continued...

- Measuring Outcomes
  - Individual-focused activities
  - Group-focused activities
  - Not directly-focused on participant's practice



# Mapping of ACEM CPD programs continued...

- CPD plan development and reflection
- Committees e.g. standards, strategic planning, therapeutic
- Policy/position statements
- Team debriefs
- Completion of surveys (e.g. qualitative research)
- Cultural competency/bullying modules
- SIMG or other structured interview



# What next?

- Wait for MBA to release draft registration standard, CPD Home guide and other information 2019
- Council of Australian Governments (COAG) ministers to consider and approve
- Likely implementation 2020
- ACEM to ensure CPD program is compliant with above



# Consultation

- Proposed CPD changes
  - ONE program for all emergency medicine doctors (including trainees)





# Consultation

- Professionally Isolated practitioners



# Consultation

- Health checks for doctors over 70



# Procedural Skills

- ACEM is only college to have a procedural skills component to CPD
- 12 unique skills over three years
- Airway, Breathing and Circulation skill each year (performed, supervised or taught)
- Role in defining (not) scope of practice
- Pre-Hospital and Retrieval Medicine



# Stay informed

[acem.org.au/strengtheningcpd](https://acem.org.au/strengtheningcpd)

