The changing climate of CPD: Professional Performance Framework

Australasian College for Emergency Medicine ASM

Dr Anne Tonkin
Chair, Medical Board of Australia

Drivers to change

Community trust

Community expectations that their doctor is competent with up-to-date knowledge

Community safety

Supporting doctors to remain competent throughout their working lives

Recognition that didactic-type CME was not enough

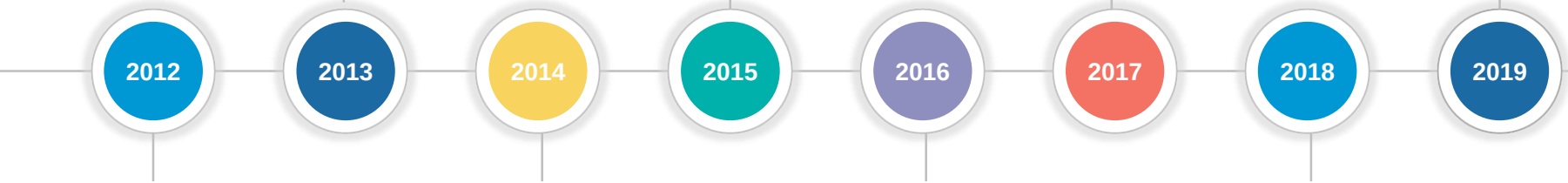
Evidence shows quality CPD helps doctors to provide safe patient care.

Not designed to increase the amount of CPD doctors undertake

Recognition of the inconsistencies in CPD requirements

Increasing disparity in the quality of CPD between doctors in specialist college programs vs self-directed CPD

Our journey



2012

The conversation about revalidation starts

2013

More conversations and lots of anxiety

2014

….more conversations and lots of anxiety

2015

Publication of research *Revalidation options for Australia* commissioned from CAMERA
(the Collaboration for the Advancement of Medical Education Research and Assessment)

2016

Board appoints Expert Advisory Group into Revalidation

Board commissions social research: *What the profession and the community expect doctors should do to demonstrate ongoing competence and fitness to practise*

2017

EAG report is published, introducing the concept of 'strengthened CPD'

Board announces its response to the EAG report
The *Professional Performance Framework*

2018

CPD working group proposes new CPD requirements based on EAG findings

2019

Preliminary consultation on CPD changes

Working group established to develop advice on health checks for 70+

Work commences on options to deal with practitioners with multiple substantiated notifications

Professional Performance Framework

1. Strengthened continuing professional development
2. Active assurance of safe practice
3. Strengthened assessment and management of practitioners with multiple substantiated complaints
4. Guidance to support practitioners
5. Collaborations to foster a positive culture

1.
Strengthened continuing professional development

Who does the CPD registration standard apply to?

The proposed draft CPD registration standard applies to all medical practitioners except:

- students
- those holding non-practising registration
- those holding short-term limited registration
- those granted an exemption
- interns
  - reflects existing requirements that they participate in an accredited intern program

Specialist trainees can meet the CPD standard by meeting the requirements of their training program

1. Strengthened continuing professional development

Practitioners must:

- have a CPD home and participate in its CPD program
- do CPD that is relevant to their scope of practice
- base their CPD on a personal professional development plan
- do at least 50 hours of CPD per year, that includes a mix of:
  - reviewing performance
  - measuring outcomes, and
  - educational activities

Same requirements for doctors practising full-time or part-time

1. Strengthened continuing professional development

Clinical and non-clinical roles

- Medical practitioners are generally considered to be in **clinical roles** if they are working in:
  - medical administration
  - research involving human subjects, and
  - medico-legal work involving individual clients
- In general, practitioners in **non-clinical** roles do not:
  - have any direct clinical contact with patients
  - provide treatment or opinion about individuals
  - do work that impacts on the safe, effective delivery of health care to individuals and/or
  - direct or supervise or advise other health practitioners about the health care of an individual(s).

1. Strengthened continuing professional development

Measuring outcomes

Some practitioners, especially those in non-clinical roles may find it challenging to identify activities to measure their outcomes. Some activities are:

Individual-focused activities	Group-focused activities	Not directly-focused on participant's practice
• Audit focused on participant's own practice • Root cause analysis • Incident report • Quality improvement project	• Audit (practice, national or international) • M&M meetings, case conferences • Quality improvement project • Multi-disciplinary team meetings	• Assessing incident reports • Leading, analysing, writing reports on healthcare outcomes

1.
Strengthened continuing professional development

Practitioners with more than one specialty or scope of practice

- Practitioners with more than one specialty or scope of practice must meet the requirements for each scope and/or specialty
- The Board expects:
  - where possible, practitioners will complete one CPD program from one CPD home, that is 50 hours of CPD
  - if not possible, practitioners may need to complete two programs, but relevant activities must be recognised by both programs - practitioners would not need to complete 50 hours for each program

Key elements

Self-directed learning of relevant CPD activities can continue within CPD home framework

CPD programs need to be flexible to recognise legitimate work-based professional development activities

CPD home may run more than one program – for practitioners in different scopes of practice

All practitioners must participate in the CPD program of an accredited/ approved CPD home

Standard proposes relevant CPD homes for types of practitioners

Colleges already accredited

Opportunities for new CPD providers

Approval processes for non-college CPD homes

1.
Strengthened continuing professional development

New guidance to support the CPD registration standard

Principles for CPD homes:

- Accreditation will be based on principles including:
  - governance of CPD homes
  - requirements of CPD programs
  - support provided to practitioners
  - reporting compliance to the Board

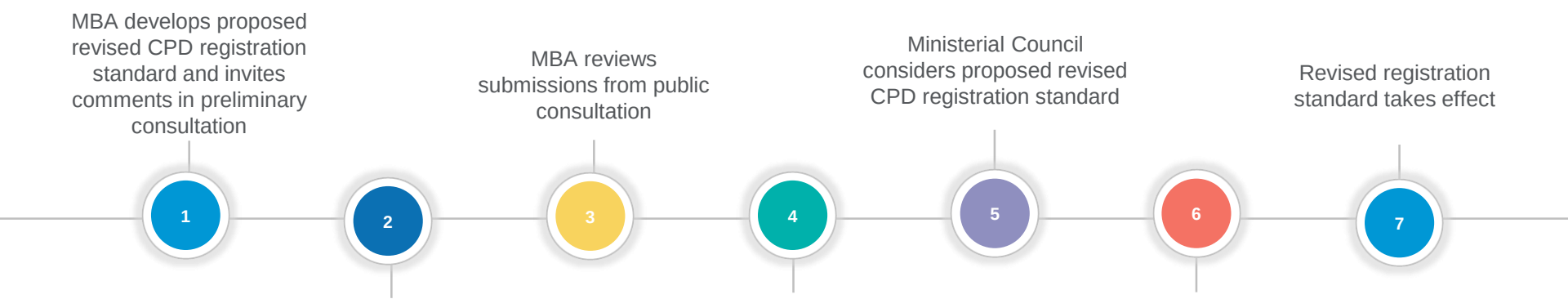
1.
Strengthened continuing professional development

New guidance to support the CPD registration standard

High-level requirements for CPD programs for specialists:

- Specialist colleges can set requirements for specialists' CPD in addition to the registration standard minimum requirements, such as:
  - specific types of activities to be completed eg ALS
  - cycle length to cater for specific CPD activities every few years
  - any additional requirements (e.g. discussing and/or evaluating PD with an educational supervisor or peer)

Process for approving registration standards: Engagement and consultation



1. MBA develops proposed revised CPD registration standard and invites comments in preliminary consultation

2. MBA reviews preliminary consultation feedback and revises draft CPD registration standard for public consultation.

   Public consultation open from 11 November 2019 to 14 February 2020

3. MBA reviews submissions from public consultation

4. MBA finalises CPD registration standard for Ministerial approval

5. Ministerial Council considers proposed revised CPD registration standard

6. If approved by Ministers, transition to new arrangements, including:
   - Colleges review and where necessary revise programs
   - AMC develop approval processes for non-college CPD homes
   - Potential new CPD homes apply for approval
   - Doctors review their CPD arrangements

7. Revised registration standard takes effect

2.
Active assurance of safe practice

- International evidence shows that a small proportion (≈ five to ten percent) of doctors may not be practising to a sufficient standard at any one time.
- Risk of poor performance due to:
  - Individual characteristics: age/length of time practising; multiple complaints
  - Practice contexts: professionally isolated
  - Health systems: fragmented systems don’t assist in early detection, information not shared, poor professionalism not addressed

Late career doctors

70 - 74 years

3,676

75 - 79 years

1,722

80 years +

963

70 years +

Total 6,361

= 5.4% of all medical practitioners in Australia with practising registration

*as at 30 September 2019

Late career doctors – Emergency Medicine

70 - 74 years

11

75 - 79 years

2

80 years +

1

70 years +

Total 14

= **0.6%** of all Emergency Medicine physicians are older than 70 years

*as at 30 September 2019

2.
Active assurance of safe practice

Health checks and peer review for doctors aged 70 and older

- Want doctors to remain in practice for as long as possible
- Proposing to require practitioners who provide clinical care to have:
  - peer review
    - as part of their CPD
    - could utilise existing peer review processes, including those of specialist medical colleges
  - health checks at the age of 70 and three yearly after that
- Vast majority of doctors aged 70 years and older will demonstrate their ability to provide safe care to patients and remain in active clinical practice

2.
Active assurance of safe practice

Clinical advice for health checks

Clinical Advice Committee established to develop

Framework	An evidence-based comprehensive clinical framework to support health checks
Components	The components of a practical and effective health check for doctors aged 70 years and older
Who	Who should conduct these checks, including relevant qualifications and experience
Cognitive	When follow-up detailed neurocognitive testing is indicated (not to be done routinely)
Tools	What validated screening tools should be used

2.
Active assurance of safe practice

Professional isolation

- Practice context impacts the performance of doctors
- Professional isolation can expose individuals to greater risks of poor performance
- Not the same as geographic isolation, but may be overlap
- The Board will:
  - develop guidance to help practitioners identify the hallmarks of professional isolation and manage the risk, and
  - require increased peer-based CPD for professionally isolated practitioners

3. Strengthened assessment and management of practitioners with multiple substantiated complaints

- Three per cent of Australia's medical workforce accounts for nearly half of all complaints made to health practitioner regulators or complaints entities
- The Board will develop a process to deal with practitioners with multiple notifications
- Issues to be considered include how to define 'substantiated' complaints and 'multiple' complaints

4. Guidance to support practitioners

Over the next year the Board will:

- Publish the revised *Good medical practice: a code of conduct for doctors in Australia*
- Develop a position on *complementary and unconventional medicine and emerging treatments*
- Consult on the *revised CPD registration standard*
- Finalise a position on *Guidelines for registered health practitioners and students in relation to blood borne viruses*
- Revise and review the *Good practice guidelines for the specialist international medical graduate assessment process*

5. Collaborations to foster a positive culture

The Board is committed to building a positive, respectful culture in medicine that benefits patients and doctors. It will:

- encourage doctors to take responsibility for their own performance
- work in partnership with the profession to reshape the culture of medicine and build a culture of respect, and encourage doctors to:
  - commit to reflective practice and lifelong learning
  - take care of their own health and well-being and
  - support their colleagues
- encourage holders of large data to share with those who create it.

www.medicalboard.gov.au

www.medicalboard.gov.au/Registration/Professional-Performance-Framework

Email: performanceframework@ahpra.gov.au