CPD is changing

CPD stands for Continuing Professional Development. It refers to the process of tracking and documenting the skills, knowledge and experience that you gain both formally and informally as you work, beyond any initial training.

www.jobs.ac.uk/careers-advice/managing-your-career/1318/what-is-continuing-professional-development-cpd
Medical Board of Australia 2017

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 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.
RACP  2019 ‘Simplified” Framework

CATEGORY 1  EDUCATIONAL ACTIVITIES  1 CREDIT PER HOUR
Maximum 60 credits per year

CATEGORY 2  REVIEWING PERFORMANCE  3 CREDITS PER HOUR
Maximum 60 credits per year

CATEGORY 3  MEASURING OUTCOMES  3 CREDITS PER HOUR
Maximum 60 credits per year
Category 2 and 3

Reviewing Performance
• Professional development plan
• Performance appraisal
• RACP supervisor program
• Mentoring (if reviewing performance)
• Peer discussions of cases

Measuring Outcomes
• Incident reporting
• Review of clinical indicators and guidelines
• Institutional audit
• Clinicopathological correlation meetings
• Comparison of individual/team data with others
Recording myCPD: Web, Tablet, Mobile
The Royal College of Pathologists of Australasia (RCPA) requires all Fellows of the College in active practice to participate in the RCPA Continuing Professional Development Program (CPDP) if they are domiciled in Australia or New Zealand (see below for other countries). The College no longer accepts CPDP certificates or ‘sign offs’ from other Colleges’ CPD programs as satisfying RCPA requirements. For many Joint Fellows, compliance with RCPA CPDP will only require re-documenting activities that they currently already record for other Colleges.
<table>
<thead>
<tr>
<th></th>
<th>All fellows</th>
<th>Medical pathology fellows</th>
<th>Joint fellows</th>
<th>CFM fellows</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of respondents</td>
<td>333</td>
<td>229</td>
<td>56</td>
<td>18</td>
</tr>
<tr>
<td>% Agree % Don’t know(^a)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The new CPDP requirements, including IQA, have been clearly articulated</td>
<td>71%</td>
<td>5%</td>
<td>73%</td>
<td>59%(^b)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>94%(^b)</td>
</tr>
<tr>
<td>It is easy to fulfil the new CPDP requirements, including IQA</td>
<td>59%</td>
<td>9%</td>
<td>64%</td>
<td>36%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>78%</td>
<td></td>
</tr>
<tr>
<td>The IQA components of the CPDP help to identify opportunities for improvement</td>
<td>44%</td>
<td>21%(^a)</td>
<td>45%</td>
<td>35%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>56%</td>
<td></td>
</tr>
</tbody>
</table>

\(^a\) Proportion who stated ‘don’t know’ was similar across all groups

\(^b\) Significant at \(p < 0.05\)
Table 37. Fellows’ experience with recording CPDP activities

<table>
<thead>
<tr>
<th></th>
<th>All respondents</th>
<th>All medical fellows</th>
<th>Medical fellows, RCPA only</th>
<th>Joint RCPA/RACP fellows</th>
<th>CFM fellows</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Don’t know a</td>
<td>7%</td>
<td>78%</td>
<td>77%</td>
<td>81%</td>
<td>62%</td>
</tr>
<tr>
<td>The RCPA online CPDP annual submission tool is easy to use</td>
<td>31% b</td>
<td>40%</td>
<td>38%</td>
<td>40%</td>
<td>28% c</td>
</tr>
<tr>
<td>The RCPA online CPDP logbook is an easy and convenient way to keep track of activities</td>
<td></td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

a. The proportion who stated ‘don’t know’ was similar across all groups

b. Significant at p < 0.01 compared to medical FRCPA-only fellows

c. Significant at p < 0.1 compared to medical FRCPA-only fellows
Sources of information

- Ep39: Rebooting CPD Part 1—Origins
- Ep40: Rebooting CPD Part 2—Feedback and Audit

- New Zealand Colleagues have been doing some of this for a while.
Ideas for making things easier

• It’s more about recording, reflecting and documenting rather than doing new things (but formalising some of these ‘new’ activities may improve our practice)

• How can we help?
  • ASCIA
  • RACP
  • RCPA

• Need constructive feedback
  • MBA suggests that it’s preference is for a ‘Single’ CPD home – less clear how this will meet all the various requirements

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