

# 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](http://www.jobs.ac.uk/careers-advice/managing-your-career/1318/what-is-continuing-professional-development-cpd)

## 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.

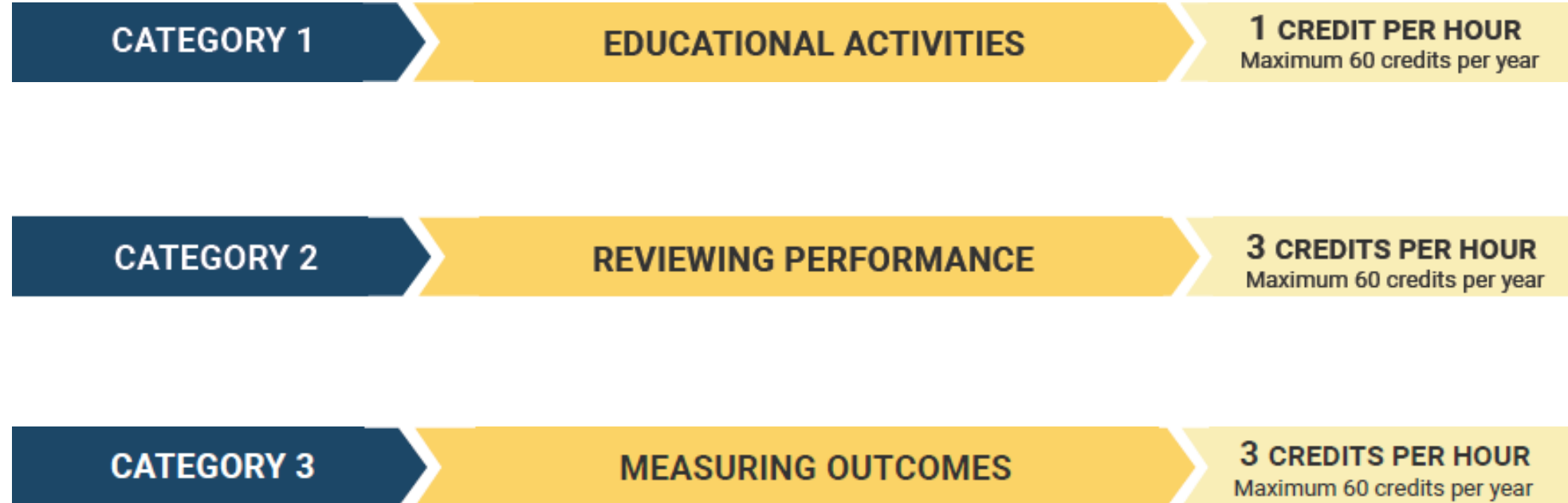
### Guidance to support practitioners

- 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.

# RACP 2019 ‘Simplified’ Framework



# Category 2 and 3

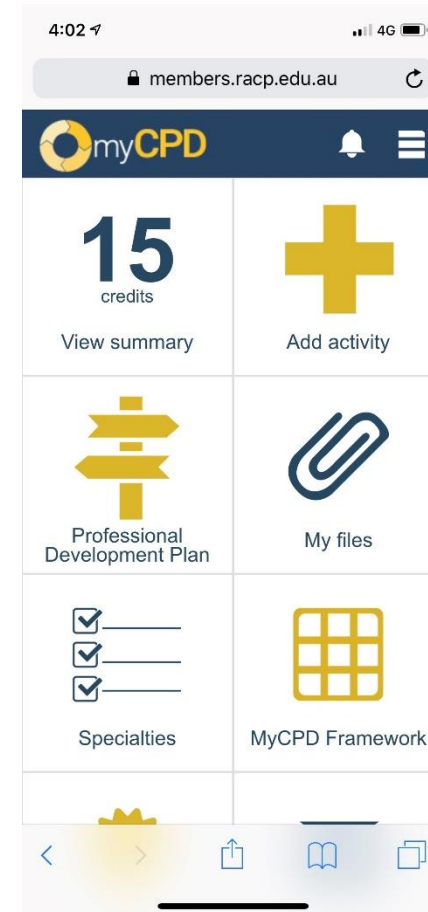
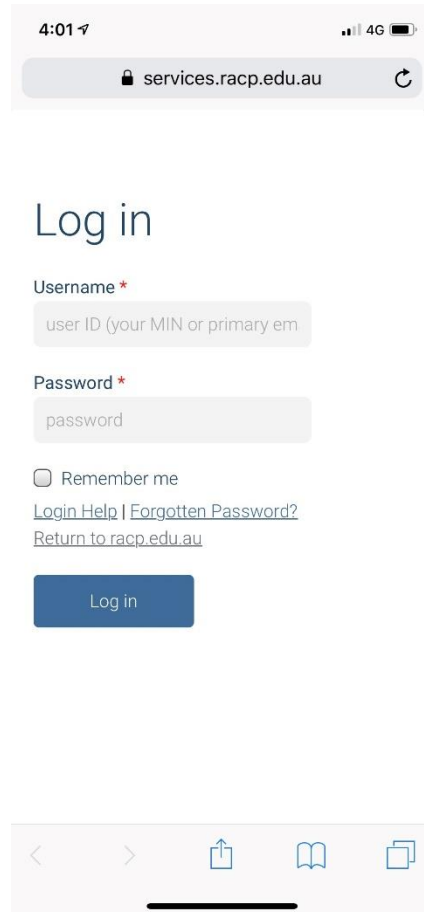
## **Reviewing Performance**

- 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



# RCPA

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 36. Fellows' perceptions of IQA requirements

	All fellows		Medical pathology fellows	Joint fellows	CFM fellows
Number of respondents	333		229	56	18
	% Agree	% Don't know <sup>a</sup>	% Agree	% Agree	% Agree
The new CPDP requirements, including IQA, have been clearly articulated	71%	5%	73%	59% <sup>b</sup>	94% <sup>b</sup>
It is easy to fulfil the new CPDP requirements, including IQA	59%	9%	64%	36%	78%
The IQA components of the CPDP help to identify opportunities for improvement	44%	21% <sup>a</sup>	45%	35%	56%

- 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

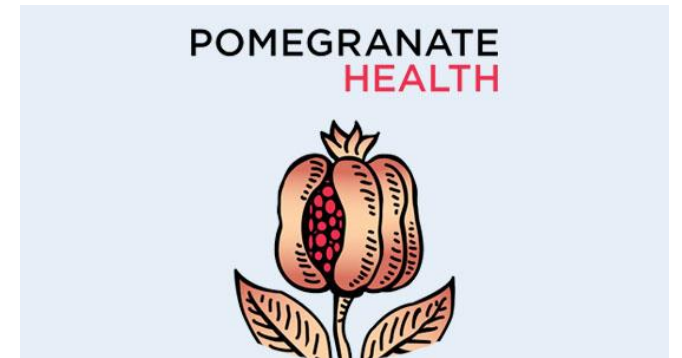
	All respondents	All medical fellows	Medical fellows, RCPA only	Joint RCPA/RACP fellows	CFM fellows	
	333	285	229	56	18	
	% Don't know <sup>a</sup>	% Agree				
The RCPA online CPDP annual submission tool is easy to use	7%	78%	77%	81%	62% <sup>b</sup>	83%
The RCPA online CPDP logbook is an easy and convenient way to keep track of activities	31% <sup>a</sup>	40%	38%	40%	28% <sup>c</sup>	72%

- 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

- [www.racp.edu.au/fellows/continuing-professional-development](http://www.racp.edu.au/fellows/continuing-professional-development)
- **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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