



The Royal Australian and New Zealand College of Radiologists®

RANZCR Submission to the Medical Board of Australia – Public consultation – Draft revised Registration Standard: Continuing Professional Development

Thank you for the opportunity to provide feedback regarding the **Medical Board of Australia – Public consultation – Draft Revised Registration Standard: Continuing Professional Development**.

The Royal Australian and New Zealand College of Radiologists (RANZCR) is the peak body advancing patient care and quality standards in the clinical radiology and radiation oncology sectors. RANZCR represents approximately 4300 Fellows actively working in Australia and New Zealand, comprising of approximately 3600 Clinical Radiologists and 700 Radiation Oncologists.

RANZCR's role is to drive the appropriate, proper and safe use of radiology and radiation oncological medical services. This includes supporting training, assessment and accreditation of trainees; maintenance of professional and practice standards in both specialties, quality and assurance and workforce mapping to ensure we have adequate capacity available to support each population's needs in the future.

RANZCR would like to submit the below feedback in response to the MBA's questions for consideration as detailed throughout the consultation document.

Area	MBA's Questions for Consideration	RANZCR's feedback
General	1. Is the content and structure of the draft revised CPD registration standard helpful, clear, relevant and more workable than the current standard?	Overall, RANZCR believes the structure of the draft revised CPD registration is clear and the document on the whole is helpful in detailing the revised registration standard. It is imperative that the MBA allow sufficient time for CPD homes internal Learning Management Systems to be updated to incorporate changes to the way practitioners are reporting CPD activities. This is especially important for Colleges that work across Australia and New Zealand. This may include the mapping of different activities to the new CPD categories. Therefore, the MBA should allow at least 24 months for this transition once the final standard is agreed.
	2. Is there any content that needs to be changed or deleted in the draft revised standard?	Pages 27-28 of the MBA consultation document include a detailed list of CPD examples under each category – education activities, reviewing performance and measuring outcomes. RANZCR welcomes the change which includes multidisciplinary team meetings as an activity in both the measuring outcomes

		<p>and reviewing performance categories. RANZCR believes this will support both our medical specialties – Clinical Radiology and Radiation Oncology.</p> <p>Furthermore, RANZCR notes that the activities listed in the three subcategories of; ‘individual focused activities, group focused activities and activities’ are not directly focused on participants practice count equally. We ask that the MBA confirm this. It would be preferable that there are no criteria placed upon practitioners to spread activities equally across the three subcategories.</p>
	<p>3. Is there anything missing that needs to be added to the draft revised standard?</p>	<p>RANZCR seeks clarification around the terminology used on page 28 in relation to the CPD activity ‘review work product’.</p> <p>We note the inclusion of peer review groups as an additional reviewing performance activity</p>
	<p>4. Do you have any other comments on the draft revised CPD registration standard?</p>	<p>RANZCR would like to ensure that didactic education activities remain in the CPD program as mentioned in the table on Page 22 of the MBA consultation document.</p> <p>In relation to CPD homes, prior to the MBA seeking EOI's for new CPD homes, the respective Medical College or organisation must be given the first opportunity to address any gaps in their program. Furthermore, RANZCR expresses concern around the primary driver for the creation of new CPD homes. Is the primary purpose to raise the standard or deregulate the market? If this is not clear and embedded in regulations then providers who are focused on quality will be easily out competed by cheaper alternatives.</p> <p>Organisations other than Medical Colleges may have commercial drivers and may not uphold the high standard of CPD required for specialist medical registration. The MBA must ensure that potential organisations seeking to be a CPD home have no conflicts of interest and are accredited to that end. For example, companies who are employers of medical specialists who are looking to establish themselves as a CPD home, RANZCR believes this would present a conflict of interest and seek assurance from the MBA that this will be addressed.</p>

		RANZCR notes that the completion of the CPD Professional Development Plan has been allocated a maximum of two hours in the reviewing performance category. The College seeks clarification around whether there will be time caps for CPD activities. For example, a detailed audit may take 30 hours, a less detailed one may take 10 hours – it is not clear how many hours can be claimed for audit activities. RANZCR recommends recording the actual time taken rather than a set amount of time as every practitioner’s situation is different.
Who does the proposed registration standard apply to?	5. A) Should the CPD Registration standard apply to all practitioners except the following groups? <ul style="list-style-type: none"> - medical students - interns in accredited intern training programs - medical practitioners who have limited registration in the public interest or limited registration for teaching or research (to demonstrate a procedure or participate in a workshop) and who have been granted registration for no more than four weeks - medical practitioners who are granted an exemption or variation from this standard by the Board in relation to absence from practice of less than 12 months - medical practitioners with non-practising registration. 	Yes. RANZCR agrees the proposed MBA registration standard should apply to all except the groups outlined in the consultation document. AMC Accredited training programs should be seen as compliant.
	5. B) Are there any other groups that should be exempt from the registration standard?	No, RANZCR agrees all groups listed above are the only groups the standard should not apply to.

Interns	6. A) Do you agree that interns should be exempted from undertaking CPD or should they be required to complete and record CPD activities in addition to or as part of their training program?	RANZCR believes interns should be exempt from the MBA's proposed requirements.
	6. B) If CPD is included as a component of their training program/s, should interns have to comply with the same mix of CPD as other medical practitioners?	No. If CPD was to be included as a component of an intern training program, RANZCR would like to request that interns should undertake a larger proportion of CPD from the educational activities' category, for example 75% of their total activities.
	6. C) Should interns have to record what CPD they are doing or is completion of the program requirements sufficient to comply with the standard?	RANZCR recommends that completion of the program requirements for interns should be sufficient to comply with the standard.
Specialist trainees	7. A) Do you agree specialist trainees should be required to complete CPD as part of their training program?	<p>RANZCR welcomes the confirmation that specialist trainees participating in a structured training program (such as those provided by RANZCR) are not required to undertake additional CPD as the program is AMC accredited.</p> <p>RANZCR highlights the importance of not changing the current CPD requirements for trainees. Trainees are under constant supervision and undertaking educational activities and training assessments as part of their studies.</p>
	7. B) If CPD is included as a component of their training program, should specialist trainees have to comply with the same mix of CPD as other medical practitioners?	RANZCR views that this should be a principle agreed by the MBA in conjunction with the Australian Medical Council (AMC) and then rolled out as part of AMC accreditation of Medical Colleges.

	7. C) Should specialist trainees have to record what CPD they are doing or is completion of the program requirements sufficient to comply with the standard?	RANZCR believes that completion of specialist training program requirements should be sufficient to comply with the standard. It would be appropriate for RANZCR to supply the MBA with a list of current trainees to minimize red tape.
International Medical Graduates (IMGs)	8. A) Should IMGs be required to complete CPD in addition to or as part of their training program or supervised practice?	RANZCR would recommend IMGs under supervision should complete CPD as part of their training program. There is greater variability in IMG upskilling (as opposed to structural training as a trainee). Therefore, it is appropriate for IMG's to complete CPD.
	8. B) If CPD is included as a component of their training program or supervised practice, should IMGs have to comply with the same mix of CPD as other medical practitioners?	YES. RANZCR views that this should be a principle agreed by the MBA in conjunction with the Australian Medical Council (AMC) and then rolled out as part of AMC accreditation of Medical Colleges.
	8. C) Should IMGs have to record what CPD they are doing or is completion of the program requirements or supervised practice plan sufficient to comply with the standard?	YES. RANZCR notes that the consultation document does suggest that the supervision program for IMGs should include activities across the three CPD categories.
Exemptions	9. A) Should exemptions be granted in relation to absence from practice of less than 12 months for parental leave, in addition to serious illness, bereavement or exceptional circumstances?	Yes. RANZCR believes practitioners should be able to take a break from practice for reasons such as parental leave. In addition to this, practitioners should be able to take a break from practice for other personal reasons (e.g. for a sick spouse), as well as other reasons including but not limited to; setting up a business, participation in sporting activities or other interests.
	9. B) Is 12 months an appropriate threshold?	RANZCR would like to see this extended to 36 months (3 years) as this is in line with the MBA's Recency of Practice Standard.

	9. C) Should CPD homes grant these exemptions or should the Board?	RANZCR would recommend this is managed by the CPD home. This is currently the process followed and the CPD homes would be equipped to maintain this. However, if the MBA assumes control of this process, clear communication channels must be determined in collaboration with the CPD home.
Practitioners with more than one scope of practice or more than one specialty	10. A) Do you agree with the Board's proposal that medical practitioners with more than one scope of practice or specialty are required to complete CPD for each of their scopes of practice/specialty and where possible this should occur within one CPD home? Do you have alternative suggestions?	Yes, CPD programs must be relevant to Scope of Practice and in the situation where a practitioner has more than one specialty, they must comply with each relevant CPD program. RANZCR highlights that there may be some modifications that could be made within their CPD home to ensure that their full range of Scope of Practice is captured within their CPD activities
CPD required	11. A) Are the types and amounts of CPD requirements clear and relevant?	<p>RANZCR welcomes the change which includes multidisciplinary team meetings as an activity in both the measuring outcomes and reviewing performance categories. In addition, there should not be a time cap on the hours that an activity can take nor an arbitrary time allocation. The actual time taken should be the measure of the activity.</p> <p>RANZCR seeks additional information regarding whether there will be a criterion to assist in determining which category to select after completion of multidisciplinary team meetings. Furthermore, RANZCR seeks clarification regarding publishing research listed as an educational activity – RANZCR identifies that the example 'leading, analyzing, writing reports on health care outcomes' within the measuring outcomes category could also be classified as research. We believe research and publications best fits under the 'measuring outcomes' category. In addition, trainee satisfaction as an activity could be included as a measuring outcomes activity. Finally, convening/chairing educational meetings may require some further explanation. Some work involved with this activity is ongoing and can be carried over a number of years. Some guidance on claiming this activity should be provided.</p>

	<p>11. B) Should all practitioners, including those in roles that do not include direct patient contact, be required to undertake activities focussed on measuring outcomes as well as activities focussed on reviewing performance and educational activities?</p>	<p>Yes, however, those in roles that do not include direct patient contact should be allowed to allocate their CPD with more flexibility (e.g. practitioners may be undertaking research activities for a period of time). It may be more difficult for them to complete the required hours in some categories such as reviewing performance and measuring outcomes. In these situations, RANZCR would like to ensure that there are mechanisms in place by the MBA to monitor this. RANZCR also would also like to see reflective diary and governance activities included in 'reviewing performance' activities. In addition, we suggest as a part of the accrediting/auditing practices, hospitals, training sites, it highlights both assessor and assessee in the evaluation of performance.</p> <p>RANZCR has identified that there may not be enough options for these members, particularly in the measuring outcomes category. This could lead to members having to undertake CPD activities that are not meaningful for their professional development, just to ensure that the categories are met.</p>
	<p>11. C) If practitioners in roles that do not include direct patient contact are exempted from doing some of the types of CPD, how would the Board and/or CPD homes identify which roles/scopes of practice should be exempt and which activities they would be exempt from?</p>	<p>RANZCR would recommend this is managed by the CPD home. RANZCR would look at working with members who fall into the category to determine a fair criterion to ensure that these members are still able to meet requirements. RANZCR has a number of members who work in roles which do not have direct patient contact mainly research and teaching. The possibility of exemptions should be considered and RANZCR believes this is not unreasonable as members who do not have direct patient contact are in a lower risk category in terms of the need to ensure best patient care.</p>
<p>CPD homes</p>	<p>12. A) Is the requirement for all practitioners to participate in the CPD program of an accredited CPD home clear and workable?</p>	<p>Yes. RANZCR recommends that the criteria for external providers or third-party providers wanting to establish as a CPD home needs to be made clearer. This includes requirements around their infrastructure, staffing and expertise in running CPD programs, including a track record of having been involved in this business for at least 5 years or longer. These providers need to ensure that are accredited to the AMC standards and frequency of reaccreditation of these providers and standards around accreditation would need to be clearly defined and consistent with standards currently applied to Medical Colleges.</p>

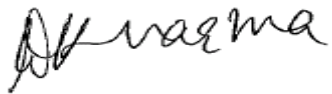
		RANZCR identifies that there needs to be strict safeguards put in place for new providers wanting to become a CPD home, given the experience in other areas of education, for example VET of poor- quality providers and even fraudulent qualifications. This is ultimately to avoid unintended consequences such as 'easier providers' who would guarantees simpler compliance process at the cost of quality.
	12. B) Are the principles for CPD homes helpful, clear, relevant and workable?	Yes
	12. C) Should the reporting of compliance be made by CPD homes on an annual basis or on another frequency?	Annually. RANZCR currently audits CPD compliance annually and this is workable.
	12. D) 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)?	Yes. RANZCR would be able to have compliance reporting finalised in this timeframe. However, it should be noted that the timeframe must be considered with reference to MBA registration timelines for individual doctors, so as not to disadvantage them.
	12. E) Should the required minimum number of audits CPD homes must conduct each year be set at five percent or some other percentage?	RANZCR agrees that 5% is a manageable sample size. However, we recommend that an evidence-based statistical method is used to set an appropriate sample size. For larger Medical Colleges, this will mean a smaller percentage, but a larger number of individuals.
	12. F) What would be the appropriate action for CPD homes to take if participants failed to meet their program requirements?	RANZCR would firstly aim to seek reasons for non-compliance and provide any required assistance to achieve compliance. RANZCR would then recommend repeated non-compliance is reported to the Medical Board of Australia. Currently non-compliance may results in the removal of a RANZCR Fellowship.

<p>High level requirements for CPD programs</p>	<p>13. A) Should the high-level requirements for CPD in each scope of practice be set by the relevant specialist colleges?</p>	<p>Yes, RANZCR believes specialist Medical Colleges should set the high level CPD requirements. Medical Colleges have the relevant expertise to do this.</p>
<p>Transition arrangements</p>	<p>14. A) What is a reasonable period to enable transition to the new arrangements?</p>	<p>RANZCR would encourage the MBA to allow for a 2-year transition period. This will allow for medical Colleges to ensure members are well informed of the changes as well as ensure the required infrastructure is available to support this, including update of Learning Management Systems and resources to support this. In addition, Medical Colleges would greatly benefit from a long transition lead time as this will also allow for a trial and evaluation process.</p>
<p>Other</p>	<p>15. Do you have any other feedback regarding the MBA's Draft revised Registration Standard: Continuing Professional Development, that you would like to contribute?</p>	<p>RANZCR provides the following additional feedback:</p> <p>Professional Development Plan (PDP)</p> <ul style="list-style-type: none"> • The Professional Development plan does not need to be developed every year. They can be set up for 2 years or for the period that the CPD cycle runs for each College. • RANZCR believes that mandating them to be completed every year will only see repetition of contents. They need to be meaningful, achievable and geared towards maintaining the highest standards of practice or upskilling • Through the Professional Development Plan, if this identifies a doctor who may be underperforming, what measures will the MBA put in place to address this, and will it be the CPD home or regulatory authority who will follow this up? In addition, for doctors who are over the age of 70, RANZCR seeks clarification around if it will be the role of the CPD home, employer or regulatory authority to arrange. • Does the MBA have any further details on what the professional development plan entails? As well as the expectations of CPD homes in providing assistance with or managing the completion of PDPs with members.

		<ul style="list-style-type: none"> • RANZCR questions whether practitioners will be able to amend their Professional Development Plan throughout the CPD period, should their practice change or they determine an additional development area that needs upskilling – for example after participating in MSF? <p>Measuring Outcomes Activities</p> <ul style="list-style-type: none"> • The examples of activities for practitioners in non-clinical roles will not cover some non-clinicians. Feedback from practitioners in research roles have indicated they would have difficulty completing the requirements of this category. This could potentially lead to practitioners searching for activities to fit in this category which are non-informative to their scope of practice and of no benefit to their learning. This group of practitioners is a lower risk group and should be allowed more flexibility in terms of how their CPD time is allocated. • Quality improvement projects are listed under the measuring outcomes category. Many researchers are engaged in this, however, RANZCR queries whether a new quality improvement project needs to be done every year, or if it is part of a multi-year project, can it be counted for each year of its span? In addition, how many hours does one count for, as most of these projects will exceed 12.5 hours a year. <p>Clarification of Scope of Practice</p> <ul style="list-style-type: none"> • Could the MBA define what is meant by Scope of Practice as referenced throughout this document – does this mean the Scope of Practice of the profession or the individual’s Scope of Practice within the practitioner’s current role? How will the MBA monitor or measure whether a practitioner is undertaking a suitable CPD program if practitioners can elect to undertake their CPD with any CPD home and not with their specialist College?
--	--	--

RANZCR extends thanks the Medical Board of Australia for the opportunity to contribute to the public consultation on the “*Draft revised Registration Standard: Continuing Professional Development*”. Please contact Amy Young, Manager, Standards and Quality Assurance directly on 02 9268 9730 or email amy.young@ranzcr.edu.au or Antonia Kunde, Project Officer, Standards on 02 9268 9731 or email antonia.kunde@ranzcr.edu.au if you would like to discuss the feedback and recommendations provided in this submission. We look forward to an ongoing engagement through these CPD reforms.

Yours sincerely,



A/Prof Dinesh Varma
Chief of Professional Practice
Faculty of Clinical Radiology



Dr Ziad Thotathil
Chair, Post Fellowship Education Committee
Faculty of Radiation Oncology