Criteria for AMC Accreditation of CPD Homes

Australian Medical Council Limited

Medical Board Ahpra

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Approval

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CONTENTS

Acknowledgement of country

The Australian Medical Council acknowledges Aboriginal, Torres Strait Islander Peoples and Māori Peoples as the Traditional Custodians of the lands the AMC works upon.

We pay respects to Elders past, present and emerging and acknowledge the ongoing contributions that Indigenous Peoples make to all communities. We acknowledge the government policies and practices that impact on the health and wellbeing of Indigenous Peoples and commit to working together to support healing and positive health outcomes.

The AMC is committed to improving outcomes for Aboriginal, Torres Strait Islander and Māori Peoples through its assessment and accreditation processes including equitable access to health services for First Nations Peoples.

Ahpra and the Medical Board of Australia, through its implementation of the National Scheme, would like to acknowledge the Traditional Custodians of the land in which we regulate registered health practitioners in Australia.

We acknowledge Aboriginal and Torres Strait Islander culture as the oldest continuing culture in the world. Aboriginal and Torres Strait Islander Peoples never ceded sovereignty and we recognise the impact colonisation continues to have on the health of Aboriginal and Torres Strait Islander Peoples to date.

We acknowledge Aboriginal and Torres Strait Islander Peoples for their continuing connection to culture, language and country; along with Elders past, present and emerging and the ancestors who walk with Aboriginal and Torres Strait Islander Peoples every day.

Glossary

CPD	Continuing professional development.
CPD HOME	An organisation that is accredited by the Medical Board of Australia's (the Board) accreditation authority, the Australian Medical Council (the AMC), to provide a CPD program(s) for medical practitioners. This organisation may be an education provider, another organisation with a primary educational purpose or an organisation with a primary purpose other than education.
CPD PROGRAM	Includes details of the CPD activities needed to meet the program and Board requirements; resources and/or activities to support completion of the program requirements; a system for participants to document their professional development plan, self-evaluation and CPD activities, and to store evidence of their participation; processes for assessing and crediting activities; and processes for monitoring compliance, auditing activity and taking appropriate action for failure to meet the program requirements.
PRACTITIONERS	The medical practitioners who are required to meet the requirements of the *Registration standard: Continuing professional development (CPD)* i.e. all registered medical practitioners except: • medical students • interns in accredited intern training programs and doctors in postgraduate year 2 positions who are participating in a structured program that leads to a certificate of completion • 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 their CPD home in relation to continuous absence from practice of at least six months and up to and including 12 months for parental or carer leave, serious illness or other approved circumstances • medical practitioners with non-practising registration. For specialist trainees, their CPD home will be the accredited specialist medical college for their training position, and they will meet the CPD requirements by participating in an accredited specialist training program. For specialist international medical graduates under assessment, their CPD home will be the accredited specialist medical college undertaking their assessment.

PUBLICLY AVAILABLE	The criteria refer to documentation and information that the CPD home needs to make 'publicly available'. The expectation is that the CPD home will ensure relevant documentation/information is freely available on its website i.e. not published behind a membership paywall.
SCOPE OF PRACTICE	The professional role and services provided that an individual health practitioner is trained, qualified and competent to perform. A medical practitioner's scope of practice may include clinical and non-clinical practice.
SPECIALIST EDUCATION ACCREDITATION COMMITTEE	The AMC committee responsible for the accreditation of CPD homes, including the initial accreditation, monitoring and any subsequent re-accreditation.
SPECIALIST HIGH-LEVEL REQUIREMENTS	The high-level requirements describe any education, performance review or outcome measurement activities that must be included in a specialist's CPD program. They re developed by the relevant AMC-accredited specialist medical college and will be published by the Medical Board of Australia. The purpose of high-level requirements is to ensure consistency across CPD programs for medical practitioners with specialist registration in specialties/fields of specialty practice as outlined by the Medical Board Australia.

Key principles for accreditation of CPD homes

The overarching principle is that organisations wishing to be CPD homes demonstrate commitment to supporting high quality medical practice by providing a high quality CPD program(s) for medical practitioners that:

1

Supports practitioners to tailor their CPD to their individual learning needs

2

Provides assurance to the community that practitioners' CPD is designed to improve their practice

Every CPD home must make accurate information about its CPD program(s) and processes freely available on its website to enable practitioners to choose a suitable CPD home.

Types of CPD program requirements

A CPD program will have at least two sets of requirements:

1. Minimum requirements to meet the registration standard
2. Program-level requirements set by the CPD home
   These must refer to culturally safe practice, addressing health inequities, professionalism and ethics. They may cover other aspects.

A CPD program for *practioners with specialist registration* may have three sets of requirements:

1. Minimum requirements to meet the registration standard
2. Program-level requirements set by the CPD home
   These must refer to culturally safe practice, addressing health inequities, professionalism and ethics. They may cover other aspects.
3. High-level requirements developed by the relevant accredited specialist medical college

Summary of requirements for CPD Programs:

	Minimum requirement set by the Medical Board	Program-level requirement set by CPD homes	Specialist high-level requirement developed by AMC-accredited specialist medical colleges
CYCLE LENGTH	The CPD program cycle is January to December of each year.	CPD homes may set multi-year cycles, as long as the annual requirements are also met (e.g. multi-year cycles may be used to ensure that participants complete specific CPD activities every few years rather than annually).	Colleges may develop high-level requirements that are required every year, or once every few years. This will need to be incorporated into the CPD home program.
HOURS OF CPD ACTIVITY	A minimum of 50 hours of CPD activity per year.	Individual CPD homes may require more than 50 hours of CPD from their participants.	High-level requirements must be able to be achieved within the minimum 50 hours of CPD activity per year.
PROFESSIONAL DEVELOPMENT PLAN	An annual professional development plan must be developed and reviewed by the practitioner.	CPD homes may have additional requirements related to planning and evaluation (e.g. discussing the plan and/or evaluation with an educational supervisor or peer).	
REVIEWING PERFORMANCE AND MEASURING OUTCOMES	At least 25 hours (50 per cent of the minimum 50 hours) allocated to activities directed at reviewing performance and measuring outcomes (with a minimum of 5 hours of each).	CPD homes may require specific types of activities directed at reviewing performance or measuring outcomes and may require a proportion of these hours to be dedicated to activities that focus on the practitioner's personal practice.	Colleges may specify activities directed at reviewing performance or measuring outcomes as high-level requirements.
EDUCATIONAL ACTIVITIES	At least 12.5 hours (25 per cent of the minimum 50 hours) allocated to educational activities.	CPD homes may require specific types of educational activity and may require a proportion of these hours to be dedicated to activities of high educational quality that are primarily focused on the education of the practitioner.	Colleges may specify educational activities to address specific specialist CPD program outcomes (for example advanced life support), and/or a proportion of time be dedicated to specific specialist CPD program outcomes.
		All CPD homes must demonstrate how requirements related to culturally safe practice, addressing health inequities, professionalism and ethical practice are embedded within the types of activities (professional development planning and evaluation, reviewing performance and measuring outcomes, and educational activities).	High-level requirements should reference the specialist program outcomes and demonstrate the connection between specialist medical training and the ongoing maintenance and development of competencies required for professional practice in the relevant specialty or field of specialty practice.

Criteria for AMC accreditation of CPD homes

Applicants seeking accreditation as a CPD home must address the criteria in a submission to the AMC's Specialist Education Accreditation Committee.

CRITERION 1

CPD home context and governance

The CPD home has appropriate governance structures, expertise and resources to be a CPD home providing a CPD program(s) that supports meaningful professional development. The home provides clear information about its CPD program(s), requirements and costs.

C1 CPD home context and governance

1.1 The CPD home has ongoing capacity to provide a sustainable CPD program(s) at reasonable costs to practitioners.

1.1.1 There are appropriate financial resources and allocated budget for the CPD program(s).

1.1.2 There are sufficient human resources to manage, evaluate and develop the CPD program(s), and to provide advice and guidance to practitioners on CPD. This will include appropriate medical, educational and information technology expertise.

NOTES

The Registration standard: Continuing profession development defines a CPD home as:

> *An organisation that is accredited by the Board's accreditation authority, the Australian Medical Council, to provide a CPD program for medical practitioners. This organisation may be an education provider, another organisation with a primary educational purpose or an organisation with a primary purpose other than education.*

CPD homes may have different arrangements to meet this criterion. It is expected that the CPD home will have staff who are qualified educationalists with experience in medical education, in addition to professional staff responsible for implementing the program. The home may also have reference groups, committees, partnerships or other arrangements to secure the expertise required for the range of programs it provides.

The CPD home may have contractual arrangements to support the provision of information technology but should also have staff with information technology expertise to support the program infrastructure and manage these contracts.

Documentary evidence may include financial accounts, an organisational chart identifying key staff, their responsibilities, qualifications and experience, and the full-time equivalent percentage of their time allocated to CPD home-related work. Where relevant, background information on existing provision of CPD or other educational programs should also be included. Monitoring information may include details of any changes to resourcing or key staff.

1.2 The governance structures are appropriate for the provision of the CPD program(s).

1.2.1 The CPD home identifies potential conflicts of interest and undue influence from any other part of its business or from external stakeholders. Interests are appropriately managed through governance processes and decision making about the resourcing and management of CPD programs..

NOTES

CPD homes may meet this criterion through different governance structures. The AMC recognises that the governance structures and the range of functions will vary between homes, and does not consider any particular structure is preferable, and supports diversity where the structure can be demonstrated to function effectively over time.

Governance processes must support the development of a CPD program(s) (requirements and/or content) based on educational value, quality and relevance to medical practice.

The CPD home must also demonstrate processes for independent decision making about individual practitioners' compliance with program requirements and the registration standard.

The home must also be transparent about potential conflicts of interest with regard to commercial or other sponsorship of CPD content, if provided. Medical practitioners should have access to publicly available information/details from the home regarding sponsored CPD activities.

1.2 NOTES CONT.

Documentary evidence may include a governance chart describing responsibilities and decision making, related terms of reference and policy documents. If the CPD home is providing CPD content or activities, evidence may also include minutes and/or decision records of relevant committees, as well as a declaration of any commercial interests, as applicable. Monitoring information may include details of any changes to governance structures.

1.3 The CPD home makes a detailed description of the requirements, content/activities and any fees associated with the provision of its CPD program(s) and any changes to these publicly available.

NOTES

CPD homes must be transparent and accurate in publishing information on the requirements, available content and costs of their CPD program(s). Practitioners will rely on clear information provided by the CPD home to determine if the CPD program(s) offered by the home will be able to support them in meeting the Registration standard: CPD across their scope(s) of practice.

The home must publish all requirements for its CPD program(s), including the:

- minimum registration requirements,
- all program-level requirements, including those relating to culturally safe practice, addressing health inequities, professionalism and ethical practice, and
- any relevant specialist high-level requirements developed by specialist medical colleges (if providing a CPD program(s) to specialists) [See criterion 2.1].

The home is also expected to publish information on any CPD content/activities that it offers, including the activity type, hours, format, frequency, and cost.

As noted in the Registration standard: CPD, programs can be points-based if the activities can be translated to hours for the purpose of the practitioner meeting the standard. Information on the hours allocated to activities must be publicly available.

CPD programs can be longer than one year (such as trienniums) provided they include annual requirements that meet the registration standard.

Documentary evidence may include information published on the home's website. Monitoring information may include details of any changes to CPD program(s) and requirements.

1.4 All CPD program-level requirements are aligned to *Good medical practice: a code of conduct for doctors in Australia* and informed by evidence-based practice. The program-level requirements refer to culturally safe practice, addressing health inequities, professionalism and ethical practice.

NOTES

The Registration standard: CPD contemplates that CPD homes will set requirements for their CPD program(s) that are in addition to the registration requirements and specialist high-level requirements. Alignment should be demonstrated by mapping program-level requirements to *Good medical practice: a code of conduct for doctors in Australia*.

CPD homes must provide a CPD program(s) to facilitate CPD across the breadth of medical professional practice, not only in relation to, for example, narrow procedural aspects of practice.

1.4 NOTES CONT.

The *Good medical practice: a code of conduct for doctors in Australia* sets expectations of culturally safe practice by doctors for all patients and acknowledges special responsibilities for Aboriginal and Torres Strait Islander peoples who have inhabited and cared for the land as the first peoples.

The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025 provides the following definition: *'Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities. Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.'*

Consistent with the Strategy 2020-2025, it is expected that CPD activities allow critical reflection to improve clinical practice in relation to:

- Aboriginal and Torres Strait Islander approaches to health
- the continuing impact of colonisation, racism and bias on health outcomes on Aboriginal and Torres Strait Islander peoples
- rights-based approaches to improving health outcomes of and access to health services.

Health inequities i.e. different access and outcomes for different groups of people may present differently depending on the specialty and location of a practitioner's practice. Good medical practice recognises the role of the practitioner as a champion in the system and also the specialty responsibilities in securing equitable health experiences and outcomes for Aboriginal and Torres Strait Islander patients.

The CPD home does not need to provide activities to address these requirements, however it must provide advice and guidance to practitioners on how they may meet them. This may include referral to other organisations with relevant expertise. For CPD activities related to culturally safe practice for Aboriginal and/or Torres Strait Islander peoples, the CPD home may choose to recognise activities provided by an Aboriginal and/or Torres Strait Islander health professional organisation and/or work with Aboriginal and/or Torres Strait Islander peoples or organisations with appropriate expertise in Indigenous Health to develop activities.

There is no prescription of approach or number of hours for program-level requirements. The CPD home should state the number of hours and the category that their program-level requirements relate to so that practitioners understand these requirements and how they relate to their obligations to meet the Registration standard: CPD.

Evidence may include a mapping of requirements to *Good medical practice: a code of conduct for doctors in Australia*. Monitoring information may include a summary of changes to requirements with accompanying mapping to Good medical practice, and details of participation by practitioners.

1.5 There are publicly available policies and processes for joining the CPD home. These are applied consistently and fairly, free from bias or discrimination.

NOTES

The AMC recognises that the CPD program(s) offered by the CPD home will not likely be suitable for all doctors. It is the practitioner's responsibility to choose the CPD home(s) that relates to their scope(s) of practice. CPD homes however may refuse a practitioner whose scope of practice does not align with the home's CPD program(s), however CPD homes should not unreasonably refuse practitioners based on, for example, geography or reasons other than relevance to the practitioner's practice.

Evidence may include policies and processes. Monitoring information may include information on the implementation of these policies, and/or any changes made.

1.6 There are publicly available processes for review and appeal of the CPD home's determination that:

- **a practitioner's CPD activity does not meet the requirements of the CPD program**
- **a practitioner has not complied with the Registration standard: CPD**

and these are fair and consistently applied.

1.6.1 There is a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.

NOTES

An appeals process that provides a fair and reasonable opportunity to challenge the decision is likely to result in decisions that are ultimately correct. Elements of a strong process include an appeals committee with some members who are external to the CPD home, as well as impartial internal members.

In relation to decision-making conduct, the grounds for appeal may include matters such as:

- an error in law or in due process in the formulation of the original decision
- relevant and significant information, whether available at the time of the original decision or which became available subsequently, was not considered or not properly considered in the making of the original decision
- irrelevant information was considered in the making of the original decision
- procedures that were required by the CPD home's policies to be observed in connection with the making of the decision were not observed
- the original decision was made for a purpose other than a purpose for which the power was conferred
- the original decision was made in accordance with a rule or policy without regard to the merits of the particular case; and
- the original decision was clearly inconsistent with the evidence and arguments put before the body making the original decision.

Procedural fairness, timeliness, transparency and credibility, including requiring written reasons for decisions to be issued, are also elements of a strong and effective appeals process.

Documentary evidence may include a copy of the policy/ies and process(es). Monitoring information may include data on the number, reasons and outcomes of the reviews and appeals conducted, along with any learning or consequential changes to policies and processes.

1.7 The CPD home demonstrates continuous improvement of its CPD program(s) and supporting guidance to meet changing needs and respond to:

- **the outcomes of the CPD home's audit and support processes**
- **feedback from practitioners, the Medical Board of Australia, and the AMC.**

NOTES

The CPD home is expected to engage in a process of continuous improvement so that the CPD program requirements and any activities offered reflect changing models of care, developments in healthcare delivery, medical education, medical and scientific progress, cultural safety and changing community needs.

This criterion reflects minimum expectations that must be met from the outset. Over time, CPD homes will develop relationships with health services and external stakeholders appropriate to their program(s) to support the continuous renewal of the program(s).

Documentary evidence may include a framework for evaluation and continuous improvement that identifies when and how outcomes data and feedback will inform the development of the CPD program(s) (including requirements, systems, support and any content). Monitoring information may include a summary of evaluation findings and responsive actions.

CRITERION 2

Provision of the CPD program(s)

The CPD home provides a CPD program(s) that enables practitioners to meet the requirements of the Registration standard: CPD and has effective systems, polices and processes to provide the CPD program(s).

C2 Provision of the CPD program(s)

2.1 The CPD home has reliable and effective systems and processes to store evidence and track practitioners' progress towards meeting:

2.1.1 the requirements of the Registration standard: CPD

- develop a written annual professional development plan
- complete a minimum of 50 hours per year of CPD activities that are relevant to your scope of practice and individual professional development needs
- allocate your minimum 50 hours per year between the following types of CPD activities:
  - at least 12.5 hours (25 per cent of the minimum) in educational activities
  - at least 25 hours (50 per cent of the minimum) in activities focused on *reviewing performance and measuring outcomes*, with a minimum of five hours for each category, and
  - the remaining 12.5 hours (25 per cent of the minimum), and any CPD activities over the 50-hour minimum across any of these types of CPD activity.
- self-evaluate your CPD activity at the end of the year as you prepare your professional development plan for the next year
- retain records of your annual CPD activity for audit by your CPD home and the Board for three years after the end of each one-year cycle.

2.1.2 the program-level requirements, and

2.1.3 any relevant specialist high-level requirements.

NOTES

The CPD home does not need to provide CPD content for each activity type, however its systems must be capable of tracking practitioners' completion of all requirements in the Registration standard: CPD. This includes activities, hours and any exemptions or variations granted by the CPD home.

An effective system will allow a practitioner to monitor and evaluate their own progress towards meeting requirements and to access historical and current records.

Specialist high-level requirements

Practitioners with specialist registration must meet the requirements for CPD set by the relevant specialist medical college for every specialty in which they hold specialist registration. Accredited specialist medical colleges will develop high-level requirements for CPD programs for specialists. This is because the colleges set the requirements for training to achieve specialist registration in the relevant specialty and fields of specialty practice.

The high-level requirements will describe any education, performance review or outcome measurement activities that must be included in a specialist's CPD program. The high-level requirements will be published by the Medical Board of Australia.

The purpose of high-level requirements is to ensure consistency among CPD homes with respect to the specialist knowledge and skills needed in CPD programs for medical practitioners in the Medical Board of Australia's list of specialties and fields of specialty practice.

While the individual practitioner is responsible for ensuring that they meet any high-level requirements for their scope(s) of practice, the CPD home must demonstrate how its program(s) will accommodate the high-level requirements for any specialist practitioners i.e. the CPD home must publish information and details on how the high-level requirements can be met within its CPD program(s).

2.1 NOTES CONT.

Practitioners with multiple specialist registrations

A CPD home may facilitate doctors to meet specialist high-level requirements from multiple colleges within their CPD program(s). Activities may be counted towards more than one set of high-level requirements.

Evidence may include the CPD home's online system and documentation that maps the systems and supporting resources to the requirements of the Registration standard: CPD and other program-level/ specialist high-level requirements. Monitoring information may include details of changes and feedback from practitioners and the Medical Board of Australia.

2.2 The CPD home applies a framework and supporting policies and processes for assessing and recognising CPD activities, including those that are provided by different organisations. The assessment is based on relevance and educational value. The framework is publicly available.

NOTES

The CPD home must publish information on the types of activities that are relevant to each of the registration requirements (educational activities, reviewing performance and measuring outcomes). Educational activities should include activities embedded within practitioners' job roles that support learning and development. When educational activities are separate to the practitioner's job, they should have educational value and relevance to the practitioner's job and/or developmental objectives.

Practitioners may complete other CPD activities provided by other organisations that they wish to be recognised. The CPD home must have a process for assessing whether these activities provide educational value and are relevant to the registration requirements, program requirements, or any specialist high-level requirements.

It is not expected that CPD homes make an assessment of the value and relevance of every individual activity but that they have a framework for making this assessment, which is clear to practitioners in advance of them undertaking activities, and that the home monitors the quality and relevance of activities, for example by sampling.

It is not necessary for CPD homes to make an individual assessment of activities offered by peak bodies with authority and expertise in the relevant area before recognising it within their framework. For example, CPD homes may recognise the CPD activities of AMC-accredited specialist medical colleges and may recognise the CPD activities offered by the Australian Indigenous Doctors' Association without any prior assessment.

Evidence may include the framework and supporting policy and process for recognising activities with information about who will be making the assessment of educational value and how this assessment will be made, for example, mapping to *Good medical practice: a code of conduct for doctors in Australia* and related guidance. Monitoring information may include details of any changes to the framework/supporting processes.

2.3 There are publicly available policies and processes for granting exemptions or variation to the requirements of the CPD program(s), including in relation to continuous absence from practice of at least six months and up to and including 12 months for parental or carer leave, serious illness or other approved circumstances, such as cultural responsibilities. These are implemented fairly and consistently to support flexible practice.

NOTES

The Registration standard: CPD allows for practitioners who have a continuous absence from practice of at least six months and up to and including 12 months to be granted an exemption or variation from the standard by their CPD home. Exemptions may relate to all or part of the registration requirements. A variation relates to a requirement that may be met in a different way.

The CPD home's policies and processes must also refer to any specialist high-level requirements and program-level requirements.

The CPD home is expected to have policies that recognise and support Aboriginal and Torres Strait Islander cultural responsibilities, and to be flexible in supporting other cultures and those with caring responsibilities.

Documentary evidence may include the relevant policy. Monitoring information may include data demonstrating implementation of the policy, and any changes made to the policy.

2.4 Changes to the CPD program(s) are communicated in advance, in a timely, transparent and accurate way, and are made publicly available.

NOTES

The CPD home should be guided by the principle of no 'unfair disadvantage' to practitioners. It is expected that CPD homes will not add program requirements within an annual CPD cycle and will give practitioners advance notice of changes, including to requirements, content/activities, processes and costs.

The CPD home should also be mindful that other organisations providing CPD activities will need notice of program requirement changes.

It is therefore expected that CPD homes should provide notice of at least six months for program requirement changes, and that these are publicly available.

Documentary evidence may include information on the process and format(s) for communicating changes to the CPD program(s). Monitoring information may include summary information on the implementation of changes and feedback from practitioners.

2.5 There are publicly available policies on practitioners' CPD record storage, retention, disposal, privacy and access that are implemented consistently.

NOTES

The CPD home must have policies for complying with relevant privacy laws, and requirements for storing, retrieving, archiving and destroying data.

Documentary evidence may include policies and processes that refer to relevant governing requirements. Monitoring information may include exception reports about incidents and feedback from practitioners.

2.6 The CPD home has systems and processes to allow practitioners to maintain, share and transfer their records to other CPD homes.

NOTES

As advised in the Registration standard: CPD:

> *Practitioners are required to meet the CPD registration standard in each of their specialties and/or scopes of practice.*
>
> *Where possible, practitioners will be able to complete their CPD within a single CPD home that covers all their specialties/scopes of practice.*
>
> *However, where this is not possible, practitioners with more than one specialty/scope of practice may need to complete more than one program, noting that individual CPD activities may count towards the CPD requirements for more than one specialty or scope of practice.*

Practitioners who have multiple scopes of practice may need more than one CPD home. CPD homes must therefore have a process or system for providing individual practitioners with an electronic record of completion of registration requirements and activities for their CPD home, such as the functionality for a practitioner to download their records electronically. In recognition of the fact that CPD homes will have different IT platforms, there is no requirement for direct transfer of records between homes.

Documentary evidence may include relevant policies and processes and may include system demonstration. Monitoring information may include data on numbers of practitioners transferring in and out of the home and feedback from practitioners, and any changes to systems and processes.

CRITERION 3

Support and guidance

The CPD home provides guidance to help practitioners identify high quality CPD activities that support development across the breadth of their scope(s) of practice.

C3 Support and guidance

3.1 The CPD home provides guidance and learning resources for practitioners on CPD activities that support them to develop and improve their practice in line with requirements of the CPD program. This includes:

3.1.1 the requirements of the Registration standard: CPD

3.1.2 developing culturally safe practice, including guidance on how to seek feedback from patients, their families and communities to review performance and measure outcomes, when appropriate

3.1.3 supporting practitioners to address health inequities within their scope(s) of practice

3.1.4 maintaining and developing professionalism

3.1.5 maintaining and developing ethical practice, and

3.1.6 any specialist high-level requirements.

NOTES

Guidance and learning resources/exemplars should cover good practice on:

- professional development planning and self-evaluation (e.g. templates and examples)
- identifying appropriate educational activities (activities should not be limited to courses but include those embedded within practitioners' job roles that support learning and development)
- reviewing performance and measuring outcomes (e.g. examples and approaches).

The AMC recognises that CPD homes may need to engage with expert organisations to develop advice and guidance, for example, on CPD activities that can support practitioners to embed culturally safe practice and best practice models of care to achieve a healthcare system free of racism and address health inequities. Practitioners must recognise the critical role they play in achieving health equity and closing the gap in Aboriginal and Torres Strait Islander health and wellbeing outcomes. They hold an ongoing responsibility for delivering equitable access to high quality culturally safe and responsive care. Refer to the notes for criterion 1.4, describing components to support culturally safe practice.

Documentary evidence may include published information and guidance about relevant resources for the activity types mapped to these areas of *Good medical practice*. It may also include agreements or partnerships with other expert organisations. Monitoring information may include data (for example, the number of practitioners undertaking CPD in the areas of cultural safety, addressing health inequities/promoting equity, professionalism and ethical practice), and information on changes to support and resources.

3.2 The CPD home identifies practitioners at risk of not meeting the requirements of their CPD program(s) and provides guidance or support to assist them meet the requirements.

NOTES

While meeting CPD registration requirements is the individual practitioner's responsibility, CPD homes are expected to alert practitioners that they may not be meeting requirements and identify actions to address gaps. CPD homes will have different mechanisms to achieve this e.g. some may have systems that provide continuous tracking and a dashboard for practitioners to identify if they are on track. Other CPD homes may email practitioners towards the end of the CPD cycle or periodically.

The CPD cycle is based on a calendar year and the CPD home will be expected to report on compliance with the registration standard mid the following year. This provides some grace period for practitioners who have not met requirements by the end of the year.

3.2 NOTES CONT.

CPD homes who offer programs to specialists are also expected to have processes to alert these practitioners and provide guidance when they are at risk of not meeting specialist high-level requirements.

Specialist high-level requirements and program-level requirements may have cycles longer than one year.

Documentary evidence may include copies of relevant policies and processes. Evidence may also include a demonstration of the system. Monitoring information may include information on the implementation and the nature of support or guidance provided.

3.3 The CPD home has publicly available processes to respond to requests for advice on CPD activities to support further training.

NOTES

Regulatory authorities set requirements for recency of practice in a practitioner's current scope of practice, and requirements to support proposed changes to a practitioner's scope of practice. Practitioners, employers and registration authorities may approach a CPD home in relation to further training to meet recency of practice requirements, or to support a change in scope of practice. While the CPD home does not need to provide further training directly, it must have mechanisms to support practitioners who are re-entering practice and/or wishing to extend or change their scope of practice to identify relevant CPD activities. The CPD home is only expected to give guidance within the range of CPD program(s) it provides. If the extension or change in scope is beyond the range of CPD program(s) provided, it may be necessary to refer the person/organisation making the request to another organisation.

Documentary evidence may include relevant policies and processes. Monitoring information may include information on requests for advice on further training and the outcomes of requests.

3.4 The CPD home has publicly available processes to respond to requests for advice on CPD activities to support remediation of practitioners who have been identified as underperforming in a particular area.

NOTES

Laws, regulations and codes of conduct set expectations for standards of practice of practitioners. Requests to provide advice on CPD activities to address under-performance may be made by practitioners, employers and registration authorities. While the CPD home may not provide remediation directly, it must have mechanisms to support practitioners in identifying remedial activities.

Documentary evidence may include relevant policies and processes. Monitoring information may include information on requests for advice on remediation and the outcomes of requests.

CRITERION 4

Auditing and reporting

The CPD home complies with the Medical Board of Australia's auditing and compliance reporting requirements, and the AMC's accreditation requirements for its CPD program(s).

C4 Auditing and reporting

4.1 The CPD home audits practitioners' CPD records, assessing the completeness of evidence and educational quality of the activities undertaken, and meets the requirements of the Medical Board of Australia for audit activity.

NOTES

The Medical Board of Australia's current requirements are an audit of at least five per cent of practitioners' CPD records annually.

Documentary evidence may include the policy and process for audit. Monitoring information may include information on audits, feedback from practitioners and the Medical Board of Australia, and any subsequent learning.

4.2 Reports on compliance are provided to the Medical Board of Australia within six months of each year's end and meet the reporting requirements of the Board.

NOTES

The Medical Board of Australia will confirm the detailed reporting requirements.

No documentary evidence is required in relation to this criterion for initial accreditation. For accreditation to be confirmed the CPD home will need to demonstrate compliance – feedback will be sought from the Medical Board of Australia.

4.3 Submissions are provided as required to the AMC, demonstrating continuing ability to deliver the CPD program(s) in accordance with the *Criteria for AMC Accreditation of CPD Homes* and identifying any changes that may affect the CPD home's accreditation.

NOTES

The AMC will provide a template for monitoring submissions. The template will usually include a request for:

- updates on progress towards meeting any criteria that have not been met
- information on changes that may affect accreditation e.g. governance, resources, systems, CPD program(s) provided, program requirements, and support and guidance provided
- data, for example on participation, appeals, and feedback.

For specialist medical colleges that wish to become a CPD home, it is expected that reporting could be aligned with the college's monitoring report cycle. However colleges may wish to separate these reports if CPD home activity is managed separately.

No documentary evidence is required in relation to this criterion for initial accreditation. For accreditation to be confirmed the CPD home will need to provide good quality monitoring submissions.