

Consultation on revised CPD Registration standard

Submitted by Skin Cancer College Australasia

Submission to the Medical Board of Australia

Title: Consultation on revised CPD Registration standard

From: Skin Cancer College Australasia

Date: February 2020

The Skin Cancer College Australasia (SCCA) thanks the Medical Board of Australia for the opportunity to provide feedback on the proposed revision of the CPD Registration Standard. The SCCA is supportive of the Medical Boards' goal to extract more value from existing CPD programs and that practitioners should do CPD that is relevant to their scope of practice.

The SCCA is happy for this submission to be published on the Medical Board's website if required.

Summary

The Skin Cancer College Australasia (SCCA) welcomes the Board's proposal to allow for the introduction of new types of CPD homes, including organisations which are not AMC accredited specialist medical colleges.

The SCCA strongly agrees that practitioners should have the freedom to choose a CPD home(s) which is most relevant to their current/future scope(s) of practice. This is especially important for practitioners who develop specific interests in one or more areas of medical practice.

The SCCA was created by a group of GPs to meet the demand for education to improve their ability to diagnose and treat skin cancer – Australia's most common cancer. The need for education in this area was not being met by either of the GP specialist medical colleges.

Strongly growing membership and an expanding education program are evidence that SCCA continues to successfully meet the needs of practitioners. This also shows there is a place for CPD providers which do not fit the current model of a medical college – i.e. AMC accredited and focused on a specific craft group.

Although most SCCA members are primary care practitioners, SCCA welcomes membership by all medical practitioners from all specialist colleges. Members are united by their common interest in the diagnosis and treatment of skin cancer in all clinical settings and their demand for high quality ongoing learning.

About the Skin Cancer College Australasia

The Skin Cancer College Australasia (SCCA) is the not-for-profit peak body representing over 1,000 primary care skin cancer doctors across Australia and New Zealand. College earnings are directed back to skin cancer education, standards, advocacy and research.

Australia and New Zealand have the highest incidence of skin cancer in the world. The SCCA exists to support the development of health care professionals to combat skin cancer and save lives.

SCCA is the largest provider of skin cancer clinical education to general practitioners (GPs) in Australia and has introduced accreditation of primary care skin cancer doctors as defined by a specific scope of practice.

Approximately half SCCA members are accredited skin cancer doctors, which means that they have completed extensive additional education, passed rigorous exams, and had their diagnostic and surgical skills assessed by Fellows of the College.

While they are still identified as GPs, accredited skin cancer doctors spend more than 50 per cent of their patient consulting hours exclusively focused on skin cancer diagnosis and treatment. As a result, this cohort of GPs do not match the profile for a 'typical' GP. They define themselves as GPs with a Specific Interest in skin cancer, or GPSI.

Submission

The following submission is focused on the **questions for consideration** deemed most relevant to the SCCA and its members.

9. Exemptions

- 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?
 - The College supports exemptions being granted in these circumstances.
- b) Is 12 months an appropriate threshold?
 - Under most circumstances 12 months is an appropriate threshold.
- c) Should CPD homes grant these exemptions or should the Board?
 - CPD homes should grant these exemptions. Requiring exemptions to be submitted to the Board introduces unnecessary and time-consuming administrative processes. The revised CPD standard should describe the circumstances where an exemption can be granted, the evidence required, notification periods, etc.

10. Practitioners with more than one scope of practice or more than one specialty

- 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?

- The College believes that it while it would be convenient for medical practitioners with more than one scope of practice to complete all their CPD in one CPD home, this may not be achievable. CPD should be sourced based primarily on its relevance to scope of practice and quality, not on convenience. Therefore, practitioners should have the freedom to select more than one CPD home to achieve the best outcome to suit their individual needs.

11. CPD required

- a) Are the types and amounts of CPD requirements clear and relevant?
 - The SCCA supports the requirement to include different types of CPD activities. However, it does not support the suggested total percentage of hours to be focused on each activity type.
 - For many primary care practitioners, particularly those working in regional and rural practices where patient demand far outweighs practitioner availability, time spent reviewing performance and measuring outcomes is often considered wasteful.
 - SCCA recommends significantly reducing the proportion of hours to be spent on reviewing performance and measuring outcomes. A phased approach to gradually increase the proportions for these activities over consecutive trienniums will meet with less resistance from practitioners.

12. CPD homes

- a) Is the requirement for all practitioners to participate in the CPD program of an accredited CPD home clear and workable?
 - Yes.
- b) Are the principles for CPD homes helpful, clear, relevant and workable?
 - Yes.
 - SCCA recommends that Principle 2.3 for CPD homes is expanded to include organisations which are registered higher education providers as defined by the Tertiary Education Quality & Standards Agency (TEQSA, www.teqsa.gov.au), and which offer medical education programs accredited by TEQSA and are relevant to the scope of practice for practitioners choosing that CPD home.
 - Additionally, the principles for CPD homes match the existing structure for the College's developing CPD program.
- c) Should the reporting of compliance be made by CPD homes on an annual basis or on another frequency?
 - Given the accepted norm is that CPD programs operate in trienniums, it makes sense for reporting of compliance to take place at the end of each triennium rather than yearly.
 - There is wide variation in how individual practitioners undertake their CPD activities. Some spread their activity evenly throughout the triennium, while others will concentrate their activity into a shorter period within the triennium. Practitioners should have the flexibility to manage their CPD to suit the variable demands of their professional and personal life.
 - Most existing CPD programs allow for evidence of CPD activities to be submitted at any point across the three years; reporting compliance annually would therefore likely result in a large number of practitioners being labelled non-compliant when in reality they are merely yet to submit evidence.

- 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)?
 - Six months after the end of the reporting period is feasible for reporting purposes.
- e) Should the required minimum number of audits CPD homes must conduct each year be set at five percent or some other percentage?
 - An audit of five percent provides a statistically robust sample and matches the audit size for the College's own CPD program.
- f) What would be the appropriate action for CPD homes to take if participants failed to meet their program requirements?
 - CPD homes should contact participants failing to meet program requirements and determine the reason for their noncompliance and to suggest methods by which they could complete the requirements. If this is not possible noncompliance should be registered, and support offered for the upcoming program period (i.e. next triennium). If this still does not resolve the issue, failing participants must be denied access to the beneficial outcomes of the program until such a time that they become compliant.

13. High level requirements for CPD programs

- a) Should the high-level requirements for CPD in each scope of practice be set by the relevant specialist colleges?
 - Further definition on high level requirements is required to determine where the responsibility for setting them should be placed.

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