

Medical Board of Australia
G.P.O. Box 9958
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Via email - performanceframework@ahpra.gov.au

The Thoracic Society of Australia and New Zealand (TSANZ) is a health promotion charity whose mission is to lead, support and enable all health workers and researchers who aim to prevent, cure and relieve disability caused by lung disease. TSANZ is the only Peak Body in Australia that represents all health professionals working in all fields of respiratory health.

TSANZ has a membership base of approximately 1700 individual members from a wide range of health and research disciplines. TSANZ is a leading provider of evidence-based guidelines for the treatment of respiratory disease in Australia and New Zealand, undertakes a large amount of professional education and training, is responsible for significant research administration, and coordinates an accredited respiratory laboratory program.

TSANZ thanks the Department for the opportunity to respond to the proposed amendments and welcomes the timeframe that has enabled us to consult with our members on this important issue. However, TSANZ notes that the Christmas/New Year period is not an ideal time to consult and many of our members are likely to have been unable to respond due to the festive season.

About the Continuing Professional Development (CPD) Review

The MBA consultation document states:

The Medical Board of Australia is consulting on its proposed revised CPD Registration standard that builds on existing arrangements and strengthens CPD requirements for medical practitioners. It is also consulting on related matters including CPD homes and high-level requirements for CPD programs.

The Medical Board states that it is not proposing fundamentally new processes through this revised standard. Rather, the goal is to extract more value from existing CPD programs and encourage development and innovation.

The proposed standard is evidence-informed and requires practitioners to undertake a range of activities that have been shown to improve performance. These include educational activities, reviewing performance and measuring outcomes.

The proposed draft CPD registration standard applies to all medical practitioners except:

- *students*

- *interns*
- *those holding non-practising registration*
- *those holding short-term limited registration*
- *those granted an exemption.*

Under the proposed CPD registration standard practitioners must:

- *complete a minimum of 50 hours of CPD per year that includes a mix of:*
 - *at least 25 per cent on activities that review performance*
 - *at least 25 per cent on activities that measure outcomes, and*
 - *at least 25 per cent on educational activities*
- *have a CPD home and participate in its CPD program*
- *do CPD that is relevant to their scope of practice*
- *base their CPD on a personal professional development plan.*

Specialist trainees will meet these requirements by participating in a specialist training program. New guidance to support the CPD registration standard has also been developed on the high-level requirements for CPD programs and the principles for CPD homes.

TSANZ Response to the Consultation Questions

General Questions

TSANZ considers the draft standard, clear and concise.

Who the Standard Applies To

TSANZ considers the CPD registration standard should not apply to medical students or interns in accredited training programs as these individuals are currently not registered to practice medicine.

Likewise, specialist Advanced Trainees in respiratory and sleep medicine already record significant learning activities through the use of their logbook and we see no reason to extend this requirement with further mandated documentation of learning activities. Moreover, many respiratory trainees complete the TSANZ competency-based training program which would address the requirements for much of the required standard. TSANZ submits that specialist trainees who satisfy their accredited training program already satisfy the requirements for CPD and no further requirements should be placed upon them.

Also, international medical graduates (IMG) who are completing a training program and in supervised practice should be covered sufficiently by their program so as to not require additional CPD requirements.

Medical practitioners with limited registration are noted as exempt in the draft standard, as are those with non-practising registration or those who have applied for and been granted exemption. We have no objections to these exemptions.

Exemptions from the CPD Standard

Exemptions from CPD requirements should be managed by the Medical Board of Australia and not by CPD homes. A twelve-month exemption is sufficient for a full exemption. For a period of less than 12 months for example serious illness, the Board may wish to consider pro-rating the rate of required CPD to align with the period of non-practice.

More than one Speciality

TSANZ notes that the CPD standard requires:

- 25% educational activities
- 25% on performance review
- 25% on outcomes measurements
- 25% across any of the above types of activity

For practitioners with more than one speciality or scope of practice, we believe that it is onerous to require an additional 50 hours of CPD per speciality/scope. Therefore, we would propose that because performance review activities and outcomes measurement review activities are transferable skills, there should be no additional requirement for these activities. However, educational activities for each speciality or scope of practice should be undertaken. As the 4th activity is discretionary, we would suggest that practitioners could utilise the fourth activity for specialty specific educational activities.

CPD Required

The CPD requirements detailed in this document vary little from the requirements currently being met by TSANZ members through the Royal Australasian College of Physicians (RACP). The MyCPD program is a self-reporting tool with a flexible framework, whereby specialists record CPD activity relevant to their scope of practice in the categories of educational activities, reviewing performance and measuring outcomes. Educational activities attract 1 point per hour, whereas the other categories are awarded 3 credits per hour, with a ceiling limit of 60 points per category. The annual minimum CPD requirement is 100 credits. All practitioners, regardless of levels of patient contact, should be able to achieve all the required CPD domains within their CDP home (including educational activities, measuring outcomes and performance review).

CPD Homes

TSANZ welcomes, and strongly supports the development of CPD homes where a CPD home is defined as “an accredited CPD home of the specialist’s choice that is relevant to her/his scope of practice”.

We strongly agree that the specialist training colleges should remain responsible for training and any required CPD associated with medical practitioners in training (at any level of training). However, specialists should have the option to choose a CPD provider that is relevant to their practice.

The requirement for all practitioners to participate in a CPD program managed by an accredited CPD Home is clear and workable.

TSANZ agrees the principles for accredited CPD homes are clear and relevant.

TSANZ would suggest compliance reporting by CPD homes should be annualised within six months of the completion of the end of the 12-month CPD period

A 5% audit rate seems to be in line with existing practices and not overly onerous for CPD accredited homes.

With respect to actions required by CPD homes where a participant fails to meet the required CPD standards, TSANZ proposes that the CPD home is responsible for contacting the participant and negotiating an immediate remedial course of action. This should be advised to the Medical Board of Australia directly by the CPD home.

Should there be a dispute between the CPD home and the participant, clear guidelines for dispute resolution are required so that participants' have a robust framework to appeal decisions.

Failure to complete their professional development standard and associated remedial progress (or failure) is already the participant's responsibility at the time of renewing their APHRA registration.

The decision to grant ongoing medical registration is the responsibility of APHRA and is not within the remit of the CPD home.

We appreciate your time and consideration regarding this matter, and hope to continue the conversation about the changes to Medical CPD.

Yours faithfully,



Professor Bruce Thompson
President