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17 February 2020

Helen Tierney
Policy Manager
Australian Health Practitioner Regulation Agency

By email: performanceframework@ahpra.gov.au

Dear Helen,

Re: Preliminary Consultation – Draft revised *Registration Standard: Continuing Professional Development*

Thank you for the opportunity to review and provide feedback on the draft revised *Registration Standard: Continuing Professional Development*. Please find our responses to the consultation questions in the attached submission.

Should you have any questions or wish to discuss any aspect of our feedback in more detail, please do not hesitate to contact us via Belinda Balhatchet, Senior Education Officer, on (02) 8071 8024 or via email on Belinda.balhatchet@aoa.org.au.

Yours sincerely,

Susan Liew
Chair, Professional Conduct & Standards

Australian Orthopaedic Association

AOA SUBMISSION

Public Consultation Registration Standard: Continuing Professional Development

17 February 2020



The Australian Orthopaedic Association (AOA) welcomes the opportunity to review and provide feedback on the proposed revised *Registration Standard: Continuing Professional Development*.

AOA continues to be supportive of the concept of strengthening CPD for all medical practitioners in Australia. CPD helps to ensure that all practitioners constantly maintain, enhance and develop their skills and knowledge to achieve the highest standards of patient care for Australians. We are confident that AOA's robust CPD program already meets most of the requirements of the revised CPD registration standard.

Having reviewed the preliminary consultation document, we have some comments and suggestions which are outlined in this letter according to the consultation questions. Overall, the draft revised CPD registration standard is helpful, clear and relevant and covers the majority of the content relevant to us (as a proposed CPD home) and our members.

Responses to specific questions (numbered as per consultation document)

5. *Who does the proposed registration standard apply to?*

a. *Should the CPD Registration standard apply to all practitioners except the following groups?*

- *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.*

b. *Are there any other groups that should be exempt from the registration standard?*

AOA is in agreement with the proposed practitioner groups that will be required to complete CPD and those who will be exempted.

6. *Interns*

a. *If interns are not exempted from undertaking CPD, should they be required to complete and record CPD activities in addition to or as part of their training program?*

b. *If CPD is included as a component of their training program/s, should they have to comply with the same mix of CPD as other medical practitioners?*

c. *Should they have to record what CPD they are doing or is completion of the program requirements sufficient to comply with the standard?*

AOA does not have a formal relationship with interns, but we are in agreement with the changes in the proposed registration standard for this group, including IMGs in unaccredited positions.

7. Specialist trainees

a. Do you agree specialist trainees should be required to complete CPD as part of their training program?

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?

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?

Under the AOA 21 Training Program, trainees in the final 'Transition to Practice' stage of training are required to participate in the AOA CPD program as if they were practicing consultants, including recording of their CPD activities. We believe that this is an important step in embedding CPD into the everyday practice of our new Fellows and the CPD Registration Standard should allow CPD homes to implement this requirement on senior trainees at their discretion.

However, we do not believe it necessary or practical to impose CPD requirements on trainees who are not close to achieving fellowship, as these trainees are already undergoing professional development on a daily basis and are closely monitored by the relevant training body. These trainees should not be required to record individual CPD requirements; completion of the program requirements sufficient to comply with the standard.

8. International medical graduates

a. Should IMGs be required to complete CPD in addition to or as part of their training program or supervised practice?

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?

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?

We support CPD requirements for IMGs under supervision and agree with the proposed changes to the CPD Registration Standard for this group.

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 or bereavement?

b. Is 12 months the appropriate threshold?

c. Should CPD homes grant these exemptions or should the Board?

We believe that exemptions should be granted for practitioners who take an extended period of time off work (6 months or longer) due to parental leave and agree with the proposed amendments in relation to this. Partial exemptions could be applied for periods of leave that are between 6 and 12 months in duration. It would be appropriate for this to be handled by the CPD homes.

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?

As AOA does not manage practitioners with more than one specialty, we do not have feedback to provide on this item.

11. CPD Required

a. Are the types and amounts of CPD requirements clear and relevant?

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?

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?

We do not believe that it is appropriate for surgeons in non-clinical roles (e.g. medico-legal practitioners) to be required to equally allocate activities in all three sections. It would be difficult for some of our non-operating members to complete activities that may fall into the 'reviewing performance' and 'measuring outcomes' sections. Therefore, CPD homes should be provided with some flexibility to create a set of appropriate requirements for their own non-clinical groups. Some general guidelines could be provided in the CPD Registration Standard, but these should not be overly prescriptive.

12. CPD homes

a. Is the requirement for all practitioners to participate in the CPD program of an accredited CPD home clear and workable?

b. Are the principles for CPD homes helpful, clear, relevant and workable?

c. Should the reporting of compliance be made by CPD homes on an annual basis or on another frequency?

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)?

e. Should the required minimum number of audits CPD homes must conduct each year be set at five percent or some other percentage?

f. What would be the appropriate action for CPD homes to take if participants failed to meet their program requirements?

AOA is supportive of the proposed CPD home model and we believe that the proposed guidelines, principles and structure is clear and practical. Reporting to the Board on an annual basis and within six months of the year's end is feasible. AOA currently audits five percent of participants and would be happy for this to continue.

Under the AOA *Constitution*, members are required to maintain compliance with CPD in order to retain membership of the Association. We strongly believe in the importance of CPD and support a clear and robust system of following up non-compliant members via a professional conduct and standards committee (or similar). However, if CPD homes are to be expected to report to the Board on a regular basis regarding non-compliant members, it is important that there is clarity around the responsibilities of the CPD home and the Board in the follow-up process. This is not clear in the proposed registration standard and should be clarified.

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?

Specialist colleges have access to experts in the field and have the best knowledge of the appropriate standards for their members' scope of practice. We agree that the specialist colleges and associations who are accredited to deliver CPD should set the high-level standards for their CPD programs within the framework provided by the Board.

14. Transition arrangements

a. What is a reasonable period to enable transition to the new arrangements?

Implementing any changes in the existing AOA CPD program will require sufficient time to consult with members and set up the necessary infrastructure (e.g. IT platforms). We therefore recommend that CPD providers be given at least 18 months after the final revised CPD registration standard is released to plan and implement the necessary changes.

Thank you for the opportunity to comment on the consultation document. We trust that our feedback and suggestions will be useful. Should you have any questions or wish to discuss any aspect of our feedback in more detail, please do not hesitate to contact us via Belinda Balhatchet, Senior Education Officer, on (02) 8071 8024 or via email on Belinda.balhatchet@aoa.org.au.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Susan Liew', with a stylized flourish at the end.

Susan Liew

Chair, Professional Conduct & Standards

Australian Orthopaedic Association