

Australian and New Zealand College of Anaesthetists CONTINUING PROFESSIONAL DEVELOPMENT STANDARD

1. INTRODUCTION

The Australian and New Zealand College of Anaesthetists (ANZCA), which includes the Faculty of Pain Medicine (FPM), is the specialist medical college accredited by the Australian Medical Council to set the Continuing Professional Development (CPD) standard for anaesthesia and pain medicine practice in Australia. ANZCA is also recognised and accredited by the Medical Council of New Zealand to provide a recertification programme for specialists registered in the vocational scope of anaesthesia and pain medicine in New Zealand.

This CPD standard is based upon criteria set by these regulatory bodies. It applies to all specialist anaesthetists and specialist pain medicine physicians/pain medicine specialists in Australia and New Zealand.

The criteria within this document are considered suitable for the assessment and approval of self-directed programs and CPD programs provided by ANZCA or other organisations.

2. DEFINITIONS

The accepted definition of CPD employed by ANZCA is: "Any activity designed to improve patient outcomes through the maintenance and improvement of knowledge, skills, and professional and personal attributes required of a medical specialist"

Throughout this document, reference to ANZCA implies inclusion of the Faculty of Pain Medicine (FPM). The term "specialist" refers specifically to a specialist anaesthetist and/or specialist pain medicine physician.

3. PRINCIPLES OF A SPECIALIST CPD PROGRAM

- 3.1. Practice evaluation: Specialists engage in quality improvement activities that are directly and indirectly related to the specialist's practice.
- 3.2. Self-directed learning: Specialists plan their own CPD activities according to their own specialist needs and assess the benefit of individual activities according to those needs and their learning experiences.

- 3.3. Application to professional practice: All roles and responsibilities of a specialist are recognised, including:
- Medical expert
 - Communicator
 - Collaborator
 - Leader & Manager
 - Health advocate
 - Scholar
 - Professional
- 3.4. Effective interventions: Emphasis is given to activities and interventions that have been proven to be effective in specialist's learning.
- 3.5. Career-long learning: CPD is an ongoing commitment to promote excellence in specialist practice through ongoing practice evaluation, and the development of new knowledge, skills and professional behaviours.
- 3.6. Open participation: All specialists, whether working full time or part time in either clinical or non-clinical practice, or retired, are eligible to enrol and are catered for within the program.

4. KEY ELEMENTS OF A SPECIALIST CPD PROGRAM

A CPD program must stipulate the minimum level of engagement in a range of activities, in each of the following three areas:

1. practice-based evaluation, such as multi-source feedback and clinical audit;
2. activities to enhance knowledge and skills, such as conferences, courses and on-line learning; and
3. activities to maintain knowledge and skills related to the management of a number of defined emergency responses. (See "Emergency Responses" below)

The CPD value derived from teaching, research and relevant professional committee activities is also acknowledged.

Practice Evaluation – 100 credits required	
**Participants are required to complete two of the following four Practice Evaluation activities each triennium. The same activity may be completed twice to satisfy this requirement, these activities involve direct evaluation of a participant's clinical practice.	
**Patient experience survey ^{1,3}	20 credits per activity Minimum of 2 activities per triennium (40 credits)
**Multi-source feedback (MsF) ^{2,3}	
**Peer Review of Practice ⁴	

**Clinical audit of own practice or significant input into a group audit of practice ⁵	
Other practice evaluation activities are all optional, with no minimum requirement.	
Clinical Audit – Recommendations and Implementation	2 credits per hour
Case discussions/conferencing	
Morbidity/mortality meetings	
Incident monitoring/reporting	
Review of patient care pathways	
Hospital and simulation center inspections/accreditation	
Medico-legal reports/expert witness	
Root Cause Analysis (RCA)	
Team training scenario within own work environment, with usual work team. Should include debrief.	
Assessor for SIMG workplace based assessment/ Vocational Practice Assessment (NZ) and competence reviews.	
Annual performance appraisal ⁹	

Knowledge and Skills - 80 credits required	
Attendance at lectures or presentations, online learning	1 credit per hour
Short courses, workshops, PBLDs and small group discussions	2 credits per hour
Courses toward a formal qualification	2 credits per hour, <i>Max 50 credits/course</i>
Teaching, including preparing and presenting tutorials	1 credit per hour, <i>Max 10 credits/year</i>
Workplace based assessment of trainees, including provision of feedback	1 credit per WBA
Review of ANZCA/FPM Fellows or trainees	1 credit per hour

Examining, including writing questions and marking questions	1 credit per hour
Journal reading	1 credit per hour, <i>Max 10 credits/year</i>
Grant proposals and trials	1 credit per hour
Reviewer, grant applications or participation on ethics committees	1 credit per hour
Publication of manuscript in peer reviewed journal or book chapter	10 credits per publication or chapter.
Reviewer/editor of journal	1 credit per hour
Presenting at regional/national/international conferences/meetings	10 credits/presentation
Participation in committee, sub-committees and project groups	1 credit per hour, <i>Max 10 credits/year</i>
Hospital or practice attachments	1 credit per hour, <i>Max 10 credits/year</i>
Overseas aid work	1 credit per hour, <i>Max 10 credits/year</i>
Cultural competency	1 credit per hour
Trainee assessment – other	1 credit per hour

Emergency Responses – Two activities	
Management of:	2 activities per triennium
Can't intubate, can't oxygenate (CICO) ⁶	
Cardiac arrest ⁶	
Anaphylaxis ⁷	
Major haemorrhage ⁷	
Acute Severe Behavioural Disturbance (ASBD)	

5. SPECIALIST CPD PROGRAM INCLUSIONS

5.1. CPD planning must be conducted by the specialist, based upon review of individual and organisational needs, and preferred learning styles. Review of achievements during the CPD triennium against the individual's plan must be a requirement at the end of the triennium. Regular informal review should be strongly encouraged.

5.2. Per triennium, specialists must complete a minimum of two formal practice evaluation activities directly relevant to the specialist's own practice, such as multi-source feedback and clinical audit.

5.3. Per triennium, specialists who:

- a) administer anaesthesia and/or sedation; or
- b) work in a practice environment where it would be expected that the specialist would be able to respond to an emergency situation (e.g. a vasovagal event during an interventional pain procedure)

Must complete a minimum of two education activities related to the management of emergency responses and may select from can't Intubate, can't oxygenate (CICO), cardiac arrest, anaphylaxis, major haemorrhage and acute severe behavioural disturbance (ASBD).

5.4. Specialists who are not involved in direct patient care need to complete only 'Knowledge and Skills' requirements.

5.5. Minimum credit requirements per triennium must apply to activities classified as practice evaluation and self-learning of knowledge and skills and to overall activity in the CPD program as follows:

- Practice evaluation - 100 credits
- Knowledge and skills - 80 credits
- Per triennium - 180 credits

5.6. Learning activities relevant to all roles and responsibilities of a specialist must be recognised.

5.7. Generally, in a credit/point system, one credit/point must be equivalent to one hour of professional development activity. Activities may be reasonably weighted, with more credits awarded for more collaborative learning activities, and fewer awarded for less collaborative learning activities.

5.8. The availability of an annual statement of participation requires a minimum of 30 credits in that year and completion of the CPD plan for that triennium.

5.9. The availability of a certificate of compliance to specialists at the end of the triennium requires completion of:

- a) a CPD plan;
- b) evaluation of the plan and CPD achievement; and
- c) a minimum of 30 credits per annum
- d) a minimum of 180 credits and mandatory elements as described in 5.2 and 5.3.

5.10. A program must accommodate various stakeholders, including those who do not undertake direct patient care, those solely in specialist pain medicine practice who do not undertake interventional procedures, and non-specialists.

6. DOCUMENTATION

The CPD Program requires maintenance of a portfolio, which facilitates the documentation of the CPD plan, completed learning activities, mandates personal evaluation of CPD and provides a record of CPD participation for audit purposes.

7. AUDIT

A CPD program, must include a process of audit based on randomly selected participants and/or logged CPD activities, to verify the accuracy of returns and relevance of activities completed. A minimum of seven per cent must be audited annually.⁸

Notes

1. Specialists must obtain feedback from a minimum of 6 colleagues and co-workers that he or she works with on a regular basis. It is recommended that feedback responses be sought from another anaesthetist, a surgeon, an anaesthetic nurse/technician and trainee (if applicable). To be considered valid activity (audit/verification), the multi-source feedback form must request feedback on a range of behaviours included in the Appendix 16 ANZCA/FPM Roles in Practice, and therefore incorporate items on clinical work, communication, teamwork, teaching & learning and professional aspects of their role as a specialist.
2. There are a number of developed validated surveys that assess patient satisfaction with anaesthesia and pain medicine that could be used.¹ Specialists must use a survey that has been developed specifically for the specialty of anaesthesia or pain medicine. Specialists must obtain feedback from a minimum of 15 patients that represent a good cross section of patients from their everyday practice.
 1. Barnett et al. (2013). Patient-satisfaction measures in Anaesthesia. *Anaesthesiology*, 119, 452-478.
3. For multi-source feedback and the patient experience survey, ideally, a third party compiles the results of completed surveys/forms on a results summary sheet. The third party should read through the guidance prepared by ANZCA regarding feedback provision to specialists that have completed practice evaluation activities for the purpose of CPD, and provide feedback to the specialist based on the results summary.
4. Specialists select a colleague to observe their practice over half a day and record observations. After the observation, the colleague uses observation notes to initiate a feedback discussion regarding various approaches to patient care. To be considered valid activity (audit/verification), the observation form must prompt notes and discussion on a range of behaviours included in the Appendix 16 ANZCA/FPM Roles in Practice, and therefore, as a minimum, incorporate items on patient management, communication, team work and list management.
5. Specialists complete a systematic analysis of an area of practice to improve clinical care and/or health outcomes, or to confirm that current management is consistent with the current available evidence or accepted consensus guidelines. An identified standard is used to measure current performance and outcomes are documented and discussed with a colleague.
6. CICO and cardiac arrest activity requirements may be met by participation in an education session that has been recognised as suitable by ANZCA. Education sessions must meet the standard as detailed in the ANZCA and FPM CPD Handbook. Specialists may also complete an existing relevant course, such as EMAC or ALS, to meet the CICO and/or cardiac arrest requirement.
7. Major haemorrhage and can be completed via e-Learning. Refer to the ANZCA and FPM CPD Handbook for online modules with recognition of suitability.
8. This figure is based on approximately 5000 participants. Smaller sample sizes will require a larger

percentage of participants be audited. For example, a program with less than 2 500 participants will need to audit a minimum of 15% of participants.

9. This is a formal structured meeting with the head of department or responsible manager to review an individual's performance. It is a requirement that the review includes: a self-assessment including consideration of outcomes; current clinical responsibilities; feedback on performance against previously agreed goals; discussion of professional development and CPD; and a plan for the following year.

CHANGE CONTROL REGISTER

Version	Author	Approved by	Approval date	Sections modified
1	Fellowship Affairs Unit	Council	November 19, 2011	Created
2	CPD Unit	Council	August 16, 2013	Updated to reflect ANZCA 2014 CPD Program framework alterations
2.1	CPD Unit	Council	November 16, 2013	Adjustments to activities framework
2.2	CPD Unit	CPD Committee	September 25, 2015	Adjustments to activities framework
2.3	CPD Team	Endorsed by CPD Committee Approved by ANZCA Council	October 4, 2018 November 24, 2018	<ul style="list-style-type: none"> • Inclusion of ASBD as an Emergency Response activity • Adjustments to activities framework • Updated to reflect CPD Team