



PRESIDENT

Dr Rodney Mitchell
BMBS, FANZCA, FAICD

14 February 2020

Dr Anne Tonkin
Chair
Medical Board of Australia

Email: performanceframework@ahpra.gov.au

Dear Dr Tonkin

Medical Board of Australia Public Consultation - Draft revised Registration standard: Continuing Professional Development (CPD)

Thank you for the invitation to provide feedback for the public consultation of the draft revised *Registration standard: Continuing Professional Development*; and for supporting high-level requirements for CPD programs.

The Australian and New Zealand College of Anaesthetists (ANZCA), which includes the Faculty of Pain Medicine (FPM) is responsible for the training, examination and specialist accreditation of anaesthetists and specialist pain medicine physicians, and for the standards of clinical practice in Australia and New Zealand. Our mission is to serve the community by fostering safety and high quality patient care in anaesthesia, perioperative medicine and pain medicine.

ANZCA has produced a CPD standard, including a framework, for directing education and to guide self-directed learning. In Australia, the ANZCA CPD Standard applies to all specialist anaesthetists and specialist pain medicine physicians, irrespective of the provider of their CPD program as well as for self-directed programs.

The content and structure of the draft revised CPD registration standard is helpful, relevant, and reasonably clear, with a strong position on the importance of CPD. However, there is some doubt as to whether it is any more workable than the current standard. There appears to have been a shift of responsibility from practitioners to CPD Homes, to determine the evidence to be retained and the length of the retention period.

The current ANZCA and FPM CPD program supports participants in meeting the CPD standard, which was developed by academics and peers who are highly qualified in the specialties of anaesthesia and pain medicine. The current ANZCA matrix is strongly supported by fellows and continually evolves with consideration of academic evidence of contemporary scholars.

ANZCA reiterates the feedback provided during the preliminary consultation in August, 2019, – CPD standardised to a simple time-based structure does not allow for different weightings based on the educational value. The use of credits instead of hours should be permissible, without the need to convert to a time based measurement. A time-based minima is unnecessarily inflexible, and the differential value of well-researched activities is not captured by measuring on a time basis alone.

Further to this, the points that the college has identified for consideration are outlined below.

CPD Homes

We understand that the revised draft proposal requires medical practitioners with more than one scope of practice or speciality to complete the requirements for each scope and/or speciality. It appears that this may be achievable within one CPD Home.

The ANZCA fellowship contains a significant number of dual anaesthesia/pain medicine fellows, and we continue to have concerns around the issue of determining the relevancy of scope of practice, and how this is monitored and established.



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If a chosen CPD Home is not required to be aligned with the medical registration of a participant, there needs to be a clear statement of how it will be determined that a participant is completing CPD activities relevant to their scope/s of practice.

We accept that medical practitioners with more than one specialty should be required to participate in more than one CPD program, if a single program does not cover the entire scope of their practice. However, current accredited CPD Homes may have difficulty in offering dual/multiple fellows CPD opportunities that fully cover their scopes of practice.

Pain medicine as a post specialist qualification means that all pain medicine fellows have two speciality areas/scopes of practice. The current ANZCA and FPM program has been designed to support not only those with anaesthesia as a primary speciality, but also those who are also fellows of other colleges. Therefore, colleges may risk losing participants due to having to complete multiple discrete CPD programs annually.

ANZCA suggests the Board should consider facilitating the process for CPD Homes to be permitted to accredit other CPD programs as suitable for a particular scope of practice or part thereof.

Standardised approach to CPD

ANZCA agrees with standardisation being important; however, the approach should be flexible enough to accommodate CPD programs that use a weighted credit points system.

Flexibility should include allocation of credits as opposed to meeting time requirements. The broad concept of CPD with branches of planning, evaluation, educational activities, performance review and outcome measures appears clear, relevant and evidence based. CPD Homes should, however, be permitted to allocate weighted value to CPD activities. Specialty colleges vigorously and routinely investigate and interrogate educational value of CPD activities based on relative merit. We consider a time-based system to be too simplistic and potentially result in negative educational outcomes that would undervalue the goals set out in the Board's own framework.

We remain firm in the view that hours would not be as informative or useful as weighted credits. Allowing a weighting of activities is shown to be of greater CPD value. ANZCA accepts a credit based system will still be required to meet minimum requirements set by the Board.

Additionally, the proposed change to include defined annual requirements is likely to increase the workload on CPD Homes to support administrative requirements to maintain CPD programs.

Specialist trainees and International Medical Graduates (IMGs)

We believe that it should be sufficient for specialist trainees and International Medical Graduates (IMGs) to participate in the CPD program of the college providing their training, as compliance is an essential part of training. Once all requirements are completed individuals may choose their CPD Home, provided it meets the relevant CPD standard.

Importance of fostering a positive culture and cultural inclusion

Under the proposed Professional Performance Frameworks' pillar of 'Collaboration to foster a positive culture', the revised proposal lacks a statement regarding fostering the respect for the health impact on indigenous cultures and minority groups. From 2019, our cultural competency activity was amended to emphasise the importance of strengthening indigenous health practice and cultural competency across Australia and New Zealand.

The Medical Council of New Zealand (MCNZ) strengthened approach to embed cultural competency, cultural safety and health equity as foundational CPD elements should be seen as an appropriate contemporary benchmark.



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Changes to conditions for compliance

The ANZCA and FPM CPD program currently operates with an annual verification of CPD activities (audit) of 7 per cent of all participants. We believe the integrity of our CPD program is reliant on a suitably robust audit process of participant compliance with the program's requirements. We are concerned that some CPD Homes may include (and indeed promote) a lower level of audit of CPD program compliance in order to attract participants.

We believe there needs to be a clearly stated standard of auditing processes applicable to CPD Homes in order to maintain quality and value of all CPD programs.

Issues of non-compliance in CPD programs are currently managed in accordance with the [ANZCA Mandatory Compliance Policy](#) as part of the triennial system. Clarification on the definition of 'reporting of compliance' is sought, to enable CPD Homes to understand how best to comply.

The minimum number of audits required by CPD Homes should be statistically relevant as determined by the number of participants. Five percent could be considered too low, therefore seven to ten percent may be more appropriate. Consideration should be given to the process by which CPD Homes will be required to report non-compliance to the Board.

As CPD Homes will be accredited by the AMC, it seems reasonable that exemptions could be granted by the CPD Home. ANZCA are supportive of the Board establishing criteria for the implementation and operation of a CPD Home. This allows specialty colleges to utilise their detailed, objective and longitudinal understanding of the complexity of specialty practitioner standards, and should, therefore, retain the ability to provide exemption. The time period of 12 months is seen to be appropriate.

ANZCA is a strong supporter of quality and well delivered CPD programs. Should any clarification be required please forward queries to cpd@anzca.edu.au.

Yours sincerely,

Dr Rodney Mitchell
President

