

Consultation Paper

11 April 2012

Proposed Guidelines:

- Continuing Professional Development

Introduction

The Chinese Medicine Board of Australia (the Board) is releasing for consultation proposed guidelines on continuing professional development.

The National Law requires a registered health practitioner to undertake continuing professional development (CPD) as set out in an approved registration standard for the profession (section 128).

When a practitioner renews their registration, he/she must make a declaration about whether the CPD requirements have been met for the preceding period of registration (section 109). The Board may decide not to renew the practitioner's registration if the CPD requirements are not met (section 112).

The Board was required to develop and recommend to the Ministerial Council, a registration standard about the requirements for CPD for registered Chinese medicine practitioners (section 38). A consultation in 2011 assisted the Board in making a recommendation to the Australian Health Workforce Ministerial Council (AHWMC) on an appropriate registration standard for CPD in Chinese medicine. The final standard was approved by the AHWMC on 13 January 2012. It is available at www.chinesemedicineboard.gov.au/Registration-Standards.aspx

One of the recommendations from the initial consultation was to issue more detailed guidelines.

This consultation paper has been developed under the requirements of the *Health Practitioner Regulation National Law Act* (the National Law), as in force in each state and territory. The National Law empowers the Board to develop and approve codes and guidelines to provide guidance to the profession. The National Law requires the Board to ensure there is wide-ranging consultation on the content of any proposed code or guideline. A link to the National Law is available at www.ahpra.gov.au/Legislation-and-Publications.aspx.

At the completion of the consultation on the content of the proposed guidelines, the Board will consider the feedback prior to finalising the guidelines for approval.

Attachment 1: Continuing Professional Development Guidelines

These guidelines will supplement the requirements set out in the Board's registration standard for continuing professional development (CPD).

Making a submission

The Board now invites comment on the **proposed guideline at Attachment 1**.

In particular, the Board –

- (a) proposes to apply the guideline to the Chinese medicine profession from 1 July 2012 (formatting and editorial corrections will be made prior to finalisation) and seeks **general views**
- (b) **specifically seeks your views** on the following questions:
 - Is the requirement for at least 14 hours of CPD to be completed via formal activities reasonable and achievable?
 - Are the examples of CPD activities clear and unambiguous?
 - Is 5 years a reasonable time to retain CPD records?

Electronic submissions are preferred and can be made by email marked “Codes and Guidelines” to chinesemedicineconsultation@ahpra.gov.au by close of business on **25 May 2012**

Submissions by post should be addressed to the Executive Officer, Chinese Medicine Board of Australia AHPRA, GPO Box 9958, Melbourne, 3001.

The Board will publish the submissions on its website www.chinesemedicineboard.gov.au/News/Consultations.aspx to encourage discussion and inform the community and stakeholders.

The Board will not place on our website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the reference. Before publication, we may remove personally identifying information from submissions.

The views expressed in the submissions are those of the individuals or organisations who submit them and their publication does not imply any acceptance of, or agreement with, these views by the Board.

The Board also accepts submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal or other sensitive information. Any request for access to a confidential submission will be determined in accordance with the *Freedom of Information Act 1982* (Cth), which has provisions designed to protect personal information and information given in confidence.

Please let us know if you do not want us to publish your submission, or want us to treat all or part of it as confidential.

Background

On 1 July 2010, the National Registration and Accreditation Scheme (NRAS) commenced in all States and Territories, with Western Australia joining the new scheme on 18 October 2010. The NRAS replaced the previous system of state and territory registration for ten health professions. The *Health Practitioner Regulation National Law Act* (the National Law), as in force in each state and territory, provides the legal foundation for the NRAS. This law means that for the first time in Australia, 10 health professions are regulated by nationally consistent legislation. The Australian Health Practitioner Regulation Agency (AHPRA) is the organisation responsible for the implementation of the NRAS across Australia.

From 1 July 2012, four more professions will be registered under NRAS – Aboriginal and Torres Strait Islander health practice, Chinese medicine, Medical radiation practice, and Occupational therapy. More information on NRAS can be obtained from the AHPRA website: www.ahpra.gov.au/

Under NRAS, there are National Boards that are responsible for regulating their health professions. The primary role of the Boards is to protect the public and they set standards and policies that all registered health practitioners from their profession must meet.

In July 2011, the Ministerial Council appointed the:

- Aboriginal and Torres Strait Islander Health Practice Board of Australia
- Chinese Medicine Board of Australia
- Medical Radiation Practice Board of Australia and
- Occupational Therapy Board of Australia

to begin work twelve months in advance of national registration commencing and to support the four 2012 professions move from state and territory based registration to national registration. From 1 July 2012, each of the National Boards will have responsibility for the registration and regulation of their profession under the National Law.

However, before this can happen, the four National Boards are consulting on proposed registration standards and any other proposals relevant to achieving the 1 July 2012 start date. This is to enable practitioners to have time to familiarise themselves with the new national requirements for each of the four professions. The Board has previously released for consultation, proposed registration standards which can be accessed at www.chinesemedicineboard.gov.au/News/Past-Consultations.aspx The closing date for submissions was 10 October 2011.

Attachment 1: Draft Continuing Professional Development Guidelines

Chinese Medicine Board of Australia Continuing Professional Development (CPD) Guidelines

Introduction

These Continuing Professional Development (CPD) Guidelines have been developed by the Chinese Medicine Board of Australia (the Board) to supplement the requirements for CPD as outlined in the Board's CPD registration standard, pursuant to the *Health Practitioner Regulation National Law (the National Law)*.

These guidelines explain the activities that qualify as CPD and provide advice on record keeping. These guidelines also provide an example of a CPD Record as well as other information to assist Chinese medicine practitioners to establish and maintain an appropriate CPD Portfolio.

The relevant sections of the National Law are also attached.

Who needs to use these guidelines?

Under the National Law all practising Chinese medicine practitioners must undertake CPD as a condition for maintaining registration.

These guidelines are to be used in conjunction with the mandatory registration standard for CPD that applies to all Chinese medicine practitioners (except those with non-practising registration and students).

Background

Consumers of Chinese medicine services have the right to expect that Chinese medicine practitioners will provide services in a competent and contemporary manner that meets best practice standards. Continuing Professional Development (CPD) is an interactive process to maintain and extend the practitioner's knowledge, expertise and competence throughout his or her career. CPD provides a means for practitioners to keep up-to-date with developments and innovations in health care generally and Chinese medicine in particular. CPD is an important component in the provision of safe and effective health services.

Chinese medicine has a tradition of continuing development and evolution spanning thousands of years. Continuing professional development takes on a unique dimension when Chinese medicine is practised in the Australian healthcare environment. In addition to refining and developing their Chinese medical knowledge and skills, practitioners must also keep abreast of trends and developments in the Australian health care system. Innovations associated with new technology and pharmacology along with the challenges posed by new disease states, lifestyle illness and chronic diseases can only be met by active engagement in continuing professional development in the best traditions of Chinese medicine. All practitioners must familiarise themselves with the requirements outlined in the CPD registration standard.

Requirements

As specified in the CPD registration standard:

1. All practising Chinese medicine practitioners must complete a minimum of 20 hours of CPD per year, including at least 4 hours relating to Professional Issues (see definition) (can be formal or informal). Practitioners who hold a scheduled herbs endorsement must complete at least two hours of CPD per year relating to that endorsement.
2. The CPD activity claimed must be directed towards maintaining and improving the practitioner's competence.

3. A CPD Record must be kept in English to document details of activities completed.
4. A portfolio of evidence must be maintained to substantiate the CPD activities.
5. When renewing registration each year practitioners will be required to sign a declaration of compliance with the CPD registration standard.
6. Periodic audits may be conducted to ensure that practitioners are compliant with this standard. If audited, a practitioner must produce their CPD Record and CPD Portfolio of evidence.
7. The CPD Record and Portfolio of Evidence should be retained for 5 years.

What counts as CPD?

Every year when you renew your registration, you will be required to sign a declaration stating that you have undertaken sufficient CPD to maintain your competence throughout the past year and that you commit to undertaking sufficient CPD to maintain competence.

Continuing professional development activities are expected to have a clear focus on developing and extending competence in the profession. Your personal continuing professional development plan is expected to have clear goals and outcomes.

The Board recognises that people learn in different ways. Accordingly, the CPD may include formal and informal learning activities. Engagement with professional colleagues can enhance individual development and reflection as well as contributing to competence and quality within the wider profession and health sector.

Some example activities that you could count towards your CPD include but are not limited to:

Formal Learning Activities (structured and organised)

At least 14 hours per annum must include formal learning activities.

Examples include (but are not limited to):

- Tertiary courses leading to a postgraduate award and other accredited courses relevant to your Chinese medicine practice
- Work-based learning contracts or other assessed activities
- Conferences, forums, lectures, workshops and seminars
- Undertaking research and presentation of work. This needs to be substantive, referenced and evidence-based
- Clinical audit
- Publications in a peer-reviewed journal, authoring a book chapter, or similar
- Making health-related presentations of new or substantially reviewed material (eg poster presentations, lectures, seminars, workshops)
- In-service education programs
- Journal clubs
- Developing evidence-based practice resources (eg completing systematic reviews, developing evidence-based guidelines)
- Distance education or online learning that includes an examination, assessment or certificate as evidence of learning outcomes.
- Accreditation activities (inspection teams, evaluation of accreditation reports)
- Activities to improve quality or reduce risk in practice, involving evaluation and reporting
- Structured supervision of undergraduate or post-graduate Chinese medicine students
- Supervision of a Chinese medicine practitioner undertaking a practice audit or formal program of supervised practice

- Providing supervision or mentoring to a Chinese medicine practitioner. This does not include supervision of staff where this supervision is a usual responsibility of the work role. This activity must be formally documented to count as CPD.
- Participation in interest groups, committees, groups, boards etc. with a focus on health or professional issues

Informal Learning Activities (self-directed and flexible)

Examples include (but are not limited to):

- Private study—reading books and journals with a clear relationship to development goals and area of practice
- Case presentations and reviews with colleagues
- Examining and reflecting on evidence-based resources (systematic review, evidence-based guidelines etc) and implementing changes in practice. This activity must be documented to count as CPD. Participation in a community of practice, with a record of activities completed
- Reflective journaling involving detailed reflection and writing with a focus on developing competence and quality of practice
- Online learning involving moderated discussion, chat rooms, contribution to list-serves
- Audio and video tapes (ideally with some sort of critical assessment).

Selection of development activities

Effective professional development is achieved through a wide range of activities that practitioners pursue throughout their career. This is to ensure that they retain their capacity to practise safely, effectively and legally within their evolving scope of practice.

Participation in suitable learning activities must then lead to the application of the learning to actual practice and identifying learning achieved within practice. This is a cyclical process that is central to maintaining competence.

Language of CPD Activities

CPD activities conducted in other languages other than English are acceptable but your CPD records must be in English.

What does not count as CPD?

Please note that the following activities cannot be counted as CPD hours:

- undertaking your day-to-day work duties
- mandatory remedial further education, training, mentoring or supervision

First Aid

First aid training is considered a foundational skill necessary for practice. It is also a common requirement for graduation, professional association membership and health fund provider status. However, the primary aim of CPD is the maintenance and enhancement of competence in Chinese Medicine. Whilst all practitioners are expected to have a current first aid certificate (HLTFA301B – Apply First Aid or equivalent), maintaining the currency of first aid does not count towards annual CPD requirements.

Recording your CPD activities

The CPD registration standard requires Chinese medicine practitioners to keep a CPD Record detailing activities undertaken and evidence of these. If you are selected for auditing you will be

required to produce evidence that your declarations on renewal have been truthful. The records should contain sufficient evidence to support any claims.

Practitioners should maintain the following in the record of CPD activities for each year:

- Details of CPD activity (date, activity time, provider or participants/resources)
- A note of the goals and outcomes for the CPD, and a reflection on the contribution of that activity to your goals for enhancing your competence.

In addition a portfolio of evidence should be retained.

To assist practitioners the Board has developed a template, which can be used to maintain a CPD Record ([Appendix 1](#)) and an example of a completed CPD Record ([Appendix 2](#)).

Relevance to investigations and hearings

If a registered practitioner appears before a Board hearing panel, especially in relation to matters of competence, the panel may consider the evidence (or lack of) of adequacy of, commitment to and participation in, CPD.

A hearing panel will have reference to the CPD mandatory standard.

The onus is upon the practitioner who is the subject of an investigation or hearing, to provide documented evidence of their CPD plan. This should include the rationale for, and the participation in, the selected activities.

Failure to comply

In the event that a registrant fails to meet the requirements of the CPD registration standard the Board may refuse to renew their registration or any endorsement of registration

Knowingly making a false declaration may be dealt with by the Board as a professional conduct matter under the National Law.

Definitions

Clinical audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria, identification, from the review, of action to improve clinical practice and the implementation of those actions. Aspects of the structure, processes, and outcomes of care are selected and systematically evaluated against explicit criteria. Where indicated, changes are implemented at an individual, team, or service level and further monitoring is used to confirm improvement in healthcare delivery.

A **community of practice (CoP)** is a group of individuals who share an interest, a craft, and/or a profession. The group can evolve naturally because of the members' common interest in a particular domain or area, or it can be created specifically with the goal of gaining knowledge related to their field. It is through the process of sharing information and experiences with the group that the members learn from each other, and have an opportunity to develop themselves personally and professionally. CoPs can exist online, such as within discussion boards and newsgroups, or in real life, such as in a lunch room at work, in a practice setting, or elsewhere. This type of learning practice has existed for as long as people have been learning and sharing their experiences through storytelling. Wenger coined the phrase in his 1998 book, *Communities of Practice: learning, meaning and identity*.

Continuing professional development is the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives.

CPD Portfolio is a collection of actual documents which provide supporting evidence of the CPD undertaken – this might include certificates or awards for courses completed, certificates of attendance for conferences or workshops, receipts, tax invoices, descriptions or notes of self directed learning activities completed, copies of literature reviews, case studies, journal club notes, reflective journal entries etc.

CPD Record is the method by which the practitioner documents the CPD activity undertaken.

In-service education is a program of instruction or training provided by an agency or institution for its employees. The program is held in the institution or agency and is intended to enhance or increase the skills and competence of the employees in a specific area. In-service education may be a part of any program of staff development.

A **journal club** is a group of individuals who meet regularly to critically evaluate recent articles in scientific literature. Journal clubs are usually organized around a defined subject in basic or applied/clinical research. For example, the application of evidence-based medicine to some area of health practice can be facilitated by a journal club. Typically, each participant can voice their view relating to several questions such as the appropriateness of the research design, the statistics employed, the appropriateness of the controls that were used, and the clinical relevance of the findings etc. There might be an attempt to synthesize together the results of several papers, even if some of these results might first appear to contradict each other. Even if the results of the study are seen as valid, there might be a discussion of how useful the results are and if these results might lead to new research or to new applications. Journal clubs are sometimes used in the education of graduate students. These help make the student become more familiar with the advanced literature in their new field of study. In addition, these journal clubs help improve the students' skills of understanding and contributing to current topics of active interest in their field. This type of journal club may sometimes be taken for credit (i.e. count towards the requirements of an academic course). Research laboratories may also organise journal clubs for all researchers in the laboratory to help them keep up with the literature produced by others who work in their field. Journal clubs can be conducted online or through face-to-face meetings.

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. For the purposes of this registration standard, practice is not restricted to the provision of direct clinical care. It also includes working in a direct nonclinical relationship with clients; working in management, administration, education, research, advisory, regulatory or policy development roles; and any other roles that impact on safe, effective delivery of services in the profession and/or use their professional skills.

Professional Issues includes but is not limited to ethics, communication, professional boundaries, permitted advertising, infection prevention and control, informed consent, new professional standards, privacy, record keeping, regulatory matters, patient confidentiality, dealing with complaints and so forth.

Reflection is the process of thinking critically about one's practice with the intention of improving patient outcomes. This may involve consideration of assumptions and alternative approaches, comparison to the practice of colleagues, considering the potential relevance and application to practice of new knowledge, acquired through reading, formal learning or other CPD activity. On completion of a CPD activity you are expected to reflect on:

- The relevance of the activity to your CPD plan
- The actual learning which occurred

SAMPLE Template: Continuing Professional Development Record

Name:

Registration Number:

Registration Period:

Annual Development Plan

Goals / Learning Objectives	Outcomes

Formal activities

Date	Activity	Participants/resources	Reflection	CPD hours

Informal activities

Date	Activity	Participants/resources	Reflection	CPD hours

Total CPD for the year (12 month period)

CPD category	CPD Hours
Formal activities	
Informal activities	
Activities relating to professional issues (4 hrs minimum)	Yes/No
Activities relating to scheduled herbs endorsement (2 hrs minimum if applicable)	Yes/No/NA
Total (minimum 20 hrs per year)	

Signature:

Date:

EXAMPLE: Completed Continuing Professional Development Record

Name: Jane Practitioner
Registration Number: 007
Registration Period: 1 December 2012 – 30 November 2013

Annual Development Plan **SAMPLE**

Goals / Learning Objectives	Outcomes
To ensure I am completely up to date with the regulatory changes from national registration	Found information sessions run by the Board very enlightening and helpful. Got registered on time. Am confident that I am complying with all the standards and guidelines.
To expand my knowledge and skills in the area of musculo-skeletal pain management	Have applied new treatment regimes and have had significantly more success with my client group from the local squash courts.
To expand my knowledge and skills in the Chinese herbal treatment of infertility	Have applied new treatment regimes and at least half of my relevant client couples are currently pregnant.

Formal activities **SAMPLE**

Date	Activity	Participants/ resources	Reflection	CPD hours
24-25 Feb 2013	Attended IMC Sydney	Researchers and practitioners. Face to face conference.	Fresh perspective on integrative medicine and Chinese medicine	12
Evenings of 6,13,20,27 March 2013	Online seminar series	Obstetrics with XYZ	Overview of TCM obstetric care. Assessment quiz at end harder than I expected.	8
Evenings of 7,14, 21 May 2013	Cancer Seminar Series - presented by university researcher	Update on Chinese herbal medicine and its role in common cancers	Relevant to two patients I currently have with skin cancers. Revised treatments.	6
10 June 2013	Seminar on ethical advertising	Professional association	Very interesting debate on why use of testimonials is prohibited	2

Informal activities SAMPLE

Date	Activity	Reflection	CPD hours
January 2013	Journal AJACM Issue 6	Current developments in Australia and great article on acupuncture research for arthralgia.	2
April 23	Meeting with five local practitioners	Discussed three case histories and explored treatment strategies for IBS	3
May	Presented problem case to my colleagues	Lively and insightful discussion about guarding professional boundaries and privacy in a country town. I think we all learned to think things through carefully and remind ourselves about patient rights.	2

Total CPD for the year (12 month period) SAMPLE

CPD category	CPD Hours
Formal activities	28
Informal activities	7
Activities relating to professional issues (4 hrs minimum)	Yes (advertising, privacy and confidentiality)
Activities relating to scheduled herbs endorsement (2 hrs minimum if applicable)	N/A
Total (minimum 20 hrs per year)	35

Signature: Scribble me

Date: 30 November 2013

Extract of relevant provisions from the *Health Practitioner Regulation National Law (the National Law)*

Division 3 Registration standards and codes and guidelines

39 Codes and guidelines

A National Board may develop and approve codes and guidelines —

- (a) to provide guidance to the health practitioners it registers; and
- (b) about other matters relevant to the exercise of its functions.

Example. A National Board may develop guidelines about the advertising of regulated health services by health practitioners registered by the Board or other persons for the purposes of section 133.

40 Consultation about registration standards, codes

- (1) If a National Board develops a registration standard or a code or guideline, it must ensure there is wide ranging consultation about its content.
- (2) A contravention of subsection (1) does not invalidate a registration standard, code or guideline.
- (3) The following must be published on a National Board's website —
 - (a) a registration standard developed by the Board and approved by the Ministerial Council;
 - (b) a code or guideline approved by the National Board.
- (4) An approved registration standard or a code or guideline takes effect —
 - (a) on the day it is published on the National Board's website; or
 - (b) if a later day is stated in the registration standard, code or guideline, on that day.

41 Use of registration standards, codes or guidelines in disciplinary proceedings

An approved registration standard for a health profession, or a code or guideline approved by a National Board, is admissible in proceedings under the National Law or a law of a co-regulatory jurisdiction against a health practitioner registered by the Board as evidence of what constitutes appropriate professional conduct or practice for the health profession.

128 Continuing professional development

- 1. A registered health practitioner must undertake the continuing professional development required by an approved registration standard for the health professional in which the practitioner is registered.
- 2. A contravention of subsection (1) by a registered health practitioner does not constitute an offence but may constitute behaviour for which health, conduct or performance action may be taken.
- 3. In this section – Registered health practitioner does not include a registered health practitioner who holds non-practising registration in the profession.