

Feedback from consultation on CPD guidelines

November 2012

Overview

In November 2011 the Chinese Medicine Board of Australia (the Board) released a consultation paper on Continuing Professional Development Guidelines proposed to accompany the Continuing Professional Development Standard.

In addition to requesting general views on the standard, the Board invited 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 five years a reasonable time to retain CPD records?

Requirements of the standard

The Continuing Professional Development (CPD) standard requires:

- Registrants to participate in at least 20 hours of CPD per year
- At least four of the CPD hours to relate to professional issues; and
- Those with an approved scheduled medicines endorsement (herbs) to complete at least 2 hours per year related to the endorsement

The standard also makes clear that day to day work duties cannot be counted as CPD hours.

Submissions

Submissions were requested by close of business on 25 May 2012. Eleven submissions were received from practitioners (7), a consumer group, a professional association, a supplier and AHPRA.

Common themes in submissions were:

- Proportion of formal activities
- Request for greater clarity, especially about classifying activities as formal or informal
- Concerns about access; and
- Variety and balance of acceptable activities

The Board has studied and considered the specific suggestions in the submissions. The following pages outline the Board's response to each area.

Type and proportion of activities

| Submission feedback | Response from the Board |
|---|---|
| <p>Practitioner respondents disagreed with the requirement that 14 of the 20 hours of CPD be formal activities. Their reasoning was mainly related to access and the perceived difficulty of the examples.</p> <p>Non-practitioner submissions tended to either agree with the 14 hours minimum, to point out that other professions have more stringent requirements, or to make no comment.</p> | <p>The Board balanced this feedback against:</p> <ul style="list-style-type: none"> • requests that certain activities be limited to a maximum number of hours • a desire to keep the guidelines as simple as possible <p>The Board decided to leave the requirement for formal activities at 14 of the 20 hours of CPD.</p> |
| <p>Requests for greater clarity, especially about classifying activities as formal or informal.</p> | <p>The Board has now:</p> <ul style="list-style-type: none"> • added further definitions • changed some wording • moved some activities to a different category • put some activities in both categories with slightly different descriptors; and • added an important section called, "Balance of activities and limitation on certain types of activities". <p>The Board believes that the examples provide substantial flexibility in meeting the requirements and emphasises that the guideline is not prescriptive nor are the examples an exhaustive list.</p> <p>The selection and evaluation of activities are a matter for the responsible, professional judgment of the registrant. The guidelines seek to provide useful guidance and illustrative examples but the onus is upon registrants to carefully choose and if necessary, explain their choices.</p> |
| <p>Teaching in Chinese medicine should be an accepted CPD activity because it is an ongoing learning experience.</p> | <p>The standard clearly states that undertaking day-to-day work duties does not count as CPD.</p> <p>The Board considers that teaching is a primary job task as is treating patients in practice. The Board notes that daily practice is also an ongoing learning experience. CPD is intended to formally enhance the inherent learning which is gained from experience.</p> |

| | |
|---|--|
| <p>Some activities should be limited to a maximum proportion of the total per year. For example, buying a book or journal is different from reading it.</p> | <p>The Board regards the selection and evaluation of activities a matter for the responsible, professional judgment of the registrant.</p> <p>In response to concern about the developmental validity of some activities – such as the purchase of a book or journal - registrants are advised to record the relevant chapters or articles that enhance or update their knowledge in areas that are relevant to their practice and public safety.</p> |
| <p>The Board should develop a system for "accrediting" or "approving" formal activities.</p> | <p>The Board considers this would add to costs to registrants as the workload involved would be significant.</p> <p>The Board has now provided substantial additional guidance in the section "Selection of development activities".</p> <p>The Board emphasises that registrants are responsible for their own professional development and competence. The registrant should be able to demonstrate their ongoing CPD on request and articulate the rationale for the choices they make – in terms of both content and dedication of time.</p> |

Balance of activities and limitation on certain types of activities

| Submission feedback | Response from the Board |
|--|--|
| <p>Some types of learning activities need to have a maximum number of claimable hours. For example, private study, clinical audit, and activities to improve quality or reduce risk in practice.</p> | <p>The Board agrees that only a portion of CPD should be self-directed learning with no peer interaction.</p> <p>The Board noted that activities which do not include peer interaction or review (e.g. private study, non-assessed on-line learning or pre-taped activities, reflective journaling) are in the category of informal activities, which are already restricted to 6 hours.</p> |

Access (especially for rural and regional registrants)

| Submission feedback | Response from the Board |
|--|---|
| <p>Concerns were raised about limited access to the required balance/category of activities.</p> | <p>The Board needs to be satisfied that there is adequate flexibility but equally cannot set a lower standard for those practising in the country.</p> <p>The Board notes that the range of acceptable activities is wide and expects that providers of CPD</p> |

| | |
|--|---|
| | will increase their offerings in response to national registration. |
| The Board should organise and subsidise quality CPD for registrants. | <p>The Board's role is to develop the CPD Standard and accompanying guidelines. Delivering or subsidising CPD activities falls well outside the appropriate activities of the Board as a regulatory authority.</p> <p>It is for the profession itself to ensure it provides suitable activities and this is a common service already provided by professional associations. The professional associations have taken a keen interest and are already exploring new options and providing suitable activities for their members.</p> |

Other suggestions

| Submission feedback | Response from the Board |
|--|--|
| The examples in the guidelines are too weighted towards evidence-based medicine. | The Board's view is that all the examples are relevant to Chinese medicine |
| Question regarding the 2012 registration fee (for the initial five months of national registration). | The Board considered this is not relevant to the consultation but notes that a response to this question was previously posted on the Board's website under Frequently Asked Questions. |
| Purchase of approved academic journals and relevant texts should be allowed. | The Board notes that the draft guideline already allows this as an informal activity, stating: "Private study - reading books and journals with a clear relationship to development goals and area of practice". The Board notes that further stipulations have now been applied. |
| Personal research and reading should be included | <p>The Board notes that the draft guideline already allows this, stating: "Private study - reading books and journals with a clear relationship to development goals and area of practice" and "Examining and reflecting on evidence-based resources" etc. - further stipulations have been applied to this, however</p> <p>The Board notes that further stipulations have now been applied.</p> |
| Minimal feedback was provided with regard to the requirement to retain CPD records for five years. | The Board has not changed the requirement to retain CPD records for five years. |

The final guidelines are published at www.chinesemedicineboard.gov.au/Codes-Guidelines.aspx