

Continuing professional development guidelines



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1.0 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, as in force in each state and territory (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 guidelines are not prescriptive, but seek to provide useful guidance and illustrative examples. The onus is upon registrants to choose carefully and if necessary, explain their choices.

The relevant sections of the National Law are also attached.

2.0 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).

3.0 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. CPD is an interactive process to maintain and extend practitioners' knowledge, expertise and competence throughout their careers. 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*.

4.0 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 four hours relating to professional ethical and regulatory issues (see definition); activities can be formal or informal. Practitioners who hold a scheduled herbs endorsement must include 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 by 30 November, 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, practitioners must produce their CPD record and CPD portfolio of evidence.
7. The CPD record and portfolio of evidence should be retained for five years.

4.1 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.

CPD activities are expected to have a clear focus on developing and extending competence in the profession. Your personal CPD 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. The Board will also consider CPD provided by other health professions about relevant topics and procedures, interprofessional understanding and relationships that support improvement in Chinese medicine practice.

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

4.1.1 Formal learning activities (structured and organised)

At least 14 hours per year 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 (e.g. poster presentations, lectures, seminars, workshops)
- case presentations and reviews with health sector peers as a structured development activity outside normal daily practice
- in-service education programs
- journal clubs
- developing research-based practice resources (e.g. completing systematic reviews, developing clinical practice guidelines)
- distance education or online learning (which may include audio or video-taped activities) that includes an examination or assessment as evidence of learning outcomes
- accreditation activities (inspection teams, evaluation of accreditation reports)

- formal, structured, documented and non-routine activities to improve quality or reduce risk in practice, involving evaluation and reporting
- structured supervision of undergraduate or post-graduate Chinese medicine students
- oversight of a Chinese medicine practitioner undertaking a practice audit or formal program of supervised practice, and
- providing (formally documented) mentoring to a Chinese medicine practitioner. This does not include management/supervision of staff where this is your usual work responsibility.

4.1.2 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 health sector peers as part of daily group practice
- participation in a community of practice (with a record of activities) to examine and reflect on research-based resources (systematic review, clinical practice guidelines and so on) and implementing changes in practice
- reflective journal-keeping 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 or video-taped activities with no assessment (examination) of learning outcomes
- audio and video tapes with no formal assessment component, and
- participation in interest groups, committees, groups, boards and so on with a focus on health or professional issues, but work for professional organisations can only be included if it relates to improvement in clinical practice for the profession.

4.1.3 Calculating hours

Where the number of hours is difficult to measure or varies from person to person, such as private study, publications, undertaking and presenting research, health-related presentations and so on, you need to:

- refer to 4.2.2 regarding the requirement for an appropriate balance of activities, and

- in addition to recording hours, prioritise documenting what you have read and learned and reflected on with regard to implications for your practice.

As a guide, reading a journal is unlikely to exceed two hours.

4.2 Access for rural/regional registrants

Examples of formal activities in 4.1.1 demonstrate substantial flexibility in meeting the requirements.

CPD is an essential component in the maintenance of professional competence for all registrants, and all registrants must meet the same standard.

Educational institutions and professional associations are encouraged to develop and offer suitable activities which meet the needs of rural/regional registrants.

4.3 Balance of activities and limitation on certain types of activities

Registrants are already required to include a minimum of 14 hours of formal activities in their annual 20 hours.

- If you are relying on formal activities for your entire 20 hours of CPD, you need to undertake at least **two** different formal activities, or
- if you are including informal activities, you need to include at least **three** different learning activities.

4.4 Selection of development activities

Effective professional development is achieved through a wide range of activities that practitioners pursue throughout their careers. 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.

You are responsible for your own professional development and competence and must be able to demonstrate defensible measures taken to ensure this. The actual amount and quality of CPD required is a matter for your own responsible, professional judgement, and you should be able to demonstrate your ongoing CPD on request and articulate the rationale for the choices made, in terms of content and dedication of time. With the long-term view to deliver your objectives for improving health care, the details and decisions should be determined on the basis of:

- your individual learning needs and interests

- the context of the needs of your organisation (be it a sole practice, a group practice, an interdisciplinary practice, an educational institution, a research institution, etc.), and
- the needs of patients.

When making a selection you should also take into account:

- the independence of the organisation(s) delivering the activity
- the qualifications and experience of the presenter(s)
- the teaching methods to be used, and
- whether the professed learning outcomes are assessed.

To ensure the developmental validity of some activities (for example, buying a book or journal is different from reading it), you are advised to record the relevant chapters or articles that enhance or update your knowledge in areas that are relevant to your practice and to public safety.

4.5 Language of CPD activities

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

4.6 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, and
- mandatory remedial further education, training, mentoring or supervision.

4.7 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. While 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.

4.8 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.

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

- details of CPD activity (date, activity time, provider or participants/resources), and
- 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, you should keep a portfolio of evidence.

To assist you 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](#)).

4.9 Different divisions of the register

CPD activities should be appropriate, in terms of content and dedication of time, to the division(s) of the Chinese medicine register in which you are registered.

5.0 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 refer to the CPD mandatory standard.

If you are the subject of an investigation or hearing, the onus is on you to provide documented evidence of your CPD plan. This should include the rationale for, and participation in, the selected activities.

6.0 Failure to comply

If you fail to meet the requirements of the *CPD registration standard* the Board may refuse to renew your 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.

7.0 Definitions

Accreditation is a process in which certification of competency, authority, or credibility is presented.

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 (CPD) 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 and so on.

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 organised 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 a personal 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. There might be an attempt to synthesize 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 about 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 students become more familiar with the advanced literature in their new field of study. In addition, these journal clubs help improve 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 individuals use their skills and knowledge as health practitioners 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 affect safe, effective delivery of services in the profession and/or use your professional skills.

Professional boundaries refers to the clear separation that should exist between a health practitioner's professional conduct aimed at meeting the health needs of patients and a health practitioner's own personal views, feelings and relationships which are not relevant to the therapeutic relationship. There must be appropriate space between the professional, therapeutic relationship and any nonprofessional or personal relationships. Professional boundaries are integral to a good practitioner-patient relationship. When practitioners cross a boundary, they are generally behaving in an unprofessional manner and misusing the power in the relationship.

Professional ethical and regulatory issues means non-clinical issues and broadly refers to content related to ethical/lawful practice. It includes, but is not limited to, ethics, communication, professional boundaries, permitted advertising, infection prevention and control, new standards, privacy, regulatory matters, patient confidentiality, dealing with complaints and similar issues.

Reflection is the process of thinking critically about your 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, and
- the actual learning which occurred.

Structured supervision (of students) means clinical learning designed to be progressive through the various stages of the program of learning, inclusive of a comprehensive range of clinical presentations that cover all the clinical areas. It is linked to clearly articulated learning objectives.

Appendix 1 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 (minimum 14 hrs)	
Informal activities	
Activities relating to professional issues (minimum 4 hrs)	Yes/No
Activities relating to scheduled herbs endorsement (minimum 2 hrs if applicable)	Yes/No/NA
Total (minimum 20 hrs per year)	

Signature:

Date:

Appendix 2 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 my two patients with skin cancers. Revised their 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**

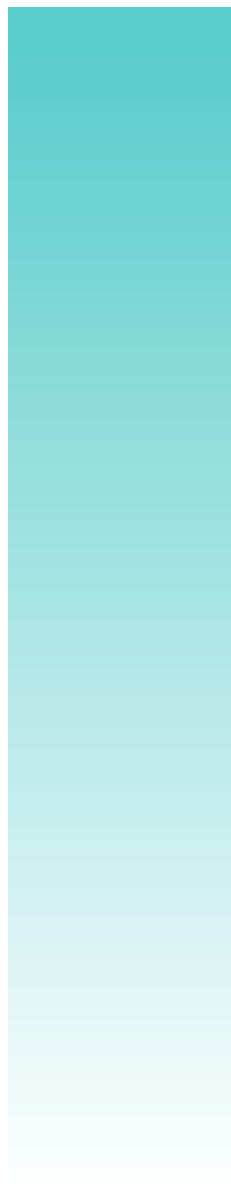
Date	Activity	Reflection	CPD hours
January 2013	Journal AJACM Issue 6	Current developments in Australia and great article on acupuncture research for arthralgia	2
April 23	Meeting with five local practitioners	Discussed three case histories and explored treatment strategies for IBS	3
May	Presented problem 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 (minimum 14 hrs)	28
Informal activities	7
Activities relating to professional issues (minimum 4 hrs)	Yes (advertising, privacy and confidentiality)
Activities relating to scheduled herbs endorsement (minimum 2 hrs if applicable)	N/A
Total (minimum 20 hrs per year)	35

Signature: Scribble me

Date: 30 November 2013



Appendix 3: 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 this 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.

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1. A registered health practitioner must undertake the continuing professional development required by an approved registration standard for the health profession 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.