

24 February 2020

Executive Officer, Medical
AHPRA
GPO Box 9958
Melbourne, VIC, 3001

Via email: performanceframework@ahpra.gov.au

Dear Sir/Madam,

ASA Submission on the Draft revised Registration Standard: Continuing Professional Development

The Australian Society of Anaesthetists (ASA) is the peak body and leading representative of the professional and economic interests of Australian anaesthetists. The ASA was established in 1934, and represents Australian anaesthetists ensuring the high standards of the profession.

The ASA supports Option 2.

Introduction

The ASA believes that the proposed changes to CPD as outlined in the revised Draft *Registration Standard: Continuing Professional Development* do not present material changes to the current requirements for CPD for anaesthetists. The changes to CPD proposed in the Summary on the first page of the Draft present no substantial difference from the existing standard except for the specific percentages and the reference to a "CPD home".

It is also generally aligned with the principles for the current CPD standard for anaesthetists outlined by the Australian and New Zealand College of Anaesthetists (ANZCA), albeit with different weightings for performance, outcomes, and education to the current standard.

ANZCA has a well-defined standard that allows for compliance to be easily assessed. Many other specialist colleges do not have a standard as clearly defined as ANZCA's, and as such this clarity is missing from their CPD requirements. Therefore, the ASA puts forward that this distinction sets the CPD standard for anaesthesia apart from other CPD standards, and should allow other "CPD homes" for anaesthesia the ability to manage a program in accordance with the standard set by ANZCA.

Terminology

There is inconsistency in the terminology used in the Draft when discussing "standards" and "programs", which could lead to confusion regarding the distinction between these two elements of CPD. The following quote from Page 25 of the Draft is an example of where such terminology use is confusing:

*"Under the proposed revised CPD Registration **standard**, medical practitioners will have to complete a minimum of 50 hours of CPD per year that is relevant to their scope of practice,*

*irrespective of their registration type, and choose activities from each of three types of CPD: educational activities, reviewing performance and measuring outcomes. This is largely consistent with current specialist medical college CPD **programs** and is consistent with the current minimum amount of CPD undertaken by practitioners holding general registration." (emphasis added)*

ANZCA runs a program which allows specialists to record their activities so that they can better track their compliance with the standard. It is not the program that sets the standard but the program that allows tracking of activities completed against the standard.

This is compounded by the statement on Page 31:

*"The majority of practitioners already co-ordinate and manage their CPD through an organisation such as a specialist medical college or medical organisation. These organisations have been continuously updating their CPD **programs** in recent years to reflect contemporary understandings about high quality CPD." (emphasis added)*

This statement is true in that the colleges have updated their programs as their standards have changed. It is the change in the standard that has driven the change in the program that specialists, especially in anaesthesia, use to demonstrate their compliance with the standard.

The ASA believes that the use of "standard" as the only term to describe compliance with CPD throughout the document would serve to eliminate any confusion over terminology and the intention of the revised Registration Standards.

Certificates of Compliance

Every anaesthetist signs an annual declaration regarding their compliance with the CPD standard set by ANZCA. Many hospitals require a certificate regarding CPD compliance for continued accreditation. For those anaesthetists that do not pay for a membership to ANZCA, the ASA provides a "certificate of compliance with the ANZCA CPD standard" after an audit of evidence of activities that meet the ANZCA standard for CPD. This is just like the online ANZCA recording system; the portfolio page that generates a certificate confirming compliance with the CPD standard for a year or a triennium. For the sake of precision, it is correct to say that the ASA does not provide for "self-directed CPD", but instead "ANZCA standard directed CPD" using a non-ANZCA recording system.

Ultimately, it is the MBA who audits individuals. However, based on the information provided on Page 12 of the Draft, this revised standard of registration appears to intend to shift the responsibility for audit to the "CPD home".

*"A **CPD program** includes details of the CPD activities needed to meet the program and Board requirements; resources and/or activities to support completion of the program requirements; a system for participants to document their professional development plan, self-evaluation and CPD activities, and to store evidence of their participation; processes for assessing and crediting activities; and processes for monitoring compliance, auditing activity and taking*

appropriate action for failure to meet the program requirements. The CPD program can be designed as a points-based program if the activities can be translated to a measurement in hours for the purpose of the practitioner meeting this standard and for auditing activities.”
(emphasis added)

The ASA holds the position that this change is inadvisable, as the MBA and AHPRA are better equipped for auditing than medical colleges.

CPD Homes

The opening statement on Page 32 in reference to the ‘Accreditation of all CPD Homes’ is factually incorrect:

“Currently, specialist medical colleges are the only accredited providers of CPD programs.”

This is not consistent with the current *Registration standard for CPD* published 1 October 2016 which states the following on Page 2:

*“To meet this registration standard, you must fulfil the requirements set out in the category that applies to you. 1. Medical practitioners who have specialist registration: – must meet the requirements for CPD set by the relevant specialist medical college for every specialty in which they hold specialist registration. There may be CPD activities undertaken that fulfil the CPD requirements of more than one specialist college or specialty, and **can only choose a self-directed program of CPD if that program meets the requirements for CPD set by the relevant specialist medical college.**”* (emphasis added)

It is worth noting the clarification earlier in this document that the “self-directed” programs which organisations such as the ASA provides are still compliant and reference their respective specialty’s college’s standard.

The proposed changes require a “CPD home” to be accredited and to develop its own program, which has to be approved by the MBA as being of a suitable standard. This change would leave a medical society such as the ASA with the option of devising its own standard and submitting it the MBA for approval, something which would prove to be resource consuming and costly. Alternatively, a medical society such as the ASA could apply to the MBA for accreditation to run a program that complies with the college standard, which is already the case much as we do now. The only difference being that the medical society would need formal recognition as a “CPD home” if it wished to run such a program.

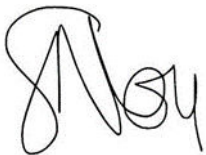
Furthermore, the Draft does not cover the action that would be required by a “CPD home”, if they are charged with auditing participants, should a participant fail to meet the standard. Currently, any action is taken by AHPRA should the MBA audit the participant and there is currently no requirement for the college to notify AHPRA should a participant not meet its standard. It is unclear what the obligations of compliance assessment and auditing are for a “CDP home” if these changes come into effect. The current practice for the ASA when dealing with CPD is to advise those audited whether or not, in the Society’s opinion, they have satisfied the requirements of the ANZCA standard. Any changes to expand the obligation of “CPD homes” could force organisations like the ASA to expand into an area it is not currently equipped to move into.

Whilst the ASA supports the sentiment of this change, and its intended effects, if it were to be implemented in the form which it is written in the Draft a change to the nature of “CPD home” accreditation would likely result in a raft of different programs for any one speciality, rather a range of options available such that practitioners have options for meeting the standard set by their relevant college. If these changes were to go ahead, a Terms of Reference should be created by the MBA to clearly outline what is required for an auditing body in terms of record keeping, frequency of auditing, and what an audit should properly encompass. Without a set auditing standard from the MBA, any “CPD home” that wished to redefine their auditing practice could do so, meaning there would be different auditing practices per speciality.

The ASA would suggest that when non-compliance with a CPD standard is found during an audit, there should be a means for a “CPD home” to report to the MBA that the requirements of the standard have not been met. The MBA should continue to oversee its current role of administrating the consequences of a medical practitioner’s failure to comply with the requirements of their specialty’s CPD standard (as per the consequences outlines on Page 4 of the *MBA Registration Standard: Continuing Professional Development*, published October 1, 2016).

If you require any further information or would like to discuss further, please do not hesitate to contact Ms Jacintha Victor John, Policy Manager on (02) 8556 9720. Alternatively, you can email jvictorjohn@asa.org.au in the first instance should you require additional information.

Yours sincerely,



Dr Suzi Nou
President
Australian Society of Anaesthetists