

Draft Guidelines

Date of publication

Continuing Professional Development

Introduction

This guideline has been developed by the Medical Radiation Practice Board of Australia (the Board) under s. 39 of the *Health Practitioner Regulation National Law (2009)* ('the National Law'). This guideline:

- supplements the requirements set out in the Board's registration standard for Continuing Professional Development (CPD)
- supplements the requirements set out in the National Law at ss.128 and 109(1)(iii) in relation to practitioners obligations to undertake CPD and to advise the Board when applying for renewal of registration that the Board's CPD requirements have been met
- provides guidance to practitioners in relation to a matter of professional practice, not set down in the legislation or a registration standard, which can be used in proceedings under the National Law Act as evidence of what constitutes professional conduct or practice for practitioners under s. 128(2) of the National Law. The relevant sections of the National Law are in Attachment 1.

Who needs to use this Guideline?

This guideline was developed to provide guidance to registered practitioners and those seeking to become registered practitioners. It applies to all registered practitioners, **except** those who;

- hold Non Practicing registration
- hold Provisional registration
- Students

Summary of Guideline

This guideline outlines the specific requirements that must be met by practitioners when undertaking CPD for the purpose of meeting the Board's minimum annual CPD requirements for renewal of registration in the categories of general, provisional or limited registration. It details information that must be recorded by practitioners when undertaking CPD to ensure that they can complete a declaration of compliance when submitting a renewal of registration application, and to ensure that satisfactory records of CPD undertaken are maintained and available to be submitted to the Board during its annual CPD audit. The guideline also specifies the types and range of CPD activities practitioners are required to undertake in order to meet the Board's annual CPD requirements for renewal of registration.

Registered practitioners, in accordance with the Board's CPD registration standard, are required to complete 60 hours of CPD activity over a three year period (triennium). Alternatively a practitioner may undertake a CPD program approved by the Board.

The Commencement date of the first CPD triennium will be 1 July 2012. To align with the registration renewal period, the first year of the CPD triennium will continue until 30 November 2013, a period of 17 months. The first CPD triennium will finish on 30 November 2015.

Guideline

Continuing Professional Development is a lifelong learning activity for all registered practitioners. The main intent of CPD is to maintain, enhance or develop skills, knowledge, patient management, clinical, leadership and service management skills.

The Board's Registration Standard requires practitioners to complete 60 hours of CPD activity over a three year period, with a minimum of 10 CPD hours in any one year. Alternatively a practitioner may undertake a CPD program approved by the Board. Approved CPD programs will be listed on the Board's website at www.medicalradiationpracticeboard.gov.au.

The Board acknowledges the tensions between pressure to pursue education and development while meeting the demands of delivering services to patients. In recognising this tension, the Board has endeavoured to ensure that the requirements of the CPD Registration Standard are achievable and flexible to accommodate individual practitioner circumstances.

Practitioners are best placed to determine the most appropriate activities for their continuing professional development. To comply with the Board registration requirements, practitioners must ensure that their self-directed CPD program is:

- Relevant – a majority of CPD activities must be directly relevant to your area of practice (see the definition for Substantive CPD below)
- Varied – the Board recommends that practitioners undertake a variety of activity types and, where possible, include some CPD activities that involve interaction with peers. Engaging with other professionals on mutual areas of interest can provide valuable learning regarding professional and clinical matters.
- Includes reflective practice – CPD activities should incorporate a degree of reflective practice, which requires a practitioner to analyse experiences in order to learn from them, and record the learnings
- Properly documented – for all CPD undertaken—the practitioner must maintain detailed and verifiable records which may be audited by the Board.

At all times, whether as self directed or as part of an approved CPD program, it is the responsibility of the practitioner to assess potential activities for suitability and relevance and to determine whether individual learning needs will be addressed by undertaking these activities.

In addition to complying with the Board's CPD standard and this guideline, practitioners should also meet the relevant requirements of the Board's Code of Conduct for Practitioners, outlined in Section 7 'Maintaining professional performance'.

CPD Activities

CPD requirements should be determined by each individual practitioner, preferably in the context of a personal/professional development plan.

The Board recommends that practitioners undertake a variety of activity types and, where possible, select across a range of CPD activities that include interaction with peers.

The Board supports the notion of reflection on daily practice and engaging with other professionals. Reflective practice can be an important tool in practice-based professional learning settings where individuals learning from their own professional experiences, rather than from formal teaching or

knowledge transfer. Sharing and discussing issues of mutual experience and interest enables exploration and problem-solving for both professional and clinical matters.

Substantive CPD Activities

Substantive CPD activities are those activities that have significant intellectual or practical content primarily directed to a practitioner's practice or expansion of practice. These activities must make up the greater proportion of total CPD activity.

An activity can be meaningful or significantly connected to medical radiation practice irrespective of the method or medium used.

Examples of substantive CPD activities include but are not limited to:

- Participating in postgraduate studies relevant to practice needs or scope of practice
- Accredited training or vocational courses with recognised skills or knowledge (e.g. Basic Life Support, IV Cannulation etc)
- Work based learning contracts or other assessed activities
- Conferences, forums, workshops and seminars
- Undertaking research and presentation of work or case studies. This needs to be substantive, referenced and evidence-based
- Researching, preparing or editing an article published in a relevant professional publication or an article in a related healthcare publication
- Authoring a book chapter
- Making health related presentations of new or substantially reviewed material (e.g. poster presentations, lectures, seminars, workshops)
- Presenting in-service or training to health professionals or carers
- Attendance at in services, case presentations or review specific to medical radiation practice
- Participation in Journal clubs
- Developing evidence-based practice resources (e.g. completing systematic reviews, developing evidence based guidelines)
- Distance education or online learning that includes an examination, assessment or certificate evidencing learning outcomes
- Accreditation activities (inspection teams, evaluation of accreditation reports)
- Activities to improve quality or reduce risk in practice, involving evaluation and report
- Participating in a clinical audit or similar review activity
- Formal Supervision of undergraduate or post-graduate medical radiation practice students
- Private study - reading books and journals with a clear relationship to development goals and scope of practice.
- Membership of and attending meetings of, a committee, or a practice section committee of a professional association.
- Reflective journaling involving detailed reflection and writing with a focus on developing competence and quality of practice

General CPD Activities

General CPD activities are those activities that have a sufficient nexus or connection to learning in the healthcare environment. These activities, may make up the lesser proportion of total CPD activity.

It is important for practitioners to ensure that activities in this category are relevant to healthcare.

Examples of general CPD activities include:

- Private study - reading books and journals that demonstrate a nexus to healthcare
- Attendance at compulsory employer training sessions that address safety or culture
- Attendance at in services, case presentations or reviews non specific to practice
- Membership of, and attending meetings of, a committee or similar, within an organisation with an identifiable healthcare function
- 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
- Online learning involving discussion, chat rooms, contribution to list-servers
- Providing supervision or mentoring to supervised practitioners. (This is supervision of staff where the supervision is a usual responsibility of the work role. This activity must be documented to count as CPD)
- Internet research (without further application)
- Managing or administering a CPD program for 10 or more people

Evidence of CPD

Records of participation in CPD must include details under all fields specified by the Board to ensure quality records are available that are sufficient for effective audit.

- a) Records maintained by participants or by providers of CPD programs on behalf of participants must include details of CPD activities under the following fields when submitted by practitioners who are audited by the Board. (See Appendix 1 – CPD Evidentiary Record)
 - Date of activity
 - Type of activity, Substantive or General (e.g. journal article, seminar, lecture, workshop)
 - Source or Reference details (e.g. journal name, provider name)
 - CPD Hours
 - Reflection
 - Evidence of participation (certificate)
- b) Where further information about CPD records is requested by the Board, practitioners may be required to provide evidence of attendance or completion of CPD, or in the case of self-directed learning, details of a self-directed learning plan.
- c) Records of reflective practice must be reflective and detailed in nature with a focus on developing competence. A record of reflective practice must include the following: planning CPD, goal setting, a summary of a learning activity/new learning; interpretation of the strengths, weakness or relevance of the learning for practice; potential change to practice; action planned; additional learning or CPD required. A written record of reflection must be retained if reflective practice journaling is to be claimed as for CPD hours. The onus is on the practitioner to demonstrate to the Board's satisfaction that their reflective practice falls within the definition of a substantive CPD activity. If the practitioner fails to establish that the reflective practice was a substantive activity, the activity will be recorded as a general activity only.

Practitioners must retain their evidentiary record of CPD activities for the current triennium, plus an additional 12 months (i.e. a minimum of four years for any one triennium)

Participating in a CPD Program

Practitioners who participate in a CPD program offered by a professional association or other body and approved by the Board can use evidence of completion of the requirements of that program to meet the requirements of the CPD Standard. The evidence must be retained for four years and must be available for audit by the Board.

A list of approved CPD programs will be available on the Board's website.

Exemptions

The Board acknowledges that there will specific, but limited situations where it is appropriate for the Board to exempt a practitioner from the requirements of CPD. Where extenuating circumstances exist practitioners must apply to the Board for an exemption. Decisions on exemptions will be determined on a case by case basis.

While all situations will be considered individually, as a general rule the Board does not consider extenuating circumstances to include:

- part time practitioners generally, or
- practitioners on maternity, paternity or family leave.

It is in the public interest that all practitioners, regardless of how many hours they may work, maintain and enhance their professional skills.

Failure to comply

In the event that a registrant fails to meet the requirements of the CPD registration standard the Board may, for example:

- a) place a condition on the practitioner's registration
- b) impose a condition on registration requiring the practitioner to successfully complete additional CPD activities in order to maintain and improve professional knowledge within a specified period.

Knowingly making a false declaration will be considered by the Board as a professional misconduct matter and as such will be dealt with by the Board through disciplinary mechanisms available under the National Law.

CPD & Return to Practice Requirements.

The Board's Recency of Practice Registration Standard addresses the requirements for practitioners returning to practice after a period of absence. As far as is applicable, any reference to Continuing Professional Development within the Recency of Practice Standard or Guidelines must be read consistent with the requirements of the Standard and Guidelines on CPD.

Definitions

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.

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 using professional knowledge 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.

Reflection is the process of thinking critically about one's practice. 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.

Review

These guidelines apply from 1 July 2012. The Board will review this standard at least every three years.

Appendix 1

CPD Evidentiary Record

Continuing professional development (CPD)

CPD is a requirement of registration in Australia. 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 12 months and that you commit to undertake sufficient CPD to maintain competence throughout the next 12 months. This portfolio provides one example of how to record your professional development plan and activities to meet the Board's requirements. All your CPD, including that not directly related to your goals, should be recorded. A minimum of 20 hours is required annually.

Reflection and impact on practice

Reflection and reflective practice is considered an important component of professional competence. Reflective practice includes the planning of professional development, goal setting and reflection on possible changes to practice as a result of learning.



Medical Radiation Practice
Board of
Australia

CPD Evidentiary Record

Name of practitioner

Registration period

Development Plan

Goals

Outcomes

Substantive activities

Date	Activity	CPD Hours	Source / Reference	Reflection

General Activities

Date	Activity	CPD Hours	Source / Reference	Reflection

Appendix 2

Sample: CPD Record



CPD Evidentiary Record

Name of practitioner		Registration period		
Walter P Daly		July 2012 – June 2013		
Development Plan				
Goals		Outcomes		
Update skills in IV Cannulation		Complete IV Cannulation course		
Substantive activities				
Date	Activity	CPD Hours	Source / Reference	Reflection
5 Jan 2013	IV Cannulation course	3 hours course theory & practical	Hospital employer	Learnt theory and practical requirements. Also provided with tips for difficult cannulations
31 Jan 2013	IV Cannulation – supervised practice requirements of 10 Supervised cannulations	Total 1 hour	ABC's of IVC	Gained confidence and proficiency in IV cannulation.
Feb 2013	Attended in house review of ICU chest x-rays	1 hour	Directors of ICU & Radiology	Identified quality and consistency factors
General Activities				
Date	Activity	CPD Hours	Source / Reference	Reflection
12 Jan 2013	Healthcare magazine Health & Ageing	0,5 hours	Health & Ageing magazine	Article in ICT project and applications in Radiology was interesting
7 March 2013	Researching the effects of amiodarone	0.25 hours	Internet - self	Learnt that amiodarone can cause pulmonary fibrosis and can negatively alter thyroid function. ? This may have impact in use of

				contrast agents.
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Attachment A

General provisions

Health Practitioners Regulation National Law Act 2009 (Qld)

Division 3 Registration standards and codes and guidelines

39 Codes and guidelines

- 1) 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.
- 2) 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 and guidelines

- 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.

Specific provisions

109 Annual statement

- 1) An application for renewal of registration must include or be accompanied by a statement that includes the following —
 - a. a declaration by the applicant that —
 - b. the applicant does not have an impairment; and
 - c. the applicant has met any recency of practice requirements stated in an approved registration standard for the health profession; and
 - d. the applicant has completed the continuing professional development the applicant was required by an approved registration standard to undertake during the applicant's preceding period of registration; and
 - e. the applicant has not practised the health profession during the preceding period of registration without appropriate professional indemnity insurance arrangements being in place in relation to the applicant; and

- f. if the applicant's registration is renewed the applicant will not practise the health profession unless appropriate professional indemnity insurance arrangements are in place in relation to the applicant;
 - g. details of any change in the applicant's criminal history that occurred during the applicant's preceding period of registration;
- 2) Note. See the definition of criminal history which applies to offences in participating jurisdictions and elsewhere including outside Australia.
 - a. if the applicant's right to practise at a hospital or another facility at which health services are provided was withdrawn or restricted during the applicant's preceding period of registration because of the applicant's conduct, professional performance or health, details of the withdrawal or restriction of the right to practise;
 - b. if the applicant's billing privileges were withdrawn or restricted under the *Medicare Australia Act 1973* of the Commonwealth during applicant's preceding period of registration because of the applicant's conduct, professional performance or health, details of the withdrawal or restriction of the privileges;
 - c. details of any complaint made about the applicant to a registration authority or another entity having functions relating to professional services provided by health practitioners or the regulation of health practitioners;
 - d. any other information required by an approved registration standard.
- 3) Subsection (1)(a)(ii), (iii) and (iv), (c) and (d) does not
- 4) apply to an applicant who is applying for the renewal
- 5) of non-practising registration.

112 Decision about application for renewal

- 1) After considering an application for renewal of registration and any submissions made in accordance with a notice under section 111, a National Board may decide to renew, or refuse to renew, the applicant's registration or the endorsement.
- 2) The National Board may refuse to renew the applicant's registration or any endorsement on the applicant's registration —
 - a. on any ground on which the Board could refuse to grant the registration or endorsement under section 82 or 102 if the application were for a grant of registration or endorsement; or
 - b. if the applicant contravened any condition to which the applicant's previous registration or endorsement was subject; or
 - c. if, during the applicant's previous period of registration, the applicant failed to have appropriate professional indemnity insurance arrangements or failed to complete the continuing professional development required by an approved registration standard for the profession; or
 - d. if a statement made by the applicant in the applicant's annual statement was false or misleading in a material particular; or
 - e. if the application is for the renewal of provisional registration and the applicant's provisional registration has previously been renewed twice; or
 - f. if the application is for the renewal of limited application and the applicant's limited registration has previously been renewed 3 times.
- 3) If the National Board renews a registration, including any endorsement on the registration, the registration or endorsement is subject to —
 - a. any condition to which the registration was subject immediately before the renewal; and
 - b. any condition the Board considers necessary or desirable in the circumstances
- 4) Note. A failure by a registered health practitioner to comply with a condition of the practitioner's registration does not constitute an offence but may constitute behaviour for which health, conduct or performance action may be taken.
- 5) If the National Board decides to renew a registered health practitioner's registration or an endorsement of the registration subject to a condition under subsection (3)(b), the Board must decide a review period for the condition.
- 6) If a National Board decides to refuse to renew an applicant's registration or the endorsement of the applicant's registration, or to renew the registration or the endorsement subject to a condition under subsection (3)(b), the Board must give the applicant a notice that states —
 - a. the decision made by the Board; and
 - b. the reasons for the decision; and
 - c. that the applicant may appeal against the decision; and
 - d. how an application for appeal may be made and the period within which the application must be made.

- 7) A registration, including any endorsement of the registration, renewed under this Division —
 - a. starts on the day immediately after the applicant's previous period of registration ends or ended; and
 - b. expires at the end of the day that is 12 months after the day it starts.

Subdivision 3 Obligations of registered health practitioners and students

128 Continuing professional development

- 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.