The future of CPD for surgeons in Australia and New Zealand

Pam Montgomery
David Watters, Graeme Campbell
The public’s expectation

Surgeons are

- Competent
- Fit
- Safe

Surgeons are granted a certain amount of autonomy as a profession
Autonomy carries a responsibility for self-regulation
Aims

- Commitment to lifelong learning
- Continuous improvement in performance
- Maintenance of competence

“I undertake to improve my knowledge and skills, evaluate and reflect on my performance. I agree to continue learning and teaching for the benefits of my patients, my trainees and my community” (RACS Pledge)
Learning Management Strategy

- Transitions and stages of a career
- Competency-aligned
- Aligned to scope of practice and context of practice
- Based on contemporary learning principles
  - adult learning
  - reflective practice/evaluation/planning
- Variety of learning styles and preferences, including e-learning tools
Effective CPD
What do we want to achieve?

- For all surgeons – represents what most of you already do
- Compliance is mandatory
- Easy documentation and verification
- Reflection (self and others) rewarded and reinforced
- Professional development plan aligned to competencies and learning needs
Nine RACS Competencies

- Medical Expertise
- Judgement – Clinical Decision Making
- Technical Expertise
- Professionalism
- Health Advocacy
- Communication
- Collaboration
- Management and Leadership
- Scholarship / Teaching

Each competency is vitally and equally important to the achievement of the highest standards of surgical performance (Collins et al., 2007).
2010-2012
Eight types of surgical practice

● Surgical practice in hospitals and day centres
● Surgical procedures in rooms only
● Clinical consultation only
● Medicolegal (personal injury) – non operative
● Medicolegal (negligence) – non operative
● Research, administration – non clinical
● Locums
● Surgical assisting
### 2010-2012
Eight categories of CPD

<table>
<thead>
<tr>
<th>No</th>
<th>Category</th>
<th>Annual requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Surgical audit and peer review ANZ Audit of Surgical Mortality</td>
<td>Both required</td>
</tr>
<tr>
<td>2</td>
<td>Credentialed at a hospital</td>
<td>Letter of appointment</td>
</tr>
<tr>
<td>3</td>
<td>Clinical governance and evaluation of care</td>
<td>30 points</td>
</tr>
<tr>
<td>4</td>
<td>Maintenance of knowledge &amp; skills</td>
<td>210 points for 4-7</td>
</tr>
<tr>
<td>5</td>
<td>Teaching and examination</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Research and publication</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other professional development</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Medico-legal</td>
<td>Workshop or peer review</td>
</tr>
</tbody>
</table>
2013

Five types of surgical practice

1. Operative – hospitals/day surgery centres

2. Operative – rooms only

3. Operative – locum only

4. Clinical consulting (non-operative)

5. Other – research, administration, academic, teaching, assisting
Four categories of CPD – annual program

1. Audit – Practice Audit and ANZASM (annual)

2. Clinical Governance and Evaluation of Patient Care (10 pa)

3. Performance Review – multisource feedback, practice visits

4. Maintenance of Knowledge/Skills, Participation in Research and Teaching (60 points from 3 and/or 4 pa)
Category 1 - Audit

● Peer reviewed personal audit
  ■ RACS minimum data set
  ■ Total/practice workload
  ■ Selected topic/time period
  ■ Locum logbook

● ANZASM (in Australia)
Category 2 – Clinical Governance

- Hospital/clinical meetings focussing on:
  - Improvements in clinical care/management
  - Reviewing adverse events
  - Review of surgical services
  - Credentials/Complaints/Ethics/Infection Control/Competence Review Committees

- Trauma verification

- ANZASM first/second line assessor
Category 3 – Performance Review

- Multisource feedback
- Structured learning plan
- Patient feedback survey/action plan
- Practice visit (host or visitor)
- Peer review of three reports
Category 4 – Maintenance of knowledge/skills

- Scientific meetings (ASC, ASM, Specialty)
- Professional practice courses
- Structured clinical attachment
- Teaching, supervision and examining
- Clinical reviews/research
- Publication and refereeing
- Journal reading/general researching
Other changes to CPD

- Verification rate increased (7%)
- All four categories verifiable
- Non-compliance managed as a breach of Code of Conduct
- Fellows offered help and support to comply
- Fellows living overseas to participate in RACS or an equivalent program
Making it easier

- Automated data capture for ASC and other events delivered/managed by RACS
- Strong encouragement to use online CPD diary (online only from 2014)
- Verification documents uploaded electronically
- Seek ways to automate other activities (audits, hospital clinical governance)
- Interactive e-learning
Welcome: Fellow Testing1

My Menu
My Account
My CPD Program
My Audits
College Calendar
eCommittees

RACS Knowledge
Library
eLearning
Annual Scientific Congress

CPD Online Diary

Thank you for using the Continuing Professional Development (CPD) Online Diary to record your CPD activities:

- 2012 Diary
- 2013 Diary

To access the CPD Online Diary, Fellows must have a registered username and password.

If you do not have a registered username and password, or if you are unsure if your password, please email help.desk@surgeons.org and your username and password will be emailed to you. Alternatively, please contact the CPD Recertification Officer to organise access to the CPD Online Diary.

Please note: CPD Online has been recently upgraded and instructions on how to use CPD Online Diary can be downloaded from CPD resources and tools.

If you require any assistance using CPD Online, telephone and face-to-face training and support is available through the Department of Professional Standards. Please contact the CPD Recertification Officer (view details below) for further assistance.

About the Continuing Professional Development (CPD) program
### Annual Point-Based Summary

<table>
<thead>
<tr>
<th>Category</th>
<th>2013</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cat 2 - Clinical Governance - Quality Improvement, Evaluation of Patient Care and Professional Advocacy</td>
<td>10.00</td>
<td>10.00</td>
</tr>
<tr>
<td>Cat 4 - Maintenance of Knowledge and Skills</td>
<td>5.00</td>
<td>5.00</td>
</tr>
</tbody>
</table>

#### My Progress

<table>
<thead>
<tr>
<th>Category</th>
<th>Points Earned</th>
<th>Points Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cat 1 - Surgical Audit</td>
<td>10 (10)</td>
<td></td>
</tr>
<tr>
<td>Cat 2</td>
<td>10 (10)</td>
<td></td>
</tr>
<tr>
<td>Cat 3</td>
<td>5 (60)</td>
<td></td>
</tr>
</tbody>
</table>

#### My Details

RACS ID: 168232
Mr Fellow Testing1
01 Jan 2000
Operative practice in hospitals or day surgery units
34 Miracle Street
Olive Mount NSW 2087
AUSTRALIA

#### Contact

CPD Administrator
CPD Verification Officer
Professional Standards
[cpd.college@surgeons.org](mailto:cpd.college@surgeons.org)
+61 3 9249 1232
+61 3 9276 7432
Self Record New Activity

Name
Category: Cat 2 - ANZASM first line assessment
Hour: 0 points
Points: 0 points
Completion Date: 
Recurring Pattern: NONE
Description: Allowing maximum of 255 characters
Evidence: 

☐ I declare that: The information provided in this form is accurate to the best of my knowledge. I will not claim duplicate points in another category for this activity.

Save  Cancel
Section 7 Maintaining Professional Performance: a surgeon will:

- satisfy the RACS requirements for CPD
- participate in the National Audit of Surgical Mortality where this is available
- continually reflect on their individual performance particularly with respect to results obtained by peers
- participate in performance appraisal processes
- keep up to date with the relevant literature
Regulatory expectations

- Australian Health Practitioners Regulatory Authority (AHPRA)
- Medical Council of New Zealand (MCNZ)
- Hospital credentialing/re-credentialing
- Re-certification/re-validation
Are specialist colleges to police CPD compliance?
CPD is expected of us and is part of our social contract with the patient, society and the profession.

CPD is required by the regulatory authorities but they have delegated the process to the Colleges (at present).

CPD can contribute positively to our professional lives and ensure we continuously improve through learning.

We will know where we are at (self-referenced) and how we are doing.

Learning benefits us all.