

Proposed Criteria for AMC Accreditation of CPD Homes

April 2022 for consultation

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Glossary

CPD home	An organisation that is accredited by the Medical Board of Australia's (Board) accreditation authority, the Australian Medical Council (AMC), to provide a CPD program(s) for medical practitioners. This organisation may be an education provider, another organisation with a primary educational purpose or an organisation with a primary purpose other than education.
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.
Practitioners	The medical practitioners who are required to meet the requirements of the <i>Registration standard: Continuing professional development (CPD)</i> i.e. all registered medical practitioners <u>except</u> : <ul style="list-style-type: none"> • medical students • interns in accredited intern training programs and doctors in postgraduate year 2 positions who are participating in a structured program that leads to a certificate of completion • medical practitioners who have limited registration in the public interest or limited registration for teaching or research (to demonstrate a procedure or participate in a workshop) and who have been granted registration for no more than four weeks • medical practitioners who are granted an exemption or variation from this standard by their CPD home in relation to continuous absence from practice of at least six months and up to and including 12 months for parental or carer leave, serious illness or other approved circumstances • medical practitioners with non-practising registration.
Scope of practice	The professional role and services provided that an individual health practitioner is trained, qualified and competent to perform. A medical practitioner's scope of practice may include clinical and non-clinical practice.
Specialist Education Accreditation Committee	The AMC committee responsible for the accreditation of CPD homes, including the initial accreditation, monitoring and any subsequent re-accreditation.
Specialist high-level requirements	The high-level requirements describe any education, performance review or outcome measurement activities that must be included in a specialist's CPD program. They are developed by the relevant AMC-accredited specialist medical college and will be published by the Medical Board of Australia. The purpose of high-level requirements is to ensure consistency across CPD programs for medical practitioners with specialist registration in specialties/fields of specialty practice as outlined by the Medical Board of Australia. ^{1 2}

¹ Medical Board of Australia, *Guidance, Continuing professional development: High-level requirements for CPD programs*, July 2021, <https://www.medicalboard.gov.au/Professional-Performance-Framework/Strengthening-CPD.aspx>, accessed 3 March 2022

² Medical Board of Australia, *List of specialties, fields of specialty practice and related specialist titles*, 1 June 2018 <https://www.medicalboard.gov.au/registration/types/specialist-registration/medical-specialties-and-specialty-fields.aspx>, accessed 1 April 2022

Key principles for accreditation of CPD homes

The overarching principle is that organisations wishing to be CPD homes demonstrate commitment to supporting high quality medical practice by providing a high quality CPD program(s) for medical practitioners that:

- supports practitioners to tailor their CPD to their individual learning needs
- provides assurance to the community that practitioners' CPD is designed to improve their practice.

Notes

In line with the AMC's current expectation of accredited specialist medical colleges, all CPD homes are expected to demonstrate how their program requirements, and support and guidance facilitate continuing professional development in relation to culturally safe practice, addressing health inequities, professionalism and ethical practice. This is integral to providing assurance that medical practitioners' CPD is responsive to the needs of Australian communities.

Ahpra and the Medical Board of Australia are committed to supporting practitioners to develop culturally safe practice and has set explicit requirements for the AMC's accreditation standards to include requirements to facilitate the delivery of culturally safe health care including for Aboriginal and Torres Strait Islander peoples.

In its [Strategic Plan](#), the AMC has committed to:

- promoting medical education and training that is responsive to the workforce needs of the Australian community (Pillar 2) and
- ensuring culturally safe practice to improve health outcomes for Aboriginal, Torres Strait Islander and Māori peoples (Pillar 3).

Types of CPD program requirements

A CPD program will have at least two sets of requirements:



- 1 Minimum requirements to meet the registration standard
- 2 Program-level requirements set by the CPD home
These must refer to culturally safe practice, addressing health inequities, professionalism and ethics. They may cover other aspects.

A CPD program for practitioners with specialist registration may have three sets of requirements:



- 1 Minimum requirements to meet the registration standard
- 2 Program-level requirements set by the CPD home.
These must refer to culturally safe practice, addressing health inequities, professionalism and ethics. They may cover other aspects.
- 3 High-level requirements developed by the relevant accredited specialist medical college

Summary of requirements for CPD Programs:

	Minimum requirement set by the Medical Board	Program-level requirement set by CPD homes	Specialist high-level requirement developed by AMC-accredited specialist medical colleges
Cycle length	The CPD program cycle is January to December of each year.	CPD homes may set multi-year cycles, as long as the annual requirements are also met (e.g. multi-year cycles may be used to ensure that participants complete specific CPD activities every few years rather than annually).	Colleges may develop high-level requirements that are required every year, or once every few years. This will need to be incorporated into the CPD home program.
Hours of CPD activity	A minimum of 50 hours of CPD activity per year.	Individual CPD homes may require more than 50 hours of CPD from their participants.	High-level requirements must be able to be achieved within the minimum 50 hours of CPD activity per year.
Professional development plan	An annual professional development plan must be developed and reviewed by the practitioner.	CPD homes may have additional requirements related to planning and evaluation (e.g. discussing the plan and/or evaluation with an educational supervisor or peer).	
Reviewing performance and measuring outcomes	At least 25 hours (50 per cent of the minimum 50 hours) allocated to activities directed at reviewing performance and measuring outcomes (with a min of 5 hours of each).	CPD homes may require specific types of activities directed at reviewing performance or measuring outcomes and may require a proportion of these hours to be dedicated to activities that focus on the practitioner's personal practice.	Colleges may specify activities directed at reviewing performance or measuring outcomes as high-level requirements.
Educational activities	At least 12.5 hours (25 per cent of the minimum 50 hours) allocated to educational activities.	CPD homes may require specific types of educational activity and may require a proportion of these hours to be dedicated to activities of high educational quality that are primarily focused on the education of the practitioner.	Colleges may specify educational activities to address specific specialist CPD program outcomes (for example advanced life support), and/or a proportion of time be dedicated to specific specialist CPD program outcomes.
		All CPD homes must demonstrate how requirements related to culturally safe practice, addressing health inequities, professionalism and ethical practice are embedded within the types of activities (professional development planning and evaluation, reviewing performance and measuring outcomes and educational activities).	High-level requirements should reference the specialist program outcomes and demonstrate the connection between specialist medical training and the ongoing maintenance and development of competencies required for professional practice in the relevant specialty or field of specialty practice.

Criteria for AMC accreditation of CPD homes

Applicants seeking accreditation as a CPD home must address the criteria in a submission to the AMC's Specialist Education Accreditation Committee.

Criterion 1 CPD home context and governance

The CPD home has appropriate governance structures, expertise and resources to be a CPD home providing a CPD program(s) that supports meaningful professional development. The home provides clear information about its CPD program(s), requirements and costs.

	Notes
<p>1.1 The CPD home has ongoing capacity to provide a sustainable CPD program(s) at reasonable costs to practitioners.</p> <p>1.1.1 There are appropriate financial resources and allocated budget for the CPD program(s).</p> <p>1.1.2 There are sufficient human resources to manage, evaluate and develop the CPD program(s), and to provide support to practitioners. This will include appropriate educational and information technology expertise.</p>	<p>The <i>Registration standard: Continuing profession development</i>³ defines a CPD home as:</p> <p><i>An organisation that is accredited by the Board's accreditation authority, the Australian Medical Council, to provide a CPD program for medical practitioners. This organisation may be an education provider, another organisation with a primary educational purpose or an organisation with a primary purpose other than education.</i></p> <p>CPD homes may have different arrangements to meet this criterion. It is expected that the CPD home will have staff who are qualified educationalists with experience in medical education, in addition to professional staff responsible for implementing the program. The home may also have reference groups, committees, partnerships or other arrangements to secure the expertise required for the range of programs it provides.</p> <p>The CPD home may have contractual arrangements to support the provision of information technology but should also have staff with information technology expertise to support the program infrastructure and manage these contracts.</p> <p>Documentary evidence may include financial accounts, an organisational chart identifying key staff, their responsibilities, qualifications and experience, and the full-time equivalent percentage of their time allocated to CPD home-related</p>

³ Medical Board of Australia, *Registration standard: Continuing professional development*, July 2021, <https://www.medicalboard.gov.au/Registration-Standards.aspx>, accessed 3 March 2022

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	work. Where relevant, background information on existing provision of CPD or other educational programs should also be included. Monitoring information may include details of any changes to resourcing or key staff.
<p>1.2 The governance structures are appropriate for the provision of the CPD program(s).</p> <p>1.2.1 The CPD home identifies potential conflicts of interest and undue influence from any other part of its business or from external stakeholders, and these are appropriately managed through governance processes and decision making about the resourcing and management of CPD programs.</p>	<p>CPD homes may meet this criterion through different governance structures. The AMC recognises that the governance structures and the range of functions will vary between homes, and does not consider any particular structure is preferable, and supports diversity where the structure can be demonstrated to function effectively over time.</p> <p>Governance processes must support the development of CPD program(s) (requirements and/or content) based on educational value, quality and relevance to medical practice.</p> <p>The home must also demonstrate processes for independent decision making about individual practitioners' compliance with program requirements and the registration standard.</p> <p>Documentary evidence may include a governance chart describing responsibilities and decision making, related terms of reference and policy documents. If the home is providing CPD content or activities, this may also include minutes and/or decision records of relevant committees. Monitoring information may include details of any changes to governance structures.</p>
<p>1.3 The CPD home has published a detailed description of the requirements, content/activities and any fees associated with the provision of its CPD program(s) and any changes.</p>	<p>CPD homes are expected to be transparent and accurate in publishing information on the requirements, available content and costs of their CPD program(s). Practitioners will rely on clear information provided by the CPD home to determine if the CPD program(s) offered by the home will be able to support them in meeting the Registration standard: CPD across their scope(s) of practice.</p> <p>The home must publish all requirements for its CPD program(s), including the:</p> <ul style="list-style-type: none"> • minimum registration requirements, • all program-level requirements, including those relating to culturally safe practice, addressing health inequities, professionalism and ethical practice, and

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	<ul style="list-style-type: none"> any relevant specialist high-level requirements developed by specialist medical colleges (if providing a CPD program(s) to specialists). <p>The home is also expected to publish information on any CPD content/activities that it offers, including the activity type, hours, format, frequency, and cost.</p> <p>As noted in the Registration standard: CPD, programs can be points-based if the activities can be translated to hours for the purpose of the practitioner meeting the standard. Information on the hours allocated to activities must be publicly available.</p> <p>CPD programs can be longer than one year (such as trienniums) provided they include annual requirements that meet the registration standard.⁴</p> <p>Documentary evidence may include information published on the home's website. Monitoring information may include details of any changes to CPD program(s) and requirements.</p>
<p>1.4 All CPD program-level requirements are aligned to <i>Good medical practice: a code of conduct for doctors in Australia</i>⁵ and informed by evidence based practice. The program-level requirements refer to culturally safe practice, addressing health inequities, professionalism and ethical practice.</p>	<p>The Registration standard: CPD contemplates that CPD homes will set requirements for their CPD program(s) that are in addition to the registration requirements and specialist high-level requirements. These must be mapped to <i>Good medical practice: a code of conduct for doctors in Australia</i>.⁶</p> <p>It is expected that CPD homes will provide a CPD program(s) to facilitate CPD across the breadth of medical professional practice, not only in relation to for example, narrow procedural aspects of practice.</p> <p>The <i>Good medical practice: a code of conduct for doctors in Australia</i> sets expectations of culturally safe practice by doctors for all patients and acknowledges special responsibilities for Aboriginal and Torres Strait Islander Peoples who have inhabited and cared for the land as the first peoples. It is</p>

⁴ Medical Board of Australia, *Registration standard: Continuing professional development*, July 2021, <https://www.medicalboard.gov.au/Registration-Standards.aspx>, accessed 3 March 2022

⁵ Medical Board of Australia, *Good Medical Practice: a code of conduct for doctors in Australia*, October 2020, <http://www.medicalboard.gov.au/Codes-Guidelines-Policies/Code-of-conduct.aspx>, accessed 3 March 2022.

⁶ Medical Board of Australia, *Good Medical Practice: a code of conduct for doctors in Australia*, October 2020, <http://www.medicalboard.gov.au/Codes-Guidelines-Policies/Code-of-conduct.aspx>, accessed 3 March 2022.

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	<p>expected that CPD activities allow critical reflection to improve clinical practice in relation to:</p> <ul style="list-style-type: none"> • Indigenous approaches to health • the impacts of colonisation, racism and bias on health outcomes • the history, culture and health of the Indigenous peoples of Australia • Aboriginal and Torres Strait Islander health outcomes and the issues which have contributed and should be addressed. <p>Health inequities i.e. different access and outcomes for different groups of people may present differently depending on the specialty and location of a doctor's practice. Good medical practice recognises the role of the doctor as a champion in the system and also the specialty responsibilities in securing equitable health experiences and outcomes for Aboriginal and Torres Strait Islander patients.</p> <p>Currently, both the AMC accreditation standards for Australian specialist medical colleges and the Medical Council New Zealand standards for CPD require colleges to work with stakeholders to respond to the needs of Australian and New Zealand communities, explicitly including Aboriginal, Torres Strait Islander and Māori health. Similarly, specialist medical colleges are expected to demonstrate that their CPD programs address professionalism and ethical practice. It is expected that all CPD homes, whether colleges or other organisations, will meet these requirements.</p> <p>The CPD home does not need to provide activities to address these requirements, however it must provide advice and guidance to practitioners on how they may meet them. This may include referral to other organisations with relevant expertise.</p> <p>Evidence may include a mapping of requirements to the <i>Good medical practice</i>. Monitoring information may include a summary of changes to requirements with accompanying mapping to <i>Good medical practice</i>, and details of participation by practitioners.</p>

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<p>1.5 There are policies and processes for joining the CPD home. These are applied consistently and fairly, free from bias or discrimination.</p>	<p>The AMC recognises that the CPD program(s) offered by the CPD home will not likely be suitable for all doctors. While it is the practitioner's responsibility to choose the CPD home(s) that relates to their scope(s) of practice, CPD homes however should not unreasonably refuse practitioners based on, for example, geography or reasons other than relevance to the practitioner's practice.</p> <p>Evidence may include policies and processes. Monitoring information may include information on the implementation of these policies, and/or any changes made.</p>
<p>1.6 There are published processes for review and appeal of the CPD home's determination that:</p> <ul style="list-style-type: none"> • a practitioner's CPD activity does not meet the requirements of the CPD program • a practitioner has not complied with the Registration standard: CPD <p>and these are fair and consistently applied.</p>	<p>An appeals process that provides a fair and reasonable opportunity to challenge the decision is likely to result in decisions that are ultimately correct. Elements of a strong process include an appeals committee with some members who are external to the CPD home, as well as impartial internal members.</p> <p>In relation to decision-making conduct, the grounds for appeal may include matters such as:</p> <ul style="list-style-type: none"> • an error in law or in due process in the formulation of the original decision • relevant and significant information, whether available at the time of the original decision or which became available subsequently, was not considered or not properly considered in the making of the original decision • irrelevant information was considered in the making of the original decision • procedures that were required by the CPD home's policies to be observed in connection with the making of the decision were not observed • the original decision was made for a purpose other than a purpose for which the power was conferred • the original decision was made in accordance with a rule or policy without regard to the merits of the particular case; and

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		<ul style="list-style-type: none"> the original decision was clearly inconsistent with the evidence and arguments put before the body making the original decision. <p>Procedural fairness, timeliness, transparency and credibility, including requiring written reasons for decisions to be issued, are also elements of a strong and effective appeals process.</p> <p>Documentary evidence may include a copy of the policy/ies and process(es). Monitoring information may include data on the number, reasons and outcomes of the reviews and appeals conducted, along with any learning or consequential changes to policies and processes.</p>
1.7	<p>The CPD home demonstrates continuous improvement of its CPD program(s) and supporting guidance to meet changing needs and respond to:</p> <ul style="list-style-type: none"> the outcomes of the CPD home’s audit and support processes feedback from practitioners, the Medical Board of Australia, and the AMC. 	<p>The CPD home is expected to engage in a process of continuous improvement so that the CPD program requirements and any activities offered reflect changing models of care, developments in health care delivery, medical education, medical and scientific progress, cultural safety and changing community needs.</p> <p>Documentary evidence may include a framework for evaluation and continuous improvement that identifies when and how outcomes data and feedback will inform the development of the CPD program(s) (including requirements, systems, support and any content). Monitoring information may include a summary of evaluation findings and responsive actions.</p>

Criterion 2 Provision of the CPD program(s)

The CPD home provides a CPD program(s) that enables practitioners to meet the requirements of the Registration standard: CPD and has effective systems, polices and processes to provide the CPD program(s).

	Notes
<p>2.1 The CPD home has reliable and effective systems and processes to record practitioners' progress towards meeting:</p> <p>2.1.1 the requirements of the Registration standard: CPD</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <ul style="list-style-type: none"> • develop a written annual professional development plan • complete a minimum of 50 hours per year of CPD activities that are relevant to your scope of practice and individual professional development needs • allocate your minimum 50 hours per year between the following types of CPD activities: <ul style="list-style-type: none"> ○ at least 12.5 hours (25 per cent of the minimum) in educational activities ○ at least 25 hours (50 per cent of the minimum) in activities focused on <i>reviewing performance</i> and <i>measuring outcomes</i>, with a minimum of five hours for each category, and ○ the remaining 12.5 hours (25 per cent of the minimum), and any CPD activities over the 50-hour minimum across any of these types of CPD activity. • self-evaluate your CPD activity at the end of the year as you prepare your professional development plan for the next year • retain records of your annual CPD activity for audit by your CPD home and the Board for three years after the end of each one-year cycle. </div> <p>2.1.2 the program-level requirements, and</p> <p>2.1.3 any relevant specialist high-level requirements.</p>	<p>The CPD home does not need to provide CPD content for each activity type, however its systems must be capable of tracking practitioners' completion of all requirements in the Registration standard: CPD. This includes activities, hours and any exemptions or variations granted by the CPD home.</p> <p><i>Specialist high-level requirements</i></p> <p>Currently practitioners with specialist registration must meet the requirements for CPD set by the relevant specialist medical college for every specialty in which they hold specialist registration.</p> <p>Accredited specialist medical colleges will continue to develop high-level requirements for CPD programs for specialists. This is because the colleges set the requirements for training to achieve specialist registration in the relevant specialty and fields of specialty practice.⁷</p> <p>The high-level requirements will describe any education, performance review or outcome measurement activities that must be included in a specialist's CPD program. The high-level requirements will be published by the Medical Board of Australia.</p> <p>The purpose of high-level requirements is to ensure consistency among CPD homes with respect to the specialist knowledge and skills needed in CPD programs for medical practitioners in the Medical Board of Australia's list of specialties and fields of specialty practice.</p> <p>While the individual practitioner is responsible for ensuring that they meet any high-level requirements for their scope(s) of practice, the CPD home must demonstrate how its program(s) will accommodate the high-level requirements for any specialist practitioners i.e. the CPD home must publish</p>

⁷ Medical Board of Australia, *List of specialties, fields of specialty practice and related specialist titles*, 1 June 2018 <https://www.medicalboard.gov.au/registration/types/specialist-registration/medical-specialties-and-specialty-fields.aspx>, accessed 1 April 2022

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	<p>information and details on how the high-level requirements can be met within its CPD program(s).</p> <p><i>Practitioners with multiple specialist registrations</i></p> <p>A CPD home may facilitate doctors to meet specialist high-level requirements from multiple colleges within their CPD program(s). Activities may be counted towards more than one set of high-level requirements.</p> <p>Evidence may include the CPD home's online system and documentation that maps the systems and supporting resources to the requirements of the Registration standard: CPD and other program requirements. Monitoring information may include details of changes and feedback from practitioners and the Medical Board of Australia.</p>
<p>2.2 There is a published framework and supporting processes for assessing and recognising CPD activities, including those that are provided by a different organisation. The assessment is based on relevance and educational value.</p>	<p>The CPD home is expected to publish information on the types of activities that are relevant to each of the registration requirements (educational activities, reviewing performance and measuring outcomes). Educational activities should include activities embedded within practitioners' job roles that support learning and development.</p> <p>Practitioners may complete other CPD activities provided by other organisations that they wish to be recognised. The CPD home must have a process for assessing whether these activities provide educational value and are relevant to the registration requirements, program requirements, or any specialist high-level requirements.</p> <p>It is not expected that CPD homes make an assessment of the value and relevance of every individual activity but that they have a framework for making this assessment, which is clear to practitioners in advance of them undertaking activities, and that the home monitors the quality and relevance of activities, for example by sampling.</p> <p>Evidence may include the framework and supporting policy and process for recognising activities with information about who will be making the assessment of educational value and how this assessment will be made, for example, mapping to <i>Good medical practice: a code of conduct for doctors in</i></p>

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	<i>Australia</i> ⁸ and related guidance. Monitoring information may include details of any changes to the framework/supporting processes.
2.3 There are published policies and processes for granting exemptions or variation to the requirements of the CPD program(s), including in relation to continuous absence from practice of at least six months and up to and including 12 months for parental or carer leave, serious illness or other approved circumstances, such as cultural responsibilities. These are implemented fairly and consistently to support flexible practice.	<p>The Registration standard: CPD allows for practitioners who have a continuous absence from practice of at least six months and up to and including 12 months to be granted an exemption or variation from the standard by their CPD home. Exemptions may relate to all or part of the registration requirements. A variation relates to a requirement that may be met in a different way.</p> <p>The CPD home’s policies and processes must also refer to any specialist high-level requirements and program-level requirements.</p> <p>The CPD home is expected to have policies that support Aboriginal and Torres Strait Islander cultural responsibilities, and to be flexible in supporting other cultures and those with caring responsibilities.</p> <p>Documentary evidence may include the relevant policy. Monitoring information may include data demonstrating implementation of the policy, and any changes made to the policy.</p>
2.4 Changes to the CPD program(s) are communicated in advance, in a timely, transparent and accurate way.	<p>The CPD home should be guided by the principle of no ‘unfair disadvantage’ to practitioners. It is expected that CPD homes will not add program requirements within an annual CPD cycle and will give practitioners advance notice of changes, including to requirements, content/activities, processes and costs.</p> <p>Documentary evidence may include information on the process and format(s) for communicating changes to the CPD program(s). Monitoring information may include summary information on the implementation of changes and feedback from practitioners.</p>

⁸ Medical Board of Australia, *Good Medical Practice: a code of conduct for doctors in Australia*, October 2020, <http://www.medicalboard.gov.au/Codes-Guidelines-Policies/Code-of-conduct.aspx>, accessed 3 March 2022.

	Notes
<p>2.5 There are published policies on practitioners' CPD record storage, retention, disposal, privacy and access that are implemented consistently.</p>	<p>The CPD home must have policies for complying with relevant privacy laws, and requirements for storing, retrieving, archiving and destroying data.</p> <p>Documentary evidence may include policies and processes that refer to relevant governing requirements. Monitoring information may include exception reports about incidents and feedback from practitioners.</p>
<p>2.6 The CPD home has systems and processes to facilitate practitioners to maintain, share and transfer their records to other CPD homes.</p>	<p>As advised in the Registration standard:CPD:</p> <p><i>Practitioners are required to meet the CPD registration standard in each of their specialties and/or scopes of practice.</i></p> <p><i>Where possible, practitioners will be able to complete their CPD within a single CPD home that covers all their specialties/scopes of practice.</i></p> <p><i>However, where this is not possible, practitioners with more than one specialty/scope of practice may need to complete more than one program, noting that individual CPD activities may count towards the CPD requirements for more than one specialty or scope of practice.⁹</i></p> <p>Practitioners who have multiple scopes of practice may need more than one CPD home. CPD homes must therefore have a process or system for sharing information on individual practitioners' completion of registration requirements and activities with other CPD homes, such as the functionality for a practitioner to download their records electronically.</p> <p>Documentary evidence may include relevant policies and processes and may include system demonstration. Monitoring information may include data on numbers of practitioners transferring in and out of the home and feedback from practitioners, and any changes to systems and processes.</p>

⁹ Medical Board of Australia, *Registration standard: Continuing professional development*, July 2021, <https://www.medicalboard.gov.au/Registration-Standards.aspx>, accessed 3 March 2022

Criterion 3 Support and guidance

The CPD home provides guidance to help practitioners identify high quality CPD activities that support development across the breadth of their scope(s) of practice.

	Notes
<p>3.1 The CPD home provides guidance and resources for practitioners on CPD activities that support them to develop and improve their practice in line with requirements of the CPD program. This includes:</p> <p>3.1.1 any specialist high-level requirements</p> <p>3.1.2 developing culturally safe practice, including guidance on how to seek feedback from patients, their families and communities to review performance and measure outcomes</p> <p>3.1.3 supporting practitioners to address health inequities within their scope(s) of practice</p> <p>3.1.4 professionalism, and</p> <p>3.1.5 ethical practice.</p>	<p>Guidance and resources should cover good practice on:</p> <ul style="list-style-type: none"> • professional development planning and self-evaluation (e.g. templates and examples) • identifying appropriate educational activities (activities should not be limited to courses but include those embedded within practitioners' job roles that support learning and development) • reviewing performance and measuring outcomes (e.g. examples and approaches). <p>The AMC recognises that CPD homes may need to engage with expert organisations to develop advice and guidance, for example, on CPD activities that can support doctors to develop culturally safe practice and address health inequities.</p> <p>Documentary evidence may include published information and guidance about relevant resources for the activity types mapped to these areas of <i>Good medical practice</i>. It may also include agreements or partnerships with other expert organisations. Monitoring information may include data (for example, the number of practitioners undertaking CPD in the areas of cultural safety, addressing health inequities/promoting equity, professionalism and ethical practice), and information on changes to support and resources.</p>
<p>3.2 The CPD home identifies practitioners at risk of not meeting the requirements of their CPD program(s) and provides guidance or support to assist them meet the requirements.</p>	<p>While meeting CPD registration requirements is the individual practitioner's responsibility, CPD homes are expected to alert practitioners that they may not be meeting requirements and identify actions to address gaps.</p> <p>The CPD cycle is based on a calendar year and the CPD home will be expected to report on compliance with the registration standard mid the following year. This provides some grace period for practitioners who have not met requirements by the end of the year.</p>

	Notes
	<p>CPD homes who offer programs to specialists are also expected to have processes to alert these practitioners and provide guidance when they are at risk of not meeting specialist high-level requirements.</p> <p>Specialist high-level requirements and program-level requirements may have cycles longer than one year.</p> <p>Documentary evidence may include copies of relevant policies and processes. Evidence may also include a demonstration of the system. Monitoring information may include information on the implementation and the nature of support or guidance provided.</p>
<p>3.3 The CPD home has processes to respond to requests for advice on CPD activities to support further training.</p>	<p>Regulatory authorities set requirements for recency of practice in a practitioner's current scope of practice, and requirements to support proposed changes to a practitioner's scope of practice. Practitioners, employers and registration authorities may approach a CPD home in relation to further training to meet recency of practice requirements, or to support a change in scope of practice. While the CPD home need not provide further training directly, it must have mechanisms to support practitioners who are re-entering practice and/or wishing to extend or change their scope of practice to identify relevant CPD activities. The CPD home is only expected to give guidance within the range of CPD program(s) it provides. If the extension or change in scope is beyond the range of CPD program(s) provided, it may be necessary to refer the person/organisation making the request to another organisation.</p> <p>Documentary evidence may include relevant policies and processes. Monitoring information may include information on requests for advice on further training and the outcomes of requests.</p>
<p>3.4 The CPD home has processes to respond to requests for advice on CPD activities to support remediation of practitioners who have been identified as underperforming in a particular area.</p>	<p>Laws, regulations and codes of conduct set expectations for standards of practice of practitioners. Requests to provide advice on CPD activities to address under-performance may be made by practitioners, employers and registration authorities. While the CPD home may not provide remediation directly, it must have mechanisms to support practitioners in identifying remedial activities.</p>

	Notes
	Documentary evidence may include relevant policies and processes. Monitoring information may include information on requests for advice on remediation and the outcomes of requests.

Criterion 4 Auditing and reporting

The CPD home complies with the Medical Board of Australia’s auditing and compliance reporting requirements, and the AMC’s accreditation requirements for its CPD program(s).

	Notes
4.1 The CPD home audits practitioners’ CPD records regularly, assessing the completeness of evidence and educational quality of the activities undertaken, and meets the requirements of the Medical Board of Australia for audit activity.	<p>The Medical Board of Australia’s current requirements are an audit of at least five per cent of practitioners’ CPD records annually.</p> <p>Documentary evidence may include the policy and process for audit. Monitoring information may include information on audits, feedback from practitioners and the Medical Board of Australia, and any subsequent learning.</p>
4.2 Reports on compliance are provided to the Medical Board of Australia within six months of each year’s end and meet the reporting requirements of the Board.	<p>The Medical Board of Australia will confirm the detailed reporting requirements.</p> <p>No documentary evidence is required in relation to this criterion for initial accreditation. For accreditation to be confirmed the CPD home will need to demonstrate compliance – feedback will be sought from the Medical Board of Australia.</p>
4.3 Submissions are provided as required to the AMC, demonstrating continuing ability to deliver the CPD program(s) in accordance with the <i>Criteria for AMC Accreditation of CPD Homes</i> and identifying any changes that may affect the CPD home’s accreditation.	<p>The AMC will provide a template for monitoring submissions. The template will usually include a request for:</p> <ul style="list-style-type: none"> • updates on progress towards meeting any criteria that have not been met, • information on changes that may affect accreditation e.g. governance, resources, systems, CPD program(s) provided, program requirements, and support and guidance provided, • data, for example on participation, appeals, feedback.

	Notes
	<p>For specialist medical colleges that wish to become a CPD home, it is expected that reporting could be aligned with the college's monitoring report cycle. However colleges may wish to separate these reports if CPD home activity is managed separately.</p> <p>No documentary evidence is required in relation to this criterion for initial accreditation. For accreditation to be confirmed the CPD home will need to provide good quality monitoring submissions.</p>