

Continuing professional development (CPD) – Accreditation of CPD homes

FREQUENTLY ASKED QUESTIONS

About the registration requirements and CPD homes

1. What is new in the Registration standard: Continuing professional development?

There are three core changes to CPD:

1. CPD homes for all – for quality assurance.
2. Professional development plans for all – for CPD with purpose.
3. Different types of CPD – for CPD with value.

The Medical Board of Australia (the Medical Board) revised the [Registration standard: Continuing Professional Development](#). It was approved by the Health Ministers in July 2021.

It applies to all medical practitioners, except for a few exemptions.

2. When does it take effect?

The new registration standard will take effect from 1 January 2023.

Medical practitioners are encouraged to join an approved CPD home relevant to their specialty or scope of practice and meet the new CPD standard as soon as possible. However, if they cannot join a CPD home in 2023, particularly if a relevant CPD home has not been approved yet, they must meet the requirements of the 2016 CPD registration standard during 2023. Further information is available on the Medical Board of Australia website [here](#).

3. Who will it apply to?

The registration standard will apply to all registered medical practitioners, except for:

- medical students
- PGY1 & PGY2 doctors in a prevocational program
- doctors with limited registration in the public interest or limited registration for up to 4 weeks e.g. for teaching or research
- doctors with non-practising registration.

4. What is a CPD home?

A CPD home is an organisation accredited by the Australian Medical Council (AMC), to provide a CPD program for medical practitioners. A CPD home may be an education provider, another organisation with a primary educational purpose, or an organisation with a primary purpose other than education.

A CPD home will:

- house practitioners' CPD program(s) – provide infrastructure
- publish the detailed description of the requirements, content/activities and any fees associated with the provision of its CPD program(s)
- quality assure the relevance and developmental value of CPD activities
- provide advice and support to practitioners on CPD requirements and signposting for relevant CPD activities
- report to the Medical Board on compliance with CPD requirements
- be accredited by the AMC and report on compliance with the accreditation criteria.

A CPD home may also generate CPD activity content.

5. What requirements are included in CPD Programs?

There may be three types of requirements:

- Minimum requirements – outlined in Registration standard: CPD
- Additional program-level requirements – set by an accredited CPD home
- Specialist high-level requirements – developed by the AMC-accredited specialist medical college for the relevant specialty/field of specialty practice.

Table 1. Types of CPD requirements

	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.

	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
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 minimum 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.

6. What are the minimum requirements in the registration standard?

- Development of a written annual professional development plan
- Completion of a minimum of 50 hours per year in the following types of CPD activities:
 - 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 *reviewing performance* and *measuring outcomes*, 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 the above types of CPD activity
- Participate in a program of an approved CPD home accredited by the AMC.

a. What is expected for a professional development plan?

The purpose of the plan is to guide practitioners' CPD activities over the year and encourage reflection. At the start of each year, practitioners should think about any areas of development, interest or knowledge gaps they have, find activities that would be suitable, and plan when they will do them. At the end of the year, practitioners should reflect on what they have done and think about this when they develop their plan for the next year.

b. What are educational activities?

Educational activities may be structured learning activities such as conferences or courses. They may also include opportunities in day-to-day practice to increase practitioners' knowledge and develop skills.

For practitioners who contribute to medical education/assessment, educational and development activities for these roles could also be included. Similarly, practitioners who have medical leadership roles may also count development within these roles towards their CPD.

Examples of educational activities	
Individual learning activities	<ul style="list-style-type: none"> • Reading, viewing, listening to educational material • Active learning modules • Study towards formal qualifications • Supervised practice attachments • Executive coaching and mentoring
Team/group learning activities	<ul style="list-style-type: none"> • Lectures, forums, panels • Small group sessions • Courses and workshops

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Examples of educational activities	
Learning embedded in professional activity	<ul style="list-style-type: none"> • Preparing formal educational materials • Teaching • Examining, assessing and evaluating • Supervising and mentoring • Lecturing, participating in forums/panels • Teaching in small group sessions/courses/workshops • Presenting research papers/posters • Convening/chairing educational meetings • Leading or participating in research • Reviewing ethics or grant proposals • Publishing research or educational material • Editing or reviewing research or educational material • Preparing patient education materials • Participating in committee for education or research • Undertaking college educational roles • Participating in clinical guideline development

c. What is required for activities that review performance and measure outcomes?

Practitioners will have access to different information and resources depending on their scope(s) of practice. Relevant activities could be specific or broad, including:

- activities that specifically relate to the practitioner’s practice, such as multi-source feedback or peer review events
- activities with a broader scope, such as reviewing data from a range of sources, including population outcomes around social determinants of health, or reviewing policies on the impact of day-to-day practice.

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Examples of activities for reviewing performance		
Individual-focused activities	Team/group-focused activities	Not directly-focused on practitioner's practice
<ul style="list-style-type: none"> • Self-evaluation and reflection • Direct observation of practice • Review of work product • Multi-source feedback • Patient experience survey • Workplace performance appraisal 	<ul style="list-style-type: none"> • Direct observation of practice • Review of work product • Multi-source feedback • Patient experience survey • Medical services survey/ review • Multi-disciplinary team meetings • Peer review groups 	<ul style="list-style-type: none"> • Participating in clinical governance/QA committees • Accrediting/auditing practices, hospitals, training sites • Medico-legal work (report, expert witness)

Examples of activities for measuring outcomes		
Individual-focused activities	Team/group-focused activities	Not directly-focused on practitioner's practice
<ul style="list-style-type: none"> • Audit focused on practitioner's own practice • Root cause analysis • Incident report • Quality improvement project 	<ul style="list-style-type: none"> • Audit (practice, national or international) • Morbidity and Mortality meetings, case conferences • Quality improvement project • Multi-disciplinary team meetings 	<ul style="list-style-type: none"> • Assessing incident reports • Leading, analysing, writing reports on healthcare outcomes

7. Are there any exemptions from the minimum requirements?

A CPD home may grant practitioners an exemption or variation if they have a continuous 6- to 12-month absence from practice for parental or carer leave, serious illness or other approved circumstances. Other circumstances would include leave for cultural responsibilities.

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.

All CPD homes will need to have a policy and process in place to ensure that variations and exemptions are recorded.

8. What activities would be relevant for practitioners in indirect clinical roles?

Relevant CPD activities for practitioners in indirect clinical roles, such as management and research, could include the following:

Educational activities	Reviewing performance	Measuring outcomes
<ul style="list-style-type: none"> • Reading, viewing, listening to educational material • Active learning modules • Study towards formal qualifications • Executive coaching and mentoring • Lectures, forums, panels • Small group sessions • Courses and workshops • Reviewing ethics or grant proposals. 	<ul style="list-style-type: none"> • Workplace performance appraisal • Multi-source feedback • Medical services survey/review • Participating in clinical governance/QA committees • Accrediting/auditing practices, hospitals, training sites • Medico-legal work (report, expert witness). 	<ul style="list-style-type: none"> • Quality improvement project • Assessing incident reports • Leading, analysing, writing reports on healthcare outcomes.

9. What are CPD program-level requirements and who do they apply to?

A CPD home will set requirements for its CPD program(s) referring to:

- culturally safe practice
- addressing health inequities
- maintaining and developing professionalism, and
- maintaining and developing ethical practice.

A CPD home may set requirements for its CPD program(s) such as:

- other aspects of professional medical practice
- specific educational activities
- specific activities to review performance or measure outcomes, such as a multi-source feedback activity every three years
- the minimum number of hours.

10. What are specialist high-level requirements and who do they apply to?

Currently practitioners with specialist registration must meet the requirements for CPD set by the relevant AMC-accredited specialist medical college for every specialty in which they hold specialist registration.

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.

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 linked to specific outcomes to maintain practice, such as completing an advanced life support course every three years. High-level requirements are not expected to be specific courses/content, but a broad requirement that can be completed through a number of different providers or in a number of different ways. The high-level requirements will be published by the Medical Board of Australia.

A specialist medical college cannot develop high-level requirements within the relevant specialty/ies for other practitioners, such as non-specialist career medical officers.

The practitioner is responsible for ensuring that they meet any high-level requirements for their specialty. The CPD home needs to demonstrate how its program(s) will accommodate the high-level requirements for any specialist practitioners in the relevant specialty/field of specialty practice i.e. the CPD home must publish information and details on how the high-level requirements can be met within its CPD program(s).

About CPD home accreditation processes and compliance reporting requirements

11. AMC-accredited specialist medical colleges currently provide CPD programs – do they still need to apply to be a CPD home?

No, specialist medical colleges that provide AMC-accredited CPD programs do not need to submit an application. The AMC will transition these colleges to become a CPD home by 1 January 2023. The list of colleges is available [here](#).

The [Criteria for AMC Accreditation of CPD Homes](#) include criteria drawn from the requirements of the CPD registration standard, and from the current expectations of CPD programs that are set out across the [Standards for Assessment and Accreditation of Specialist Medical Programs and Continuing Development Programs by the Australian Medical Council](#). These include aspects of governance and resourcing in Standard 1, and transparency of communications about requirements and changes in Standard 7, as well as the standards in Standard 9. Standard 9 of the current *Standards for Assessment and Accreditation of Specialist Medical Programs and Continuing Development Programs by the Australian Medical Council* will be removed following the transition of AMC-accredited specialist medical colleges to being CPD homes.

12. What information will other applicants need to provide to be assessed for accreditation as a CPD home?

Organisations (other than AMC-accredited specialist medical colleges) interested in applying to be a CPD home have been asked to complete an Expression of Interest form, and will also need to provide a written submission addressing the accreditation criteria. The AMC will email an application template to organisations that complete the Expression of Interest form. The process for initial accreditation of CPD homes will be paper based. A summary of the *Process for accreditation of CPD homes* is available on the AMC website [here](#).

13. Will there be any ongoing monitoring or accreditation requirements for accredited CPD homes?

Yes. Similar to other AMC accreditation processes, accredited CPD homes will be required to submit monitoring reports to provide evidence that they continue to meet/substantially meet the accreditation criteria. Further details about the accreditation cycle and reporting processes will be outlined in the [Procedures for AMC Accreditation of CPD homes](#).

14. What practitioner compliance data will be required from accredited CPD homes?

CPD homes will provide a list of CPD-compliant practitioners to the Medical Board by June 30 after the end of each calendar year. The Medical Board will confirm the format of reports with accredited CPD homes.