PROFESSIONAL DEVELOPMENT
PROGRAM 2020-2022

HANDBOOK

Australian College of
Rural & Remote Medicine
WORLD LEADERS IN RURAL PRACTICE

INTRODUCTION

ACRRM Professional Development Program (PDP) ensures members can access a range of continuing educational activities to enhance their clinical, management, and professional skills throughout their careers. Effective professional development is important for continued safe independent general practice, especially in rural and remote environments, to maintain the highest standards of patient care.

The College has introduced a new framework for the 2020-22 triennium that will meet members' continuing professional development needs under the Medical Board's Professional Performance Framework.

ACRRM is committed to the ethos of life-long learning and encourages all members to access activities that are relevant to their individual scope of practice. The College PD portfolio has been designed to allow self- reporting within a flexible framework to facilitate the recognition of day-to-day practice-based learning as well as traditional educational opportunities such as conferences and meetings.

The objectives of the program are to:

- Provide one Continuing Professional Development (CPD) home that will meet all professional development requirements of ACRRM members
- Provide a flexible framework of activities that has multiple options within each category for meaningful professional development that is easy to both obtain and record
- Recognise and respond to the scope and diversity of professional standards required of general practitioners, particularly those working in rural and remote environments
- Provide a formal process that demonstrates the ongoing professional development activities of College members for maintaining Fellowship, recognition as a General Practitioner, AHPRA registration and clinical privileging
- Support members to fulfil their commitments to other professional bodies through cross-accreditation and communication

PROGRAM OVERVIEW

There are three professional development categories - Educational activities, Performance review and Outcome measurement.

Activities will be measured in hours rather than points. Members will need to achieve 150 hours per triennium made up of the following:

- 25% from educational activities
- 25% from performance review
- 25% from outcome measurement
- Remaining 25% can be any of the above

50 hours per year is encouraged, but for 2020-22 the College will retain the triennium structure of 150 hours over three years.

A life support course is required once every triennium (Advanced Life Support for ACRRM Fellows and Basic Life Support for non-Fellows.)

Hours spent on life support activities are also counted towards your triennium hourly requirement.

PDP Requirements are the same for both full-time and part-time general practitioners.

While educational activities may have been the main component of CPD in the past, it is now recognized that undertaking self-reflective activities that examine your own work practices and measure your clinical outcomes are important components of reflective practice and quality improvement.

Effective CPD should strive to give the maximum benefit in practice improvement for the time spent undertaking the activities, and for this reason, the College recommends that you identify the best activities for your own personal scope of practice at the start of each year and review your learning needs regularly.

Performance review activities that focus on your actual work processes often include feedback from peers, co-workers and patients. This can be in the form of peer review sessions, case-based discussions, multi-source feedback, patient feedback and workplace appraisals.

Activities that focus on patient outcomes are also an important part of the ACRRM program, including clinical audits, review of medical records, using practice software to analyse patient data etc. Several activities in the framework can be either Performance Review or Outcome Measurement depending on whether you are focusing on reviewing how you work or the clinical outcomes of your work.

For example, the Best Practice Guideline Activity can be claimed in either category. This quality improvement activity can be undertaken in your own practice by researching best practice for a particular presentation, comparing your own practice to that benchmark, identifying possible improvements (performance review), making changes to practice and re-evaluating (outcome measurement). There is a guideline for undertaking this activity in the resources section of your PD portfolio, plus a list of useful links.

PLANNING & REFLECTION

Members are directly responsible for determining and planning what educational, performance review and outcome measurement activities are relevant to their current scope of practice. There are multiple options in each category.

ACRRM strongly recommends that members implement a personal learning plan and review it regularly. This should be based on members analysis of identified areas of education and training that reflect individual practice requirements and patient needs.

1. IDENTIFY YOUR TRAINING NEEDS

Identify the knowledge and skills you need to gain over the triennium in your personal learning plan. Tailor your selection of activities to best support your current scope of practice.

2. SELECT CPD ACTIVITIES

While life support is mandatory and you may also have MOPS requirements to maintain procedural qualifications, the ACRRM PDP provides multiple options in each category to provide as much choice as possible. Planning your CPD ahead of time will ensure that you meet your requirements with the activities that are best suited to your practice. You will find a database of all ACRRM-accredited educational activities on the Event search page of the ACRRM website, and resources for activities that you can complete in your practice are available in your PD portfolio. The matrix of activities on page 7 may help you to find activities to suit your practice in each category. These user case studies may also help.

Diarise significant opportunities, such as Rural Medicine Australia and other events, where workshops are clustered into a few days. This will ensure you optimise your time away from your practice and accumulate training at a measured pace.

3. USE YOUR PD PORTFOLIO

Using your PD Portfolio on the ACRRM website is a simple, secure, permanent method of recording your professional development progress. You can add activities, view your progress, search the ACRRM database of accredited activities and print your statement from your PD portfolio.

4. REFLECT ON YOUR PROFESSIONAL DEVELOPMENT REGULARLY

New professional challenges and opportunities can present over the course of the triennium. A regular review of your professional development, and reflection on your progress generally, can ensure that your plan remains relevant to your professional goals and responsibilities.

5. REFLECT ON YOUR PRACTICE

The object of professional development is to ensure that your practice as a medical professional is the best it can be. Professional development should result in continuous improvement and keeping up with advances in medical knowledge and practice management. Take time to actively reflect on your activities, implement changes where appropriate and evaluate their effectiveness.

LOGGING YOUR ACTIVITIES

The ACRRM PD portfolio has been re-designed to be a self-reporting tool and most activities do not need to be formally accredited to claim CPD hours. The change to an hours-based system means that you now simply select the activity type, complete a few short questions to describe the activity and record the time you spent on it, to receive immediate CPD credit. You can choose to attach your evidence of participation to the activity or store it elsewhere. There is a field for reflective notes which can often be used as your evidence for most activities. Your PD portfolio will update immediately showing your progress in each of the PDP categories.

Staff will audit 10% of PD portfolios per year and request your evidence if it is not in your PD portfolio.

Life support and Maintenance of Professional Standards (MOPS) activities will be reviewed by the PDP Team before credit is allocated.

There is also a library of CPD resources available in your PD portfolio with guidelines, templates and ideas for practice-based performance review and outcome measurement activities.

You should retain records of your CPD activity for audit purposes. As ACRRM has a triennium cycle, you are required to retain your records for five years (the entire duration of the program or cycle plus an additional two years).

You can choose to store your evidence with each individual activity in your PD portfolio or in a separate location, but you will need to produce it if you are selected for audit by the College. AHPRA may also choose to audit your CPD records, so it is important that you are able to produce evidence for your CPD activities on request.

ACCEPTABLE EVIDENCE

If you attend a structured course (either face to face or online) a certificate of attendance/ completion is preferred*, but if this is not available you may provide written confirmation of attendance from the education provider or your reflective notes.

Certificates of attendance are mandatory for Life Support

The College recognises that for some practice-based activities such as peer discussions, practice analytics, clinical audits, review of medical records etc, it is more practical to provide your reflective notes or a summary of the activity results as evidence of having completed the activity.

Reflective notes should document the key learnings from the activity and any changes to practice that you have planned or implemented as a result of the education. If you have made changes to your practice and measured your outcomes, you could also document the impact of those changes. If you found links to other learning resources in the course of the activity, you might like to include them in the reflective notes field to refer to later.

Your portfolio should be a useful reflective resource, as well as a place to document your activity and store your evidence.

Example of reflective notes

- What were the main topics covered?
- What were the key learnings?
- Was this activity relevant to your practice?
- Why/ Why not?
- Will you change your practice as a result of this activity, and if so, how?
- Are there any barriers to implementing changes to practice, and if so, how will you overcome these
- Are there further topics that you will pursue as a result of this education?

PATIENT INFORMATION AND CPD

It's important to note that you should never log any patient information in your PD portfolio. For activities where you have reviewed medical records and audited data, please just submit an overview of the activity and a summary of the results. Do not submit any identifiable patient data.

ACCREDITED COURSES

In addition to the College's own courses, ACRRM also provides a list of accredited activities from external education providers on our website. The PDP team assesses each course and allocates CPD hours in the appropriate category. Procedural grant eligibility is also assessed and displayed if applicable. When you attend an ACRRM accredited course, please provide your seven-digit member number and request that the provider reports to ACRRM to ensure that the activity is recorded for you.

CATEGORIES & ACTIVITIES

ADVANCED LIFE SUPPORT SKILLS

(Mandatory for Fellows)

ACRRM Fellows are required to complete Advanced Life Support (ALS) training in each triennium as part of their compliance for PDP and to maintain Fellowship.

To comply, an Advanced Life Support activity congruent with the Australian Resuscitation Council ALS guidelines must be completed.

Please note: ALS courses must be a minimum of six hours long, include pre and post reflective activities, have a robust assessment process and provide members with the following skills and knowledge:

- Recognition, assessment and management of the deteriorating patient using a structured ABCDE approach (aiming to prevent cardiac arrest)
- Treat cardiac and/or respiratory arrest, including manual defibrillation
- Management of life-threatening arrhythmias
- Preparing and planning for post resuscitation care
- Care for the deteriorating patient or patient in cardiac and/or respiratory arrest in special circumstances such as asthma, anaphylaxis, and pregnancy
- Lead a team, work as a team member, and use structured communication skills including giving an effective handover
- Consideration for end of life decision making

BASIC LIFE SUPPORT SKILLS

(Mandatory for non-Fellows)

The College requires that non-Fellows of ACRRM demonstrate an understanding of, and practical competence in, one-person and two-person expired air resuscitation and external cardiac compression.

To comply, a Basic Life Support activity congruent with the Australian Resuscitation Council guidelines must be completed.

ALS and BLS courses will also be counted towards the overall PDP requirement of 150 hours per triennium. ALS courses are also recognized as an Anaesthetics Emergency Response activity for GP Anaesthetists.

EDUCATIONAL ACTIVITIES

This category includes lectures, presentations and meetings as well as distance education and self-directed learning and helps to maintain, update and broaden your medical knowledge.

PERFORMANCE REVIEW

Reviewing performance includes measures that analyse and reflect on your actual work processes. This often includes feedback from peers, colleagues and patients. Many practitioners already undertake some type of workplace appraisal, and time spent undertaking and reflecting on this activity can be claimed as performance review.

Peer review is also an important tool in reviewing performance, and ACRRM recognizes that there is a range of peer review activities including very structured one-on-one observations with feedback, small group case-based discussion meetings, online case discussion forums and ad hoc clinical discussions with your colleagues.

There are many other activities including clinical attachment, skills training with assessment, and practice accreditation that can be claimed as performance review hours.

Many activities can be claimed in either the performance review or outcome measurement categories. Claim as performance review if the activity focused on reviewing your systems and practices (how you work).

OUTCOME MEASUREMENT

Measuring outcomes can involve reviewing practice data and reflecting on your patients' health outcomes in activities such as clinical audit, morbidity and mortality meetings and practice analytics. Many activities can be claimed in either the performance review or outcome measurement categories.

If an activity helps you to analyse your clinical outcomes it can be claimed as outcome measurement hours.

Not all outcome measurement activities require access to institutional data sets, and ACRRM has developed some CPD resources including small scale audit ideas, PUNs and DENs and how to use best practice guidelines to evaluate your own practice and outcomes. These are available in your PD portfolio.

MATRIX OF ACTIVITIES

(M) Eligible for MOPS   (m) May be eligible for MOPS

Activity	Educational activity	Performance review	Outcome measurement	MOPS
Advanced Life Support	✓ Didactic component	✓ (skills assessment component)		(M)
Basic Life Support		✓ (skills assessment component)		(M)
Conferences, workshops, scientific meetings, courses and seminars	✓			(m)
Skills/simulator/practical training	✓			
Teaching Practice Accreditation	✓			
Educational visit	✓			
Co-ordinating and moderating clinical forum discussions	✓			
Development of Relevant Educational Programs	✓			
Distance-based education modules	✓			(m)
Scientific presentation	✓	✓	✓	
Self-directed learning	✓			

Activity	Educational activity	Performance review	Outcome measurement	MOPS
Supervision of registrars	✓	✓		
Teaching Programs - Presenting/ Facilitating/ Instructing	✓	✓		
University courses	✓			
Other educational activity	✓			
Multi-source Feedback		✓		M
Patient Feedback		✓	✓	
Observation of clinical practice (peer review)		✓	✓	M
Case based discussion (peer review)		✓	✓	M
Case studies		✓	✓	
Publications		✓	✓	
Practice accreditation		✓	✓	
Clinical Teaching Visit		✓		
Formal workplace performance appraisal		✓		
Assessment of Skills/simulator/ practical training		✓		M
Clinical attachment		✓		M
Locum Improvement Tool		✓	✓	M
Peer Observation of Teaching Audit		✓	✓	
Other performance review activity		✓		
Best Practice Reflective activity		✓	✓	
PUNS and DENS		✓	✓	
Clinical audit			✓	M
Review of medical records		✓	✓	
Morbidity & Mortality meetings			✓	
Significant Event Analysis			✓	
Practice analytics			✓	
Maintain and reflect on procedural logbook		✓	✓	M
Other outcome measurement activity			✓	

ACTIVITY DETAILS

EDUCATIONAL ACTIVITIES

Conferences, workshops, scientific meetings, courses and seminars

CPD hours can be earned by attending medical education conferences, workshops, scientific meetings and seminars. Evidence can include a certificate of attendance or reflective notes.

Skills simulator/practical training

Structured learning activities involving small- group, intensive practical training. These activities can include emergency and/or procedural skills training or other workshops with scenario-based content. Where there is a formal assessment of skills, these sessions can be claimed as performance review hours under the Assessment of skills simulator/ practical training activity type

Teaching practice accreditation

Earn CPD hours by having your practice accredited as a teaching practice for registrars. ACRRM Fellows are encouraged to apply to have their practice accredited as a registrar training environment. Contact training@acrrm.org.au for more information on practice standards and the accreditation process.

Educational visit

Visits to a practice by a respected peer, or expert in a particular field, for the purpose of delivering a specific, targeted lesson.

Co-ordinating and moderating clinical forum discussions

Members are awarded CPD hours for moderating clinical forum discussions, face to face or online.

Development of relevant educational programs

CPD hours can be claimed for developing professional standards that impact on the practice of peers and developing education programs relevant to rural or remote/clinical practice. This includes the development of, or participation in ACRRM assessments.

Distance education modules

Distance Education Modules are long-distance activities that can be undertaken in real time or at any time suitable to the practitioner. Examples might include webinars, online modules, on-line videos or podcasts.

Scientific presentation

CPD hours can be claimed for presentation of a poster, paper or workshop at a professional scientific or medical conference. Research and preparation time may also be claimed.

Claim in the Educational activity category, unless your research for the presentation involved reviewing systems/performance (in which case claim in the Performance review category) or reflecting on clinical outcomes (in which case claim in the Outcome measurement category)

Self-directed learning

Examples of self-directed learning activities include reading journals and books, listening and watching educational podcasts or videos, using computer learning programs, reviewing scientific articles or undertaking self-assessment modules.

Supervision of registrars

A supervisor is the doctor responsible for the day to day performance of a registrar. Supervision involves providing monitoring, guidance and feedback on matters of personal, professional and educational development in the context of the doctor's care of patients. This would include the ability to anticipate a doctor's strengths and weaknesses in particular clinical situations, in order to maximise patient safety. May be claimed in the performance review category if the supervision activity prompts reflection on your own practice and performance, evidenced by reflective notes.

Teaching programs: presenting / facilitating / instructing

Structured formal teaching/supervision of medical students organised through a university medical education program or delivering targeted education to peers.

This activity may also include teaching of allied health workers in clinical settings such as Emergency Departments.

May be claimed in the performance review category if the teaching activity prompts reflection on your own practice and performance, evidenced by reflective notes.

University courses

Accredited courses relating to your clinical practice can include a Graduate Certificate, Graduate Diploma, Masters and Doctorate. Evidence must include certification from your university.

Other educational activities

Any other educational activity not listed above that is relevant to your scope of practice. Please provide a detailed description when claiming PDP hours.

PERFORMANCE REVIEW

Multi-Source Feedback

Multi-Source Feedback (MSF) is the process by which groups of individuals (colleagues, co- workers and patients) complete a survey to provide feedback on an individual doctor's performance.

The doctor also completes a self-evaluation exercise and reflects on the results from all groups to identify areas for possible improvement.

Comparative results from peers may also be provided along with externally facilitated feedback, to inform the reflective process.

Patient feedback

Responding to patient feedback is useful in confirming the patient-centred nature of healthcare and improving patient outcomes. Processes and ideas for collecting and reflecting on patient feedback are available in the PD portfolio, including a sample patient letter and survey

Where the feedback has led you to measure your clinical outcomes, this activity can also be claimed in the Outcome measurement category.

Observation of clinical practice (peer review)

Structured one-on-one peer review activity by a peer of your choice, either face to face or by video. After an initial discussion with the reviewer on scope of practice, learning needs and any specific requests for focussed feedback, the reviewer observes consultations (with the patients consent) and provides feedback for reflection and discussion between the reviewer and the peer. This activity can also be claimed in the Outcome measurement category if you have implemented changes as a result of the activity and re-evaluated your clinical outcomes.

Case based discussion (peer review)

Either one on one or in small group learning format, case-based discussions use de-identified cases to analyse clinical reasoning and decision making. Cases can be discussed face to face or via distance education options including video conferencing and social media.

Case based discussion can also be claimed in the Outcome measurement category, where the discussion has prompted changes to practice which can then be evaluated.

Case studies

Case studies are similar to case-based discussions but rather than the practitioner presenting their own case and discussing the outcome with colleagues, external cases may be reviewed. Where this prompts reflection on your own work practices, hours can be claimed in the performance review category.
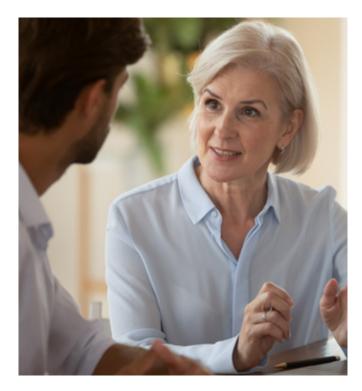
This activity can also be claimed in the Outcome measurement category, where the case study has prompted changes to practice which can then be evaluated.

Publications

Publishing relevant original work in a book or a peer reviewed article e.g., original research paper, quality improvement report, short report, letters to editor, etc. Other publications such as non-peer reviewed articles may also be claimed. Where research for the publication involves performance review, hours can be claimed in this category. May also be claimed in the Outcome measurement category if the activity involved evaluation of your clinical outcomes.

Scientific presentation

Where research for your scientific presentation involves reviewing systems /performance, PDP hours can be claimed in the performance review category, evidenced by reflective notes.

Practice accreditation

The principles of peer review are applied throughout the practice accreditation process:

- practice staff assess their performance against a set of standards
- practice improvements are identified
- determine the timeframe to make changes to the practice structure and services
- trained peer assessors are invited to assess the practice against the standards.

Outline your involvement in the accreditation process in your PD portfolio and provide a copy of your practice accreditation certificate as evidence.

Hours spent reviewing systems and processes can be claimed as Performance review and hours spent on measuring clinical outcomes can be claimed in the Outcome measurement category.

Clinical teaching visit

A formal clinical teaching visit by ACRRM Fellows which includes the provision of formal reports regarding the progress of General Practice training candidates.

Formal workplace performance appraisal

Claim CPD hours for time spent preparing, participating in and reflecting on a formal workplace performance appraisal. The intention is to recognise the value in performance appraisal activities that members may already be completing for their employers and avoiding unnecessary duplication of activity.

Assessment of skills / simulator / practical training

While skills/ simulator/ practical training is considered an educational activity, the formal assessment component of structured learning activities involving small-group, intensive practical training provides an opportunity to review individual performance and can be claimed as performance review hours.

Clinical attachment

This is a period of attachment in another clinical setting involving hands-on clinical practice with the aim of learning or updating specific skills or areas of knowledge.

A clinical attachment must include:

- Specific learning objectives
- Specific learning activities
- A clear process of monitoring the achievement of learning objectives
- Reflection on outcome

All clinical attachments must be supervised and signed off by an appropriate senior clinician.

Locum improvement tool

The aim of this performance review tool is to provide suggestions for areas of improvement from the locum to the practice and vice versa.

GPs complete their locum placement and provide feedback to the practice to facilitate improvements in patient care and to identify areas that might allow the practice to run more efficiently. The practice is also asked to provide suggestions back to the locum to allow them to reflect on their performance and make improvements where applicable. Where possible this should be from a range of colleagues.

Can be claimed as either Performance review or Outcome measurement, depending on the focus of the activity.

Supervision of registrars (performance review)

Where supervision of registrars prompts reflection on the supervisor's own performance, CPD hours can be claimed in the performance review category, evidenced by reflective notes.

Teaching programs - presenting/ facilitating/ instructing (performance review)

Where teaching, presenting, facilitating and instructing prompts reflection on the teacher's own performance, CPD hours can be claimed in the performance review category, evidenced by reflective notes.

Peer observation of teaching audit

Structured observation of your teaching practice by a colleague in order to provide feedback on your clinical teaching, identify any strengths and areas for improvement and to explore different approaches to teaching in the future. This process can be completed remotely via video conference or other platforms as well as face to face. A guideline and templates for this activity can be accessed in your PD portfolio.

May also be claimed in the Outcome measurement category if the activity involved evaluation of your clinical outcomes.

Best Practice Reflective Activity

This quality improvement activity can be undertaken in your own practice by researching best practice for a particular presentation, comparing your own practice to that benchmark, and identifying possible improvements. Claim performance review hours for this part of the activity,

If you make changes to practice and re-evaluate your outcomes this can be claimed in the Outcome measurement category. There is a guideline for undertaking this activity in the resources section of your PD portfolio, plus a list of useful links

PUNS and DENS

PUNS = patient unmet needs

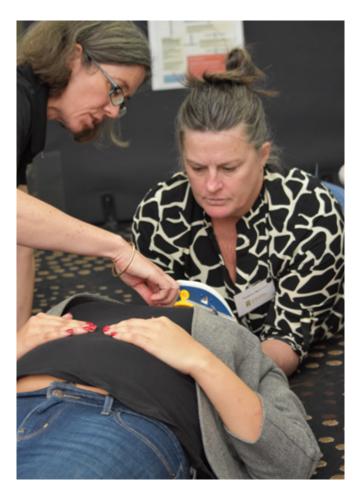DENS = doctors educational needs

The PUNS and DENS activity identifies learning needs and service gaps to direct professional development and implement evidence-based improvements in practices and clinical services. PUNS & DENS are easy to assess and can be undertaken as an individual or clinical group activity. After each consult reflect and record in a log what could have been better for the patient and what improvements you could make.

Can be claimed in either the Performance review or Outcome measurement categories.

Medical record review (MRR)

Medical record reviews assess quality of records and can highlight areas for improvement. Completing a review of medical records involves identifying goals and a timeframe, conducting a review, recording data, analysing data and implementing required improvements. A guideline on how to complete MRR is available in the PD portfolio.

Can be claimed in either the Performance review or Outcome measurement categories.

Maintain and reflect on procedural logbook

Where a logbook is maintained for credentialing purposes, this option allows for reflection on procedures and outcomes and identifying opportunities for improving practice.

Can be claimed in either the Performance review or Outcome measurement categories.

Locum improvement tool

The aim of this performance review tool is to provide suggestions for areas of improvement from the locum to the practice and vice versa.

GPs complete their locum placement and provide feedback to the practice to facilitate improvements in patient care and to identify areas that might allow the practice to run more efficiently. The practice is also asked to provide suggestions back to the locum to allow them to reflect on their performance and make improvements where applicable. Where possible this should be from a range of colleagues.

Can be claimed as either Performance review or Outcome measurement categories.

Other performance review activities

Any other performance review activity not listed above that is relevant to your scope of practice. Please provide a detailed description when claiming PDP hours.

OUTCOME MEASUREMENT

Clinical audit

A Clinical Audit is a process which seeks to improve the quality of patient care and outcomes by measuring current practice against best practice and implementing changes if required. Data is collected to assess the care that the individual practitioner provides in order to establish if changes in practice are needed. An audit should be relevant to the practice, address specific questions, and be likely to provide useful findings.

1. Identify the standards against which the audit will be conducted
2. Data collection of current practice
3. Comparison of current practice against the standard
4. Implement changes if required
5. Evaluate effectiveness of changes

Undertaking an audit can be a simple process using Plan, Do, Study, Act methodology and there is a Clinical Audit Basics guideline available in your PD portfolio, with audit examples for various practice types.

Practice accreditation

As practice accreditation involves elements of both performance review and outcome measurement. It can be claimed in either or both categories by apportioning the total hours appropriately, to reflect what was done.

Outline your involvement in the accreditation process in your PD portfolio and provide a copy of your practice accreditation certificate as evidence.

Medical records review (MRR)

Medical record reviews assess quality of records and can highlight areas for improvement. Completing a review of medical records involves identifying goals and a timeframe, conducting a review, recording data, analysing data and implementing required improvements. A guideline on how to complete MRR is available in the PD portfolio.

Can be claimed in either the Performance review or Outcome measurement categories.

Morbidity & mortality meeting

Morbidity and Mortality (M&M) meetings provide doctors with the opportunity to learn from clinical outcomes and improve health care in public and private practice. Meetings are held regularly and are a useful tool for improving the governance of patient safety. M&M meetings improve accountability around record keeping and support ongoing professional development with a view to improving processes for better patient outcomes.

Significant event analysis

Significant event analysis (SEA) is a quality improvement and learning tool used to reflect on patient safety incidents and identify ways in which systems can be improved to enhance future patient care. A SEA activity examines underlying systems and deals with weaknesses in those systems to improve patient care. It is used as a tool to reduce the risk of repeat instances. Information on the event is collated and discussed and processes are implemented as needed.

Changes are monitored going forward and revisited as necessary. A guideline for how to conduct a SEA is available in the PD portfolio.

Publications

Publishing relevant original work in a book or a peer reviewed article e.g. original research paper, quality improvement report, short report, letters to editor, etc. Other publications such as non-peer reviewed articles may also be claimed. Where research for the publication involves outcome measurement, hours can be claimed in this category.

Practice analytics

Practice software can be used to collect and analyse data for outcome measurement and practice improvement. A resource will be available in the PD portfolio, highlighting the value of structured data and what tools are on offer and how to structure practice analytics to suit various needs.

Maintain and reflect on procedural logbook

Where a logbook is maintained for credentialing purposes, this option allows for reflection on procedures and outcomes and identifying opportunities for improving practice.

Scientific presentation

Where research for your scientific presentation involved reflecting on clinical outcomes, PDP hours can be claimed in the outcome measurement category, evidenced by reflective notes.

Patient feedback

Responding to patient feedback is useful in confirming the patient-centred nature of healthcare and improving patient outcomes. Processes and ideas for collecting and reflecting on patient feedback are available in the PD portfolio, including a sample patient letter and survey.

Can be claimed in either the Performance review or Outcome measurement categories.

Observation of clinical practice (peer review)

Structured one-on-one peer review activity by a peer of your choice, either face to face or by video. After an initial discussion with the reviewer on scope of practice, learning needs and any specific requests for focussed feedback, the reviewer observes consultations (with the patients consent) and provides feedback for reflection and discussion between the reviewer and the peer. This activity can be claimed in the Outcome measurement category if you have implemented changes as a result of the activity and re-evaluated your clinical outcomes.

Case based discussion (peer review)

Either one on one or in small group learning format, case-based discussions use de-identified cases to analyse clinical reasoning and decision making. Cases can be discussed face to face or via distance education options including video link and social media.

Case based discussion can be claimed in the Outcome measurement category, where the discussion has prompted changes to practice which can then be evaluated.

Case studies

Case studies are similar to case-based discussions but rather than the practitioner presenting their own case and discussing the outcome with colleagues, external cases may be reviewed.

This activity can be claimed in the Outcome measurement category, where the case study has prompted changes to practice which can then be evaluated.

Best Practice Reflective Activity

This quality improvement activity can be undertaken in your own practice by researching best practice for a particular presentation, comparing your own practice to that benchmark, and identifying possible improvements.

If you make changes to practice and re-evaluate your outcomes this can be claimed in the Outcome measurement category. There is a guideline for undertaking this activity in the resources section of your PD portfolio, plus a list of useful links.

Locum improvement tool

The aim of this performance review tool is to provide suggestions for areas of improvement from the locum to the practice and vice versa.

GPs complete their locum placement and provide feedback to the practice to facilitate improvements in patient care and to identify areas that might allow the practice to run more efficiently. The practice is also asked to provide suggestions back to the locum to allow them to reflect on their performance and make improvements where applicable. Where possible this should be from a range of colleagues.

Can be claimed in either Performance review or Outcome measurement categories.

Peer observation of teaching audit

Structured observation of your teaching practice by a colleague in order to provide feedback on your clinical teaching, identify any strengths and areas for improvement and to explore different approaches to teaching in the future. This process can be completed remotely via video conference or other platforms as well as face to face. A guideline and templates for this activity can be accessed in your PD portfolio.

Can be claimed in either Performance review or Outcome measurement categories.

PUNS and DENS

PUNS = patient unmet needs
DENS = doctors educational needs

The PUNS and DENS activity identifies learning needs and service gaps to direct professional development and implement evidence-based improvements in practices and clinical services. PUNS & DENS are easy to assess and can be undertaken as an individual or clinical group activity. After each consult reflect and record in a log what could have been better for the patient and what improvements you could make.

Can be claimed in either the Performance review or Outcome measurement categories.

Other outcome measurement activity

Any other outcome measurement activity not listed above that is relevant to your scope of practice.

Please provide a detailed description when claiming PDP hours.

MAINTENANCE OF PROFESSIONAL STANDARDS (MOPS) REPORTING

The ACRRM MOPS program is an optional extra level of CPD record keeping and reporting for members who have extended skills in procedural, mental health or emergency practice. ACRRM reports on behalf of members to the appropriate bodies for Maintenance of Professional Standards (MOPS) purposes. Activities undertaken for MOPS will also contribute to your overall PDP requirements. If you would like to add or change your MOPS requirements, please contact the PDP team on pdp@acrrm.org.au.

The 2020-22 triennium MOPS requirements are:

Emergency, obstetrics, surgery and medical acupuncture

Any two of the following:

- Clinical audit
- Clinical attachment
- Multi-source feedback (MSF)
- Observation of clinical practice (peer review)
- Case-based discussion (peer review)
- Maintain and reflect on procedural logbook
- Skills simulator training with assessment
- Scenario training with evaluation

Each MOPS activity should be a minimum of six hours long (can be accumulated over multiple sessions).

One activity may be completed twice, although two different activities is encouraged.

Anaesthetics

Two of the following practice evaluation activities:

- Clinical audit
- Clinical attachment
- Multi-source feedback (MSF)
- Observation of clinical practice (peer review)
- Case-based discussion (peer review)
- Maintain and reflect on procedural logbook

Plus

Two Emergency response activities as per the ANZCA prescribed Emergency Responses requirement (or equivalent)

- Management of 'can't intubate, can't oxygenate'
- Management of cardiac arrest
- Management of anaphylaxis
- Management of major haemorrhage
- Acute severe behavioural disturbance

Note: An ACRRM accredited Advanced Life Support course can be substituted for the Management of cardiac arrest course.

Management of major haemorrhage can be completed via the following BloodSafe e-Learning courses:

- Critical Bleeding
- Postpartum Haemorrhage

ACRRM will provide a certificate at the end of triennium stating that the JCCA CPD standard has been achieved for successful completion of the ACRRM anaesthetics MOPS program.

Radiology

Any of the following options:

- Successful completion of 3 blocks of 10 cases (30 cases) and their associated assessments in the ACRRM online module '150 Shades of Radiology'
- Completion of 15 film reviews, supervised and signed off by a Radiologist
- Two radiology and/or ultrasound courses with hands-on practical training – each a minimum of six hours long, or one twelve hour course (choice to depend on individual scope of practice)

Mental Health Skills Training (MHST)

To continue accessing relevant MBS Item numbers, GPs who have completed a General Practice Mental Health Standards Collaboration (GPMHSC) accredited Mental Health Skills Training* course since 1 July 2001 and are registered with Medicare, are:

- not required to repeat this training, and are
- not required to complete a mental health continuing professional development activity (MH CPD).

However, the GPMHSC strongly recommends that GPs undertake Mental Health Continuing Professional Development (MH CPD) to maintain their mental health skills. (*Note: MHST was previously known as Level 1 mental health skills training).

Focussed Psychological Strategies Skills Training (FPSST)

To maintain registration for Focussed Psychological Strategies, GPs who have completed both a MHST and Focussed Psychological Strategies Skills Training (FPS ST) course are required to complete a Focussed Psychological Strategies Continuing Professional Development (FPS CPD) each triennium after their initial FPSST course.

For more information, please visit the GPMHSC website.

MAINTAINING FELLOWSHIP

All Fellows must meet the ACRRM PDP requirements each triennium to maintain their Fellowship.

Where extenuating circumstances may prevent a Fellow from complying as mandated, the College will consider what support and assistance it can offer.

A Fellow who is non-compliant 90 days prior to the conclusion of the triennium and remains non-compliant at the end of the triennium will be offered remediation. If that Fellow does not participate in the College's remediation process, or is still non-compliant following remediation, Fellowship will be rescinded in line with College policy.

Fellows who are identified as requiring retraining in order to return to safe, independent practice may be recommended to enrol in ACRRM's Retraining Program.

EXEMPTION

Members of the ACRRM PDP may apply to the ACRRM Censor for a full or partial exemption from PDP requirements if they are working overseas, on maternity leave, or suffering serious ill health. Exemption requests are to be made in writing. Please contact the PDP team at pdp@acrrm.org.au for more information.

TEMPLATE - MY CPD PROGRAM FOR 2020-22

Please see the PDP Matrix for a guide to which activities can be claimed in each category

2020

Category	Educational activities (EA)	EA hours	Performance review (PR)	PR hours	Outcome measurement (OM)	OM hours
Activity type						
TOTAL HOURS						

2021

Category	Educational activities (EA)	EA hours	Performance review (PR)	PR hours	Outcome measurement (OM)	OM hours
Activity type						
TOTAL HOURS						

2022

Category	Educational activities (EA)	EA hours	Performance review (PR)	PR hours	Outcome measurement (OM)	OM hours
Activity type						
TOTAL HOURS						

EXAMPLE - MY CPD PROGRAM FOR 2020-22

2020

Category	Educational activities (EA)	EA hours	Performance review (PR)	PR hours	Outcome measurement (OM)	OM hours
Activity type	Journal reading	10	Case studies	5	Clinical audit	5
	Webinars	5	Case-based discussion with colleagues in practice	10	Best practice reflective activity	2
	Teaching hours	5	Teaching (reflection on own practice)	2	Review of medical records	3
			PUNS and DENs	3		
TOTAL HOURS		20		20		10

2021

Category	Educational activities (EA)	EA hours	Performance review (PR)	PR hours	Outcome measurement (OM)	OM hours
Activity type	Journal reading	10	Case studies	4	Review of medical records	7
	Online modules	5	Case-based discussion (online and in person)	6	Practice analytics using practice software	8
	Conferences	10				
TOTAL HOURS		25		10		15

2022

Category	Educational activities (EA)	EA hours	Performance review (PR)	PR hours	Outcome measurement (OM)	OM hours
Activity type	Journal reading	5	Supervision of registrars (reflection on own practice)	2	Morbidity and Mortality meetings	5
	Supervision of registrar hours	10	Practice accreditation – reviewing practice systems	5	Practice accreditation – measuring clinical outcomes	5
	ALS course – didactic component	8	ALS course – assessment of skills simulator training	2	PUNS and DENs	5
			Workplace performance appraisal	3		
TOTAL HOURS		23		12		15