

Guidelines for continuing professional development



Aboriginal and
Torres Strait Islander
Health Practice
Board of Australia

Introduction

The Aboriginal and Torres Strait Islander Health Practice Board of Australia (the Board) has developed these guidelines under the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law¹).

The purpose of these guidelines is to provide further information about continuing professional development (CPD) requirements outlined in the *Continuing professional development registration standard* (the Standard).

The guidelines:

- explain the activities that qualify as CPD, and
- provide information for Aboriginal and Torres Strait Islander health practitioners on how to establish and maintain appropriate records of CPD activities.

Who needs to use these guidelines?

The Standard applies to all Aboriginal and Torres Strait Islander health practitioners except students and those with non-practising registration.

Under the National Law, all Aboriginal and Torres Strait Islander health practitioners must undertake CPD as a condition of registration. These guidelines should be used together with the Standard.

Background

The Aboriginal and Torres Strait Islander community has a right to expect that Aboriginal and Torres Strait Islander health practitioners will provide services in a competent and contemporary way, and meet best practice standards.

CPD is an interactive process to maintain and extend the practitioner's knowledge, expertise and competence throughout their career, vital in the provision of safe and effective health services.

All practitioners must become familiar with the following requirements outlined in the Standard.

¹ The National Law is contained in the schedule to the Health Practitioner Regulation National Law Act 2009 (Qld).

1. Requirements

All CPD undertaken must be relevant to the profession.

As specified in the Standard:

- (a) All practising Aboriginal and Torres Strait Islander health practitioners must complete a minimum of 10 hours of CPD per year and a minimum of 60 hours over three years towards maintaining and improving competence in their area of practice.
- (b) The CPD activities claimed must be directed towards improving the practitioner's competence.
- (c) Of the 60 hours over three years, at least 45 hours are required to be formal CPD activities. The remainder may consist of informal CPD activities.
- (d) Your 60 CPD hours are in addition to your core requirement of completing a current first aid certificate which includes annual training in cardio pulmonary resuscitation.
- (e) The standard will commence on 1 July 2012. Prior to 1 July 2015, practitioners will be required to complete a minimum of 10 CPD hours per year with a total of 60 CPD hours over a three year cycle. When a practitioner registers for the first time, or has his or her registration restored after it has lapsed, the number of CPD hours to be completed will be calculated on a pro rata basis.
- (f) A CPD record must be kept to document details of activities completed over the past four years and must be available for audit by the Board.
- (g) Practitioners will be required to sign a declaration of compliance with the CPD registration standard when renewing their registration each year.
- (h) Periodic audits may be conducted to ensure that practitioners are compliant with this standard. If audited a practitioner must produce their CPD record as evidence.

1.1 Board monitoring of CPD

An Aboriginal and Torres Strait Islander health practitioner renewing their registration will be required to make a declaration stating that they have undertaken CPD throughout the period of registration as required by the Standard.

In line with its function to monitor the competence of Aboriginal and Torres Strait Islander health practitioners, the Board may conduct an annual audit of Aboriginal and Torres Strait Islander health practitioners registered in Australia.

The Board may randomly select a sample of practitioners and request in writing a copy of the practitioner's record of CPD activities, detailing formal and informal learning activities. Aboriginal and Torres Strait Islander health practitioners contacted will have to provide their documentation within the specified time.

The audit may cover any period after beginning of the National Registration and Accreditation Scheme ([the National Scheme](#)) but will not extend beyond three years.

2. Continuing professional development (CPD)

CPD is the maintenance, enhancement and extension of the knowledge, expertise and competence of health practitioners throughout their careers.

It is important to recognise that people learn in different ways and CPD may include formal and informal learning activities.

3. The importance of CPD

CPD can improve competence and result in better outcomes for patients and clients. CPD is important in the continued provision of safe and effective services by health professionals.

4. CPD learning activities

All learning activities which help Aboriginal and Torres Strait Islander health practitioners maintain competence will be accepted as CPD, as long as the practitioner completes a minimum of 45 hours of formal learning over a three year period.

CPD must also be made up of three different activities. For example, a total of 45 hours of formal learning cannot be achieved by attending conferences only. Examples of formal and informal learning activities include but are not limited to the following.

4.1 Formal learning activities

- Tertiary courses
- Accredited courses
- Conferences, forums and seminars
- Undertaking research and presentation of work
- Courses leading to a certificate, diploma, degree or higher degree
- Online learning (interactive discussion and chat rooms)
- In-service education programs

- Making presentations
- Videoconferencing

4.2 Non-formal and incidental learning activities

- Reflecting on experience in day-to-day activities
- Reading books, journals, etc.
- Secondment and/or contact with other health professionals
- Quality assurance activities, such as accreditation
- Participation in committees
- Information sharing at meetings
- Discussion with colleagues
- Internet research

5. Recording CPD

It is a requirement of the registration standard that Aboriginal and Torres Strait Islander health practitioners record their CPD activities. This record should include:

- a personal collection of evidence of ongoing development
- a record of informal and incidental learning (details of what you did and what you learnt)
- a record of attendance at formal learning activities, and
- important supporting documents.

If an Aboriginal and Torres Strait Islander health practitioner is required to provide the Board with evidence of CPD, their record of CPD activities will enable them to demonstrate that they have met the minimum CPD requirements.

6. Action by the Board

If the Board finds, through declaration or audit, that an Aboriginal and Torres Strait Islander health practitioner does not meet the CPD requirement, it will take appropriate action, which may include:

- requesting the practitioner to undertake further CPD or supervised practice, and/or
- imposing conditions on the practitioner's registration.

7. Definitions

An **Aboriginal and Torres Strait Islander health practitioner** is an individual registered by the Aboriginal and Torres Strait Islander Health Practice Board of Australia. The practitioner may use the titles:

- Aboriginal health practitioner
- Aboriginal and Torres Strait Islander health practitioner, or
- Torres Strait Islander health practitioner.

Continuing professional development is the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives.

Practice means any role, whether paid or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. For the purposes of these guidelines, practice is not restricted to the provision of direct clinical care. It also includes:

- working in a direct nonclinical relationship with clients
- working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession and/or use their professional skills.

Professional development activities means participation in formal learning activities, such as attendance at courses or conferences, as well as informal learning gained through experience and interaction with colleagues.

Appendices

Appendix 1: Continuing Professional Development Record of Activities

Attachments

Attachment A: Extract of relevant provisions from the Health Practitioner Regulation National Law Act 2009(QLD)

Date: 27 March 2012

Date of review: This guideline will be reviewed at least every three years

Last reviewed: 27 March 2012

Appendix 1 Continuing professional development record of activities

Continuing professional development (CPD)

CPD is a requirement of Aboriginal and Torres Strait Islander Health Practice Board of Australia registration. Every year when you renew your registration, you will be required to sign a declaration stating that you have undertaken sufficient CPD to maintain your competence throughout the past 12 months and that you commit to undertake sufficient CPD to maintain competence throughout the next 12 months. This record of activities gives an example of how to record your professional development plan and activities to meet the Board's requirements. All your CPD should be recorded. A minimum of 10 hours is required annually with a total of 60 hours over a three-year period.

Name:	Registration Period:
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Development Plan

Goals	Outcomes

Attachment A Extract of relevant provisions from the Health Practitioner Regulation National Law Act 2009 (Qld)

Division 3 Registration standards and codes and guidelines

Section 39 – Codes and guidelines

A National Board may develop and approve codes and guidelines—

- (a) to provide guidance to the health practitioners it registers; and
- (b) about other matters relevant to the exercise of its functions.

Example. A National Board may develop guidelines about the advertising of regulated health services by health practitioners registered by the Board or other persons for the purposes of Section 133.

Section 40 – Consultation about registration standards, codes and guidelines

- (1) If a National Board develops a registration standard or a code or guideline, it must ensure there is wide-ranging consultation about its content.
- (2) A contravention of subsection (1) does not invalidate a registration standard, code or guideline.
- (3) The following must be published on a National Board's website—
 - (a) a registration standard developed by the Board and approved by the Ministerial Council;
 - (b) a code or guideline approved by the National Board.
- (4) An approved registration standard or a code or guideline takes effect—
 - (a) on the day it is published on the National Board's website; or
 - (b) if a later day is stated in the registration standard, code or guideline, on that day.

Section 41 – Use of registration standards, codes or guidelines in disciplinary proceedings

An approved registration standard for a health profession, or a code or guideline approved by a National Board, is admissible in proceedings under this Law or a law of

a co-regulatory jurisdiction against a health practitioner registered by the Board as evidence of what constitutes appropriate professional conduct or practice for the health profession.

Specific provisions

Subdivision 3 Obligations of registered health practitioners and students

Section 128 – Continuing professional development

- (1) A registered health practitioner must undertake the continuing professional development required by an approved registration standard for the health profession in which the practitioner is registered.
- (2) A contravention of subsection (1) by a registered health practitioner does not constitute an offence but may constitute behaviour for which health, conduct or performance action may be taken.
- (3) In this section— **registered health practitioner** does not include a registered health practitioner who holds non-practising registration in the profession.

