



Guidelines: Continuing professional development

Effective from: 1 December 2015

1. Introduction

Patients have the right to expect competent and up-to-date services from chiropractors.

Chiropractors need to be able to demonstrate that they are continuing to maintain and enhance their current competence and skills related to their practice of the profession. This applies to chiropractors in all areas of the profession – clinical, education, management/leadership and research.

The provisions of section 39(1)(c) of the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law), requires all chiropractors to engage in continuing professional development (CPD) as described by the Chiropractic Board of Australia's (the Board) CPD registration standard and these guidelines.

2. Continuing professional development

2.1 Definition

CPD is an interactive process by which chiropractors can maintain, enhance and extend their knowledge, expertise and competence throughout their careers in line with the changing needs of the patients and community they serve.

2.2 What is effective CPD?

Effective CPD for chiropractors:

- emphasises active participation in learning
- is practical
- is relevant to their practice, and
- is carried out on an ongoing basis throughout the chiropractor's career.

Activities with these characteristics are more likely to produce changes in professional practice and improve health outcomes for patients.

The effectiveness of CPD is enhanced when motivated practitioners are undertaking relevant activities they can articulate into their clinical practice. Self-reflection on the activity and some form of assessment is also noted to enhance CPD outcomes.

An increasing number of randomised controlled trials and systematic reviews of CPD have demonstrated that CPD can assist to produce changes in practitioner behaviour, improve competence and result in better patient outcomes.

The process of identifying learning needs, developing a learning plan and engaging in reflection on the activities carried out are key elements in any effective CPD process to ensure it is relevant to a practitioner's individual professional practice.

2.3 What counts as CPD?

CPD activities for chiropractors should maintain competence, develop a practitioner professionally and improve the quality of health care they provide. CPD for chiropractors can occur through a wide variety of formal and informal activities.

2.3.1 Formal learning activities

Formal learning activities are evidence-based activities that encourage or enhance evidence-based clinical practice and contribute to the maintenance and development of both clinical competencies and clinical practice; with the expectation that these activities will contribute to minimising risk as well as improving patient safety and health outcomes.

All formal learning activities must be assessed. They can be assessed by a recognised body¹ or by individual chiropractors seeking to claim those hours as part of their CPD. **Appendix 1** provides guidance on the assessment of formal learning activities that applies to both recognised bodies and individual practitioners undertaking their own assessments. **Appendix 2** is a tool for use in assessing the suitability and hours content of CPD activities.

Formal learning activities must:

1. be consistent with the ethical and professional standards set out by the Board in the various registration standards, codes, guidelines and other materials published by the Board. For example, formal learning activities must contain balanced, evidence-based information and should be patient centred, and
2. reflect the clinical competencies that chiropractors need to maintain and develop as set out in the *CCEA Competency based standards for entry level chiropractors*². All of the described competencies are relevant clinical competencies except those in sections 3.1, 4.1, 4.2 and 5.1 which the Board deems as being non-clinical. More information about these competencies is provided in **Appendix 1**.

Examples of formal learning activities may be:

- tertiary and other accredited courses
 - distance education modules
- conferences, forums and seminars
- undertaking research
- presentation of work (seminars, journal publications, etc.)
- online learning
- in-service education programs, and/or
- making presentations of new material, or
- Board-approved clinical supervision/mentoring of students or practitioners.

The Board does not assess, approve, endorse or accredit CPD activities.

2.3.2 Informal learning activities

Informal learning activities may refer to any other form of learning activity which helps a chiropractor maintain clinical competence, develop professionally and improve the quality of healthcare they provide.

¹ A recognised body is a body or organisation that is experienced in the assessment of continuing professional development and is recognised by the Board for the purposes of assessing formal learning activities on behalf of practitioners.

² www.ccea.com.au/Publications/Publications.htm

Examples of informal learning activities may be:

- self-study — reference materials, journals etc.
- clinical case discussion with other health professionals/colleagues
- quality assurance activities such as practice accreditation
- self-directed informal research – online research, reading journal articles, textbooks, or
- supervision or mentoring that is not Board-approved.

2.4 Reflection

Research suggests that CPD based on a practitioner's own self-reflection achieves the best outcome.

Practitioners should:

- reflect on their learning needs
- identify learning activities that address their learning needs
- engage in the activities identified, and
- reflect on the activity and record it in their log.

In reflecting on an activity, a practitioner should consider and record information that addresses the following questions:

- What learning need(s) did the activity seek to address?
- Did the activity meet their learning need?
- Did the activity contribute to the maintenance and development of their clinical competencies and clinical practice?
- Did the activity contribute to minimising risk, improve the safety of their patients or provide better health outcomes for their patients?
- What opportunities or motivation for further education or learning did it create?

2.5 Portfolio

Chiropractors are required to maintain a personal portfolio to record their CPD.

A portfolio is a private collection of evidence which demonstrates the continuing acquisition of skills, knowledge, attitudes, understanding and achievement (it is both retrospective and prospective, as well as reflecting the current stage of development of the individual). It describes learning experiences and provides evidence that concepts and principles from these experiences are being applied in practice and is a means of recording personal career progress and compliance with the requirements of the Board.

A professional portfolio for the purposes of this guideline should include:

1. a log of all formal and informal CPD activities undertaken³
2. a reflection on the activities carried out, and in relation to formal learning activities:
 - evidence of attendance/participation in the activity and other supporting documentation, for example:
 - notes or handouts
 - certificates of attendance
 - proof of enrolment
 - articles published, and/or
 - any presentations made.
 - any individual assessments of formal learning hours content⁴.

³ A form that assists practitioners keep track of their CPD activities and their reflections on those activities is available from the National Board's website: www.chiropracticboard.gov.au/Codes-Guidelines.aspx

A copy of any assessment made of a formal learning activity by an individual practitioner should be included in that practitioner's CPD portfolio.

If a chiropractor is required to provide the Board with evidence of his or her CPD, their personal portfolio needs to demonstrate how they have complied with the requirements of the Board.

2.6 Variations and exemptions

Pro rata reduction of these requirements will apply to those practitioners registered for less than nine months of the registration period.

The Board may grant an exemption from, or variation of, these CPD requirements in exceptional circumstances. Exceptional circumstances may include ill-health, bereavement, or other circumstance that creates a substantial absence from practice. Exemptions should be applied for and granted before making an annual declaration as part of the annual renewal of registration where possible.

The Board reserves the right to consider and/or grant an exemption or variation to the CPD registration standard as a matter of policy, and may issue a guideline or policy about this matter.

The Board reserves the right to revoke a variation or an exemption to the CPD registration standard.

Review

This guideline will be reviewed from time to time as required. This will generally be at least every five years

Last reviewed: 1 December 2015

This guideline replaces the previously published guideline that was in effect from 1 July 2010.

⁴ Activities not assessed by a recognised body are required to be assessed by an individual practitioner only if they are seeking to claim those hours as formal learning. More information about the assessment of formal learning can be found in Appendix 1 of this guideline, *Guidance on the assessment of formal learning activities*.

Appendix 1

Guidance on the assessment of formal learning activities

1. What this appendix is for

This appendix supports the process of assessing formal learning activities to ensure that the activity is of sufficient quality and content to satisfy the requirements and standards of the Chiropractic Board of Australia (the Board). This guidance may also be used by the Board to refuse or reassess formal learning activities assessed by an individual or recognised body. A tool to assist in assessing formal learning activities is provided at **Appendix 2**.

2. Scope

This appendix applies only to the assessment of formal learning activities carried out by chiropractors as part of activities undertaken to meet the Board's CPD requirements and is not intended to apply to informal or other learning activities undertaken by chiropractors.

3. Requirements

Ethical and professional standards

Formal learning activities must be consistent with the ethical and professional standards set out by the Board in the various registration standards, codes, guidelines and other materials published by the Board. For example, formal learning activities must contain balanced, evidence-based information and should be patient-centred.

The *Code of conduct for chiropractors* provides guidance about the ethical and professional standards expected of chiropractors.

The Board also, from time to time, releases position statements or other documents to provide further guidance on particular issues. Any formal learning activity should be able to demonstrate:

- that its content is consistent with the professional and ethical standards expected by the National Board, and
- that its content does not contain material determined by the Board not to be within the area of practice for a chiropractor.

Both practitioners and providers should be mindful of the requirements associated with advertising in relation to regulated health services. The National Law⁵ and the *Guidelines for advertising of regulated health services*⁶ provide information and advice about the proper advertising of regulated health services.

Clinical competencies

Formal learning activities must reflect the clinical competencies that chiropractors need to maintain and develop as set out in the *CCEA Competency based standards for entry level chiropractors*⁷. All of the described competencies are relevant clinical competencies except those in sections 3.1, 4.1, 4.2 and 5.1 which the Board deems as being non-clinical.

⁵ The Health Practitioner Regulation National Law, as in force in each state and territory

⁶ www.chiropracticboard.gov.au/Codes-Guidelines.aspx

⁷ www.ccea.com.au/Publications/Publications.htm

As part of any assessment, formal learning activities should be given an 'hours of formal learning activity amount' broken down into the nine broad units of competency described below.

The community

- Awareness of the responsibility, accountability and competence of health providers in Australasian society
- Awareness of public health concepts

Healthcare system

- Relates effectively and knowledgeably to professionals and agencies
- Understands relevant healthcare economics

Professional interface

- Awareness of professionalism
- Skills in intra-professional referral
- Understands professional responsibility, strengths, limitations and legal responsibilities

Patient assessment

- Obtains and records patient history
- Performs a thorough general physical examination
- Performs a thorough neuromusculoskeletal examination
- Performs a psychological/psychosocial assessment
- Where a chiropractor undertakes a radiological investigation, it should be appropriate and adequate
- Interprets laboratory pathology procedures
- Orders and interprets special studies
- Effectively deals with patients referred by another healthcare provider or an agency

Diagnostic decision-making

- Establishes differential and working diagnoses from the information required
- Collaborates or refers as necessary to obtain expert opinion

Planning of patient care

- Bases patient management plans on adequate diagnostic data
- Designs an interim management plan
- Designs an appropriate patient management plan
- Considers safety in patient care

Implementation of care

- Explains the case to the patient, (patient's family or carer(s) as appropriate) and obtains informed consent
- Communicates with and counsels the patient, (patient's family or carer(s) as appropriate) during chiropractic care
- Counsels the patient, (patient's family or carer(s) as appropriate) on preventative, supportive, concurrent and referral care
- Refers patients
- Demonstrates a caring approach
- Observes safety guidelines
- Implements appropriate crisis management
- Effectively applies chiropractic techniques

- Effectively applies other treatment modalities
- Evaluates progress

Disease prevention/health management

- Counsels the patient, (patient's family or carer(s) as appropriate) on disease prevention and health promotion

Professional scientific development

- Develops a personal ability to seek out and apply scientific information

Evidence-based practice

In meeting the requirements and expectations of the Board, any formal learning activity must meet the Board's expectations of evidence-based practice⁸. Evidence-based practice (EBP) is also known as evidence-informed practice, evidence-based treatment, evidence-based healthcare, and even evidence-influenced practice. Regardless of the name, it requires the proper integration of three elements.

These elements are:

- the best available evidence
- the clinical expertise of the practitioner, and
- the patient's values and expectations.

The use of an evidence-based approach in relation to clinical decision-making is universally agreed as the most appropriate model for the contemporary practice of any clinical profession and is consistent with the expectations of the patients whom chiropractors care for.

Formal learning activities should encourage or enhance evidence-based clinical practice. Any formal learning activity should be:

- supported with relevant up to date and acceptable evidence, and
- conducted in accordance with the principles of evidence-based practice.

Minimise risk, improve patient safety and health care outcomes

Formal learning activities must enhance a chiropractor's clinical practice with the expectation that these activities will contribute to minimising risk and improving patient safety and health outcomes.

Any formal learning activity should be able to demonstrate:

- its relevance to contemporary clinical chiropractic practice, and
- how it minimises risk, improves patient safety and improves health outcomes.

4. The formal learning assessment tool

A tool for guiding the assessment of formal learning is provided at **Appendix 2**. If an assessment has not been carried out by a recognised body, an individual practitioner may perform their own assessment of the formal learning for that activity, for their own use and inclusion in their own CPD portfolio. Their portfolio must be able to be produced upon demand.

⁸ *Evidence-based practice (EBP) is '...the integration of best research evidence with clinical expertise and patient values'*. Sackett DL, Rosenberg WMC, Muir Gray JA, Haynes RB, Richardson WS. Evidence-based medicine: what it is and what it isn't. BMJ 1996;312:71-2. (13 January.) and Muir Gray JA. Evidence-Based Healthcare. How to Make Health Policy and Management Decisions. London: Churchill Livingstone, 2004

5. Conflict of interest

Should a practitioner or recognised body be perceived as having a conflict of interest in the assessment of a formal learning activity, e.g. they are both the assessor and presenter of the activity, that conflict should be declared and, where possible, the assessment carried out by another body or person.

Appendix 2

Formal learning assessment tool

When assessing the suitability and hours for formal learning content of a proposed CPD activity, the following document should be completed and be retained as evidence of the hours claimed for the identified formal learning activity.

General information

1. Name of activity

2. Location and dates of activity

3. Does the activity meet the definition of 'formal learning activity' as defined by the Chiropractic Board of Australia (the National Board)?

4. Other information about the activity:

a. Presenter (including presenter CV, qualifications and experience)

b. Type of activity – (format of presentation of CPD, e.g. didactic, online, distance, research, workshop etc)

c. Material provided (copies of any syllabus/course notes/presentations or learning materials provided should be attached where possible)

Requirements

5. Ethical and professional standards

Was the content of the formal learning activity consistent with the professional and ethical standards expected by the National Board?

4. Clinical competencies

Provide a breakdown estimate of how many hours of the activity address each of the following groups of competencies as described at

- The community _____
- The healthcare system _____
- Professional interface _____
- Patient assessment _____
- Diagnostic decision-making _____
- Planning of patient care _____
- Implementation of care _____
- Disease prevention and health management _____
- Professional scientific development _____

5. Evidence-based practice

Describe how the activity encourages or enhances evidence-based clinical practice?

Was the content balanced and evidence based?

6. Minimise risk, improve patient safety and health care outcomes

How does the activity contribute to minimising risk, improving the safety of patients and providing better health outcomes?

Summary

How many hours of the activity were reasonably considered as eligible to be a formal learning activity?

Appendix 3

Health Practitioner Regulation National Law Act 2009

Part 5 Division 3 Registration standards and codes and guidelines

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.

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.

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.