



# **CONTINUING PROFESSIONAL DEVELOPMENT GUIDE**

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# OVERVIEW

The NZOA CPD Programme is based on the [RACS CPD Program Guide](#) but with some enhancements to make it more relevant to current Orthopaedic practice in New Zealand.

The CPD and Standards Sub Committee of the NZOA Council is responsible for the governance of the CPD programme and is available to any NZOA Member who needs assistance in participation and compliance with the programme.

Fellows should be familiar with the RACS Guide but in the event of any questions arising contact with a member of the NZOA CPD and Standards Committee (directly or through the NZOA Chief Executive) is advised.

All activities listed in the RACS Guide will be eligible for CPD credits

Information on verification requirements should be obtained from the RACS CPD Program Guide. Entries to the web-based programme are equivalent to diary entries as outlined in the RACS Guide.

All NZOA members in active practice must participate in the NZOA CPD programme

Exemption from participation in all or part of the CPD programme may be granted in certain circumstances. Applications for exemption should be made to the CPD Chair through the NZOA Office.

Entry of data to the web based programme which can be accessed by logging in via the MyCPD button on the [NZOA website](#).

## **Section 1**

Clinical Care and Governance activities should be entered contemporaneously.

## **Section 2**

Maintenance of Knowledge and Skills activities should be entered contemporaneously.

Members are encouraged to upload verification of CPD activities to the website.

**Note:** Details of a member's participation and compliance with the programme may be made available to the Royal Australasian College of Surgeons (RACS) and Medical Council of New Zealand (MCNZ) as part of the MCNZ Audit of Recertification and accreditation. Data not protected by law may also be made available to third parties.

# **MANDATORY ACTIVITIES:**

## **Peer review and surgical audits.**

Report undertaking peer reviewed bi-annual surgical audits. Participants can claim 1 point per hour of attendance at each meeting in Section 1.

## **Hospital credentialing.**

This data should be entered at the commencement of each year. Credentialing in public facilities should be entered annually even if a credentialing meeting was not held in the reporting year.

## **Registries.**

Participation in the registries should be entered following a peer reviewed audit meeting with a written report sent to the relevant Registry Supervisor. The points can be claimed in Section 1 and the minutes of the meeting are to be uploaded. Members who do not participate in the NZJR or ACL Registry must confirm they are not required to do so.

## **Practice Visit Programme.**

Members must confirm whether or not they participated by the end of the year. Points are automatically added to members' records when participation is entered in the Mandatory Section of the online programme.

## **Structured Conversation**

Members must have an annual structured conversation with a peer, colleague or employer. This is used to inform their Professional Development Plan to be uploaded to Section 2 – Improving Clinical Knowledge and Standards.

# CATEGORIES OF PRACTICE

There are three major categories for participating in the NZOA CPD programme. These three categories cover all vocationally registered orthopaedic surgeons in NZ and graduates of the NZOA Orthopaedic Training Programme while on Fellowship outside New Zealand.

## Category A:

### **Members with operative practice in hospitals or day surgery units**

#### **Requirements:**

- Undertake a peer reviewed bi-annual surgical audit – annual requirement
- Be credentialed at an approved hospital – annual requirement
- Participate in the NZ Joint Registry if undertaking arthroplasty
- Participate in other registries as applicable (e.g. ACL)
- Participate in the NZOA Practice Visit Programme
- Accrue 20 points from Section 1 (Clinical Care and Governance)
- Accrue 50 points from Section 2 (Maintenance of Knowledge and Skills) including attending at least one approved scientific meeting.

## Category B:

### **Members with non-operative practice in hospitals or day surgery units including Medico-legal practice**

This can include those who carry out other assessments such as for ACC, Health and Disability Commissioner, Coroners Court etc.

#### **Sub Categories:**

- 1: Clinical consulting/triaging/surgical assisting only, no report-writing
- 2: Report-writing for ACC/HDC etc. NZ generated reports only
- 3: Report-writing for Australian jurisdictions only, no NZ generated reports
- 4: Report-writing both NZ/Australian jurisdictions
- 5: Engaged in clinical consulting/triaging/surgical assisting along with report writing
- 6: Engaged in a teaching capacity only (university, hospital or College)

#### **Requirements:**

1. Undertake an annual peer review audit. A minimum of one peer reviewer who can be either a regional or national colleague. A report of the meeting is to be written and submitted to the NZOA CPD Committee. The report will contain the date of the meeting, who is present, the types of reports/assessments reviewed and the outcome including any proposed changes to practice.
  - For the non-report writing members, a record of the number of cases seen and any complaints or HDC investigations.
  - For report writing in New Zealand, an audit on the number of reports and for which organization along with the outcome and a peer review of 15 randomly selected reports.

- For report writing in Australia, verification of auditing from Australian jurisdictions.
  - For those engaged in teaching, confirmation of involvement from the university or institution.
2. Accrue 50 points from section 2 (Maintenance of Knowledge and Skills).
  3. Members in medico-legal practice **must** attend an approved medico-legal workshop or a medico-legal programme either at the RACS ASC **or** the NZOA ASM annually.

Members in non-operative practice must hold a current APC unless they are report writing for Australian jurisdictions only with no New Zealand generated reports. A template is provided under My Account on the online CPD tool for report writers' guidance.

## **Category C:**

### **Members on post-training Fellowship**

#### **Requirements:**

- Accrue 50 points from Section 2 (Maintenance of Knowledge and Skills)

# **SURGICAL AUDIT AND PEER REVIEW**

## **Surgical Audit**

It is mandatory for surgeons carrying out operative procedures to undertake bi-annual personal surgical audits.

Data collection should include a report from any Hospital, Day Surgery Unit or Rooms containing details of a Fellow's surgical case load.

The report should be amended monthly to include adverse events (see below) and written complaints relating to any episode of care. The report should include all facilities in which the fellow is credentialed.

Note: Reference can be made to the RACS Surgical Audit and Peer Review Guide, available from RACS or on the [RACS website](#).

Participants can claim 1 point per hour of attendance at each meeting. The points are recorded in Section 1.

## **Peer Review**

Surgical audit reports must be subject to an annual peer review. Peer review meetings must be minuted and attendees' names recorded.

Meetings and minutes should be a Protected Quality Assurance Activity under the Health Practitioners Competence Assurance Act 2003. (This should be confirmed by each hospital involved.) Meetings may provide recommendations to fellows or hospital committees involved in patient care.

If through geographical or sub speciality isolation, a fellow is unable to complete a personal surgical audit, then the CPD and Standards Committee is available to approve an individual audit programme.

# REGISTRIES

Participation in the Registries is a mandatory audit activity for surgeons participating in the NZOA Joint Registry (NZOA JR) and in ACL reconstruction.

It is mandatory to conduct an annual peer review of registry data.

NZOA JR participants must identify a peer in their CPD records.

A record of the attendees along with a summary detailing the meeting and any practice changes is to be forwarded to the relevant Registry Supervisor. A copy of the minutes of the meeting is to be provided to all attendees for uploading to their CPD records.

Both Registries are Protected Quality Assurance Activities under the Health Practitioners Competence Assurance Act 2003.



# HOSPITAL CREDENTIALLING

All surgeons who conduct operative procedures in hospitals or day surgery units must be credentialed to each hospital or day surgery unit in which they operate and each unit must be certified under the Health and Disability (Services) Act 2001.

These institutions should have established Appointments and Credential Committees. (Refer also to RACS 2001. Credentials Committees, Surgical Appointments and Complaints Procedures, RACS Melbourne Australia.)

# **PRACTICE VISIT PROGRAMME**

All surgeons in active clinical practice are required to participate in the Practice Visit Programme.

Two visitors will visit two other surgeons in another region with the visits normally taking place over two days. A one day visit is acceptable in situations where it can be effectively co-ordinated to cover all required aspects of the visit. Members are advised in June/July of each year whether they have been selected as either a visatee or visitor for that year.

Following the visit, the visitors will write a co-signed report. This will include a summary of the areas discussed with the visatee as well as providing suggestions and feedback. The report will include a grade from A-D.

Practice Visits have Protected Quality Assurance Activity (PQAA) status under the Health Practitioners Competence Assurance Act 2003.

# SECTION ACTIVITY GUIDELINES

## SECTION 1:

### CLINICAL CARE AND GOVERNANCE

All surgeons who work within hospitals and day surgery units should be involved in ensuring that it provides safe provision of pre- and post-operative management of patients and maintenance of surgical standards. This can be achieved by participation in any activity that examines and evaluates the clinical care of patients.

Activities can include:

- Clinical meetings that focus on clinical care of patients and continuous improvement in care.
- Meetings that examine adverse events and initiate action to remedy systemic faults.
- Activities related to organisation of surgical services, e.g. Head of Department, Clinical Unit meetings
- Other meetings, e.g. Competence Review, Credentials, Complaints, Ethics, Infection Control committee meetings.
- Meetings with hospital managers/administrators that contribute to improved clinical management of patients

## SECTION 2:

### IMPROVING CLINICAL KNOWLEDGE AND STANDARDS

Surgeons are responsible for maintaining their skills, knowledge and competence and for keeping up to date with developments in their area of practice, as well as developments in clinical and medical science. These requirements can be met by attendance at scientific meetings and workshops/seminars directed at maintaining and enhancing knowledge and skills and other self-directed learning. Maintenance of knowledge and skills can also be achieved through teaching, research and publications activities.

#### Maintenance of Knowledge and Skills

All surgeons should attend at least one approved scientific meeting from the following:

- The NZ Orthopaedic Association ASM and COE Meetings.
- Australian Orthopaedic Association ASM and COE Meetings.
- American Academy of Orthopaedic Surgeons Annual Meeting
- Paediatric Orthopaedic Society of NZ, or POSNZ Annual Meetings
- NZ Knee and Sports Surgery Society Annual Meeting
- NZ Foot and Ankle Society Annual Meeting
- NZ Spine Society Meeting

- NZ Hip Society Meeting
- NZ Hand Society Annual Meeting
- NZ Shoulder and Elbow Society Meeting

Orthopaedic or subspecialty meetings which have been endorsed by a regional or international association will qualify for CPD points.

Attendance at the Scientific Sessions of the NZOA ASM attracts 5 points per half day attended. Attendance at Scientific Sessions of all other Scientific Meetings attracts 4 points per half day attended.

Other activities can include:

- Surgical or clinical attachment to an NZOA colleague to study and discuss his/her operative practice (5 points per half day, max 20 points pa)
- Approved (by NZOA CPD and Standards Committee) activities e.g. RACS/MCNZ courses, cadaveric meeting, SICOT meeting, EFORT (4 points per half day)
- Other approved (by NZOA CPD and Standards Committee) courses and meetings relating to clinical practice (4 points per half day)
- Structured small group learning, e.g. journal clubs, problem-based groups (2 points per meeting)
- General activities including journal reading and researching clinical information through audio/video tapes and the internet (1 point per hour, max 20 points pa)
- Participation in other activities such as preparing a structured learning or development plan, (10 points per annum) self-assessment programme (approved by NZOA CPD and Standards Committee or Board of CPDS) (10 points pa) or participating in a patient feedback survey which is not part of the PVP (10 points)
- Cultural competency activities to improve practice (1 point per hour)
- Recurring hospital meetings for members in non-operative practice/post-Fellowship training (1 point per hour)
- Peer review meetings for members in non-operative practice (1 point per hour)
- Attendance at a medico-legal workshop (5 points per half day, max 20 points per annum)
- Local or regional meetings e.g. medico legal, ACC, Pharmac, MoH.
- Convening a scientific meeting.

## **Professional Development Plan**

- Preparing a Professional Development Plan (max 10 points claimable per year)

## **Teaching and Examining**

Teaching and examining activities can include:

- Teaching on RACS or NZOA courses/workshops (1 point per hour)
- Supervision of surgical trainees (1 point per hour, max 15 points pa)
- General teaching activities to trainees, undergraduates, health professionals - including Grand Rounds and Clinical Teaching Rounds (1 point per hour, max 10 points pa)
- Acting as an examiner for RACS Fellowship (max 20 points pa)
- Other activities such as participation in RACS Personal Mentoring Scheme as a mentor (1pph, max 20 points pa); development of educational materials (1 point per hour, max, 20 points pa).

## **Research and publication**

Research, publication and other presentation activities can include:

- Presentation of a paper at an approved scientific meeting (10 points per paper, max 20 points)
- Acceptance of a poster at an approved scientific meeting (3 points per poster, max 6 points)
- Publication of a textbook (40 points)
- Publication of a chapter in a textbook (15 points)
- Publication of a full article in a peer reviewed scientific journal (10 points/1st author, 5 points 2nd or other author).

## **Other Orthopaedic Professional Development**

Other professional development activities can include:

- Voluntary Orthopaedic Services (1 point per hour)
- NZOA Council office holder (10 points per year)
- NZOA Committee member (10 points per year)

## **VERIFICATION**

The NZOA CPD and Standards Committee will randomly select up to 5% of Fellows to verify their CPD data. Entries on to the web-based recording system will be satisfactory for most activities.

Additionally Minutes of Peer Review Meetings should be kept along with Certificates of Attendance (if provided) at approved scientific meetings. Copies of hospital appointment/reappointment letters should be retained.

For further detail refer to the RACS CPD Program Guide.

## **ACCESSING CPD RECORDS**

Members can access their online CPD records with effect from 2013. If a member is no longer reporting their CPD to NZOA and has transitioned to Corresponding membership they will no longer have access to their CPD records. In that case they can contact the NZOA Office for assistance in obtaining in their records.