



**Continuing Professional
Development Program
2017-2019**
The Australasian Society of Breast
Physicians (ASBP)

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Introduction

Continuing professional development (CPD) provides the means to maintain and improve knowledge, skills and competence in a collegiate setting which also encourages the development of professional and ethical qualities. To be seen to uphold standards of good practice, the Society's CPD program must be accountable and transparent. The program aims to be learner-centred, active rather than passive, relevant to the learner's needs, engaging and reinforcing.

The Society has offered a CPD program since 2001. The original program has been updated to ensure that it meets the current needs of Fellows, reflects current educational principles, and is aligned to CPD programs in other specialties. The previous framework remains essentially unchanged, but the original twelve categories have been condensed into six.

In order to align with other programmes undertaken by ASBP members, the current triennium has been amended to commence on January 1st 2017, and will continue until 31st December 2019.

Fellows participating in a CPD program of another college may claim relevant activities for that program in the ASBP program as well.

Aims

The aims of the program are to further the breast physician's knowledge and skills, and to provide Fellows with evidence of participation in the CPD program, in line with AHPRA requirements.

Certificate of continuing professional development

The program is relevant to all practising Fellows. The certificate, issued at the end of the triennium, is evidence of recertification.

Annual statement of participation

Fellows may apply for an annual Statement of Participation if desired.

This can be supplied to AHPRA, hospitals or other organisations.

Program requirements

A triennial accrual of 150 credits is required. In some categories, an annual maximal limit applies to the number of credits which may be accrued. No categories are compulsory, but participants are encouraged to include an activity from Category 4 each year.

Participants should send the Society their triennial statements of CPD activities for the triennium no later than 1st March the following year.

Categories of CPD activities

1. Teaching, supervision, mentoring, examining
2. Research, involvement in standards development
3. Group learning activities
4. Peer review and practice audit
5. Structured learning
6. Other learning activities

Documentation

Examples of documentation which should be retained as evidence of participation in CME may include:

- a certificate of attendance;
- a certificate of course completion;
- copies of signed attendance sheets;
- audit documentation;
- a publication, presentation or poster abstract;
- details of teaching and meetings: including date, time, location and duration, name of organisation, topic or purpose of meeting; and
- meeting agendas/minutes.

Confidentiality

Fellows' CPD records will be maintained confidentially and stored in a secure location.

Category 1 **Teaching, supervision, mentoring, examining**

1 credit per hour
Maximum 30 credits per year

Teaching may be part of an ongoing planned sequence of interactions or consist of a single lecture or tutorial on a specific subject. Included in this category are:

- supervision and mentoring of registrars;
- teaching of undergraduate or postgraduate students in medicine, nursing or allied health disciplines;
- public education activities involving patient or community groups (but not including individual patient interactions in normal clinical practice).

Activities supporting the preparation of teaching (eg background reading and research, preparation of resource material) provide valuable learning experience. Credits may be claimed in either this category or in Category 6 (Other learning activities).

It is important for teachers to incorporate 'reflective teaching' to be able to consider this activity as a scholarly activity and to ensure that the teaching activity is under constant review and is achieving its aims.

Category 2 **Research, involvement in standards development**

1 credit per hour
Maximum 30 credits per year
Publications: 5 credits per publication plus five additional credits if published in a peer-reviewed journal.
Presentations: 5 credits

Involvement in research and clinical trials has the capacity to increase clinical knowledge and skills, and to improve expertise in research methodology. Standards development and review activities require extensive ongoing background reading and research. Included in this category are:

• Research

- development and submission of grant proposals (except where this occurs as part of one's regular employment); and
- being a principal or specified co-investigator in an approved clinical trial (except where this occurs as part of one's regular employment)

• Publication

- All publications of scientific or educational content may be claimed; additional credits are available for peer-reviewed publications

• Presentation

- the initial presentation of a poster or paper on issues of significance to breast medicine at conferences, seminars, workshops, or educational, scientific or QA meetings

• Involvement in standards development

- active involvement in committees formed for the purpose of developing clinical standards, best practice guidelines, clinical policies, credentialing requirements, clinical audit criteria

• Participating in clinical examinations

- writing and/or marking examination papers or questions for the Fellowship examinations; and
- participating as an examiner in Fellowship examinations

Category 3 Group learning activities

1 credit per hour

(Note: Structured small group learning activities are detailed in Category 5)

- **Group learning sessions**
 - These provide opportunities to confirm and expand specific areas of knowledge and practice, to identify areas of potential weakness as well as strengths, to share experience, and to identify ongoing educational activities which best serve the ongoing needs of the group.
 - Interactive sessions have been shown to be more effective than didactic sessions in initiating change to clinical practice. Interactive sessions may include small group sessions, workshops and individual training. Both case-based and theoretical formats are valid in the interactive setting.
- **Sponsored meetings**
 - Meetings in which the educational content promotes specific brand name products are not eligible for CPD credits.
 - Meetings which promote particular products or non-orthodox therapies which have not been subjected to the accepted and usual standards of scientific and peer review are not eligible for CPD credits.
- **Conferences and seminars**
 - Conference/seminar attendances should be relevant to the specialty of breast medicine in order for credits to be claimed; conferences may be specific to breast medicine as a whole, or related to specific areas such as breast surgery, breast imaging, pathology, counselling and womens' health.
 - Credits allocated will be in line with those allocated by other specialty groups for the specific activity concerned.
- **Workshops** emphasise hands-on training and problem-solving, and require participants to be actively involved in questions, discussion and feedback. This model of learning is particularly valuable in effecting changes to clinical practice.
- **Journal clubs** are valuable tools for clinicians to keep up-to-date with current research and new evidence-based clinical knowledge; these sessions should include time for discussion of the articles presented and evaluation of their relevance to current clinical practice.

Category 4 Peer review and practice audit

1 credit per hour 10 credits per audit

Self-assessment remains a valuable tool for discovering gaps in knowledge and performance. Learning activities in this category promote the development of knowledge and skill through comparing one's current practice with an ideal standard, a recommended benchmark, or current evidence-based recommendations. Activities in this section would include:

- **benchmarking** individual screen-reading outcomes against national standards, to include:
 - recall rate (incident and prevalent rates and PPV);
 - overall cancer detection rate;
 - small cancer detection rate; and
 - *in-situ* cancer detection rate;
- **quarterly review** of screen-detected and interval cancers;
- **audit** of individual needle biopsy sensitivity and specificity (core and/or fine needle) and comparison with national standards;
- **incident reporting/monitoring**: identifying adverse outcomes and performing root cause analyses are valuable tools, particularly for identifying problems in systems or processes;
- **multidisciplinary case review meetings**: meetings designed to review case outcomes, where attendees would normally also include, or be open to, multidisciplinary team members not originally involved in an individual patient's care. This category does not include on-the-day team discussions of an individual patient's presentation; and
- **individual patient-satisfaction surveys**:
 - Survey design must clearly address issues of anonymity and confidentiality of responses, so that patients do not feel pressured to be over-complimentary, or do not withhold valid criticism out of concern that they are identifiable;
 - Surveys may address overall satisfaction or address specific issues such as communication and empathy, clarity of explanations, waiting times, patient involvement in decision-making, informed consent, etc.

Category 5 Structured learning

3 credits per hour

The following activities should have clearly specified educational objectives and formal evaluation:

- formal postgraduate studies (courses, fellowships and higher education programs developed and offered by a university, college or institution) - approved courses would include, for instance, the CCPU certificate offered by ASUM or a similar qualification – they also include completion of the ASBP Fellowship examination;
- participation in courses to learn specific or new techniques, such as MRI;
- developing and producing a specific course of study for others in an aspect relevant to breast medicine, including the production of instructional videos;
- courses complementing the professional knowledge and practical expertise brought by supervisors and mentors to the clinical education role, for example courses designed to impart improved teaching skills;
- Structured small group learning activity
 - Structured small group learning will typically involve a group of 4-8 participants who utilise peer support, interaction and reflection to advance their educational needs.
 - Groups may form for a variety of reasons, such as special interest topics, review of difficult cases etc.

In order to qualify as a structured group learning activity, the activity provider will need to:

- identify the group and the group facilitator;
- identify the learning need/s;
- complete a planning/application form; and
- provide a post-activity evaluation and a final report.

Category 6 Other learning activities

1 credit per hour Maximum: 30 credits per year

These activities include those occurring on either a regular or a one-off basis, and which are relevant to maintaining or improving skills and knowledge relevant to breast medicine, such as:

- journal reading (peer-reviewed material);
- information searching (texts, journals, Medline etc);
- studying instructional audiotapes, videos, DVDs, podcasts;
- participating in internet CME programs;
- completing a recognised CPR course; and
- attending risk-management workshops conducted by recognised medical indemnity providers (2 credits/hour).

These activities all enhance the awareness of new ideas, and are known to contribute to better performance and health outcomes.