

# Continuing Professional Development

## Meeting Section 3 Requirements - FAQ



### **Would the file audit of ECG meet Section 3 requirements?**

Yes, the file audit of ECG would be acceptable for meeting section 3 requirements of the new CPD program.

### **Would participation in the Morbidity and Mortality meetings be used for continuous quality improvement?**

Participation in these meetings to analyse critically the circumstances surrounding the outcomes of care in particular cases with the aim to contribute to improved patient safety may be used for meeting section 3 requirements.

### **Can I claim CPD hours for participating in the College Accreditation visit?**

The two visiting Fellows and the DoT may claim CPD hours under 'continuous quality improvement' for participating in the Accreditation visit.

**I coordinate a Formal Education Course for Psychiatry trainees where I receive feedback from the psychiatry trainees regarding the content and quality of the course and review this regularly. On an annual basis I utilise the feedback to review the entire course and make changes to the lecture program accordingly, and commence the next cycle of lectures, feedback, review and further development of the course content. Would this meet the criteria 3.2 Continuous Quality Improvement?**

Yes, this would be acceptable under continuous quality improvement.

**I am involved only in Mental Health Tribunal work. What activities can I undertake for practice development and quality improvement?**

- Members on the Mental Health Tribunals (MHT) could meet for medical/clinical review meetings and discuss the outcome of a case (similar to RCA/critical incidents), e.g. using a systematic methodology, select 5 to 6 cases each year and review and reflect on them.
- Members in the MHT could randomly select de-identified cases for assessment and critique. Each member would assess the quality of these reports/assessments and help for improvement.
- Completing online modules related to quality improvement
- Multisource feedback

**My query relates to the practice of all psychiatrist-psychoanalysts or psychotherapists who work full time using this modality. How can I meet the section 3 requirements?**

- Review outcome measures applicable to psychotherapy in your practice , e.g. Outcome Rating Scale (ORS) by Miller, Duncan and colleagues
- Use multisource feedback
- Audit referrals within your practice. Identify which patients have been taken on for psychotherapy, and the destination of those not taken on (referral to other practitioners, recommendations to referring agent).
- Audit follow-up arrangements of patients discharged from therapy
- Audit all patients in treatment more than five years. Determine the characteristics of these patients and therapies.
- Consider reviews of treatment, supervision, referrals to other practitioners
- Review outcome measures applicable to psychotherapy in your practice
- Practice improvement can focus on other aspects of practice than the purely clinical such as office procedures, documentation quality or feedback to referrers
- File review of selected cases (say, 5 a year) with a systematic review of the files you have selected looking at an aspect of practice (e.g. prescribing, selection of patients for therapy, clinical outcome etc.) and reflection on what could be improved and then implementation of improvement (this could include targeted self-education, change in practice or change in practice arrangements
- The final step would be evaluation of the improvement. This activity could proceed cyclically over several CPD years

**What standards need to be met for an audit?**

For improvement to occur, systematic examination of practice by various methods such as audit, file review and patient feedback using a methodology such as the plan-do-study-act (PDSA) system has the best evidence for improving professional performance.

The College has mandated participation for Fellows but this is not a benchmarking or assessment process. Audit is aimed at assuring participation only.

**Please provide a few examples in which psychiatrists in medicolegal practice might meet the 5 hours under Section 3 requirements**

- Peer analysis of subset of reports produced, using a structured tool such as the revised Worksafe Proforma, with view to revision and repeat of process each year
- Reflection with peer on one's own evidence in court as documented in AustLII

- Questionnaire for claimant/report subject re: process of their assessment (not content/opinion)
- Practice audit by peer of processes such as consent forms, privacy policies, intake process, etc.
- Survey of referrers re: e.g. turnaround time and other process issues

**Would attending courses for hospital accreditation e.g. Mental Health Act and non-specific to mental health (infection control, hand hygiene, CPR etc.) count towards the Continuous Quality Improvement section?**

Attending courses for hospital accreditation, e.g. infection control, hand hygiene, CPR, etc. may be claimed under Self-guided learning but may not be used to meet section 3 requirements

**Would a coroner's inquest or a third party involving the Medical council, etc. who have intensively reviewed treatment of a patient and cleared it, count as fulfilling Practice/Quality Improvement?**

A coroner's inquest or review by the Medical council, etc. may not be used to meet Section 3 requirements. Though the review may not be used for meeting practice improvement, the findings/recommendations from these reviews may be used for practice improvement.

**Would attending an advance/refresher ECT work shop with the intent to update my knowledge in ECT and incorporate and improve my practice count under CPD hours for Section 3?**

A Quality Improvement activity or workshop should be in accordance to a plan-do-study-act (PDSA) system to meet Section 3 requirements.

**In my role I review and oversee the results of clinical reviews of serious incidents across the country amongst other quality improvement and clinical standards work. This is constantly requiring me to update and review my knowledge of clinical practice and clinical standards for a wide variety of conditions and practice. Would this be considered appropriate for meeting Section 3 requirements?**

Yes, this would meet Section 3 requirements as long as a systematic review is maintained.

**A medicolegal peer group is proposing to implement a practice improvement audit for the group members. The plan is for each member to provide each of the other members with a randomly selected, de-identified medico-legal report for assessment and critiques using a template which draws upon the RANZCP Practice Guideline 11 in relation to medico-legal reports. Each member will then receive the various assessments from peers to review the quality of the reports and help plan for improved practice. Would this meet Section 3 requirements?**

Yes, this would meet Section 3 requirements.

**I am involved in Patient Safety Review to understand how a range of factors contribute to an event and how systems could be built to prevent such events. Patient Safety Review is done for less severe events whereas Root Cause analysis (RCA) is done for high risk events. Patient Safety Review involves internal members of the team whereas RCA involves external members. Can I use my participation in Patient Safety Review to meet Section 3 requirements?**

Hours of participation in Patient Safety Review or RCA may be used to meet Section 3 requirements of the CPD program

**How can I find a non-patient, non-clinical version of the multi-source feedback protocol that can be used by psychiatrists in managerial/admin roles, teaching and training roles, and research roles?**

There are several providers for 360 degree feedback for management staff including some templates that are being offered by the Royal Australasian College of Medical Administrators.

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