

# Continuing Professional Development Guidelines 2016

## Introduction

The Fiji Medical and Dental Practitioners Decree 2010 provided the legal framework for the continuing professional development in the medical or dental field.

The Fiji Medical Council (FMC) through the Medical Professional Standards Committee (MPSC) is tasked, among others, to develop guidelines for the continuing professional development requirements of medical doctors. Participation is imperative for every doctor to improve standards of clinical practice and enhance the quality of health care.

## The Concept of CPD

Continuing Professional Development (CPD) refers to the multifaceted education and training of doctors commencing after completion of both basic and postgraduate education extending throughout each doctors professional life. It includes all activities that doctors undertake to maintain, update, develop and enhance their knowledge, clinical and communication skills and attitudes. It should ensure diverse and individually appropriate content to enable doctors develop their practice, with appropriate attention to patient safety and confidentiality, and commitment to ethical consideration.

MPSC has adopted a framework of CPD activities which will encompass integrated practical and theoretical components, simple and achievable with set criteria and credit points referenced on global standards for Quality Improvement set by the World Federation for Medical Education (WFME), an international organization linked to the World Health Organization (WHO), and various CPD models. The emphasis of the CPD programme is on self-motivated education and the promotion of life-long learning.

## **CPD Credit Point Requirement**

To allow a uniform credit point system, each hour of learning activity should be given one (1) credit point for one hour activity. The present CPD requirement of 25 hours for the renewal of annual practising licence which will now translate to 25 credit points will be maintained for every General Practitioner/Family Physician. **For vocational category**, 25 hours or 25 credit points of which at least 40% or 10 points shall be core points in each of respective registered specialty. There will be no carry-over of any extra credit points earned.

Any CPD activity is only valid if the date of completion falls within the evaluation period when applying for the annual practising licence or recertification.

Each doctor is expected to record the CPD activities once completed in a log book with credited points based on the guidelines provided and should be kept for CPD audit if need be.

## **CPD** Audit

Random audits will be undertaken to verify the accuracy of CPD activities and the relevance of activities claimed in individual programs. There should be programme monitoring and evaluation of the CPD activities and respective professional associations like the FMA and FCGP should play major roles and should be responsible for the appraisal of their own members. Involvement of expertise in health care delivery and in medical education should be seriously considered for CPD evaluation and to further broaden the quality of CPD.

Documentation/verification of CPD activities can be in the following:

- 1. Certificate of Participation MOH, FMA, FCGP, FNU, UPMS, other recognised hospitals/organisations;
- 2. Certificate of Completion course registration, enrolment, programs, completed education material;
- 3. Certificate of Attendance conference, mini-seminars, workshops;
- 4. Facilitators Attendance List journal clubs, peer review cells, clinical sessions, lectures;
- 5. Certificate, Diploma or Master's -completion of training or courses;
- 6. Proof of points gained/earned overseas events, on-line learning;
- 7. Proof of Publication original papers, research, review articles, etc.

8. Clinical Audits – documentation on planning, implementation and analysis of results; and,

9. Confirmation of Attendance for other CPD activities from Medical Superintendent, HOD, Consultant-in-Charge, DMO, SDMO.

## **Role of Medical Schools**

FMC promotes involvement of medical schools in the improvement of the quality of CPD activities and ensure that medical schools through the curriculum in basic medical education prepare the students for life-long learning, hereby stimulating motivation for and ability to engage in CPD

activities. Medical schools should be in the forefront in undertaking research on CPD activities.

## Education Budget and Resource Allocation

FMC in collaboration with the Ministry of Health and other stakeholders should establish budgetary systems to fund and sustain CPD activities in response to needs identified by the medical profession and the CPD providers and ensure that funding of CPD activities in principle is included as part of the expenses of the health care system.

Activity Category	Criteria	Hours/
		Credit Points
A. Approved Programmes:		
1. Grand Round		
2. Teaching/Tutorial	1 to 2 Hours	1
Lecturer/Tutors	Lecturer/Tutors	2
3. Clinical Sessions/Structured	Lecturer per	2
training programmes conducted	session (regardless	
(regardless of duration)	of duration)	
by MOH, FNU, UPSM, FMA, FCGP		
4. Peer Review Cell		
5. Morbidity/Mortality Review		
6. Case Study/Presentation		
7. Clinico-Pathological Conference		
(CPC)		

B. <u>College/Medical</u> Association		
Activities:		
1 Conference	1 to <2 hours	1
2 Mini-Seminar	2 to 4 hour	2
3 Scientific Meeting	1 day	4
4 Journal Club	1 ½ days	6
5 Lecture	2 days	8
6 Workshop	2 ½ days	10
7 Peer Review Cell	3 days or more	12
8 Short Courses	Speaker per	2
- Cardio-Pulmonary Resuscitation	session	
(CPR)	(regardless of	
- Acute Medicine	duration)	
- Others		
C. <u>Overseas Events:</u>	Same as (B)	
1. Conference		
2. Seminar		
3. Scientific Meeting		
4. Lecture		
5. Workshop		
D. Publications/Research:		
1. Original Paper (published)		20
2. Researched Paper (published)		20
3. Review article (published)		15
4. Presentation/Poster		5
5. Editorial		5
6. Newsletter		5

E. On-Line Learning/Study:		
	Per Module	2
<ol> <li>Education programme</li> <li>Tutorial</li> </ol>		Z
	(Assessment	
3. Journal Article	records have to	
4. Clinical Practice Guideline	be submitted)	
5. Self Study		
6. Audio Visual Tape		
7. RACGP CHECK Program		
F. <u>Post-Graduate</u>		
Training /Education:		
1. Certificate in General Practice		12
2. Diploma in General		24
Practice/Family Medicine		36
3. Master in Family Medicine		12 – 36
4. Fellowship training		12 – 36
5. Hospital/Clinical attachment	(depends on duration)	
6. Hands-on-Training	(depends on duration)	
G. Public Health Education:		
1. Conference		
2. Epidemiological		
Study/Survey/Evaluation		
3. Subdivisional/Divisional Quality		
Assurance Meeting	Same as (B)	
4. Awareness Campaign		
5. Clean-Up/Sanitary/Smoking		
Campaign		
6. Rural Health/Village Visitation		

H. Practice Review:		
1. Clinical Audits of Practice		5
2. Review of Clinical Practice		5
Guidelines		
3. Clinical Incidents (root Cause		5
Analysis)		
4. Peer Review		
5. Self-Assessment Test		
I. Other-related activities:		
1. Collegial/Association Meeting		
2. Strategic Planning		
3. Development Programme		
4. Policy and Procedure		
5. Epidemiological Study/		
Surveillance	Same as (B)	
6. Educational/Medical Radio-TV		
program		
7. Practice Business Improvement		
Activities		
(IT, Accounting, etc)		
8. Net-based information		
exchange/discussions		

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