

EXECUTIVE SUMMARY

***College: Royal Australian and New Zealand College of Obstetricians and Gynaecologists
on behalf of The Committee of Presidents of Medical Colleges***

***Project title: Project to trial a Framework for Continuing Professional Development for
Medical Practitioners (known as the LEAP Framework)***

INTRODUCTION

The Framework for continuing professional development (CPD) known as LEAP (Learning, Education and Professionalism) provides a framework for CPD that has been developed for Australian medical practitioners who are Fellows of Australasian specialist Colleges. Designed to be applicable to a wide range of disciplines and practice settings, the Framework uses the concept of *medical professionalism* as its basis, with the concept deconstructed to three separate, yet overlapping, 'strands', and further to ten 'components'. Three 'levels' of CPD activities are described, differentiated according to their capacity to increase knowledge, or facilitate and/or evaluate change in professional practice. The ten components of medical professionalism and the three levels of activities describe a two-dimensional matrix that can guide a practitioner's CPD. Combined with some basic guidelines that can be defined by individual colleges to suit their Fellowship, the Framework is felt to possess the flexibility, breadth and rigour that is needed to facilitate relevant and effective CPD for today's medical specialists.

This project, conducted on behalf of the Committee of Presidents of Medical Colleges (CPMC) and funded by the Commonwealth Department of Health and Ageing (DHA), aimed to test the utility and validity of the Framework in practice, using a representative sample of Fellows from a range of specialist medical colleges and/or their faculties.

The scope of the project involved:

- testing the validity of the conceptualisation of 'medical professionalism' used as the theoretical platform of the Framework;
- conducting learning need assessments for medical specialists;
- developing and administering an on-line program that encompassed college-specific CPD programs and activities, as well as the broader range suggested by the LEAP Framework; in particular, CPD activities and events that reflected aspects of practice from different strands and levels and had applicability and relevance to practitioners from a range of specialties, work settings and practice locations.

Evaluation of the project involved a mixture of both quantitative and qualitative methodologies. A number of evaluation tools and approaches were used to ensure triangulation and reliability of data obtained, including: questionnaires, focus groups, telephone interviews, analysis of participant learning logs as well as an evaluation of CPD activities and workshops conducted for the concurrent, *LEAP in a Rural Context* project.

OBJECTIVES

The objectives of this project were to:

1. Test the validity of the conceptualisation of 'medical professionalism' used as the theoretical platform of the Framework with a representative sample of Fellows from a range of specialist medical colleges and/or their faculties.
2. Develop methods for conducting learning needs assessments for medical specialists.

3. Develop, administer and evaluate CPD programs based on the Framework at both the College and Fellowship level.
4. Evaluate specific CPD activities that will enable the Framework to operate successfully in practice.
5. Evaluate the effectiveness of the Framework in terms of satisfaction of participants and where possible, the ability of programs based on the Framework to effect change in specialist practice.

RESULTS

A total of 126 specialists from eight medical colleges completed a pilot of the Framework via an on-line program over a 12 month period from November 2004 to October 2005. Participating specialists came from a variety of practice settings, sub-specialities and locations. A range of age, gender, full/part-time and years of practice were represented.

On-line versions of eight individual college CPD programs based on the Framework were developed. These consisted of college-specific activities, as well as the generic, non-clinical activities, that attempt to address the wider range of skills, knowledge and attributes now considered to be part of professional practice.

Participants used these to devise an on-line personal learning plan, outlining their CPD needs for the 12 month pilot period, choosing activities from those already listed under each of the strands and components, or entering their own activities.

Individuals were encouraged to refer to their learning plan on a regular basis and meet three criteria in piloting the Framework:

- undertake CPD activities in each of the three strands (any components);
- obtain 50 hours or credits of CPD in the 12 month pilot period; and
- complete 10 hours or credits in a level 3 activity (any strand, any component).

The nature (type, number, percentage, amount) of CPD to be undertaken in each of the different components was not stipulated or quantified, nor was it intended that participants should undertake CPD activities in all ten components.

Feedback from questionnaires indicated that there was general agreement that the three strands and ten components of the Framework comprehensively cover the roles and responsibilities expected of medical professionals today and provide a helpful structure to the medical profession of the variety of CPD that is expected today.

The theoretical platform of the Framework was considered sufficiently relevant, applicable and flexible, albeit with some modifications, to encompass a wide range of specialist's practice.

A high percentage of participants agreed that using the Framework to prepare a learning plan helped identify needs and encouraged identification and sourcing of CPD activities to meet those needs, particularly in areas other than traditional medical and clinical expertise.

Collation of the initial and final learning plans indicated that most participants planned and then completed professional development activities in areas additional to those directly related to their clinical area. Eighty-eight (88%) of participants completed CPD in each of the three strands and a further 10% completed activities in at least two of the three strands, giving validation to the broader roles and responsibilities suggested by the Framework.

Ninety-seven (97%) of participants obtained a minimum of 50 hours or credits during the twelve month pilot, with many completing well in excess of this number.

Despite some colleges not having Level Three activities in their current college CPD programs, participants from all colleges managed to undertake Level Three activities. Over half (54%) of the participants completed a minimum of one Level Three activity, documenting the facilitation and implementation of changes to their practice. Twenty-one (21%) reported completing more than one Level Three activity.

A range of Level Three activities were undertaken by participants, including Quality Assurance/Practice Improvement activities and risk assessment activities encouraged by individual Medical Defence Organisations. For those who completed a Level Three activity, it was seen as a challenging, yet satisfying and positive learning experience. For those who did not manage to undertake one during the pilot, a lack of time, college-specific guidance and support were seen as hurdles.

Participants agreed that undertaking Level Two and Three activities encourages and promotes reflection and evaluation of practice. Fourteen (14%) of participants indicated that they had undertaken more Level Two activities and 20% more Level Three activities during the pilot, than they would have done previously.

Non-clinical activities and areas identified by participants in learning plans, provided information for a concurrent project being run to test the validity in practice of the Framework. The project, *LEAP in a Rural Context*, was funded to source and deliver activities that reflect aspects of practise from Strands Two and Three (*Risk Management* and *Professional Values & Responsibilities*) of the LEAP Framework matrix and in particular, in those components where little if any professional development activities were being offered by colleges or providers.

A total of twenty-seven CPD events were delivered under this project, using eight core workshop activities contracted from third party providers, from November 2004 to August 2005. In total, 384 specialists from eight medical colleges, participated in CPD activities that were based on the following themes: Introduction to Evidence Base Medicine; Expert Witness Training; Computer Based Literacy; Difficult Doctor Patient Relationships; Mentoring in the Workplace Environment; Work Life Balance; Teaching on the Run; and Medical Responses to Adults who have Experienced Sexual Assault.

Feedback from these events was generally very positive, with many participants citing that the workshop not only increased knowledge and awareness of the areas covered, but that the activities chosen had actually led to a change in aspects of professional practice. Given that the activities provided were non-clinical and all from Strands Two and Three, the concept of offering these types of learning opportunities and activities, gives further validation to the broader roles and responsibilities suggested by the Framework.

Thus, participation in activities that form part of the Framework appear to offer the capacity to effect change in professional practice. In addition, the Framework and participation in the pilot, encouraged participants to think more broadly about the competencies and responsibilities involved and to incorporate a wider range of activities into their CPD, many of which address the needs and expectations of the broader community.

There was general agreement that in principle, a CPD program based on a common framework such as that denoted by the LEAP Framework or something similar, would, allow a more consistent approach to CPD across colleges than currently exists; serve to refocus the profession on the practice of medicine in a wider context; encourage the sharing of relevant

CPD activities between colleges; and with simplification and modification be a reasonable model for colleges to adapt and adopt for their Fellowship.

Summary and Recommendations

The LEAP Framework aims to involve medical specialists in CPD that is relevant to their practice, useful in terms of their professional development needs, and able to influence change in their professional practice, consequently either maintaining or improving the standard of healthcare provided by the practitioner.

This project has highlighted a number of issues and benefits to not only those Fellows participating in the LEAP Framework pilot, but to medical colleges and professional organisations involved in the development, implementation and delivery of CPD programs and activities that are attempting to address the wider range of skills, knowledge and attributes now considered to be part of professional practice.

A number of recommendations are made

1. A CPD program, such as LEAP, which defines/outlines a profile of the ‘medical practitioner’, is to be strongly encouraged among specialist medical colleges, rather than simply relying on a system (based on) of types/categories of activities. Such a profile should include the non-clinical components of practice and incorporate mechanisms for both planned and opportunistic learning.
2. In addition to the development and implementation of a more consistent but college-specific CPD program based on the above suggested profile, the adoption of common terminology for similar professional development activities across specialist medical colleges would be particularly useful and helpful for those specialists who belong to more than one college.
3. CPD activities that shift the balance away from the maintenance of clinical skills programs are relevant and worthwhile for all specialists, and can, according to participants in this project, facilitate change in professional practice. Thus, specialist medical colleges should be encouraged to develop, promote and endorse such activities to their Fellowship.
4. Encouraging practitioners to identify needs, devise a learning plan to meet those needs, whilst also taking advantage of unplanned or opportunistic learning, throughout a CPD cycle, should be endorsed.
5. Given the satisfaction experienced by and the wide range of specialists represented at workshops during the Project, cooperation between specialist medical colleges to develop non-clinical CPD activities would seem logical.
6. Sourcing third party-providers willing to run CPD activities across the range suggested by the Framework can contribute to the provision of high quality, well received activities; however, the offerings can be quite expensive on a cost per head basis, particularly for rural practitioners and thus the benefits in working together and sharing resources between colleges should be supported.
7. Given the enthusiasm and benefits to practice acknowledged by participants, colleges should look at specific ways to guide, assist and support their members in planning

and undertaking appropriate and relevant Level Two and Three activities. Activities that encourage evaluation and completion of the quality cycle should be endorsed.

8. Specialist medical colleges should be encouraged to explore specific evaluation tools that can be used to assess the benefits of participation in CPD activities, including their relationship and impact on practice (i.e. Level 3 activities).
9. Specialist medical colleges should be encouraged to explore collaborative projects that can be used to assess or evaluate the long term effectiveness on practice of a CPD program based on a profile of a medical practitioner that includes clinical and non-clinical components of practice.
10. Introducing a weighting system in all CPD programs whereby professional development activities recognised as being able to influence change in professional practice are rewarded more highly than passive activities, should be encouraged.
11. The adoption of an on-line CPD program can encourage reflection about the activities/events undertaken, more so than the paper-based system of record keeping required by many colleges. Workshops or training sessions may be needed, however, for practitioners who are inexperienced or less confident IT users. Additionally, any program adopted needs to be sufficiently user-friendly to be embraced by practitioners.
12. The following changes should be incorporated into the LEAP Framework: the removal of the two *Medical Informatic* components as separate stand-alone components and their inclusion in another existing component; the expansion of the definition of the component of *Practice Management*; 'undertaking research' to be given a higher profile, either as a separate component or within *Education*; and minor changes to the title and/or description of the *Clinical Expertise* strand to more satisfactorily cover the roles of practitioners working in Medical Administration and Public Health.

Notwithstanding the above suggested changes, the Framework has been shown to be sufficiently robust and to possess the necessary broad applicability, to render it suitable for use as a framework for medical specialist CPD.