

Why has the RCPA CPDP been restructured to include separate categories for Peer Review (C) and for Quality and Outcomes Measures (D)?

The medical and dental boards and councils of Australia and New Zealand require CPD/recertification programs meet enhanced standards. This means that in addition to the traditional activities of maintaining and building knowledge and skills (RCPA categories A and B), practitioners must demonstrate that they are being reviewed by their peers (RCPA category C) and that outcomes of their practice (RCPA category D) are measured and monitored to ensure best practice and continuous improvement. Activities in categories C and D must each constitute at least 25% of every practitioner's professional development.

What process did the RCPA follow to define the new categories and codes?

Due to the large and growing number and diversity of programs offered by the RCPA, the Board of Directors and Board of Education and Assessment decided to build a single but flexible framework to accommodate the needs of all participants as far as possible.

Categories A and B were not substantially changed, but were updated to increase the range of activities, including teaching and learning via electronic platforms.

Categories C and D comprise an amalgam and re-assortment of the contents of the previous Category C (Quality activities) and the various discipline-specific IQA frameworks. Items may be more or less applicable to various disciplines, but descriptions have been made generic where possible to maximise flexibility and choice.

The draft framework was reviewed by discipline advisory committees, and some codes were modified or added in accordance with their advice.

Can the codes for categories C and D be modified or added to?

Yes, if necessary. The CPDP manual will undergo continuous review and improvement. Particularly as we have a new program, all relevant queries and suggestions are being logged and will be addressed as required in the next version, planned to be published in early 2021.

The new manual has been published on the understanding that it is effectively open for member consultation. All enquiries, feedback and suggestions are welcome. Please contact cpdp@rcpa.edu.au.

Are there any changes that have already been decided?

Yes. Some changes have already been approved by the Board of Education and Assessment.

The current manual states that one hour can be claimed for multisource feedback (code C41). This has been increased to five hours.

The descriptions of codes applying to peer review (B33 and C57) will be amended to allow pathologists to use greater discretion in choosing the most appropriate option when they are the reviewer rather than the one being reviewed. Please see the Guideline, and further information and examples under 'Which category/code do I use if I am reviewing someone else's work?'

How do I decide which category/code to use?

The most important thing is choosing the correct category, as this is what concerns the MBA and MCNZ. The codes within those categories represent the College's own interpretations of how fellows' practice could best fit within them. They are internally determined descriptions, and are open to participants to describe and select whatever seems like the best fit. Participants are welcome to suggest amended descriptions.

When the RCPA audits CPDP returns, it is primarily at a category level to ensure compliance with regulatory requirements. There is reasonable flexibility regarding the participant's selection of codes within those categories, as long as the activities are relevant and are clearly described and documented.

Fellows who find the descriptions of the codes unclear, or that their activities do not quite fit into the defined codes, may use applicable codes in each category for 'other activities not listed'. You are welcome to send descriptions of these activities to the College so that they can be considered for inclusion in future manuals.

What is meant by peer review (Category C) for the purpose of the CPDP?

Peer review normally involves having your own work reviewed by others. The focus is on being accountable and getting feedback from peers for the purpose of checking and/or improving your practice.

Peer review can apply to any area of your practice, whether it be your technical and reporting abilities, or your management, leadership and communication skills.

For example, it could include:

- A meeting of pathologists where they present cases to discuss how they handled them. They may seek feedback from peers while discussing interpretation of results, comments provided and selection of additional investigations. They could be difficult or interesting cases, or randomly selected.
- Second opinions on slides and cases, particularly in anatomical pathology and haematology, where it is an essential part of internal quality assurance. (Please see below regarding the situation where you are the reviewer)
- Participating in a management or clinical governance meeting where you are reporting on your work or that of your team, and receiving feedback and suggestions from others.

Which category/code do I use if I am reviewing someone else's work?

Peer review (category C) normally means that you are submitting your own work for scrutiny by others. Anatomical pathologists and haematologists are often called upon to give second opinions on slides and cases. This is an essential part of internal quality assurance whereby pathologists are accountable for their work and reflect on opportunities for improvement. Many pathologists consider that they achieve these aims whether being reviewed or reviewing others, particularly when those involved have a similar level of experience. This may be claimed at code C57.

If you are reviewing simpler cases from a more junior colleague, it may be a learning or teaching opportunity, but not necessarily aimed at driving improvement in your own practice. In this case you would use code B33.

Pathologists may use their discretion, depending on the purpose of the exercise. The next version of the manual will be updated to clarify this.

Who are my peers for the purpose of peer review?

In the case of discipline-specific technical skills and reporting, your peers will normally be those who do similar work at a similar level to you. For more junior specialists it will also include those who oversee your work. For non-technical skills such as leadership, management and communication, it is appropriate to seek feedback from a variety of people with whom you interact. These may include people who participate in committees with you, clinicians and other professionals and stakeholders with whom you interact regularly in your work.

What is multisource feedback and how can I access it?

Multisource or 360° feedback (MSF) refers to a formal process to obtain anonymous feedback from a range of people regarding your professional performance. The feedback is compiled in a report for you to review, and to identify opportunities for improvement. These tools are particularly useful for evaluating non-technical qualities such as management, leadership and communication.

Some workplaces offer MSF. An alternative approved by the RCPA is the Colleague Feedback Survey offered by CFEP <https://www.cfepsurveys.com.au/>. The service is recommended by other specialist colleges and is reasonably priced.

Five hours may be claimed for this activity at code C41. The increased allowance will be published in the next version of the manual.

Why do I have to prepare a personal professional development plan (PDP)?

Learning is most efficient and effective when it follows a planned process. This involves a cycle of identifying your learning needs and goals, choosing the activities that will address them, planning a timeframe, and reflecting on your learning as the activities are completed. This reflection should include an assessment of what further learning is required. It is an advantage to have a peer or mentor to help with the process and to give feedback. Issues discussed during the structured conversation may form a ready basis for the PDP.

The medical and dental boards and councils now require a PPDP as part of the CPD process.

How do I prepare and document a personal professional development plan (PPDP)?

Your PPDP can be as simple or as complex as you wish. The Guideline provides some general principles, but there is no set format. Some templates and examples have been provided, but you may adapt them to your own requirements or design your own.

You are not required to upload your PPDP to the RCPA system, but should have one prepared in case it is required for audit.

What is the difference between Peer Review (Category C) and Quality and Outcomes Measures (Category D)?

Category D concerns the measurement of quality, outputs and outcomes against standards, guidelines and performance expectations. There is some overlap with peer review in that it drives quality improvement, but it is aimed more at monitoring, evaluating and demonstrating the achievement of Quality standards and expectations. Category D may refer to outcomes of practice at

an individual level, but in pathology they are often more readily measurable at a collective (e.g. departmental or institutional) level.

Examples could include:

- Carrying out an audit to identify any gaps between current and ideal practice
- Participating in an External Quality Assurance Program such as the RCPA QAP
- Participating in a cross-institutional review meeting to compare and discuss reference ranges and reporting conventions
- Review of cases and reports sent to external laboratories for the purpose of ensuring that reporting meets national or international standards.

If a given activity fulfills the purpose of either category, you may use your own discretion in making the choice, but the activity should only be entered in one category.