

The Royal Australian College of General Practitioners (RACGP) is pleased to introduce the Quality Assurance and Continuing Professional Development (QA&CPD) Program for 2008–2010. Since being established in 1987, the QA&CPD Program has been continually evaluated and updated. The new triennium program aims to ensure all GPs are provided with opportunities to participate in high quality educational activities that emphasise patient safety. Modifications for 2008–2010 enhance the program's depth, flexibility and standard, thus increasing the educational benefits general practitioners (GPs) receive for the valuable time they invest and, ultimately, improving patient outcomes.

This flyer provides an overview of key elements of the 2008–2010 QA&CPD Program. A CD-ROM containing the 2008–2010 *QA&CPD Program handbook* will accompany your December edition of the *Australian Family Physician (AFP)*. An online version of the handbook will also be available on the college website. QA&CPD staff look forward to working with GPs to fulfil their educational interests and requirements, and hope that GPs will enjoy participating in QA&CPD during the next triennium.

2008–2010 RACGP QA&CPD Program requirements (Note: new or modified elements indicated in **bold**)

A minimum of 130 points is required for the triennium and must include:

- two Category 1 activities from the options listed below, and
- **completion of a basic cardiopulmonary resuscitation (CPR) course.**

Category 1 options	Category 2 options	Unaccredited activities
Active learning module (40 points) Clinical audit (40 points) Evidence based medicine (EBM) journal club (40 points) GP research: (40 points) <ul style="list-style-type: none"> • principal investigator • GP research participant Learning plan (one per triennium capped at 40 points) Rapid 'Plan, Do, Study, Act' (PDSA) cycle (40 points) Small group learning (40 points) Supervised clinical attachment (40 points) Higher education relevant to general practice (Australian qualifications framework – accredited): <ul style="list-style-type: none"> • Graduate certificate (60 points) • Graduate diploma (90 points) • Masters degree (120 points) • Doctor of Philosophy degree (PhD) (150 points) RACGP assessment activities (150 points) <ul style="list-style-type: none"> • FRACGP by examination • FRACGP by practice based assessment • FARGP 	Endorsed or accredited provider Category 2 activities (each activity capped at 30 points)	Self recorded activities (minimum of 10 hours education for 20 points for the triennium)
Basic CPR course <ul style="list-style-type: none"> • Must meet Australian Resuscitation Council (ARC) guidelines • Can be a Category 2 activity or part of a Category 1 activity 		

The QA&CPD Program provides multiple key benefits to participants

General practitioners participating in the program receive:

- a wide range of education activities that meet the diverse interests and needs of GPs nationwide
- newsletters, health alerts, resource materials and extensive advice
- official credit point statements twice per year with continuous online access 24 hours/7 days per week
- adjudication of individual Category 1 applications.

2008–2010 QA&CPD Program supports GPs' individual needs

The merits and quality assured nature of the QA&CPD Program are nationally and internationally recognised. The program acknowledges GPs' evolving and diverse learning needs by providing user friendly forms to apply for recognition of individually developed activities. In addition, the array of available activities allows GPs to choose high quality educational activities that are relevant to their personal circumstance.

In 2008–2010, GPs will be able to self record activities not accredited within the QA&CPD Program that they recognise as being personally beneficial. A minimum of 10 hours unaccredited education will entitle GPs to 20 points toward their overall total points for the triennium.

The program offers advantages for rural GPs

The RACGP is the largest general practice representative body of rural GPs in Australia. Rural GPs participating in the QA&CPD Program have access to high quality, peer supported learning activities, educational resources, and personalised advice. The 2008–2010 QA&CPD Program offers increased choice and flexibility including activities that facilitate interaction with peers and multidisciplinary teams. Grants are available to assist rural GPs achieve their professional development goals.

QA&CPD in 2008–2010 emphasises patient safety and quality improvement

QA&CPD has adopted a 'systems approach' to patient safety. Previous QA&CPD programs have taken a 'person approach' to education by focussing solely on improving individual GPs' medical knowledge and skills. A new systems approach has been embraced for the 2008–2010 triennium which also considers the environment in which a GP works and assists them to implement safeguards that aim to provide reliable and high standards of patient care. The program's new emphasis on improving practice systems is a response to GP focus group concerns that while many educational activities are stimulating, it was unclear that all improved patient care.

Accredited activities must achieve the highest educational standards

The QA&CPD Program will further increase efforts to ensure that approved education activities achieve the program's principles, aims, objectives and criteria, thus providing the highest quality education. The program encourages GPs to take an active role in quality review. At least 10% of activities will be quality reviewed during the 2008–2010 triennium.

Educational activities will be readily reportable

Participant feedback is greatly valued by the QA&CPD unit. To facilitate GP reporting of concerns about activities in a confidential and timely manner, education providers are required to ensure GP adverse event feedback forms are available at all approved educational events for GPs to return to the college. The forms will also be available on the college website. It is anticipated that all GPs will feel comfortable contributing to the quality improvement of their QA&CPD Program.

New requirement for completion of a basic CPR course

General practitioner surveys and focus groups strongly favoured inclusion of cardiopulmonary resuscitation (CPR) in the QA&CPD Program. In response to GP demand, and in support of the RACGP *Standards for general practices*, the 2008–2010 triennium requires GPs to complete a basic CPR course that meets the Australian Resuscitation Council (ARC) guidelines. A basic CPR course may constitute a Category 2 activity or be part of a broader Category 1 activity.

The college will collaborate with education providers to maximise learning outcomes

To provide GPs with access to the highest quality QA&CPD activities:

- education providers will receive comprehensive QA&CPD training
- all current education activity representatives (EARs) will be required to undertake a re-accreditation process to maintain EAR status
- all accredited activities will include at least one learning objective addressing in practice systems – assisting practices in the provision of reliable and high standards of care to patients.

Category 1 activities are more likely to generate positive practice outcomes

The high educational standards supported by the RACGP are embodied in Category 1 activities that promote individual needs assessment, active learning, and reinforcing strategies. Consequently, the 2008–2010 QA&CPD Program places increased emphasis on Category 1 activities by:

- accepting full Category 1 applications from all providers and individual GPs
- allocating 40 CPD points to standard Category 1 activities
- increasing the diversity of Category 1 modules available
- modifying previous Category 1 module types to maximise behaviour change and patient care outcomes.

New types of category 1 modules are available

EBM journal clubs

Questions that arise during day-to-day clinical practice can be pursued in evidence based medicine (EBM) journal clubs. EBM journal clubs are an excellent opportunity for various members of the practice team to solve clinical questions in a peer supported environment. Articles investigated in an EBM journal club must have direct clinical relevance so EBM journal clubs are more likely to improve medical practice than traditional journal clubs that discuss any article of interest.

Rapid PDSA Cycle

General practitioners who identify a possible practice improvement can turn such an observation into a Category 1 activity by completing a rapid 'Plan, Do, Study, Act' (PDSA) cycle. Even small improvements can quickly lead to large practice benefits by undertaking the team based reflection and learning facilitated by a rapid PDSA cycle.

RACGP website assists GPs fulfil their education requirements

The college website contains multiple resources to assist GPs to meet their educational needs, including a calendar of educational events. General practitioners can readily identify an activity's theme from the domains of general practice and International Classification of Primary Care (ICPC) codes listed in the calendar. As requested by GPs during the consultation process, the full program handbook for 2008–2010 containing useful links and specific examples of activities for urban and rural GPs will be available online.

Visit www.racgp.org.au/QACPD.

QA&CPD staff are available for program support

The QA&CPD Program strives to benefit all GPs. General practitioners are encouraged to contact their state faculty QA&CPD program coordinator if they have any queries or wish to discuss how an educational program can be developed in reference to their individual needs.

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