



AOA
AUSTRALIAN
ORTHOPAEDIC
ASSOCIATION

Framework for Assessing and Recognising CPD Activities

Introduction

Whilst AOA provides and formally recognises a variety of CPD Activities, the AOA CPD Program is self-directed, and members are free to select and complete CPD activities provided by other organisations.

While external activities do not require AOA endorsement to be eligible for use in the CPD program, AOA provides this Framework for members to assess the value, relevance and acceptability of CPD activities. Members may utilise this framework to undertake a self-assessment of external activities.

The Framework seeks to make clear to members which CPD activities will be accepted prior to the activity being undertaken. The CPD Team will also utilise this Framework when reviewing activities a member has claimed as part of the Random Audit of CPD to ensure accountability and effectiveness of individual learning.

[The Accreditation of Accredited Activities policy](#) specifies the process by which third-party organisations can apply to have educational activities formally accredited by the AOA.

Objectives

The objectives of this Framework are to:

- Establish a system for member self-assessment of activities that contribute to learning outcomes in line with program level requirements
- Promote ongoing learning, self-development and reflective practice of orthopaedic surgery
- Ensure that CPD activities align with the professional development goals and learning needs of participants in the AOA CPD Program.
- Assist AOA members in finding and selecting appropriate activities for ongoing learning and professional development
- Maintain the quality and relevance of CPD activities
- Guide AOA staff when providing help and support to members embarking on, recording or submitting CPD activities or undertaking a random audit assessment
- Comply with AMC requirements

Context

Every doctor registered to practice medicine in Australia is required to complete a minimum of 50 hours of CPD annually. Activities should be relevant to your scope of practice and individual professional development needs.

These hours should be allocatable to at least one of the following activity types:

- Reviewing Performance
- Measuring Outcomes
- Educational Activities

Learning should also align with the Good Medical Practice Guide, as such CPD activities should also be allocatable to at least one of the following categories ("CAPE" activities):

- i) **C**ulturally Safe Practice

- ii) **Addressing Health Inequalities**
- iii) **Professionalism**
- iv) **Ethical Practice**

Assessment of CPD Activities

In making a self-assessment of the value, relevance and acceptability of CPD activities, assessment questions may include, but are not limited to:

- Does the activity meet my learning needs (as documented in my Professional Development Learning Plan)?
- Is the activity relevant to my current or intended scope of practice?
- Does the activity fall within at least one of the program level requirement activity types (i.e. Reviewing Performance, Measuring Outcomes or Educational Activities)?
- Does the activity fall within at least one of the CAPE Activity categories (i.e. culturally safe practice, Addressing Health Inequities, Professionalism, Ethical Practice)?
- Can I reasonably expect the activity to contribute to improved patient outcomes?
- Are activities involving research using peer-reviewed resources?
- If the CPD activity is an Educational Activity:
 - Was the **course content** developed by appropriately qualified subject matter experts or is the learning activity provided by a professional educational body?
 - Are there **defined learning objectives** and outcomes that are relevant to the orthopaedic scope of practice and based on sound educational and clinical principles?
 - Are **facilitators appropriately qualified** and equipped to deliver the content?
 - Have any **conflicts of interest** been declared and appropriately managed?
 - **Does course content and structure contravene any AOA policies**, including the [Code of Conduct](#) (including the [AOA Position Statement on Interaction with Medical Industry 2020](#)) and [Ethical Framework](#)?
 - Does the activity provide at least one hour of **educational value**?
 - Are any **assessments linked to the learning objectives** and outcomes?
- Is any **funding or sponsorship associated with the event disclosed**, including financial or other inducements offered to participants.
- **Do industry activities comply** with the [AOA Position Statement on Interaction with Medical Industry 2020](#).
- Are participants provided with **evidence of completion**?

Please note that not all the questions listed need to be answered for every activity in order to assess the value, relevance and/or acceptability of the activity.

A self-assessment checklist is provided at Appendix A to facilitate ease of assessment for members.

Assessing CAPE Activities

As outlined above, your CPD should also align with the Good Medical Practice Guide. The following sections seek to assist you in determining which activities can be allocated to the following categories ("CAPE" activities):

- i) **C**ulturally Safe Practice
- ii) **A**ddressing Health Inequities
- iii) **P**rofessionalism
- iv) **E**thical Practice

based on the statements detailed in the Good Medical Practice Guide.

Culturally Safe Practice

Good medical practice involves genuine efforts to understand the cultural needs and contexts of different patients to obtain good health outcomes. This includes having knowledge of, respect for, and sensitivity towards, the cultural needs of the community you serve, including Aboriginal and Torres Strait Islander patients, acknowledging the social, economic, cultural and behavioural factors influencing health, both at individual and population levels, understanding that your own culture and beliefs influence your interactions with patients and adapting your practice to improve patient engagement and health care outcomes.

Addressing Health Inequities

Good medical practice involves supporting the transparent and equitable allocation of health care resources. Good medical practice involves using your expertise and influence to protect and advance the health and wellbeing of individual patients, communities and populations.

Professionalism

Professionalism includes self-awareness and self-reflection. Doctors are expected to reflect regularly on whether they are practising effectively, on what is happening in their relationships with patients and colleagues, and on their own health and wellbeing. They have a duty to keep their skills and knowledge up to date, refine and develop their clinical judgment as they gain experience, and contribute to their profession.

Ethical Practice

Doctors have a duty to make the care of patients their first concern and to practise medicine safely and effectively. They must be ethical and trustworthy.

Good Medical Practice Guide Reference

| Section | Criteria | C | A | P | E | Example Activities |
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| 2. Professionalism | | | | | | |
| 2.1 Professional values and qualities of doctors | 2.1 Professionalism includes self-awareness and self-reflection. Good medical practice requires doctors to reflect regularly on their practice and its effectiveness, consider what is happening in their relationships with patients and colleagues, and look after their own health and wellbeing. It requires doctors to learn from what has gone well and what hasn't. Doctors have a duty to keep their skills and knowledge up to date, to develop and refine their clinical | | | ✓ | | Completion of a CPD Learning Plan, including reflection Self-appraisal Multi-Source Feedback (MSF) Personal development Self-directed learning |

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| | <i>judgement as they gain experience, and contribute to their profession.</i> | | | | | |
| 2.2 Public comment and trust in the profession | 2.2 Consider the effect of your public comments and your actions outside work, including online, related to medical and clinical issues, and how they reflect on your role as a doctor and on the reputation of the profession. | | | ✓ | ✓ | |
| 3. Providing good care | | | | | | |
| 3.1 Introduction | 3.1 Providing good patient care includes: 3.1.1 Assessing the patient, taking into account the history, the patient's views, and an appropriate physical examination. The history includes relevant psychological, social and cultural aspects. 3.1.2 Formulating and implementing a suitable management plan (including arranging investigations and providing information, a diagnosis, treatment and advice). 3.1.3 Facilitating coordination and continuity of care. 3.1.4 Referring a patient to another practitioner when this is in the patient's best interests or as required by legislation. 3.1.5 Recognising and respecting patients' rights to make their own decisions. | ✓ | | ✓ | ✓ | Self-Appraisal Patient Experience Survey (PES) Multi-Source Feedback (MSF) Personal audit analysis Workplace performance appraisal Audit analysis Patient care Peer review of own practice |
| 3.2 Good Patient Care | 3.2.1 Recognising and working within the limits of your competence and scope of practice. 3.2.2 Ensuring you have adequate knowledge and skills to provide safe clinical care. 3.2.3 Maintaining adequate records (see section 10.5). 3.2.4 Considering the balance of benefit and harm in all clinical-management decisions. 3.2.5 Communicating effectively with patients (see section 4.3). 3.2.6 Providing treatment options based on the best available information. 3.2.7 Only recommending treatments when there is an identified therapeutic need and/or a clinically recognised treatment, and a reasonable expectation of clinical efficacy and benefit for the patient. 3.2.8 Informing your patient when your personal opinion (in the context of practice) does not align with the profession's generally held views. 3.2.9 Taking steps to alleviate patient symptoms and distress, whether or not a cure is possible. 3.2.10 Supporting the patient's right to seek a second opinion. 3.2.11 Consulting and taking advice from colleagues, when appropriate. | | | | | |

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| | 3.2.12 Making responsible and effective use of the resources available to you (see section 7.2). 3.2.13 Encouraging patients to take interest in, and responsibility for, the management of their health and supporting them in this. 3.2.14 Ensuring your personal views do not adversely affect the care of your patient or the referrals you make. | | | | | |
| 3.3 Shared decision-making | 3.3 Making decisions about healthcare is the shared responsibility of the doctor and the patient. Patients may wish to involve their family, carer or others. | ✓ | | ✓ | ✓ | |
| 3.4 Decisions about access to medical care | 3.4.1 Treating your patients with respect at all times. 3.4.2 Not prejudicing your patient's care because you believe that a patient's behaviour has contributed to their condition. 3.4.3 Upholding your duty to your patient and not discriminating against your patient on grounds such as race, religion, sex, gender identity, sexual orientation, disability or other grounds, as described in antidiscrimination legislation. 3.4.4 Giving priority to investigating and treating patients on the basis of clinical need and the effectiveness of the proposed investigations or treatment. 3.4.5 Keeping yourself and your staff safe when caring for patients. If a patient poses a risk to your health and safety, or that of your staff, take action to protect against that risk. Such a patient should not be denied care if reasonable steps can be taken to keep you and your staff safe. 3.4.6 Being aware of your right to not provide or directly participate in treatments to which you conscientiously object, informing your patients and, if relevant, colleagues of your objection, and not using your objection to impede access to treatments that are legal. In some jurisdictions, legislation mandates doctors who do not wish to participate in certain treatments, to refer on the patient. 3.4.7 Not allowing your moral or religious views to deny patients access to medical care, recognising that you are free to decline to personally provide or directly participate in that care. | | ✓ | ✓ | ✓ | |
| 3.5 Treatment in Emergencies | 3.5 Offering assistance in an emergency that takes account of your own safety, your skills, the availability of other options and the impact on any other patients under your care; and continuing to provide that assistance until your services are no longer required | | | ✓ | | |
| 4. Working with Patients | | | | | | |
| 4.2 Doctor-patient partnership | 1.2.1 Being courteous, respectful, compassionate and honest. 1.2.2 Treating each patient as an individual. 1.2.3 Protecting patients' privacy and right to confidentiality, unless release of information is required or permitted by law. | ✓ | | ✓ | ✓ | Reflection and Evaluation of Learning Patient Experience Survey (PES) Multi-Source Feedback (MSF) Patient education material development |

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| | <p>1.2.4 Encouraging and supporting patients and, when relevant, their carer or family, to care for themselves and manage their health.</p> <p>1.2.5 Encouraging and supporting patients to be well informed about their health and to use this information wisely when they are making decisions.</p> <p>1.2.6 Recognising that there is a power imbalance in the doctor–patient relationship, and not exploiting patients in any way, including physically, emotionally, sexually or financially.</p> | | | | | <p>eLearning</p> <p>Small Group Learning</p> <p>Professional workshops</p> |
| 4.3 Effective communication | <p>4.3.1 Listening to patients, asking for and respecting their views about their health, and responding to their concerns and preferences.</p> <p>4.3.2 Encouraging patients to tell you about their condition and how they are currently managing it, including any other health advice they have received, any prescriptions or other medication they have been prescribed and any other conventional, complementary or alternative therapies they are using.</p> <p>4.3.3 Informing patients of the nature of, and need for, all aspects of their clinical management, including examination and investigations, and giving them adequate opportunity to question or refuse intervention and treatment.</p> <p>4.3.4 Discussing with patients their condition and the available management options, including their potential benefit and harm and material risks.</p> <p>4.3.5 Endeavouring to confirm that your patient understands what you have said.</p> <p>4.3.6 Responding to patients' questions and keeping them informed about their clinical progress.</p> <p>4.3.7 Taking all practical steps to ensure that arrangements are made to meet patients' specific language, cultural and communication needs, and being aware of how these needs affect patients' understanding.</p> <p>4.3.8 Familiarising yourself with, and using whenever necessary, qualified language interpreters to help you to meet patients' communication needs. Government-funded and fee-for-service interpreter services are available.</p> | ✓ | | ✓ | | |
| 4.4 Confidentiality and privacy | <p>4.4.1 Treating information about patients as confidential.</p> <p>4.4.2 Appropriately sharing information about patients for their healthcare, consistent with privacy laws and professional guidelines about confidentiality.</p> <p>4.4.3 Accessing an individual's medical record only when there is a legitimate need.</p> | ✓ | | ✓ | ✓ | |

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| | <p>4.4.4 Using consent processes, including forms if required, for the release and exchange of health information.</p> <p>4.4.5 Being aware that there are complex issues related to genetic information and seeking appropriate advice about its disclosure.</p> <p>4.4.6 Ensuring that your use of digital communications (e.g. email and text messages) and social media is consistent with your ethical and legal obligations to protect patient confidentiality and privacy and the Board's social media guidance.</p> | | | | | |
| 4.5 Informed Consent | <p>4.5.1 Providing information to patients in a way they can understand before asking for their consent.</p> <p>4.5.2 Obtaining informed consent from the patient or where the patient does not have the capacity, from their substitute decision-maker and taking into account any advance care directive (or similar) before you undertake any examination, investigation or provide treatment (except in an emergency), or before involving patients in teaching or research.</p> <p>4.5.3 Ensuring that your patients are informed about your fees and charges in a timely manner to enable them to make an informed decision about whether they want to proceed with consultations and treatment.</p> <p>4.5.4 When referring a patient for investigation, treatment or a procedure, advising the patient that there may be additional costs, which patients may wish to clarify before proceeding.</p> | | | ✓ | ✓ | |
| 4.6 Children and Young People | <p>4.6.1 Placing the interests and wellbeing of the child or young person first.</p> <p>4.6.2 Ensuring that you consider young people's capacity for decision-making and consent.</p> <p>4.6.3 Ensuring that, when communicating with a child or young person, you:</p> <ul style="list-style-type: none"> • treat them with respect and listen to their views • encourage questions and answer their questions to the best of your ability • provide information in a way they can understand • recognise the role of parents or guardians and when appropriate, encourage the young person to involve their parents or guardians in decisions about their care. <p>4.6.4 Being alert to children and young people who may be at risk, and notifying appropriate authorities, when appropriate.</p> | | ✓ | ✓ | | |
| 4.7 Aboriginal and Torres Strait Islander | <p>4.7.2</p> <ul style="list-style-type: none"> • Acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health; | ✓ | ✓ | ✓ | | |

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| Health and Cultural Safety | <ul style="list-style-type: none"> Acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism; Recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community; Foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues. | | | | | |
| 4.8 Cultural Safety for all Communities | <p>4.8</p> <ul style="list-style-type: none"> Understand how your own culture, values, attitudes, assumptions and beliefs influence your interactions with patients and their families, the community, colleagues and team members Acknowledge the social, economic, cultural, historic and behavioural factors influencing the health of individuals, communities and populations Understanding what individual patients and/or their family believe is culturally safe Create a positive, inclusive, culturally safe work environment by practising in a way that is culturally safe and supports the rights, dignity and safety of others | ✓ | ✓ | | | |
| 4.9 Patients who may have additional needs | <p>4.9.1 Ensuring that you reassess a patient's decision-making capacity when indicated.</p> <p>4.9.2 Encouraging supported decision-making by patients with impaired capacity, to enable them to participate in the decision-making process, as far as possible.</p> <p>4.9.3 Paying particular attention to communication.</p> <p>4.9.4 Being aware that increased advocacy may be necessary to ensure just access to healthcare.</p> <p>4.9.5 Recognising that there may be a range of people involved in a patient's care, such as carers, family members, a guardian or other substitute decision-maker, and involving them when appropriate or required by law, being mindful of privacy considerations.</p> <p>4.9.6 Being aware that these patients may be at greater risk.</p> | ✓ | ✓ | | | |
| 4.10 Relatives, Carers and Partners | <p>4.10.1 Being considerate to relatives, carers, partners and others close to the patient, and respectful of their role in the care of the patient.</p> <p>4.10.2 With appropriate consent or where otherwise permitted, being responsive in providing information.</p> | ✓ | | ✓ | ✓ | |
| 4.11 Adverse events | 4.11.1 Recognising what has happened. | | | ✓ | ✓ | |

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| | <p>4.11.2 Acting immediately to rectify the problem if possible, including seeking any necessary help and advice.</p> <p>4.11.3 Explaining to the patient as promptly and fully as possible in accordance with open disclosure policies, what has happened and the anticipated short-term and long-term consequences.</p> <p>4.11.4 Acknowledging any patient distress and providing appropriate support.</p> <p>4.11.5 Complying with any relevant policies, procedures and reporting requirements.</p> <p>4.11.6 Reviewing and reflecting on adverse events and implementing changes to reduce the risk of recurrence (see section 8).</p> <p>4.11.7 Reporting adverse events to the relevant authority, as necessary (see section 8).</p> <p>4.11.8 Ensuring patients have access to information about the processes for making a complaint (for example, through the relevant healthcare complaints commission or the Medical Board).</p> | | | | | |
| 4.12 When a complaint is made | <p>4.12.1 Acknowledging the patient's right to complain.</p> <p>4.12.2 Providing information about the complaints system.</p> <p>4.12.3 Working with the patient to resolve the issue, locally where possible.</p> <p>4.12.4 Providing a prompt, open and constructive response, including an explanation and, if appropriate, an apology.</p> <p>4.12.5 Ensuring the complaint does not adversely affect the patient's care. In some cases, it may be advisable to refer the patient to another doctor.</p> <p>4.12.6 Complying with relevant complaints law, policies and procedures.</p> <p>4.12.7 Reflecting on the complaint and learning from it.</p> | | ✓ | ✓ | ✓ | |
| 4.13 End-of-life care | <p>4.13.1 Taking steps to manage a patient's symptoms and concerns in a manner consistent with their values and wishes.</p> <p>4.13.2 Providing or arranging appropriate palliative care, including a multi-disciplinary approach whenever possible.</p> <p>4.13.3 Understanding the limits of medicine in prolonging life and recognising when efforts to prolong life may not benefit the patient.</p> <p>4.13.4 Understanding that you do not have a duty to try to prolong life at all cost. However, you have a duty to know when not to initiate and when to cease attempts at prolonging life, while ensuring that your patients receive appropriate relief from distress.</p> <p>4.13.5 Accepting that patients have the right to refuse medical treatment or to request the withdrawal of treatment already started.</p> | ✓ | | ✓ | ✓ | |

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| | <p>4.13.6 Respecting different cultural practices related to death and dying.</p> <p>4.13.7 Striving to communicate effectively with patients and their families so they are able to understand the outcomes that can and cannot be achieved.</p> <p>4.13.8 Encouraging advance care planning and facilitating the appropriate documentation, such as an advance care directive (or similar).</p> <p>4.13.9 Taking reasonable steps to ensure that support is provided to patients and their families, even when it is not possible to deliver the outcome they seek.</p> <p>4.13.10 Communicating bad news to patients and their families in the most appropriate way and providing support for them while they deal with this information.</p> <p>4.13.11 When your patient dies, being willing to explain, to the best of your knowledge, the circumstances of the death to appropriate members of the patient's family and carers, unless you know the patient would have objected.</p> <p>4.13.12 Sensitively discussing and encouraging organ and tissue donation with the patient's family, when appropriate and consistent with legislation and accepted protocols.</p> | | | | | |
| 4.14 Ending a Professional Relationship | 4.14 The relationship between a doctor and patient may break down or become compromised (e.g. because of a conflict of interest), and you may need to end it. Good medical practice involves ensuring that the patient is adequately informed of your decision and facilitating arrangements for the continuing care of the patient, including passing on relevant clinical information | | | ✓ | ✓ | |
| 4.15 Providing care to those close to you | <p>4.15</p> <ul style="list-style-type: none"> • Whenever possible, avoid providing medical care to anyone with whom you have a close personal relationship • In some cases, providing care to those close to you is unavoidable, for example in an emergency. Whenever this is the case, good medical practice requires recognition and careful management of these issues. | | | ✓ | ✓ | |
| 4.16 Closing or relocating your practice | <p>4.16.1 Giving advance notice when this is possible.</p> <p>4.16.2 Facilitating arrangements for the continuing medical care of all your current patients, including the transfer or appropriate management of all patient records. You must follow the law governing health records in your jurisdiction.</p> | | | ✓ | ✓ | |
| 5. Respectful Culture | | | | | | |
| 5.2 Respect for medical | 5.2.1 Acknowledging and respecting the contribution of all healthcare professionals involved in the care of the patient. | | | ✓ | ✓ | Reflection and Evaluation of Learning Multi-Source Feedback (MSF) |

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| colleagues and other healthcare professionals | <p>5.2.2 Communicating clearly, effectively, courteously, respectfully and promptly with other doctors and healthcare professionals caring for the patient.</p> <p>5.2.3 Behaving professionally and courteously to colleagues and other practitioners including when using social media.</p> | | | | | Professional workshops eLearning Working with a coach or mentor Small group learning AOA21 workshops |
| 5.3 Teamwork | <p>5.3.1 Understanding your particular role as part of the team and fulfilling the responsibilities associated with that role.</p> <p>5.3.2 Advocating for a clear delineation of roles and responsibilities, including that there is a recognised team leader or coordinator.</p> <p>5.3.3 Communicating effectively with other team members.</p> <p>5.3.4 Informing patients about the roles of team members.</p> <p>5.3.5 Acting as a positive role model for team members.</p> <p>5.3.6 Supporting students and practitioners receiving supervision within the team.</p> | ✓ | | ✓ | | |
| 5.4 Discrimination, Bullying and Sexual Harassment | <p>5.4.1 Being fair and showing respect for peers, colleagues, co-workers, students on healthcare teams and patients.</p> <p>5.4.2 Not discriminating against, bullying or sexually harassing others.</p> <p>5.4.3 Providing constructive and respectful feedback to colleagues, trainees, international medical graduates and students, including when their performance does not meet accepted standards.</p> <p>5.4.4 Being open to receiving constructive feedback.</p> <p>5.4.5 Doing or saying something about discrimination, bullying or sexual harassment by others when you see it and reporting it when appropriate.</p> <p>5.4.6 Having zero tolerance for discrimination, bullying and sexual harassment.</p> <p>5.4.7 Providing respectful and timely feedback to another medical or health practitioner about behaviour that does not meet accepted standards.</p> <p>5.4.8 Early, timely, local and fair management of concerns about discrimination, bullying and sexual harassment whenever possible, including through existing employer complaints resolution processes to help minimise harm and build a culture of respect.</p> <p>5.4.9 Appropriate information sharing, within the law, by all relevant parties such as employers and specialist medical colleges, to support effective resolution and remediation, when possible.</p> <p>5.4.10 Referring concerns about discrimination, bullying or sexual harassment to the Medical Board when there is ongoing and/or</p> | | ✓ | ✓ | ✓ | |

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| | <i>serious risk to patients, students, trainees, colleagues or healthcare teams (in addition to mandatory reporting obligations).</i> | | | | | |
| 6. Working with Healthcare Professionals | | | | | | |
| 6.2 Coordinating Care | 6.2.1 Communicating all the relevant information in a timely way. 6.2.2 Facilitating the central coordinating role of the general practitioner. 6.2.3 Advocating the benefit of a general practitioner to a patient who does not already have one. 6.2.4 Ensuring that it is clear to the patient, the family and colleagues, who has ultimate responsibility for coordinating the care of the patient. | ✓ | ✓ | ✓ | | Self-appraisal Multi-Source Feedback (MSF) Peer Review of Own Practice Workplace performance appraisal Quality improvement project Case based meetings Clinical Governance |
| 6.3 Delegation, referral and handover | 6.3.1 Ensuring there are arrangements in place for continuing care of patients when you are not available. These arrangements should be made in advance when possible, and communicated to the patient, other treating practitioners and any relevant facilities or hospitals. 6.3.2 Taking reasonable steps to ensure the person to whom you delegate, refer or handover has the qualifications, experience, knowledge and skills to provide the care required. 6.3.3 Understanding that when you delegate, although you will not be accountable for the decisions and actions of those to whom you delegate, you remain responsible for the overall management of the patient, and for your decision to delegate. 6.3.4 Always communicating sufficient information about the patient and the treatment they need to enable the continuing care of the patient. | | | ✓ | | |
| 7. Working within the Healthcare System | | | | | | |
| 7.2 Wise use of Healthcare Resources | 7.2.1 Ensuring that the services you provide are necessary and likely to benefit the patient 7.2.2 Upholding the patient's right to gain access to the necessary level of healthcare and, whenever possible, helping them to do so. 7.2.3 Supporting the transparent and equitable allocation of healthcare resources. 7.2.4 Understanding that your use of resources can affect the access other patients have to healthcare resources. | ✓ | ✓ | ✓ | | Patient Education Material Development Presentations Community orthopaedic services Orthopaedic Governance Clinical Governance |
| 7.3 Health Advocacy | 7.3 Using your expertise and influence to identify and address healthcare inequity and protect and advance the health and wellbeing of individual patients, communities and populations | ✓ | ✓ | | | |
| 7.4 Public Health | 7.4.1 Understanding the principles of public health, including health education, health promotion, disease prevention and control and screening. | ✓ | ✓ | | | |

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| | 7.4.2 Participating in efforts to promote the health of the community and being aware of your obligations in disease prevention, screening and reporting notifiable diseases. | | | | | |
| 8. Patient Safety and Minimising Risk | | | | | | |
| 8.2 Risk Management | 8.2.1 Acknowledging that all doctors share responsibility for clinical governance. 8.2.2 Being aware of the importance of the principles of open disclosure and a non-punitive approach to incident management. 8.2.3 Participating in systems of quality assurance and improvement. 8.2.4 Participating in systems for surveillance and monitoring of adverse events and 'near misses', including reporting these events. 8.2.5 If you have clinical leadership and/or management responsibilities, making sure that appropriate systems are in place for raising concerns about risks to patients. | | | ✓ | ✓ | Orthopaedic governance Case based meetings Mentoring and visits Impairment assessment training Journal club Australian and New Zealand Audit of Surgical Mortality (ANZASM) Personal audit of outcomes National Joint Replacement Registry Opt-In Clinical registry audit Medico legal audit Root Cause Analysis Incident Reporting Multidisciplinary Incident Reporting |
| 8.3 Doctors' performance – you and your colleagues | 8.3.1 Recognising and taking steps to minimise the risks of fatigue, including complying with relevant state and territory occupational health and safety legislation. 8.3.2 If you know or suspect that you have a health condition that could adversely affect your judgement or performance, following the guidance in section 11.2. 8.3.3 Taking steps to protect patients from risk posed by a colleague's conduct, practice or ill health. 8.3.4 Taking appropriate steps to assist your colleague to receive help if you have concerns about their performance or fitness to practise. 8.3.5 Complying with any statutory reporting requirements, including mandatory reporting requirements under the National Law as they apply in your jurisdiction. 8.3.6 If you are not sure what to do, seeking advice from an experienced colleague, your employer, doctors' health service, professional organisation or professional indemnity insurer. | | | ✓ | ✓ | |
| 9. Maintaining Professional Performance | | | | | | |
| 9.2 Continuing Professional Development | 9.2.1 Keeping your knowledge and skills up to date. 9.2.2 Ensuring that your practice meets the standards reasonably expected by the public and your peers. 9.2.3 Planning and regularly reviewing your continuing professional development activities to make sure they are relevant to your current scope of practice and meet the Board's requirements. | ✓ | ✓ | ✓ | ✓ | Completion of a CPD Learning Plan, including reflection Personal Audit Analysis Multi-source Feedback (360-degree survey) of Self Surgical Audit with Peer Review |

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| | 9.2.4 As part of your continuing professional development program, regularly participating in a range of activities to maintain and further develop your knowledge, skills and performance. These include educational activities to develop your knowledge and skills, activities focused on reviewing your performance and activities focused on measuring your outcomes. 9.2.5 Engaging in performance development and appraisal processes associated with your role. | | | | | National Joint Replacement Registry Opt-In & Review Scientific Meetings Further education and training Journal reading Self-directed learning Small group learning |
| 9.3 Career Transitions | 9.3.1 Acknowledging that professional performance may be affected by multiple factors, including increasing age and practice context, and being mindful of how these may affect your performance. 9.3.2 Actively planning for a successful transition to different roles or retirement. | | | ✓ | | |
| 10. Professional Behaviour | | | | | | |
| 10.2 Professional Boundaries | 10.2.1 Maintaining professional boundaries. 10.2.2 Never using your professional position to establish or pursue a sexual, exploitative or other inappropriate relationship with anybody under your care. This includes those close to the patient, such as their carer, guardian, spouse or the parent of a child patient. The Board has developed Guidelines: Sexual boundaries in the doctor–patient relationship, which apply to all doctors. 10.2.3 Avoiding expressing your personal beliefs to your patients in ways that exploit their vulnerability or are likely to cause them distress. | | | ✓ | ✓ | AOA governance Orthopaedic governance Clinical governance Medico legal governance Case based meetings Medical assessment activities Performance assessment for a third party Departmental audit Multidisciplinary root cause analysis Multidisciplinary quality improvement project Multidisciplinary incident reporting Australian and New Zealand Audit of Surgical Mortality (ANZASM) Personal audit of outcomes National Joint Replacement Registry Opt-In Clinical registry audit Medico legal audit Root cause analysis Incident reporting Self-directed learning Small group learning Professional workshops |
| 10.3 Reporting Obligations | 10.3.1 Being aware of these reporting obligations. 10.3.2 Complying with any reporting obligations that apply to your practice. 10.3.3 Seeking advice from your professional indemnity insurer if you are unsure about your obligations. | | | ✓ | ✓ | |
| 10.4 Vexatious Complaints | 10.4.1 Raising genuine concerns about risks to patient safety to the appropriate authority (locally and/or the Medical Board) and complying with mandatory reporting requirements. 10.4.2 Not making vexatious complaints about other health practitioners. | | | ✓ | ✓ | |
| 10.5 Medical Records | 10.5.1 Keeping accurate, up to date and legible records that report relevant details of clinical history, clinical findings, investigations, diagnosis, information given to patients, medication, referral and other management in a form that can be understood by other health practitioners. | | | ✓ | ✓ | |

| Section | Criteria | C | A | P | E | Example Activities |
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| | <p>10.5.2 Ensuring that your medical records are held securely and are protected against unauthorised access.</p> <p>10.5.3 Ensuring that your medical records show respect for your patients and do not include demeaning or derogatory remarks.</p> <p>10.5.4 Ensuring that the records are sufficient to facilitate continuity of patient care.</p> <p>10.5.5 Making records at the time of the events, or as soon as possible afterwards.</p> <p>10.5.6 Dating any changes and additions to medical records, including when the record is electronic.</p> <p>10.5.7 Recognising patients' right to access information contained in their medical records and facilitating that access.</p> <p>10.5.8 Promptly facilitating the transfer of health information when requested by the patient or third party with requisite authority.</p> <p>10.5.9 Retaining records for the period required by law and ensuring they are destroyed securely when they are no longer required.</p> | | | | | |
| 10.6 Insurance | 10.6 You have a professional obligation to ensure that your practice is appropriately covered by professional indemnity insurance | | | ✓ | | |
| 10.7 Advertising | <p>10.7.1 Making sure that any information you publish about your medical services is factual and verifiable.</p> <p>10.7.2 Making only justifiable claims about the quality or outcomes of your services in any information you provide to patients.</p> <p>10.7.3 Not guaranteeing cures, exploiting patients' vulnerability or fears about their future health, or raising unrealistic expectations.</p> <p>10.7.4 Not offering inducements or using testimonials.</p> <p>10.7.5 Not making unfair or inaccurate comparisons between your services and those of colleagues.</p> | | | ✓ | ✓ | |
| 10.8 Medico-legal, insurance and other assessments | <p>10.8.1 Applying the standards of professional behaviour described in this code to the assessment. In particular, being courteous, alert to the concerns of the person, and ensuring that you have the person's consent for the assessment and any necessary physical examination.</p> <p>10.8.2 Explaining to the person your area of medical practice, your role, and the purpose, nature and extent of the assessment to be conducted.</p> <p>10.8.3 Anticipating and seeking to correct any misunderstandings the person may have about the nature and purpose of your assessment and report.</p> <p>10.8.4 Providing an impartial report (see section 10.9).</p> | | | ✓ | | |

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| | 10.8.5 Recognising that, if you discover an unrecognised serious medical problem during your assessment, you have a duty of care to inform the patient and/or their treating doctor. | | | | | |
| 10.9 Medical Reports, certificates and giving evidence | 10.9.1 Being honest and not misleading when writing reports and certificates, and only signing documents you believe to be accurate. 10.9.2 Taking reasonable steps to verify the content before you sign a report or certificate, and not omitting relevant information deliberately. 10.9.3 Preparing or signing documents and reports if you have agreed to do so, within a reasonable and justifiable timeframe. 10.9.4 Making clear the limits of your knowledge and not giving opinion beyond those limits when providing evidence | | | ✓ | | |
| 10.10 Curriculum Vitae | 10.10.1 Providing accurate, truthful and verifiable information about your experience and your medical qualifications. 10.10.2 Not misrepresenting, by misstatement or omission, your experience, qualifications or position. | | | ✓ | | |
| 10.11 Investigations | 10.11.1 Cooperating with any legitimate inquiry into the treatment of a patient and with any complaints procedure that applies to your work. 10.11.2 Disclosing to anyone entitled to ask for it, information relevant to an investigation into your own or a colleague's conduct, performance or health. 10.11.3 Assisting the coroner when an inquest or inquiry is held into a patient's death by responding to their enquiries and by offering all relevant information. | | | ✓ | ✓ | |
| 10.12 Conflicts of Interest | 10.12.1 Recognising potential conflicts of interest that may arise in relation to initiating or continuing a professional relationship with a patient. 10.12.2 Acting in your patients' best interests when making referrals and when providing or arranging treatment or care. 10.12.3 Informing patients when you have an interest that could affect, or could be perceived to affect, patient care. 10.12.4 Recognising that pharmaceutical and other medical marketing influences doctors and being aware of ways in which your practice may be being influenced. 10.12.5 Recognising potential conflicts of interest in relation to medical devices and appropriately managing any conflict that arises in your practice. 10.12.6 Not asking for, or accepting any, inducement, gift or hospitality of more than trivial value, from companies that sell or market drugs, appliances or devices, or provide services that may | | | ✓ | ✓ | |

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| | <p>affect, or be seen to affect, the way you prescribe for, treat or refer patients.</p> <p>10.12.7 Not asking for or accepting fees for meeting sales representatives.</p> <p>10.12.8 Not offering inducements or entering into arrangements that could be perceived to provide inducements.</p> <p>10.12.9 Not allowing any financial or commercial interest in a hospital, other healthcare organisation, or company providing or manufacturing healthcare services or products to adversely affect the way you treat patients. When you or your immediate family have such an interest and that interest could be perceived to influence the care you provide, you must inform your patient.</p> | | | | | |
| 10.13 Financial and commercial dealings | <p>10.13.1 Not exploiting patients' vulnerability or lack of medical knowledge when providing or recommending treatment or services and setting fees.</p> <p>10.13.1 Not encouraging patients to give, lend or bequeath money or gifts that will benefit you directly or indirectly.</p> <p>10.13.1 Avoiding financial involvement, such as loans and investment schemes, with patients.</p> <p>10.13.1 Not pressuring patients or their families to make donations to other people or organisations.</p> <p>10.13.1 Being transparent in financial and commercial matters relating to your work, including in your dealings with employers, insurers and other organisations or individuals. In particular:</p> <ul style="list-style-type: none"> • declaring any relevant and material financial or commercial interest that you or your family might have in any aspect of the patient's care • declaring to your patients your professional and financial interest in any product you might endorse or sell from your practice, and not making an unjustifiable profit from the sale or endorsement. | | | ✓ | ✓ | |
| 11. Ensuring Doctor's Health | | | | | | |
| 11.2 Your Health | <p>11.2.1 Having a general practitioner.</p> <p>11.2.2 Seeking independent, objective advice when you need medical care, and being aware of the risks of self-diagnosis and self-treatment.</p> <p>11.2.3 Seeking help if you are suffering stress, burnout, anxiety or depression.</p> <p>11.2.4 Making sure that you are immunised against relevant communicable diseases.</p> <p>11.2.5 Not self-prescribing.</p> | | | ✓ | | <p>Personal Development</p> <p>Self-appraisal</p> <p>Reflection and evaluation of learning</p> <p>Personal audit analysis</p> |

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| | <p>11.2.6 Recognising the impact of fatigue on your health and your ability to care for patients, and endeavouring to work safe hours wherever possible.</p> <p>11.2.7 Being aware of the doctors' health program in your state or territory which provides confidential advice and support through the doctors' health advisory and referral services.</p> <p>11.2.8 If you know or suspect that you have a health condition or impairment that could adversely affect your judgement, performance or your patient's health:</p> <ul style="list-style-type: none"> • not relying on your own assessment of the risk you pose to patients • consulting your doctor about whether, and in what ways, you may need to modify your practice, and following the doctor's advice. | | | | | |
| 11.3 Other Doctor's Health | <p>11.3.1 Providing doctors who are your patients with the same quality of care you would provide to other patients.</p> <p>11.3.2 Notifying the Medical Board of Australia if you are treating a doctor whose ability to practise is impaired and is placing patients at substantial risk of harm. This is always a professional responsibility and, in some jurisdictions, may be a statutory responsibility under the National Law.²⁷</p> <p>11.3.3 Supporting your colleagues and encouraging any of them (whom you are not treating) to seek appropriate help if you believe they may be ill and impaired. If you believe this impairment is putting patients at risk of substantial harm, notify the Medical Board of Australia. It may also be wise to report your concerns to the doctor's employer and seek advice from a doctors' health service or your professional indemnity insurer.</p> <p>11.3.4 Recognising the impact of fatigue on the health of colleagues, including those under your supervision, and facilitating safe working hours wherever possible.</p> | | | ✓ | ✓ | |
| 12. Teaching, Supervising and Assessing | | | | | | |
| 12.2 Teaching and Supervising | <p>12.2.1 Seeking to develop the skills, attitudes and practices of an effective teacher, whenever you are involved in teaching.</p> <p>12.2.2 Making sure that any doctor or medical student for whose supervision you are responsible receives adequate oversight and feedback.</p> <p>12.2.3 Giving feedback in a respectful and constructive manner, including when the person's performance does not meet accepted standards.</p> <p>12.2.4 Doing your part to ensure the teaching and learning environment is free from discrimination, bullying and harassment, and is culturally safe.</p> | ✓ | | ✓ | | <p>Teaching and examination</p> <p>Supervision</p> <p>AOA approved fellowships</p> <p>Surgical audit with peer review</p> <p>Peer review of colleagues practice</p> <p>Small group learning</p> |

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| 12.3 Assessing Colleagues | 12.3.1 Being honest, objective and constructive when assessing the performance of colleagues, including students. Patients will be put at risk if you describe someone as competent when they are not. 12.3.2 Providing accurate and justifiable information when giving references or writing reports about colleagues. These should be completed promptly and include all relevant information. | | | ✓ | | |
| 12.4 Medical Students | 12.4.1 Treating your students with respect and patience. 12.4.2 Making the scope of the student's role in patient care clear to the student, to patients and to other members of the healthcare team. 12.4.3 Informing your patients about the involvement of medical students and obtaining their consent for student participation, while respecting their right to choose not to consent. | | | ✓ | | |
| 13. Undertaking Research | | | | | | |
| 13.2 Research Ethics | 13.2.1 Respecting and protecting participants. 13.2.2 Acting with honesty and integrity. 13.2.3 Ensuring that any protocol for human research has been approved by a human research ethics committee, in accordance with the National statement on ethical conduct in human research. 13.2.4 Disclosing the sources and amounts of funding for research to the human research ethics committee. 13.2.5 Disclosing any potential or actual conflicts of interest to the human research ethics committee. 13.2.6 Ensuring that human participation is voluntary and based on an adequate understanding of sufficient information about the purpose, methods, demands, risks and potential benefits of the research. 13.2.7 Ensuring that any dependent relationship between doctors and their patients is taken into account in the recruitment of patients as research participants. 13.2.8 Seeking advice when research involves children or adults who are not able to give informed consent, to ensure that there are appropriate safeguards in place. This includes ensuring that a person empowered to make decisions on the patient's behalf has given informed consent, or that there is other lawful authority to proceed. 13.2.9 Adhering to the approved research protocol. 13.2.10 Monitoring the progress of the research and promptly reporting adverse events or unexpected outcomes. 13.2.11 Respecting the right of research participants to withdraw from any research at any time and without giving reasons. | ✓ | ✓ | ✓ | ✓ | Scientific research Review research activities Publications Reviewer of articles in peer-reviewed journals |

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| | <p>13.2.12 Adhering to the guidelines including about the publication of findings, authorship, peer review and conflicts of interest.</p> <p>13.2.13 Reporting possible fraud or misconduct in research as required under the Australian code for the responsible conduct of research.</p> | | | | | |
| 13.3 Treating Doctors and Research | <p>13.3.1 Respecting the patient's right to withdraw from a study without prejudice to their treatment.</p> <p>13.3.2 Ensuring that a patient's decision to not participate does not compromise the doctor–patient relationship or their care.</p> | | | ✓ | ✓ | |



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Appendix A- Assessment of CPD Activity

Self-Assessment Checklist

This checklist is a tool for members to use to assess the value, relevance and acceptability of CPD activities provided by external organisations that they are considering undertaking to contribute to their Continuing Professional Development activities, that are not accredited by the AOA.

Not all questions listed need to be answered in order to assess the value, relevance and/or acceptability of the activity.

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------|----------------------------------|
| Name of activity being assessed: | | | |
| CPD Year: | | | |
| Assessment Date: | | | |
| Consider the following questions in relation to the activity you are considering undertaking to support your Continuing Professional Development plan: | | | Tick below where applicable: |
| Learning Needs and Scope | | | |
| Does the activity meet my learning needs (as documented in my Professional Development Learning Plan)? | | | |
| Is the activity relevant to my current or intended scope of practice? | | | |
| Program Requirements | | | |
| Does the activity fall within at least one of the program level requirement activity types below? | | | |
| Reviewing Performance | | Measuring Outcomes | Educational Activities |
| Does the activity meet my learning needs (as documented in my Professional Development Learning Plan)? | | | |
| Does the activity fall within at least one CAPE Activity category? | | | |
| Culturally Safe Practice | | Addressing Health Inequalities | Professionalism Ethical Practice |
| Impact and Evidence | | | |
| Can I reasonably expect the activity to contribute to improved patient outcomes? | | | |
| Are activities involving research using peer-reviewed resources? | | | |
| If the CPD Activity is an Educational Activity: | | | |
| Was the course content developed by appropriately qualified subject matter experts or is the learning activity provided by a professional educational body? | | | |
| Are there defined learning objectives and outcomes that are relevant to the orthopaedic scope of practice and based on sound educational and clinical principles? | | | |
| Are facilitators appropriately qualified and equipped to deliver the content? | | | |
| Have any conflicts of interest been declared and appropriately managed? | | | |
| Does course content and structure contravene any AOA policies, including the Code of Conduct (including the AOA Position Statement on Interaction with Medical Industry 2020) and Ethical Framework)? | | | |
| Does the activity provide at least one hour of educational value ? | | | |
| Are any assessments linked to the learning objectives and outcomes? | | | |
| Is any funding or sponsorship associated with the event disclosed , including financial or other inducements offered to participants. Do industry activities comply with the AOA Position Statement on Interaction with Medical Industry 2020). | | | |
| Are participants provided with evidence of completion ? | | | |