

CONTINUING PROFESSIONAL DEVELOPMENT: maintaining a skilled rural and remote health workforce



...good health and wellbeing in rural and remote Australia

Accessing Continuing Professional Development (CPD) is one of the main ways in which health professionals maintain, improve and broaden their knowledge, expertise and competence, and update the personal and professional qualities required for safe and effective practice throughout their professional lives.



As is the case for many other goods and services, there are particular challenges related to accessing CPD in more remote areas. There may not be the critical mass or 'market' for private sector providers to make money out of providing CPD. Professional bodies and public sector agencies may find it difficult and expensive to provide the courses needed by their members and employees. Generally speaking telecommunications are poorer, including for the transmission of teaching and learning materials.

This is why health practitioners in rural and remote areas often need specific support to access CPD. This is a matter of concern. The RHCE2 program has ended and there is uncertainty about the roles that Primary Health Networks (PHNs) will be able to afford and play in relation to CPD. It is expected that PHNs will commission other parties to deliver CPD. Many health workers are required by their professional association to undertake a prescribed amount of CPD in a given period (a year, two years) to maintain their registration to practice. These are detailed for 14 health professional categories at <http://www.ahpra.gov.au/Search.aspx?q=CPD+hours> and at <https://www.ahpra.gov.au/Registration/Registration-Standards/CPD.aspx>

The table below summarises the situation for some of the main professional groups.

There are several types of CPD or reasons for accessing it. There is CPD:

- to enable people who were trained some years ago to maintain skills within a particular scope of practice, where technology or clinical procedures for instance have changed. They need this to remain safe and effective clinicians.
- to enable clinicians to broaden their scope of practice. This is particularly important in rural and remote areas where there are shortages of many health professionals and supporting a wider scope of practice among the existing workforce means more care can be provided safely in communities than would otherwise be available.
- to enable health professionals to develop their professional skills and advance to more senior positions, professions or scopes of practice.
- of a more discretionary or voluntary nature, enabling people to engage in lifelong learning and revitalise their practice.

Table: Prescribed hours of CPD required for major health professional groups

Administration	Minimum Hours	Total Hours
Nurses	20 hours	20 hours
Midwives	20 hours	20 hours
General Practitioners	Must include one activity of peer review or clinical audit or performance appraisal.	50 hours CPD activity per year
Allied Health Professionals	10 hours of peer consultation activities annually	20 hours of other CPD activities annually
Aboriginal & Torres Strait Islander Health Workers	Registered for less than 12 months, a pro rata CPD points/hours	At least 20 hours of CPD per year

Commonwealth, State and Territory Governments have, between them, a large number of programs to help recruit and retain health professionals to rural and remote areas. Some programs are designed to be part of a 'pipeline' approach, which begins with attracting school students to health courses in universities or the TAFE sector, and which proceeds throughout the professional stages of a career - until the practitioner might want to relinquish full-time practice but be available as an experienced and valuable resource for mentoring, coaching or teaching students.

CPD is vital to maintaining professional currency and skill. It is important at all the stages of career practice. The degree of governmental support directed towards helping rural and remote practitioners to access CPD and maintain skills appears to be a lower priority than encouraging people to commence practice in rural and remote locations. It is important that health practitioners across Australia are enabled not only to move to areas of need but, vitally, to continue working there.

The RHCE2 program, managed for the Australian Government by the NRHA, succeeded not only in making available valuable financial support for CPD in rural and remote areas, identifying particular challenges with CPD in such areas but also ways in which they might be overcome and enabling the development of CPD programs to address many of those needs.

It is frequently hard for employers in both public and private sectors to find back-up for staff who want to be away for CPD. Rural and remote areas are generally short of health sector mentors, coaches, teachers/trainers and facilitators. Despite the challenges that exist, good employers in private and public sectors will acquit their responsibility to ensure that their staff have access to the necessary training. It will obviously be easier for all concerned if the CPD is available locally, and the internet and digital communications provide some options for this. External presenters and trainers can be brought in by videoconference or Skype, and use can be made of videos and online resources, perhaps customised to local workforce requirements.

If the CPD required by a particular health professional is not available locally, the costs will obviously increase substantially, with the need for travel, accommodation and backfill.

A good general situation with respect to CPD in rural and remote areas can be guaranteed with support from employers (including through explicit commitments in employment contracts) and close alignment of performance appraisals with professional development activities. Management must, and often do, appreciate the importance and value of CPD for staff, not just as prescribed for safe practice but also for professional development and employee satisfaction. Employers and staff can face financial, backfilling, travel and time related obstacles to CPD. Cost-effective CPD that is responsive to the needs of rural and remote practitioners encourages participation and is demonstrably of value to staff, employers and patients alike.

Peak bodies in the health sector and employers must continue to develop or customise CPD materials, and there should be adequate government funding (including for locum programs). Training providers need to be accredited by the appropriate professional body and have processes in place to provide CPD points and certification in recognition of the participant's competence and participation.

Modest targeted programs for rural and remote CPD will be good investments.

There needs to be stronger recognition of the fact that easier access to good CPD in rural and remote areas is a necessary part of what needs to be done to achieve a better, more sustainable distribution of the health workforce. Health professionals in the early stages of their career will be more willing to work in rural and remote areas if they are confident that, through CPD, they will be able to proceed along their career pathway, maintain their knowledge and upskill to keep pace with changes in treatments and procedures, and continue to make their best contribution to better health for the people they serve.

