



Guidelines on Continuing Professional Development






Summary




Continuing professional development (CPD) is integral to maintaining appropriate professional standards of care for all health professionals. This document outlines the CPD requirements for all herbalists and naturopaths registered with ARONAH.

Scope of application

This standard applies to all registered naturopathic and herbalist practitioners. It does not apply to students or practitioners who have non-practising registration.

Requirements

1. Registered naturopaths and herbalists are required to complete 20 CPD points for the first 2 years of implementation of guidelines. This will increase to 30 CPD points for the following year and 40 CPD points by the fourth year. This level of 40 CPD points will be ongoing.
2. In any given year 4 CPD points must be allocated to professional issues 
3. A maximum of 10 CPD points can be achieved through education programs delivered by non-independent entities. 
4. Of the total number of CPD hours, 50% must be achieved through formal learning activities. The balance may be either formal or informal learning activities. 
5. Practitioners who register part way through the year must complete pro rata CPD points calculated quarterly (e.g. if CPD requirements are equiv to 20 hours: 5 hours per 3 months are needed) 
6. CPD points will be calculated as 1 hour of active learning per CPD point
7. Professional development activities must be relevant to practitioners context of practice
8. Self-directed CPD may be undertaken under the following conditions practitioners must: 
 - a. identify and prioritise their learning needs, based on an evaluation of their practice against the relevant competency or professional practice standards
 - b. develop a learning plan based on identified learning needs

- c. participate in effective learning activities relevant to their learning needs
 - d. reflect on the value of the learning activities or the effect that participation will have on their practice
 - e. document their learning activities and include dates, a brief description of the outcomes, and the number of hours spent in each activity
9. Practitioners who hold limited registration must complete CPD specified in their supervision plan
10. Naturopaths and herbalists who hold non-practicing registration for teaching or research must complete a minimum of 40 CPD points per year of which 30 CPD points may be derived from teaching and research. 
11. CPD requirements are modified for practitioners taking temporary absence from registration as follows:
- a. For up to one year – no CPD requirement
 - b. For between one and three years – complete a minimum of one year's pro rata of CPD activities relevant to the intended scope of practice prior to recommencement, designed to maintain and update knowledge and clinical judgement 
 - c. An absence of more than three years is not regarded as a temporary absence by ARONAH. Applicants are required to provide a plan for professional development and for re-entry to practice to ARONAH for consideration 

Definitions

Professional issues includes but is not limited to ethics, communication, professional boundaries, permitted advertising, adverse events reporting, infection prevention and control, new standards, privacy, regulatory matters, patient confidentiality, and dealing with complaints.

Active learning is defined as time spent involved, participating or attending an educational event such as a workshop, seminar, conference, journal club or formal course. This does NOT include breaks and networking sessions associated with professional development events.

Context of practice refers to the conditions that define an individual's clinical practice. These include the type of practice setting (e.g. integrative medical clinic, educational organisation, private practice); the location of the practice setting (e.g. urban, rural, remote); the characteristics of patients or clients (e.g. health status, age, learning needs); the focus of clinical practice activities (e.g. health promotion, research, management); the complexity of practice; the degree to which practice is autonomous; and the resources that are available, including access to other healthcare professionals).

Self-directed programs must include practice-based reflective elements such as clinical audit, peer review or performance appraisal, as well as participation in activities to enhance knowledge such as courses, conferences and online learning.

Formal learning activities may refer to: distance education modules and online learning (should include an examination or assessment component); conferences, forum, seminars and

workshops, undertaking research and presentation of work (for example papers for publication, poster presentations, lectures, seminar presentations); tertiary and other accredited courses

Informal learning activities may refer to: self study (reference materials, journals etc); clinical case discussion with other health professionals/colleagues; research; clinical supervision of students and practitioners; clinical mentoring of students or practitioners

Non-independent entities include but are not limited to commercial organisations whose primary income is through the sale of therapeutic products, devices or services

Review

These guidelines will commence on 21 March, 2013 and be reviewed on 21 March, 2016.