

# JCCA



## Continuing Professional Development Standard Handbook

2017-19

The Joint Consultative Committee on Anaesthesia (JCCA) is a tripartite committee of the Australian and New Zealand College of Anaesthetists (ANZCA), The Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM)



Australian College of  
Rural & Remote Medicine  
WORLD LEADERS IN RURAL PRACTICE



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# Introduction

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The Joint Consultative Committee on Anaesthesia (JCCA) is a tripartite committee comprised of representatives appointed by their respective councils/board of the Australian and New Zealand College of Anaesthetists (ANZCA), The Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM).

The JCCA Continuing Professional Development (CPD) program (previously Maintenance of Professional Standards) was introduced by the JCCA in the 1996–98 triennium as a means for general practitioners providing anaesthesia services to develop their CPD or professional development (PDP) activities in the area of anaesthesia. Effective CPD is understood by the medical profession as educational activity that results in quality improvement in clinical practice. It is the expectation of the JCCA that all general practitioners providing anaesthesia services will complete CPD to the standard as defined by the JCCA CPD program.

Successful completion of the JCCA CPD program leads to the issue of a certificate of completion.

The principles on which the JCCA makes decisions about rural general practitioner anaesthesia training and ongoing education are:

- » there are areas of Australia where there will always be a requirement for GPs to provide anaesthesia services to meet the needs of the community.

This is mainly in small rural towns and some provincial cities. In those larger regional centers that provide a specialist anaesthetic service, general practitioners providing anaesthesia services and their specialist colleagues should work in cooperation.

- » General practitioners providing anaesthesia services must have appropriate training and must be providing safe anaesthesia. The majority of general practitioners providing anaesthesia services will have completed the Curriculum for general practitioner anaesthesia. Other training in anaesthesia may be acceptable. However, application to the JCCA is necessary to if formal recognition of this training is required.
- » General practitioners providing anaesthesia services need to maintain an adequate volume of practice to maintain their anaesthesia skills and knowledge, ie there needs to be a regular caseload commitment to anaesthesia and participation in ongoing CPD in the field of anaesthesia. This includes areas of subspecialty anaesthesia practice, such as paediatrics and obstetrics.

The JCCA CPD Standard defines the minimum recommended requirement for all general practitioners providing anaesthesia services.

The JCCA CPD Standard parallels the ANZCA CPD Standard for 'Practice Evaluation' and 'Emergency Responses' training.

As from 1 January 2017, the JCCA's statement of completion of training has a currency of three years, dependent on successful completion of the JCCA CPD Standard.

## How does the JCCA CPD program work?

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The JCCA CPD Standard involves satisfying the RACGP Quality Improvement and Continuing Professional Development (QI&CPD) program and/or the ACRRM Professional Development (PDP) program, plus:

1. Two Practice Evaluation activities directly related to the practice of clinical anaesthesia, (Table 1) and
2. Two Emergency Response activities, (Table 1)

Activities which have been approved as meeting the JCCA CPD Standard requirements by each individual College can be claimed from 1 January 2017 to 31 December 2019.

Alternatively, JCCA CPD Standard certification will also be awarded on confirmed completion of the ANZCA CPD Program.

**Table 1 – JCCA CPD Standard requirements**

JCCA CPD 2017–19 triennium mandatory requirements		
ANZCA	RACGP	ACRRM
Requirement 1	Requirement 1	Requirement 1
<p>» Two from the following four Practice Evaluation activities</p> <p><i>Note: that one activity may be completed twice</i></p> <ul style="list-style-type: none"> <li>◦ <a href="#">Patient experience survey</a></li> <li>◦ <a href="#">Multi-source feedback</a></li> <li>◦ <a href="#">Peer review of practice</a></li> <li>◦ <a href="#">Clinical audit of own practice or significant input into group audit of practice</a></li> </ul>	<p>» Two Practice Evaluation activities as per the prescribed ANZCA Practice Evaluation requirement (*or equivalent)</p> <p><i>* RACGP equivalent activities to the ANZCA Practice Evaluation activities are listed below:</i></p> <ul style="list-style-type: none"> <li>» Clinical audit (directly related to clinical anaesthesia)</li> <li>» Supervised clinical attachment (done by a specialist anaesthetist)</li> <li>» The plan, do, study, act cycle (PDSA) directly related to clinical anaesthesia.</li> </ul>	<p>» Two Practice Evaluation activities as per the prescribed ANZCA Practice Evaluation requirement (**or equivalent)</p> <p><i>** ACRRM equivalent activities to the ANZCA Practice Evaluation activities are listed below:</i></p> <ul style="list-style-type: none"> <li>» Clinical audit of own practice or significant input into group audit of practice (directly related to clinical anaesthesia)</li> <li>» Supervised clinical attachment</li> <li>» Multi-source feedback (directly related to clinical anaesthesia)</li> </ul>
Requirement 2	Requirement 2	Requirement 2
<p>» Two of the following four Emergency responses activities</p> <p><i>Note: that one activity may be completed twice, at least twelve months apart</i></p> <ul style="list-style-type: none"> <li>◦ <a href="#">Management of 'can't intubate, can't oxygenate'</a></li> <li>◦ <a href="#">Management of cardiac arrest</a></li> <li>◦ <a href="#">Management of anaphylaxis</a></li> <li>◦ <a href="#">Management of major haemorrhage</a></li> </ul>	<p>» Two Emergency responses as per the prescribed ANZCA Emergency Responses requirement (or equivalent)</p> <p><i>Note: An RACGP accredited Advanced Life Support course can be substituted for the Management of cardiac arrest course</i></p> <p>Management of major haemorrhage can be completed via the <a href="#">BloodSafe eLearning Australia portal</a></p>	<p>» Two Emergency responses as per the prescribed ANZCA Emergency Responses requirement (or equivalent)</p> <p><i>Note: An ACRRM accredited Advanced Life Support course can be substituted for the Management of cardiac arrest course</i></p> <p>Management of major haemorrhage can be completed via the <a href="#">BloodSafe eLearning Australia portal</a></p>
<p><b>Further information</b> RACGP <a href="http://racgp.org.au">racgp.org.au</a> ACRRM <a href="http://acrrm.org.au">acrrm.org.au</a> ANZCA <a href="http://anzca.edu.au">anzca.edu.au</a></p>		

## Enrolment in the JCCA CPD Program

CATEGORIES	
1	Satisfactory completion of the curriculum and its examination or equivalent during the triennium. The triennium requirement is met by the issue of the letter of satisfactory completion of training. The majority of the training time must fall into a triennium for it to be counted in that triennium, eg 10 months of training time completed in 2019 will meet the requirements for the 2017–19 triennium, not for the 2020–22 triennium. An enrolment form is not required to be completed.
2	The issue of a statement of equivalence by the JCCA confirms enrolment during the current CPD triennium.
3	Completion of the 2014–16 triennium JCCA MOPS program.
4	For general practitioners providing anaesthesia services who have participated previously and let their ongoing anaesthesia CPD lapse the JCCA will consider granting conditional enrolment with the proviso of completion of one of the emergency modules within the first six months of enrolment. All other requirements are to be met by the conclusion of the triennium.  Inability to demonstrate recency of practise requires completion of a <a href="#">return to work procedure prior</a> to being enrolled.
5	A general practitioner who has been out of anaesthesia practise for more than six months is required to complete a return to work program in accordance with the JCCA's <a href="#">policy</a> before being able to apply for enrolment. Successful completion of a return to work program will equate to meeting the requirements for the current triennium.
6	A GP without any prior contact with the JCCA will be required to submit a <a href="#">Recognition of Prior Learning (RPL) application</a> following the prescribed policy to the JCCA together with the enrolment. All applicants will be considered on a case-by-case basis.

Any decision, approval, consent, or the exercise of any discretion, by the JCCA will be considered on a case-by-case basis, having regard to the particular circumstances of each case. Notwithstanding these requirements the JCCA may exercise or dispense other decisions in extraordinary circumstances. Any such decision, approval, consent or exercise of discretion will not be binding on any other or future decisions or set any precedent for other or future decisions regarding the CPD Standard requirements.

Enrolment with the JCCA is not compulsory and general practitioners providing anaesthesia services can complete the JCCA CPD requirements by participating in their own College CPD program (ACRRM, RACGP or ANZCA).

# How to enrol

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Enrolment requires evidence of anaesthesia training, qualifications, recency of practice and a curriculum vitae.

Enrolment forms are to be returned to:

» JCCA Secretariat, 100 Wellington Parade, East Melbourne VIC 3002 or via email to [jcc@racgp.org.au](mailto:jcc@racgp.org.au)

An invoice will be issued when the enrolment is approved.

The enrolment form is available in electronic format. However, the completed form must be signed in pen not electronically.

The JCCA can also provide guidelines and advice to the three colleges on the adjudication of anaesthesia activities if required.

## JCCA CPD program fee payable

The fee payable is:

Enrolment	\$345.00
GST	\$34.50
Total fee	\$379.50

The fee is due from general practitioners providing anaesthesia services seeking confirmation of completion of the CPD Standard regardless of which college's program is undertaken and is additional to fees paid to any of the three colleges' programs. The JCCA sets this fee to cover the administrative work involved, and to support the ongoing development of the training curriculum and standards in the area of general practitioner anaesthesia.

## Receipt of enrolments

Enrolment forms are forwarded to the JCCA secretariat for consideration by the JCCA. Confirmation of eligibility for enrolment is decided at the commencement of each triennium. Following assessment, general practitioners providing anaesthesia services will be advised of the decision concerning their participation.

The RACGP QI&CPD unit and the ACRRM PDP will be advised of the anaesthesia requirements for general practitioners providing anaesthesia services as they enrol for reporting purposes.

The ANZCA CPD program does not require notification that a general practitioner providing anaesthesia services is participating in the program at the time of enrolment.

# Adjudication process

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## ANZCA

The [ANZCA CPD program](#) is conducted by the ANZCA CPD department. This program is triennial, and only offered in electronic form.

At the conclusion of each triennium, ANZCA CPD participants who are also registered with the JCCA program need to provide a copy of the certificate of completion from ANZCA to the JCCA Secretariat. This is then recorded as equivalent for program completion.

## The RACGP

Applications for adjudication in the RACGP QI&CPD program are submitted to the RACGP QI&CPD national and state offices. The QI&CPD Coordinators assess each activity for its educational component and anaesthesia content. The anaesthesia content is adjudicated according to QI&CPD criteria. Applications for anaesthesia points which fall outside the guidelines will be forwarded to the JCCA for adjudication.

Anaesthesia CPD points are recorded on an ongoing basis throughout the triennium and are reflected in the credit points statement issued by the RACGP.

## ACRRM

Adjudication by the ACRRM PDP is conducted through a mixture of self recording with evidence of attendance, and notification by education providers.

ACRRM will provide a certificate at the end of triennium stating that the JCCA standard has been achieved for those ACRRM members who complete the requirements as outlined in this document.



# Credit points statements

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## ANZCA

For general practitioners providing anaesthesia services participating in the program via the ANZCA CPD program, points will be recorded when a copy of the written notification of completion from ANZCA is provided by the GPA.

## The RACGP

For general practitioners providing anaesthesia services participating via the RACGP QI&CPD program their credit points statement will detail the anaesthesia activities on the statement.

## ACRRM

For GPs participating in the program via the ACRRM PDP program, points will be recorded when notification is received from ACRRM. As this may not be until the end of the triennium, general practitioners providing anaesthesia services should check with the ACRRM office for information on the total points accrued for anaesthesia.

# Privacy considerations

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## Declaration

The information provided to the JCCA by a general practitioner providing anaesthesia services is subject to privacy legislation and will not be used for any purpose other than reporting CPD Standard participation and reporting on anaesthesia points between the GP's preferred provider (the Australian and New Zealand College of Anaesthetists (ANZCA), The Royal Australian College of General Practitioners (RACGP) or the Australian College of Rural and Remote Medicine (ACRRM)) and the JCCA.

If a request is received from a GP in writing, the JCCA can provide information on participation to an anaesthesia locum service.

## References

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- » Curriculum for general practitioner anaesthesia – fifth edition 2017
- » Curriculum statement in anaesthesia for advanced rural skills and advanced specialised training – fourth edition 2010
- » ANZCA policy document PS1: Recommendations on essential training for rural general practitioners in Australia proposing to administer anaesthesia – 2010. Melbourne: ANZCA, 2010
- » Maintenance of Professional Standards Program (MOPS) – 2014–16 triennium
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- » JCCA training curriculum: advanced rural skills curriculum statement in anaesthesia. Melbourne: JCCA, 2003.
- » The RACGP national rural faculty training curriculum: anaesthetics advanced rural skills curriculum statement. The RACGP national rural faculty. Melbourne: RACGP, 1998
- » Program for the maintenance of professional standards of GP anaesthetists, 1999 2001. Melbourne: JCCA, 1998.
- » Guidelines for accreditation of GP anaesthetists. Melbourne: JCCA, 1995.

# Glossary

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ACRRM	Australian College of Rural and Remote Medicine
ALM	Active learning module
ALS	Advanced life support
ANZCA	Australian and New Zealand College of Anaesthetists
APLS	Advanced paediatric life support
CA	Clinical audit
CPD	Continuing professional development
CPD	Continuing professional development
CCrISP	Care of the critically ill surgical patient
EMAC	Effective management of anaesthetics crises
EMST/ ATLS	Emergency management of severe trauma/advanced trauma life support
JCCA	Joint Consultative Committee on Anaesthesia
MOPS	Maintenance of Professional Standards
PDP	Professional Development Program
QI	Quality improvement
QI&CPD	Quality improvement and continuing professional development
RACGP	The Royal Australian College of General Practitioners
RRMEO	Rural and Remote Medical Education Online
Rural GP	Rural general practitioner providing anaesthesia services
SCA	Supervised clinical attachment

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