

## **Continuing Professional Development (CPD) Guidance for Chinese Medicine Practitioners**

### **Introduction**

Continuing professional development (CPD) is how members of the Chinese medicine (CM) profession maintain, improve, and broaden their knowledge, expertise, and competence, and develop the personal and professional qualities required throughout their professional lives.

Keeping professional knowledge, skills, and competence up to date throughout a career is the professional responsibility of a CM practitioner. Continuous lifelong learning and maintaining skills are the commitments each health professionals make to provide competent, quality, and safe care to the public. CPD focusses on maintaining and developing competency to practise CM and provides the Council with reasonable evidence to believe that CM practitioners are doing so. Maintaining competence is a legal prerequisite of recertification which enables the Council to issue annual practising certificates (APCs).

CPD should encourage practitioners to think proactively about their professional needs, scope/s of practice, practice setting, the tangata whai ora they work with, and the Council's standards, policies, and competencies.

### **Planning your CPD each year**

<b>STEP 1: PLAN</b>	<p>At the beginning of each CPD cycle (practicing year), CM practitioners should complete a self-assessment against the Council's competencies, standards, and policies. Reflecting on current competency, what CPD has been completed previously and how this may have influenced practise.</p> <p>Practitioners should identify areas where they want or need to enhance or deepen skills and knowledge and look for CPD opportunities that will support development in these areas. This must include a minimum of 2 hours of CPD activities in cultural safety/cultural competency.</p>
<b>STEP 2: DO</b>	<p>Complete the minimum mandatory of 22 hours of CPD, which includes 2 hours of cultural safety/cultural competency.</p>
<b>STEP 3: RECORD</b>	<p>Complete a CPD record and make sure that it is retained as evidence for three years.</p>

<b>STEP 4: REFLECT</b>	Reflect on what has helped practice or what further gaps have been identified.
<b>STEP 5: DECLARE</b>	A declaration of completion of CPD requirements will form part of the recertification/annual APC application process.

**STEP 1: PLAN**

Planning CPD helps practitioners to think about their learning needs and objectives, professional development opportunities, and the value and appropriateness of the proposed CPD activities before and after they are undertaken. This will give practitioners the maximum benefit, prioritising learning needs and maintaining and developing practice in both current and future areas of work.

Practitioners should start by undertaking a self-assessment or learning needs analysis at the beginning of each CPD cycle. This will help practitioners identify any skills maintenance and/or learning needs. To assist this self-assessment practitioners should read the Council’s documentation including any relevant competencies, standards, policies, or frameworks to match identified gaps in education and/or practise.

The next step is to match CPD activities with the identified learning needs. These activities will be individual to each practitioner and can include a wide range of activities. (There are some examples of CPD activities below).

Practitioners may also wish to consider a professional development plan (PDP) for their CPD. This can be revisited and refreshed during the year as they progress through their CPD and can form a useful component of self-reflection.

Some examples of Professional Development Plans (PDPs) can be found at here;

- [PDP template 2016.pdf \(rnzcgp.org.nz\)](#)
- <https://www.osteopathiccouncil.org.nz/Public/Public/Registered-Osteopaths/Professional-Development.aspx?hkey=6911b317-341e-4c81-9888-99d87b404694>

**STEP 2: DO**

CPD is the variety of activities that maintain and build clinical skills and judgement, maintain fundamental knowledge, and enable practitioners to gain experience. Practitioners must keep a record of each CPD activity completed; the name of the provider; the date and location of the activity; and the length of time the activity took. If Practitioners set an activity up for themselves for example a review of clinical feedback, they must record this information and keep a copy of the notes taken. This information must be **retained for at least three years** and be provided to the Council for verification or audit if requested.

**STEP 3: RECORD**

After completing each CPD activity, record this on a CPD record and make sure that evidence can be provided for each CPD activity if audited. It is acceptable for the presenter or facilitator of the activity to provide the practitioner with written confirmation (such as an email) of attendance. Practitioners may

choose to reflect on each activity as they go, or at the end of the year. The Council has provided a sample template (see appendix 1), but practitioners can also create their own in an appropriate format such as word or excel.

A reflection can act as evidence that the practitioner has completed the activity only if no other form of evidence is possible, as with the case with some self-directed learning. **Remember to retain evidence of all activities completed for three years for audit purposes.**

#### **STEP 4: REFLECT**

Reflection teaches practitioners to think about the results of their CPD activities, focus on what is learned from the activities and how it has influenced clinical practice.

Critical reflection helps with reviewing the value of CPD and setting ongoing recertification/CPD goals. Reflecting upon one's own practice and educational activities builds awareness and insight into professional actions that can improve patient experiences and/or outcomes. This allows a CM practitioner to critically evaluate their own clinical experiences and new knowledge, and to grow professionally by using this knowledge to modify and adapt practice.

For each activity undertaken, practitioners are required to complete reflective statements. Practitioners can use the Council's CPD Record Template or another appropriate format such as audio or video records.

There are many ways you can approach the writing of reflective statements. [Here is a resource that practitioners may find useful.](#)

#### **STEP 5: DECLARE**

Every time a practitioner applies for an annual practising certificate, they will complete a declaration stating whether, or not, they have met the CPD requirements. This declaration provides the Council and the public with assurance that CM practitioners are meeting the CPD requirements.

Registered CM practitioners are professionally responsible for meeting these requirements. It is important that declarations are completed correctly and honestly. If false or misleading information is supplied, the Council can decline to issue an annual practising certificate. Under section 172 of the Health Practitioners Competence Assurance Act 2003, it is an offence for any practitioner to make a false declaration.

## Examples of CPD Activities

### Cultural Safety and Cultural Competence

The Council is committed to equity of services and outcomes for vulnerable patients, communities, and minority groups in New Zealand. Therefore, two additional hours of CPD is focused on cultural safety and competencies designed to improve client experiences and educate practitioners. Education in this area allows health professionals to be more culturally aware, examine their biases and the care they provide, their interactions with patients, and the impact cultural safety has on their health outcomes.

CM Practitioners in New Zealand practise within a culturally diverse environment. They are required to be competent when engaging with clients whose cultures may differ from their own, and with colleagues and other health professionals from diverse backgrounds in accordance with the Council's Standards of Cultural Safety and Cultural Competency.

Section 118 (i) of the Act: states that RAs will set standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by health practitioners of the profession. Registered practitioners will need to complete both initial training and ongoing training as part of continuing education once registered. This will be developed in close partnership with cultural advisors, and practitioners who are Tangata Whenua to determine appropriateness.

Cultural safety requires that CM practitioners must consider, respect, and honour the history of Māori as tangata whenua by embedding a commitment to bicultural principles. Recognising our bicultural heritage, Te Tiriti o Waitangi (Te Tiriti), and Te Tiriti core principles and articles are integral to CM practice in Aotearoa New Zealand. Cultural safety focuses on the experience of tangata whai ora to define and improve the quality of care. It also involves practitioners reflecting on their own views and biases and how these could affect their decision-making, and their impact on health inequities and health outcomes.

Cultural safety, and a commitment to biculturalism, also acknowledges the diverse cultures of Tangata Tiriti which includes upholding the deep historical and philosophical foundations of CM, and the significance of the rich cultural backgrounds that form the profession within New Zealand.

Cultural competence is the outcome of recognising and respecting cultural identities and communities, and safely meeting their needs to achieve positive health outcomes and experiences. Culture is not solely ethnicity and includes, but is not limited to, age, gender identity, sexual orientation, occupation and socio-economic status, ethnic origin and migrant experience, geographical and physical environment, religious or spiritual belief and disability.

## *Cultural safety and cultural competency - First Steps*

**The Council requires evidence of successfully passing three of five courses listed below within six months of registering** though some leniency on this may be afforded in the first few years of regulation of the profession.

- i. [LearnOnline](#) – Understanding bias in healthcare

This **free** online course is an introduction to bias in health care. It includes three video learning modules on bias that have been developed for people working in the health care sector who engage directly with consumers or who influence the way health organisations are managed.

These modules encourage health professionals to examine their biases and how they affect the health care they provide, their interactions with consumers, and therefore their health outcomes.

- ii. [LearnOnline](#) - Foundations in Cultural Competency

This **free** online course is for health practitioners on cultural competency.

This course will take you on a journey with someone who has never been to New Zealand before. Along with your travel buddy, you will explore culture, the cultural history of New Zealand and see how culture can affect health and health care.

The course has four interactive modules followed by an assessment.

- iii. [LearnOnline](#) - Module 1 | Ngā Paerewa Te Tiriti eLearning

This **free** eLearning module supports practitioners to understand the steps they can take to be compliant with Te Tiriti requirements within Ngā Paerewa. It will also provide practical ways for providers to fulfil their requirements.

- iv. [Mauriora](#) –Cultural Competency and Cultural Safety

This online foundational cultural competency course was developed specifically for the registered New Zealand health workforce and provides a basic understanding of cultural competency in a health context.

There are five modules within the course and the course takes about 10 hours to complete, depending on your current knowledge.

- v. [Mauriora](#) - Te Tiriti o Waitangi and The Treaty of Waitangi and Healthcare

This online foundational Te Tiriti o Waitangi course provides an understanding of the Tiriti relationship and partnership between the Crown to improve Māori health equity.

There are five modules within the course and the course takes about 10 hours to complete, depending on your current knowledge.

There is a cost involved for courses delivered by Mauri Ora, details of their pricing structure can be [found here](#).

## *Cultural safety and cultural competency - Next Steps*

### *Cultural Safety, Cultural Competency and Health Equity learning resources*

The following links are to activities which provide a large mix of learning opportunities surrounding cultural safety, cultural competency, and health equity. This list is not exhaustive and may be added to and amended.

CPD points may be claimed for reading, watching, listening, engaging, and reflecting with/on any of the material in the following tables. These activities should be documented within practitioners CPD records and reflective statements.

<b>Organisation</b>	<b>Description</b>	<b>Link</b>
Mauriora	Free and paid for courses in Cultural Competency, Treaty of Waitangi, Tikanga Maori, health literacy	<a href="https://mauriora.co.nz/">https://mauriora.co.nz/</a>
MCNZ	MCNZ statement on Cultural Competency	<a href="https://www.mcnz.org.nz/assets/standards/b71d139dca/Statement-on-cultural-safety.pdf">https://www.mcnz.org.nz/assets/standards/b71d139dca/Statement-on-cultural-safety.pdf</a>
Ministry of Health	Māori Health publications	<a href="https://www.health.govt.nz/our-work/populations/maori-health/maori-health-publications">https://www.health.govt.nz/our-work/populations/maori-health/maori-health-publications</a>
Ministry of Health	Achieving Equity in Health Outcomes	<a href="https://www.health.govt.nz/system/files/documents/publications/achieving-equity-in-health-outcomes-summary-of-a-discovery-process-30jul2019.pdf">https://www.health.govt.nz/system/files/documents/publications/achieving-equity-in-health-outcomes-summary-of-a-discovery-process-30jul2019.pdf</a>
HQSCNZ	Video on Māori cultural practice	<a href="https://www.youtube.com/watch?v=aat_TEq8O9k">https://www.youtube.com/watch?v=aat_TEq8O9k</a>
TEDx Ruakura	Video – Indigenous knowledge has value	<a href="https://www.youtube.com/watch?v=c-PwEnC-Rj8">https://www.youtube.com/watch?v=c-PwEnC-Rj8</a>
Culture Matters	Information and free courses in cultural competency	<a href="https://culturematters.org.nz/">https://culturematters.org.nz/</a>
Goodfellow Unit	Health and wellbeing for Māori	<a href="#">Health and wellbeing for Māori   Goodfellow Unit</a>
MOH Learn online Courses	Free courses on cultural competency, Māori health governance and understanding bias in healthcare	<a href="https://learnonline.health.nz/">https://learnonline.health.nz/</a>
LeVa	NZs national Pasifika cultural competency training programme – free	<a href="https://www.leva.co.nz/training-education/engaging-pasifika">https://www.leva.co.nz/training-education/engaging-pasifika</a>

International Journal for Equity in Health	Paper – Why cultural safety rather than cultural competency is required to achieve health equity: a literature review and recommended definition	<a href="https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-019-1082-3">https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-019-1082-3</a>
Treaty Resource Centre	Treaty of Waitangi Cultural competence course	<a href="https://trc.org.nz/treaty-waitangi-and-cultural-competence-course">https://trc.org.nz/treaty-waitangi-and-cultural-competence-course</a>
Te Ara	Article on the Treaty of Waitangi	<a href="https://teara.govt.nz/en/treaty-of-waitangi?source=inline">https://teara.govt.nz/en/treaty-of-waitangi?source=inline</a>
Ministry of Health	Achieving Equity – article, links and videos	<a href="https://www.health.govt.nz/about-ministry/what-we-do/work-programme-2019-20/achieving-equity">https://www.health.govt.nz/about-ministry/what-we-do/work-programme-2019-20/achieving-equity</a>
International Journal of Health Equity	Paper – Health equity in the NZ healthcare system: a national survey	<a href="https://equityhealthj.biomedcentral.com/articles/10.1186/1475-9276-10-45">https://equityhealthj.biomedcentral.com/articles/10.1186/1475-9276-10-45</a>
HQSC	Links to various health equity documents and tools	<a href="https://www.hqsc.govt.nz/our-programmes/partners-in-care/health-equity/">https://www.hqsc.govt.nz/our-programmes/partners-in-care/health-equity/</a>
United Nations	Convention on the rights of persons with disabilities (CRPD)	<a href="https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html">https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html</a>
Māori Health Review	A research review publication offering bimonthly updates on matters relating to Māori health.	<a href="https://www.maorihealthreview.co.nz/">https://www.maorihealthreview.co.nz/</a>
NZ Office of disability issues	NZ disability strategy	<a href="https://www.odis.govt.nz/new-zealand-disability-strategy-read-online-office-for-disability-issues">New Zealand Disability Strategy - read online - Office for Disability Issues (odi.govt.nz)</a>
RNZCUC	Tikanga Māori Audit	<a href="https://drive.google.com/file/d/1LA5sVvr9a9-wpbb6SUzKljS3RpuhyF9i/view">https://drive.google.com/file/d/1LA5sVvr9a9-wpbb6SUzKljS3RpuhyF9i/view</a>
RNZCUC	Podcast on improving care for people with Autism in UC	<a href="https://rnzcuc.podbean.com/e/cme-interview-professor-tony-attwood-autism-awareness-in-urgent-care/">https://rnzcuc.podbean.com/e/cme-interview-professor-tony-attwood-autism-awareness-in-urgent-care/</a>
Rainbow Tick NZ	Report – Public health needs of LGBTTI communities in Aotearoa New Zealand with Policy recommendations	<a href="http://www.rainbowtick.nz/wp-content/uploads/2019/03/Affinity_Services_Rainbow_Health_Report.pdf">http://www.rainbowtick.nz/wp-content/uploads/2019/03/Affinity_Services_Rainbow_Health_Report.pdf</a>

NZSL week	Let's talk – Medical situations. 25 signs to learn for medical situations	<a href="https://nzslweek.org.nz/lets-talk-medical-situations/?fbclid=IwAR0YrJxg2tN3yRFX1nAKYmQatyE4iAzVf5-4ljwSwNdv4036j9sZ60j1o1o">https://nzslweek.org.nz/lets-talk-medical-situations/?fbclid=IwAR0YrJxg2tN3yRFX1nAKYmQatyE4iAzVf5-4ljwSwNdv4036j9sZ60j1o1o</a>
Health promotion agency	Sign language videos to support Deaf people with long term health conditions. Produced by EyeFilms.	<a href="https://www.hpa.org.nz/COVID-19-Sign-language-videos">https://www.hpa.org.nz/COVID-19-Sign-language-videos</a>
Deaf Aotearoa	Guidance video for medical professionals working with Deaf and hearing-impaired patients	<a href="https://www.deaf.org.nz/resources/say-that-again/?fbclid=IwAR0ks6rmg7_Q73lzTqXz7aeiUTrXy4GjV810kPiumNkmKCUpOu1fAoUj9I">https://www.deaf.org.nz/resources/say-that-again/?fbclid=IwAR0ks6rmg7_Q73lzTqXz7aeiUTrXy4GjV810kPiumNkmKCUpOu1fAoUj9I</a>
eCALD (Culturally and Linguistically Diverse)	Provides a comprehensive and quality range of face-to-face and online courses, as well as resources to address CALD cultural competencies within the NZ health context.	<a href="https://www.ecald.com/">https://www.ecald.com/</a>
HQSC	Learning and education modules on understanding bias in healthcare	<a href="https://www.hqsc.govt.nz/our-programmes/patient-safety-day/publications-and-resources/publication/3866?">https://www.hqsc.govt.nz/our-programmes/patient-safety-day/publications-and-resources/publication/3866?</a>
Te Wānanga o Aotearoa	Māori and indigenous development online programmes	<a href="https://www.twoa.ac.nz/nga-akoranga-our-programmes/maori-and-indigenous-development">https://www.twoa.ac.nz/nga-akoranga-our-programmes/maori-and-indigenous-development</a>



### ***Clinical Competence***

CM practitioners must comply with the Councils' Standards of Clinical competence. This includes complying with the relevant New Zealand specific legislative framework. The competencies describe the threshold or minimum level of professional capability required for both initial and continuing practise. A practitioner practising below this level of competency may pose a risk to the public, therefore the Council recognises that many CM practitioners may seek to ensure they excel and maintain a higher level of competence.

The following courses are examples of appropriate CPD:

- The Office of the Privacy Commissioner
  - [Health ABC An introduction to protecting health information under the Health Information Privacy Code](#)
- [The Office of the Health and Disability Commissioner](#)
  - Module 1: How the code of rights improves health and disability services
  - Module 2: What you need to know about informed consent
  - Module 3: Complaints management and early resolution.

### ***First Aid Course Requirements***

Clinical competence also requires that CM practitioners maintain currency in first aid certification relevant to safety in clinical practice. First aid certification, and recertification, through approved providers can count towards your CPD point total.

Practitioners should complete courses which have both New Zealand Qualifications Authority unit standards:

- 6401/26552 Provide First Aid, and
- 6402/26551 Provide resuscitation.

First aid certificates are valid for two years after which practitioners are required to do a refresher course to maintain current. There are many providers delivering the first aid courses to obtain the required certificates.

These include:

- St John: First Aid Level 1
- New Zealand Red Cross: Comprehensive First Aid
- Meditrain Ltd: Workplace First Aid.

### ***Peer activities***

The Council recognises that CM practitioners tend to practise independently. The Council is also aware that professional isolation may be a risk factor for public safety. To offset professional isolation, the Council recommends that practitioners build collaborative relationships and engage in peer activities as part of their recertification programme. This can be within the CM profession, or the wider health care workforce.

The Council strongly supports the development of collaborative practice and professional networks to ensure client quality and care and minimise practitioner isolation. Sharing clinical experiences, discussing issues and professional experiences with colleagues, provides valuable clinical and professional learning opportunities as well as collegial support.

There is no set format required by the Council for carrying out a peer review/activities, which may take many different forms. It may be completed by direct observation of a consultation, via teleconference, videoconference, meeting with colleagues to discuss a specific topic, informal or formal peer education groups, annual professional body conferences, or as part of a performance review. If there is direct observation of a consultation, informed consent must be given, maintained throughout, and documented appropriately. [This document outlines some key concepts to be considered when undertaking peer review activities.](#)

Peer review activities need to be recorded with a summary of the activity and a reflection on the learning gained from this activity. This evidence must be recorded on the Council templates or other appropriate format and retained for audit purposes.

### ***Self-directed learning***

Self-directed learning can play a role in your CPD and can be used for points if the following details are retained for recording and audit purposes;

- The identified learning need – based on an evaluation of your practice against the relevant competency or professional practice standards
- A learning plan – based on identified learning needs
- Your participation in the learning activity – relevant to learning needs
- The outcome achieved and reflection on the value or effect that participation in the learning activity will have on professional practice
- References to the articles or other sources that you have read are needed for self-directed activities.

### ***Skill Maintenance and Development***

This relates to the intentional maintenance and/or development of prescribed competencies needed to practise CM safely and professionally, e.g., maintaining current practical skills or developing new skills, that will enhance CM practise. These are linked to the Council's clinical, cultural, and professional competencies, standards, and policy documents. CPD activities can range from formal education such as instructor-led courses, workshops, or seminars, to more informal approaches such as work-based learning. Skill maintenance and development can also include self-directed study such as e-learning courses and structured reading. It is necessary that any activities undertaken fulfil the Council's Audit requirements and adequately evidenced.

### ***Research literacy***

Ongoing research literacy enables CM practitioners to effectively engage with activities within an evidence-informed framework. In addition to informing clinical decision-making, research literacy allows CM practitioners to educate tangata whai ora about the information they bring into practice, and to effectively communicate within the wider health system, with non-CM colleagues and researchers. Research literacy provides the ability to discriminate between high quality and substandard studies,

between clinically meaningful and irrelevant results by understanding the research context, contradictory results, a study's bias, or recognition of overstated conclusions.

A lack of research literacy may lead to misinterpreting results and potentially putting tangata whai ora at risk. In contrast, when used effectively, research literacy can educate, enrich, and empower our clinical and professional experience. Research literacy enables a closing of the evidence-practice gap. It ensures access and understanding about the growing body of knowledge, by which basis action can be taken to ensure the best care and treatment available reaches tangata whai ora<sup>1</sup>.

Research literacy can be improved in several ways such as:

- postgraduate studies
- participating in journal clubs
- attending conferences, workshops and seminars that are research informed
- authoring a book chapter, or
- having an article published in a peer-reviewed journal.

As above, evidence needs to include based on an evaluation of your practice against the relevant competency or professional practice standards, records of completion/participation, outcome achieved and reflection on the value, and references to the articles or other sources if applicable.

### ***Business development and enhancement***

Business development is the creation of ideas, initiatives, and activities that develop an ethical and successful business. Business development focuses on expanding or enhancing the CM workforce. Within a CPD framework, business development activities must be specifically linked to Council standards and withstand the Council's audit processes.

### ***'Other' category***

CM practitioners may choose to complete CPD that falls outside these areas; however, CPD should be outcome focused, link directly to assessment of a practitioner's learning needs, and be aligned with the Council's standards and policies. CPD will also need to fit within the Council's audit processes and the evidence stored for three years. Practitioners may seek prior approval or advice from the Council

## **Approval of CPD activities**

The Council will work towards providing a list of approved CPD providers and activities on their webpage. However, other activities may be approved if they are shown to be relevant to the improvement of competencies within the CM scopes of practice. If a practitioner is unsure, they are advised to contact the Council's registrar prior to commencing the activity.

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<sup>1</sup> Joyce, K. E., & Cartwright, N. (2020). Bridging the Gap Between Research and Practice: Predicting What Will Work Locally. *American Educational Research Journal*, 57(3), 1045–1082. <https://doi.org/10.3102/0002831219866687>

## Appendix 1 - Example Template – CPD Record and Reflective Statements



Name \_\_\_\_\_

Registration Number \_\_\_\_\_

Date completed	Activity (Title of session, course, conference etc)	Reflective statements <sup>1</sup>  Explain what you learnt from this activity –  (You must explain how this activity affirmed or influenced your CM practice, and a self-assessment against the Councils Clinical and cultural competencies and Professional Standards)	Activity Category			Hours/ Points  22 per year	Evidence retained for audit purposes (please retain for a minimum of three years)
			Cultural Safety/Competence	Peer review, groups, or activities	Other scope specific CPD		
e.g 4-6 <sup>th</sup> August 2023	CM Conference Session– Panel discussion of accidents and adverse events	Relates to Council Standard “Identify, assess, manage, and report on risks, treatment injury, near misses and their consequences, adverse events, and relevant contributing factors.” - Discussed with peers’ common accidents and worked on the development of an action plan in clinic which I did not have.		X		3	Certificate of attendance and conference programme
30 <sup>th</sup> June 2023	Learn online ( <a href="http://learnonline.health.nz">learnonline.health.nz</a> ) - Ethnicity training course	Relates to Council Standard “Collect and use cultural data accurately, consistently, and appropriately.” - led to an update of intake form	X			3	Certificate of attendance

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		<i>and consistent recording of ethnicity data in clinical practice</i>					
20 <sup>th</sup> October 2023	Goodfellow unit - Concussion/Mild Traumatic Brain Injury (mTBI)	<p><i>Relates to Domain 3 - <b>Evidence-informed and reflective practice, and</b> Council Standard “Reflect on practice and recognise limits and situations that are outside their scope of expertise or competence, take appropriate and timely action, including managing risks and onward referral as necessary. “</i></p> <p><i>This course this short course provided best practice information to support more effective management of concussion and provide an understanding of when it is appropriate to refer patients for ACC concussion services. It helped me to understand the limits of my practise and the most effective referral pathways especially when working with ACC TBI clients</i></p>			X	1	Certificate of attendance
<b>TOTAL HOURS/POINTS FOR YEAR</b>							